

Stronger collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals, incentivizing collaboration

2022

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,
incentivizing collaboration**

2022 progress report on the Global Action Plan for Healthy Lives and Well-being for All

About the Global Action Plan for Healthy Lives and Well-being for All

The Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) is a set of commitments by 13 agencies that play significant roles in health, development and humanitarian responses to help countries accelerate progress on the health-related SDG targets. The SDG3 GAP commitments aim to strengthen the 13 agencies' collaboration with countries and each other under seven "accelerator themes", with an overarching commitment to advancing gender equality. The SDG3 GAP describes how the 13 signatory agencies will adopt new ways of working, building on existing successful collaborations, and jointly align their support around national plans and strategies that are country owned and led. Although referred to as a "global" plan, the added value of the SDG3 GAP lies in coordinated support, action and progress in countries. The SDG3 GAP was launched at the UN General Assembly in September 2019. A "recovery strategy" was approved by the agencies' Principals in November 2021 as a strategic update on the SDG3 GAP in the context of the COVID-19 pandemic.

The signatories to the SDG3 GAP are Gavi, the Vaccine Alliance; Global Financing Facility for Women, Children and Adolescents (GFF); International Labour Organization (ILO); The Global Fund to Fight AIDS, TB and Malaria (Global Fund); Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF); Unitaid; United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); World Bank Group; World Food Programme (WFP) and World Health Organization (WHO).

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Foreword



I am pleased to present this third progress report of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP). I thank the participating agencies for their collaboration over the past year.

As I said when we launched the plan, collaboration is the path, but impact is the destination.

Unfortunately, the COVID-19 pandemic has set back country progress towards the health-related targets in the Sustainable Development Goals. Current progress is around one quarter what it should be if we are to reach the SDG health targets by 2030.

One way to accelerate progress is through stronger collaboration. That is why SDG3 GAP is as important as ever as we jointly support countries to recover.

SDG3 GAP has helped strengthen collaboration on primary health care and other areas in more than 50 countries. But to truly transform how we jointly support countries to get back on track for the SDG health targets will require strong incentives for collaboration.

I call on Member States to strengthen both the incentives and country-level demand for collaboration, and to hold us all accountable for how well we collaborate, to support country priorities and accelerate progress towards the SDG health targets.

Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Executive summary

As COVID-19 continued to dominate global health over the last year, the direct and indirect impact of the pandemic has led progress against the health-related Sustainable Development Goals (SDGs) to fall even further behind. For both universal health coverage and health determinants, the rate of progress is one quarter or less of what is needed to achieve 2030 targets.¹ At the same time, crises such as armed conflict, increasing levels of acute food insecurity, political and economic instability and the growing impact of climate change threaten to derail recovery from the pandemic. A key way to respond to and ensure an equitable and resilient recovery from COVID-19 is for multilateral agencies to collaborate even more closely in providing effective and efficient joint support to countries, which is the foundation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP).

The COVID-19 pandemic has placed major demands on national governments and the multilateral system, highlighting the need for increased domestic and external investments in health systems recovery and primary health care (PHC) as an efficient and cost-effective strategy to achieve the health-related SDGs. It has also given rise to new entities in the global health architecture and the potential for others to emerge from ongoing discussions related to future pandemic prevention, preparedness and response. SDG3 GAP is helping to promote synergies among its signatory agencies' pandemic-specific responses and their longer-term work to accelerate progress towards the SDGs at all levels by creating an improvement platform for collaboration on health among key actors in the multilateral system.

As in previous years, the structure of the report is based on the four key SDG3 GAP commitments (*Engage, Accelerate, Align and Account*).

1. WHO, 2021. Programme Budget 2022-2023: Extending the Thirteenth Program of Work 2019-2023 to 2025. Health determinants refers to the target of a billion people leading healthier lives by 2030. The WHO triple billion targets are a mid-way checkpoint towards the SDGs.

ENGAGE



Action and impact in countries remain central to work under the SDG3 GAP. The number of countries currently engaged has increased from 37 last year to more than 50 and collaboration at country level is deepening, as illustrated by the case studies in this report and online. A “recovery strategy” approved by SDG3 GAP Principals in November 2021 and a [joint letter](#) from the Principals to country-facing teams in January 2022 have further refined the signatory agencies’ offer to countries and the added value of the SDG3 GAP collaboration.

ACCELERATE



Communities of practice are now well established through the seven SDG3 GAP accelerators and the overarching commitment to gender equality. The accelerator and gender equality working groups remain focused on supporting joint country-level activities. Work at the country level increasingly spans several accelerator themes, for example on PHC and sustainable financing, while also helping to strengthen data systems and bring innovation to scale. Alignment among the accelerators is driven by country priorities and needs. The working groups have also developed several global public goods, including for the response to COVID-19.

ALIGN



Alignment of global health initiatives continues to be a critical focus of the SDG3 GAP, and this has intensified due to the COVID-19 pandemic and the need for signatory agencies to use resources efficiently. Notably, work under the SDG3 GAP is further integrated with that of the H6/*Every Woman, Every Child* and the Health Data Collaborative, and stronger synergies with UHC 2030 are being explored.

ACCOUNT



Signatory agencies have responded to the key recommendations in the joint evaluability assessment of the SDG3 GAP undertaken in 2020, setting the scene for an independent evaluation of the SDG3 GAP in 2023. The SDG3 GAP monitoring framework, now being piloted, seeks country perspectives on collaboration among the signatory agencies. Responses from 42 national governments or relevant authorities reflect an overall positive assessment of collaboration among SDG3 GAP agencies but indicate that - especially in low-income countries - more efforts are needed to align with national priorities and strengthen coordination. The responses also include concrete suggestions for improvement and emphasize that coordination should be country driven and that SDG3 GAP should help to strengthen coordination capacities in ministries of health.

As noted in previous progress reports, incentives are essential to encourage closer collaboration in the global health architecture. In the last year, four areas have been identified as key opportunities to further incentivize collaboration among the SDG3 GAP agencies: joint funding, joint monitoring, joint evaluation and joint “governance”.² Approaches in each of these areas have now been piloted among the agencies with a view to refining and scaling them up in 2022 and beyond.

2. In this report, joint “governance” refers to informal arrangements such as joint Board presentations, as piloted at the UNICEF Executive Board in February 2022 when the SDG3 GAP Secretariat was invited to participate in the discussion on the Joint Evaluability Assessment of the SDG3 GAP.

1

ENGAGE

Country engagement is scaling up and deepening





Action and impact in countries remain central to work under the SDG3 GAP. Collaboration under the SDG3 GAP has scaled up from 37 to 52 countries in the last year (Table 1). The 11 case studies summarized in this report illustrate how the scope of collaboration among the agencies ranges from initial discussions through to deepening collaboration such as joint planning and implementation across accelerator themes in several countries. More detailed versions of the case studies in this report will be published on the SDG3 GAP [website](#). The WHO results report for the 2020/21 Biennium provides an [update](#) on the 2021 SDG3 GAP case study on Lao People's Democratic Republic from a WHO perspective.

In November 2021, Principals of SDG3 GAP agencies held a discussion on supporting countries to achieve an equitable and resilient recovery to the SDGs by scaling collaboration to additional countries, including in fragile settings. In this context, Principals also discussed opportunities to deepen collaboration in Afghanistan by bringing together health, development and humanitarian responses in the country, with a view to maintaining essential health services and addressing multisectoral aspects of the crisis.



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First Covid-19 vaccination roll-out in National Cardiothoracic Centre of Accra, Ghana.

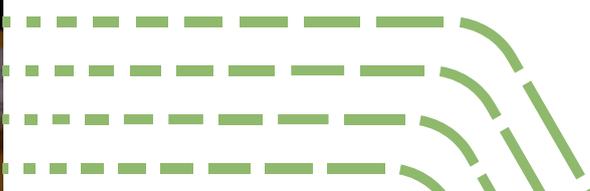


TABLE 1

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

AFRO		AMRO	EMRO	EURO	SEARO	WPRO
Burkina Faso	Mauritius	Brazil	Afghanistan	Albania (+)	Myanmar (SFH)	Lao People's Democratic Republic (SFH, PHC*)
Cameroon (SFH)	Mozambique	Colombia (DoH, GE, CSCE)	Djibouti (+)	Azerbaijan (PHC*)	Nepal (DD)	Mongolia (PHC*)
Central African Republic (PHC, FCV)	NE Nigeria (PHC,FCV)	Costa Rica	Egypt (PHC, DoH, DD)	Kyrgyzstan (+)	Sri Lanka (PHC)	Papua New Guinea (PHC)
Congo	Niger (SFH)	Haiti (PHC, RDIA)	Jordan (+)	Republic of Moldova	Timor-Leste (PHC*)	
Côte d'Ivoire (SFH)	Rwanda	Jamaica (DoH)	Lebanon (+)	Tajikistan (SFH, PHC*)		
Democratic Republic of the Congo (SFH)	Sao Tome and Principe		Morocco(+)	Turkmenistan (+)		
Ethiopia (RDIA)	Senegal (SFH)		Pakistan (PHC, SFH)	Ukraine (PHC+)		
Ghana (PHC, SFH)	Sierra Leone (SFH)		Somalia (PHC, RDIA, FCV)			
Kenya (SFH, DD)	South Sudan (PHC, FCV)		Sudan (PHC*)			
Liberia	Uganda (DD, RDIA)		Yemen (FCV)			
Malawi (PHC, DD)	Zimbabwe (SFH, RDIA)					
Mali (PHC,FCV)						

Table legend

- 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 (+) Multiple accelerators
- * Additional PHC-A countries in 2022
- Additional countries engaged in 2022
- Subset of countries discussed by at least one accelerator working group at the global level

- AFRO: Regional Office for Africa
- AMRO: Regional Office for the Americas
- EMRO: Regional Office for the Eastern Mediterranean
- EURO: Regional Office for Europe
- SEARO: Regional Office for South-East Asia
- WPRO: Regional Office for the Western Pacific

Regional engagement

The Regional Health Alliance (RHA) is a joint collaborative platform between 12 UN agencies led by the WHO Regional Office for the Eastern Mediterranean that was established in 2020 to support and help drive the implementation of the SDG3 GAP in the Eastern Mediterranean region. In December 2021, the RHA Secretariat held the second annual RHA meeting at which lessons, challenges and success stories of the Alliance were showcased and the agencies endorsed the RHA Joint Action Plan

for 2022-2023 to step up work on improving access to quality health services for all, enhancing community engagement, improving financial protection, protecting healthy environments, promoting new medical products, and strengthening health information systems. The RHA includes seven accelerator working groups (identical to those in the SDG3 GAP) and a gender equality working group. To reflect the regional context, three additional agencies joined the RHA at the meeting: UN Habitat, the United Nations Industrial Development Organization and the Office of the UN Commissioner on Humanitarian Affairs, bringing the total number of participating agencies to 15 (going beyond the agencies which are signatories of the SDG3 GAP). Similar opportunities to support closer collaboration are being explored in other regions.

Challenges and opportunities

Because SDG3 GAP agencies undertake significant work individually and collectively in many countries, attribution of the SDG3 GAP to closer collaboration can be challenging. The added value of the SDG3 GAP has been made more explicit in a “[recovery strategy](#)” approved by the 13 agencies’ Principals in November 2021 and a [joint letter](#) sent by Principals to the 13 agencies’ country-facing teams in January 2022. However, as the SDG3 GAP is not a project but rather a way of working among agencies, attribution to SDG3 GAP itself is much less important than improved collaboration.

The recovery strategy recognizes that while many countries remain focused on the response to COVID-19, it is also essential to envision a gradual transition towards recovery and to leverage the health, development and humanitarian systems strengthened through the COVID-19 response to accelerate progress towards the SDGs. The strategy includes new operational guidance for SDG3 GAP agencies, highlighting the importance of ensuring country ownership and leadership; integration of work across accelerators; ensuring that SDG3 GAP agencies deliver concretely for countries; and a focus on the most vulnerable and marginalized communities, identified by children who are not receiving routine childhood vaccinations (‘zero-dose children’), which are a marker of communities facing severe inequities and multiple deprivations in access to health and other social services due to various socioeconomic, geographic and gender-related barriers (Box 1).

The joint letter from Principals to their agencies’ country-facing teams and UN Resident Coordinators emphasizes the need for joint planning, monitoring, promotion of equity and alignment with other collaboration platforms at country level such as the H6 and joint UN planning processes. It also sets out the joint support and incentives for collaboration that country teams can expect from the SDG3 GAP agencies, such as communities of practice in and linkages across accelerator areas, potential catalytic resources (section 3) and feedback from government and civil society through the SDG3 GAP monitoring framework (see section 4).

Addressing widening inequities amid fiscal constraints remains a challenge in many countries, highlighting the added value of work under the SDG3 GAP to increase efficiencies through synergistic investments and a focus on PHC. In addition, as pandemic responses in countries shift from emergency and urgency, interventions will increasingly need to be linked to countries’ medium- and long-term development strategies, preparedness, health systems strengthening and PHC.

BOX 1

Reaching zero-dose children and missed communities to ensure an equitable recovery

The COVID-19 pandemic has pushed millions into extreme poverty and has shrunk government resources available for spending on achieving the SDGs. The devastating impact of the pandemic on health systems, particularly on already-vulnerable populations, has accentuated inequities and threatened to unravel two decades of progress towards the SDGs. For example, WHO/UNICEF immunization coverage data show that the number of children who do not receive even a single vaccine shot ('zero-dose children') increased by 30% in 2020 because of the secondary effects of the pandemic.

These zero-dose children are markers of communities who have been constantly missing primary health care and face compounded deprivations, including low access to basic services on health, education, nutrition, gender barriers and stigmatization and thus face multi-dimensional poverty. Already, two out of three zero-dose children live in households surviving on less than \$1.90 a day; their mothers are twice as likely to miss out on antenatal care or skilled birth

attendance and the homes that they live in are less likely to have access to clean water or sanitation. These marginalized communities are systematically less likely to receive other primary health care services.³ They have also been hit hardest by the pandemic and are most in need of the collective support from governments, civil society, the private sector and SDG3 GAP signatory agencies.

Multi-agency, multi-sectoral collaborations to promote integrated service delivery for these unserved and under-served communities are critical, in line with the ask in SDG3 GAP Principals to their country-facing teams. In Pakistan, for example, Gavi and the World Bank have worked to expand one of their joint projects to include disbursement-linked indicators related to reaching zero-dose children through collaboration in the sustainable financing for health accelerator. In the PHC accelerator, UNICEF, WHO, Gavi and other partners are supporting national efforts to facilitate strategies to increase access to PHC, building on Gavi's investments in extending

immunization services to reach missed communities. Jointly prioritizing zero-dose communities and ensuring that they have access to the essential services they need will be critical to support an equitable and resilient recovery towards the health-related SDGs.

³ Victora C.G. Assessing the overlap between immunisation and other essential health interventions in 92 low-and middle-income countries using household surveys: opportunities for expanding immunisation and primary health care. *EClinicalMedicine*. 2021 Dec 1;42:101196, accessed at <https://www.sciencedirect.com/science/article/pii/S2589537021004776> on May 3, 2021.



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Solar Powered Oxygen Concentrator System, Hanaano Hospital, Dhushamareb, Galmudug, Somalia.

SUMMARY of SDG3 GAP country case studies*

AZERBAIJAN

Shamakhi Fellowship Program: Accelerating PHC resilience and health workforce development in Azerbaijan

The city of Shamakhi lies in a mountainous region of Azerbaijan with many remote villages. The region has experienced multiple PHC challenges partly due to its remote location, including workforce constraints: 54% of physician positions in rural PHC facilities are vacant. The COVID-19 pandemic has exacerbated PHC equity and resilience challenges, including in women's health.

Funds from the WHO SDG3 recovery challenge supported a collaborative project in Shamakhi led by the government

with support from WHO and UNICEF. Three tranches of funding facilitated a PHC training fellowship for healthcare workers and students in Shamakhi, as well as national PHC workforce development.

One project strand was women's health. Azerbaijan has a disproportionately high maternal mortality rate in the WHO European Region with significant disparities between urban and rural areas. Dedicated safe spaces for women within PHC clinics have allowed women to talk and learn about

specific issues related to their health. Participating fellows praised the project and some have remained working in PHC in rural areas.

The project contributes to progress towards several SDG indicators and is integrated with the national PHC strengthening project known as PROACT-Care that is led by the government and WHO with collaboration from UNFPA and UNICEF and funded by international partners including the Universal Health Coverage Partnership.

BRAZIL

Strengthening intersectoral collaboration and coordination for mental health and psychosocial support through PHC in Brazil

A project supported by WHO SDG3 recovery challenge funds has strengthened intersectoral collaboration and coordination between mental health and psychosocial support (MHPSS) stakeholders working in emergencies. This has resulted in the first network of its kind in Brazil to improve MHPSS and equity, particularly for underserved groups such as populations migrating from neighbouring Venezuela.

The PAHO/WHO country office coordinated the project with the Brazilian Government and engaged stakeholders including UNHCR, UNICEF and IOM. The project included mapping existing MHPSS services, a virtual course for key stakeholders, establishing a technical MHPSS working group and a public awareness campaign around stigma. Participants reported that the training course helped

them to better understand how to coordinate MHPSS for communities. The project also connected different government resources and funding sources. Stakeholders are continuing to meet as a network, thereby strengthening the country's formerly fragmented MHPSS landscape.

*Longer versions of the case studies will be published on the SDG3 GAP website.

CONGO

Strengthening RMNCAH within PHC to accelerate SDG progress in Congo

In recent years, Congo made considerable progress in health and strengthening health care has long been a priority for the country. However, a mid-term evaluation of the 2018-2022 National Health Development Plan and the emergence of the COVID-19 pandemic in 2020 highlighted ongoing weaknesses and gaps, including poor outcomes in reproductive, maternal, neonatal, child and adolescent health (RMNCAH).

A situational analysis undertaken under WHO's leadership led to a consensus among SDG3 GAP signatory agencies to prioritize support for PHC with a focus on RMNCAH. An inter-agency

coordination group, the H6, was established, comprised of UNAIDS, UNFPA, UNICEF, UN Women, the World Bank and WHO, with a financial contribution from the WHO and collaboration with the Office of the UN Resident/Humanitarian Coordinator. Key joint initiatives between the government, signatory agencies, other partners and local stakeholders in 2021 led to a first Technical and Financial Partners retreat to increase synergy and strengthen coordination among health partners, development of a new integrated national strategy on RMNCAH for 2022-2026, designation by the Ministry of Health and Population of a

national SDG3 GAP Focal Point and establishment of a biannual cycle of review and joint planning of priority activities.

Enhanced collaboration between GAP signatory agencies and the government has impacted local health systems actors across all levels with improvements being seen in the planning and implementation of the agencies' activities and joint efforts to manage the challenges that came with COVID-19 and the clinical management of pregnant women during the pandemic.

COSTA RICA

Community participation for a PHC-led, equitable recovery in Costa Rica

A project in Costa Rica coordinated by the government and the PAHO/WHO country office has applied knowledge gained in the COVID-19 pandemic to encourage a PHC-led equitable recovery with a focus on underserved communities. The project was supported by WHO SDG3 GAP catalytic funding, alongside funding for Costa Rica's overall PHC vision from the Swiss Agency

for Development and Cooperation in parallel with wider flexible financing.

Building on the successful implementation of community participation approaches in a previous PHC COVID-19 project, communities identified three PHC areas for action: improving mental health, preventing gender-based violence (GBV) and supporting people with chronic health conditions.

The project quickly trained more than 250 community leaders who worked closely on collaborative action plans and programmes with underserved communities. The GBV strand of the project involved UNFPA and UN interagency groups working alongside indigenous communities to empower women and girls.

*Longer versions of the case studies will be published on the SDG3 GAP website.

--- follow-up on a past SDG3 GAP case study

GHANA

Health financing linked to PHC in the context of the Ghana's UHC roadmap

To increase access to essential health services and work towards universal health coverage in the context of tight fiscal constraints, the government is working with SDG3 GAP partners on sustainable financing for health, including a discussion on zero-dose children and missed communities. This includes development

of a costed Prioritized Operational Plan (POP-C) which is being integrated into the government's Medium-Term Health Sector Strategic Plan and will serve as a joint plan around which health partners and stakeholders can coordinate their work. The plan will also serve as the basis for determining priorities for the health sector and health

investments over the next 10 years. A new PHC Investment Program jointly financed by the World Bank and GFF is also being prepared with a focus on strengthening and sustainably financing frontline health services.

KENYA

Strengthening health data in Kenya

According to Kenya's National Bureau of Statistics, around 35% of births in the country are unregistered. This has significant consequences for the achievement of the SDGs as it hampers the government's ability to effectively plan, allocate and use resources, and to evaluate and monitor progress.

This challenge is being addressed jointly by the

Ministries of Health and Interior with support from SDG3 GAP partners who are working to strengthen data and digital health in the country with a focus on strengthening the civil registration and vital statistics (CRVS) system. This is being undertaken by decentralizing civil registration and increasing the number of CRVS registries across the country,

as well as intensifying mobile registration in hard-to-reach areas. In addition, the information and communications technology infrastructure has been upgraded to improve usability, promote data security and facilitate digital service delivery. A one-day service model for CVRS is also being implemented across the country.

*Longer versions of the case studies will be published on the SDG3 GAP website.

NEPAL

Strengthening health data to measure SDG progress in Nepal

As emphasized in the 2021 case study, quality health data are indispensable for strengthening Nepal's health system, particularly to identify and address disparities experienced by marginalized sub-populations. The decentralized health system in Nepal results in fragmented data availability at all levels and challenges in channeling funds to the provinces and local levels. An assessment of data gaps

for health-related SDGs has also shown significant limitations in disaggregated data to monitor equity and understand the health situation at local levels.

To address these challenges, GAVI, the Global Fund, UNFPA, UNICEF, UNAIDS, WHO and the World Bank have coordinated their activities and collaborated with the government of Nepal to strengthen routine data sources, vital statistics and

population-based surveys, as well as to build capacity on data management at national and sub-national levels. The activities aim to make available accurate and quality data on births, deaths and access to and utilization of health services, disaggregated by equity stratifiers at each level. This will allow sub-national levels to have greater autonomy in decision-making and better target health interventions to those most in need.

NIGER

Reforming health financing and strengthening partner coordination in Niger

As in other countries, COVID-19 has exposed the fragility of Niger's health system. The country has committed to achieving UHC, prompting the need for reforms, including more sustainable financing for health and better partner alignment and coordination. In response, SDG3 GAP agencies active in the sustainable financing for health accelerator agreed on the need to develop a

functioning coordination mechanism for health development partners. As a result, Gavi, Global Fund, GFF, ILO, UNICEF, World Bank and WHO have strengthened their collaboration with the in-country health development partners group and are now co-financing a new P4H in-country focal point to support and facilitate health financing coordination and action research with

government leadership and support. The P4H network comprises a broad mix of international partners working on health financing for UHC and social health protections. By January 2022, the official "facilitator" responsibility was handed over from Gavi to the P4H focal point, laying the foundation for more joined-up support to the country to achieve its ambitious vision for UHC.

*Longer versions of the case studies will be published on the SDG3 GAP website.

--- follow-up on a past SDG3 GAP case study

PAKISTAN

Bringing support for PHC and sustainable health financing together in Pakistan

Pakistan is taking bold steps towards achieving Universal Health Coverage (UHC) with support from SDG3 GAP agencies to help the Ministry of National Health Services, Regulations & Coordination define a national essential package of health services (EPHS) using a PHC-oriented model in districts with the greatest needs. Pakistan is the first country to define its EPHS by drawing on evidence from the Disease Control Priority's (DCP3) global best practices for essential health packages.

Since late 2020, SDG3 GAP partners have supported the

EPHS's development and its initial pilot implementation, including as part of a joint mission reported in the 2021 SDG3 GAP progress report case study on Pakistan. WHO in collaboration with the government and other partners is piloting the "PHC Oriented Model of Care" in two districts (Islamabad and Charsadda) for EPHS implementation. Lessons from the pilot will pave the way for full-scale national implementation of the EPHS that could significantly reduce maternal and under-five mortality. To address potential fiscal challenges, SDG3 GAP

partners have helped to lay the groundwork for sustainable financing by developing an investment case for EPHS, ensuring localization of EPHS in provincial budgets and advancing further scale-up through the upcoming World Bank-supported National Health Support Program (NHSP) with joined-up financing from Gavi, GFF and the Global Fund. Through the NHSP, the partners aim to promote more equitable access to health services including the potential use of disbursement-linked indicators related to reaching zero-dose children.

SOMALIA

Bringing innovation to scale to strengthen PHC in Somalia

Somalia is moving past the effects of long-term instability. In 2020, WHO, working with the SDG3 GAP innovation accelerator working group, Grand Challenges Canada and the Somali Ministry of Health, piloted an innovative solar-powered oxygen delivery system to address oxygen supply surge needs for COVID-19 and beyond, including for pneumonia, one of the main infectious disease killers of children. Following the successful piloting, the innovation is now being taken

to scale across the country with resources from a wider range of partners and working with the UN Resident/Humanitarian Coordinator. WHO and UNICEF have also supported the federal and state ministries to conduct campaigns to improve vaccine uptake and reach zero-dose children. These efforts lay a strong foundation for strengthened access to PHC as part of Somalia's journey towards UHC and have increased the country's capacity to integrate and scale up promising innovations.

SDG3 GAP agencies and other partners have also supported the Somali Ministry of Health to update the country's Essential Package of Health Services. Stakeholders working across humanitarian, development and peace sectors have also agreed on collective outcomes to bridge gaps in national capacity to transition from short-term humanitarian health responses to long-term development work. These collaborations place Somalia in a better position to meet the health-related SDGs.

*Longer versions of the case studies will be published on the SDG3 GAP website.

SRI LANKA

Strengthening primary health care in Sri Lanka: Engaging people to build an environment that is conducive to healthy choices and well-being

Sri Lanka's PHC system pre-dates Alma Ata and has been the foundation of the country's remarkable health achievements. With a shift in both demographic and epidemiological profiles, Sri Lanka's focus now is reforming PHC to address ageing and premature deaths due to non communicable diseases.

Sri Lanka has taken a proactive step towards the Healthy Cities initiative to enhance its population's overall quality of life. With support from UNICEF and WHO, this initiative

is one of the first in the South-East Asia region to promote health, equity, and sustainable development through a multisectoral approach. The Jaffna Healthy City Programme, for example, introduces opportunities for healthy choices such as increased physical activity, improved hygiene and reduced waste production at city schools, workplaces and public spaces. The programme follows the "PHC as a whole-of-society approach to health" including multisectoral action, empowerment of

communities and a focus on primary prevention.

As part of the programme, WHO and UNICEF have drawn on and coordinated their technical expertise in health and leading youth-oriented initiatives, respectively, to help revitalize water, sanitation and hygiene facilities at 10 local schools. The programme also promotes gender equality to boost the attendance and well-being of female students.

*Longer versions of the case studies will be published on the SDG3 GAP website.

— — — follow-up on a past SDG3 GAP case study

2

ACCELERATE

SDG3 GAP accelerators are maturing
as communities of practice





The global-level SDG3 GAP accelerator and gender equality working groups are now well established as communities of practice, allowing the 13 agencies to learn from each other and harmonize approaches in and across the accelerators' thematic areas.

The accelerator working groups provide support to country-level activities and develop global goods in support of those efforts. Because PHC is seen by many countries and agencies as central to a recovery from the pandemic and resuming progress towards the health-related SDGs, and as vital to strengthening pandemic preparedness, all accelerators are increasingly aligning support around financing equitable access to PHC for UHC, especially given the importance of protecting health budgets to support an equitable recovery from COVID-19 (as highlighted in the case studies on Ghana, Kenya and Pakistan). In addition to specific activities in their thematic areas, accelerators working to strengthen the availability of data and digital tools (case studies on Kenya and Nepal), introduce and scale up innovations (case study on Somalia), promote equity and gender equality, engage communities (case studies on Costa Rica and Sri Lanka) and support countries affected by fragility, are also contributing to work on PHC. The case study on Congo illustrates efforts to improve health outcomes for women and children through PHC, in line with SDG3 GAP integration of work under the *Every Woman, Every Child* initiative.

This section describes the key activities of each accelerator working group over the last year and their respective focus areas and priority activities for 2022 (Table 2).

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Pandemic and social exclusion: the invisible stigma, Costa Rica.

Primary health care

Co-leads: UNICEF and WHO

Key results

- 13 countries prioritized for intensified support; six of these received support for strengthening PHC in the context of the response to and recovery from COVID-19, with a focus on vulnerable populations; scope being increased to four additional countries (Afghanistan, Lao People's Democratic Republic, Mongolia, Sudan);
- 7 country dialogues held (Ghana, Lao People's Democratic Republic, Mali, Pakistan, Somalia, South Sudan, Sri Lanka, Ukraine);
- Collaboration with accelerators on sustainable financing, fragile and vulnerable settings, data and digital health and equity cluster of accelerators for joint support at country level (Lao People's Democratic Republic, Ghana);
- Global PHC policy and strategy discussions: World Bank (June 2021), UNICEF (September 2021), Gavi 5.0 (October 2021), Immunization Agenda 2030 (October 2021), Bill and Melinda Gates Foundation (April 2022) to harmonize approaches to PHC;
- Support for Gavi full portfolio planning processes in seven countries;
- *Every Woman, Every Child* and work of H6 partnership integrated into the accelerator's work.

Sustainable financing for health

Co-leads: Gavi, Global Fund and World Bank

Key results

- **Country engagement model adapted** to a tiered engagement approach, including additional priority countries (Cameroon, Nigeria, Senegal, Sierra Leone):
 - Tier 1: Côte d'Ivoire, Ghana, Kenya, Lao People's Democratic Republic, Niger, Nigeria, Pakistan, Tajikistan
 - Tier 2: Cameroon, Myanmar, Senegal, Sierra Leone, Zimbabwe.

- **Interagency Working Group (IAWG) on health taxes:** The IAWG agreed to operationalize the country working groups, with Pakistan, Ghana and Indonesia identified as priority countries;
- **Civil society organization (CSO) joint learning agenda:** With coordination from GFF, Gavi, GF and GFF are co-financing the joint learning agenda to build CSO capacity in health financing and budget advocacy in 10 anglophone and 10 francophone countries in Africa, building on joint work developed under UHC 2030;
- **Alignment Community of Practice,** a joint capacity development initiative for country focal points acting as neutral brokers and coordinators for aligning health financing dialogue in countries (led by GFF, ILO and Germany as co-chairs of the P4H Technical Exchange Group). The partners engaged in two sessions in 2021, an introductory kick-off session and a session focused on the SDG3 GAP agencies' (Gavi, GFF, Global Fund and World Bank) funding cycles and instruments.
- In-person coordination meetings with accelerator partners organized by the World Bank in Geneva bringing together the agencies' teams on the Pakistan National Health Support Project and forward-looking opportunities in Cameroon, Ghana, Nigeria and Sierra Leone.
- **Collaboration between GFF and WHO on resource mapping and tracking:** Global Fund and Gavi are also increasingly involved, creating opportunities for more joint results work on fund flows. Case studies and a resource guide on this topic are under development.
- **Mainstreaming of performance-based funding (PBF):** Collaboration with GFF, World Bank and WHO on providing aligned technical assistance on how to translate some key elements of the PBF pilots into government systems.
- **Country updates** (not covered in case studies in this report)
 - **Lao People's Democratic Republic:** Health and Nutrition Services Access Project jointly funded by World Bank, Global Fund and Australia represents a platform for alignment of development assistance; health system strengthening; improving quality and coverage of services at the frontlines and at the national level. Agencies jointly reviewed the Lao People's Democratic Republic Health Financing Strategy adopted by the Government. A gender assessment informed development of the Gender Equity and Innovation Fund and the Quality Performance Scorecard tools under HANSA.
 - **Tajikistan:** The Health Financing Platform, formed under the accelerator working group, led to the development of a joint advocacy statement for health financing reforms presented to the ministries of health and finance and the executive office of the president.

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

Co-leads: WFP and WHO

The FCV accelerator has continued to engage with the PHC accelerator to seek opportunities for alignment. Country-specific meetings on countries facing crises (e.g., Afghanistan) are fostering multi-sectoral dialogue and advocacy across the humanitarian – development – health nexus.

This accelerator working group serves as an engagement and dialogue platform and has brought important humanitarian perspectives and information into work under the SDG3 GAP. The accelerator functions as an ‘umbrella’ or way of working rather than a vertical project and so that all innovative partnership activities between GAP Members in fragile settings contribute to accelerating progress towards health-related SDG targets.

Key results (examples of joint work)

- Several GAP agencies including the Global Fund, UNICEF, UNDP, the World Bank and WHO are working to ensure that critical health services are maintained in Afghanistan and that the broader health, development and humanitarian response is scaled up and sustained. Examples of this include UNDP’s immediate response together with the Global Fund in September 2021 to take over contracting under the former Sehatmandi to ensure that more than 2,100 health facilities across 34 provinces remained operational and provide critical health services to the Afghan population, with subsequent efforts by UNICEF and WHO to mobilize funds from the COVID-19 Emergency Relief Fund, followed by funding from the World Bank-led Afghanistan Reconstruction Trust Fund (ARTF).
- In March 2022, delegates from WHO, UNICEF, humanitarian partners, and Afghanistan representatives convened in a high-level meeting hosted by the State of Qatar to discuss interim health priorities for Afghanistan over the next 18-24 months. Health experts jointly reviewed the current situation and gaps in health service delivery and identified solutions to strengthen the overall service system. The delegates also discussed opportunities to improve health governance and coordination, and collaborations to meet existing and emerging health and nutrition needs of children, women and other vulnerable groups.
- In Somalia, WFP supported the Ministry of Health, WHO and UNICEF to transport the first COVAX dose from Nairobi to Mogadishu, and from there onward to 11 in-country destinations using the UNHAS fleet.

- WFP supported the Global Fund and eight of its implementing partners by delivering 22,000 m³ of lifesaving health items, including HIV and tuberculosis medicines and 5 million mosquito nets to seven fragile and conflict-affected countries. This partnership has been hailed as a prime example of how inter-sectoral collaboration can save lives while adopting a nexus approach.

SDG3 GAP equity cluster

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

Co-leads: UNAIDS, UNDP and UN Women

Key results

- **Using data for vaccine equity:** The Global Dashboard for Vaccine Equity, established in 2021 as a collaboration between UNDP, WHO and the University of Oxford with collaboration across the UN system and anchored in the SDG3 GAP, is providing new, actionable insights for policymakers to better understand the implications of vaccine inequity for socio-economic recovery. Insights generated by the dashboard include the impact of vaccine inequity for economic recovery and on labour markets; how vaccines can be financed; the ‘urgency of speed’: what it will take to reach 70% vaccination coverage; vaccine inequity at the sub-national level and a scatterplot that allows users to compare vaccine access and affordability across regions (in addition to the country-level). Analyses can be generated and compared by country, region and globally, and organized per income group. UNDP and SDG3 GAP partners are also supporting countries to use hyper-local and multidimensional vaccine analytics to inform and drive greater equity in implementing national deployment and vaccination plans led by WHO and UNICEF. Working with governments, UN agencies, civil society, academia/private sector and funders and leveraging the GAP, UNDP supported 62 countries to work on vaccine equity focusing on three areas: (1) digital solutions for vaccine delivery and systems strengthening, (2) data for vaccine equity, and (3) greening vaccine delivery.
- **Improving vaccine and gender equality:** The *Guidance Note and Checklist for Tackling Gender-Related Barriers to Equitable COVID-19 Vaccine Deployment* developed by UN Women and United Nations University International Institute for Global Health (UNU-IIGH) with Gavi, GFF, ILO, UNAIDS, UNDP, UNFPA, UNICEF and WHO in 2021 has been used to inform the development of COVID-19 national deployment and vaccination plans and to

support equitable vaccination. In June 2021, the SDG3 GAP Gender Equality Working Group supported a [global learning forum](#) on the Guidance Note and Checklist. Key issues emerging from the learning forum were captured in a commentary on [Tackling Gender-related Barriers in COVID-19 Vaccine Delivery and Uptake in LMICs](#). During the 2021 Generation Equality Forum in Paris, the SDG3 GAP Gender Equality Working Group and UNU-IIGH convened an event on ‘Catalyzing Feminist COVID-19 Health Responses Across Benches, Beds, Boardrooms and Beyond.’

- **Supporting gender equality and health:** UNDP, UNFPA, UNICEF, UN Women, WHO, UNU-IIGH and UNAIDS launched a study, *What Works in Gender and Health in the United Nations: Lessons Learned from Cases of Successful Gender Mainstreaming across Five UN Agencies*, exploring good practice case studies and lessons on promoting gender equality. Through alignment under the H6/Every Woman, Every Child initiative, gender equality and empowerment of women and girls were prioritized to support women and girls to realize rights to and access SRMNCAH services in Ethiopia, Kenya, Mali, Morocco, Niger, Senegal, South Sudan and Uganda. In addition, UN Women and partners supported 23 countries to advance gender equality in health programmes through promoting positive gender norms and removing gender-related barriers to services.
- **Advancing planetary health:** UNDP, WHO, UNEP and UNICEF published the *Compendium of WHO and Other UN Guidance on Health and Environment* which compiles 500 actions to create healthy environments for healthier populations, addressing issues such as pollution, climate change, chemical exposure, water, sanitation and hygiene.

Research and development, innovation and access

Lead: WHO

Bringing innovation to scale is emerging as a potentially key added value of the SDG3 GAP. A [recent assessment](#) by Yale University’s Jackson School of Public Health examined the SDG3 GAP agencies’ respective models of scaling up innovation to reach SDG 3. The assessment found that, despite sometimes high transaction costs, nearly all the SDG3 GAP agencies reported that interagency collaboration yields major benefits. Constraints on collaboration include lack of funding and human resources, competition among agencies, lack of documentation of failures, inadequate understanding of end users, challenges in working with governments and the need for common standards for evaluating innovation. To facilitate access to and delivery of innovation, the report recommended multisectoral approaches, a focus on strengthening

existing health systems and long-term commitment to and sustainability of innovations that are adopted. The WHO Innovation Hub and SDG3 GAP agencies are reviewing the report's findings to determine how the agencies' work on innovation can be further leveraged through closer collaboration. The case study on Somalia illustrates the contribution of work under the SDG3 GAP to scale up oxygen innovations.

Data and digital health

Co-leads: UNFPA and WHO

Key results

- Full alignment with work of the Health Data Collaborative (HDC), linking multilateral efforts, broadening ideas and increasing efficiency);
- Streamlined work at county level in two technical areas (civil registration and vital statistics (CRVS) and Geographic Information System (GIS). These areas have the potential to address inequities in different ways and to attract political, technical and financial resources from partners;
- Three countries (Pakistan, Malawi and Nepal) prioritized for intensified support based on their interest and data availability, with country missions planned in 2022; engagement underway with national statistical offices, Ministries of Health, UN Country Teams and regional offices; scope of work agreed in concept notes;
- Use of expanded digital tools and approaches for improving data for equitable PHC and country adaptation (HEAT, Global Dashboard for Vaccine Equity, COVID-19 pandemic equity model); and
- Discussions on integrating a coordinated delivery approach to better use data for health impact and guide implementation.

TABLE 2

Accelerator/working group priorities for 2022

ACCELERATOR WORKING GROUP	ACTIVITIES FOR 2022
<p>PRIMARY HEALTH CARE</p> <p>Overall focus: Supporting countries to develop and deliver a comprehensive package of essential health services and contribute to UHC through PHC, using the PHC operational framework and the PHC monitoring framework and indicators as key tools to accelerate progress</p>	<ul style="list-style-type: none"> • 6 remaining country dialogues (Central African Republic, Egypt, Nigeria, Haiti, Malawi and Papua New Guinea) and dialogues in 6 additional countries (Afghanistan, Azerbaijan, Lao People’s Democratic Republic, Mongolia, Sudan, Tajikistan); • Strengthen linkages with PHC operational framework and the PHC monitoring framework and indicators; • Support regional office uptake and country implementation of PHC M&E; • Further alignment with <i>Every Woman, Every Child</i> and H6 to ensure that SRHR and women’s, maternal, newborn and adolescent health are integrated as essential elements of PHC; • Continued coordination with other accelerators, especially at country level, including identifying high-impact interventions targeting the most vulnerable and left behind.
<p>SUSTAINABLE FINANCING FOR HEALTH</p> <p>Overall focus: Sustaining health financing and prioritizing for equity while responding to COVID-19 and building back better</p>	<ul style="list-style-type: none"> • Identifying “one big action” at the country level; • Identifying key health financing indicators of success for the accelerator; • Experimenting with in-country health financing focal points in priority countries. • Aligned understanding of pandemic impact on sustainable financing for health through shared analytics; • Aligned advocacy, policy engagement and technical support for domestic resource mobilization for health; • Strengthen/deepen collaboration and coordination with other accelerators, in particular the PHC accelerator.
<p>FRAGILE AND VULNERABLE SETTINGS/DISEASE OUTBREAKS</p> <p>Overall focus: Making PHC work in fragile settings and enhancing the humanitarian/development nexus</p>	<ul style="list-style-type: none"> • Deepen collaboration with the PHC accelerator • Respond to demand from countries and partners requesting assistance • Joint advocacy
<p>DETERMINANTS OF HEALTH COMMUNITY/CIVIL SOCIETY ENGAGEMENT GENDER EQUALITY</p> <p>Overall focus of equity cluster of accelerators: Driving equity in the COVID-19 response and recovery including addressing gender inequities, with a focus on vaccine equity and gender-responsive vaccine access and uptake</p>	<ul style="list-style-type: none"> • Advancing data-driven approaches to strengthen decision making and governance to leave no one behind, with a focus on COVID-19 vaccination, gender equality, and increasing access to basic services, including PHC: <ul style="list-style-type: none"> - Supporting the COVID -19 Vaccine Delivery Partnership formed under WHO and UNICEF, in partnership with Gavi; - Regional webinars on the ‘Guidance Note and Checklist for Tackling Gender-Related Barriers to Equitable COVID-19 Vaccine Deployment’ (planned for Q3 2022), led by the Gender Equality Working Group; - UN Women, UNDP and WHO will increase efforts to contribute to the availability and tracking of sex-disaggregated health data at the national, regional and global levels;

ACCELERATOR WORKING GROUP	ACTIVITIES FOR 2022
	<ul style="list-style-type: none"> ● Jointly supporting countries to address the climate and environmental determinants of health and build climate-resilient health systems in line with their commitments and ambitions around COP26 and COP15; ● Facilitating strategic alignment of SDG3 GAP work across accelerators and on gender equality at the country level, including on removing gender-related barriers to health services and to COVID-19 vaccines in order to reach women and other marginalized groups. ● Broader support to address the development dimensions of health through integrated, multisectoral action, including working to promote gender equality, inclusion and rights; leverage data and digital approaches; and strengthen innovation, access and sustainable financing. ● Work with the accelerators on PHC and Data and Digital Health in addressing gender dimensions in their work. ● Publish a set of recommendations on strengthening engagement policies and practices with communities and civil society actors.
<p>R&D/Innovation and access</p> <p>Overall focus: Scale-up of innovations including medical oxygen, COVID-19 digital innovations, women and children's health and mental health</p>	<ul style="list-style-type: none"> ● Building on the report of agencies' activities in innovation, the accelerator will focus on ways to work jointly. It is anticipated that this will involve partnerships around specific innovations.
<p>Data and digital</p> <p>Overall focus: Strengthening country data and information systems, especially with regard to disaggregated data, including application to COVID-19 and equity</p>	<ul style="list-style-type: none"> ● Develop action plans in three priority countries; ● On CRVS, support expansion and inclusiveness of the CRVS system through: <ul style="list-style-type: none"> - An inter-ministerial approach; - Alignment with CRVS-strengthening initiatives by other partners; - Strategic support to CRVS digitization in and beyond health facilities; - Technical assistance on national vital statistics production; and - Generate guidance for expansion at scale; funding available for CRVS digitization. ● On GIS, the UNFPA Technical Division and WHO GIS Centre for Health to collaborate in the following areas: <ul style="list-style-type: none"> - Geospatial analytical case studies on mapping access to health services; - Supporting WHO's Global Health Facility Database (GHFD) through census category phase; - Capacity strengthening activities on GIS, including producing webinars and courses on geospatial basics and mapping accessibility; and - Online geospatial interface/tools to disseminate data and case studies, and a cloud-based accessibility mapping tool.

Challenges and opportunities under the accelerator themes

- **Civil society and communities** play a key role in strengthening PHC and work under other SDG3 GAP accelerator themes, including health determinants and gender equality, as well as the response to and recovery from COVID-19. SDG3 GAP signatory agencies met in November 2021 to share their own civil society and community engagement approaches and lessons from COVID-19 and to explore how the SDG3 GAP can better promote and support civil society and community engagement and empowerment for recovery towards the SDGs. A [learning note](#) from this exercise has been developed and is available on the SDG3 GAP website.
- **Further scaling up work at country level**, with support from global and regional levels, as well as further integrating equity considerations across accelerators, are ongoing challenges. Countries and their partners will need to ensure that recovery from the pandemic is resilient in the face of overlapping crises such as political and economic instability, armed conflict, food insecurity, the climate crisis, rising inequality and risks of future pandemics, highlighting the importance of work across accelerator areas and the health-related SDGs.
- **Drawing on broader lessons from COVID-19:** The pandemic has reinforced the importance of whole-of-government and whole-of-society approaches that address determinants of health and leave no one behind. A truly “health in all policies” approach requires stronger outreach beyond health ministries and improved coordination capacities in health ministries.
- **Optimizing incentives for collaboration:** While communities of practice have been created and are working well around accelerator themes, incentives in the multilateral ecosystem are not optimized for collaboration. A key theme throughout this report is the need to strengthen and optimize these incentives. While maturing as communities of practice, the accelerators must maintain an action-oriented sense of urgency to achieve the SDGs.



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Safa, 7 months old, during a visit to the nutrition department in Mirza Mohammad Khan Comprehensive Health Center (CHC), Kandahar City, Afghanistan.



3

ALIGN

SDG3 GAP continues to align with other initiatives and platforms



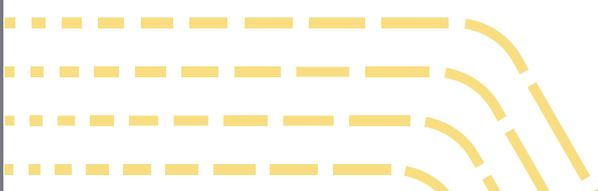


SDG3 GAP agencies continue to seek efficiencies and synergies in the health architecture through alignment with other key partnerships and collaborations, particularly at country level.

In 2021, H6 and SDG3 GAP Principals agreed to integrate work under the *Every Woman, Every Child* (EWEC) initiative into work under the SDG3 GAP at country level. Responding to a survey conducted by EWEC in 2021, five countries (Burkina Faso, Egypt, Mali, Morocco and Pakistan) reported active collaboration under the SDG3 GAP to strengthen the integration of sexual, reproductive, maternal, new-born, child and adolescent health into PHC. Case studies highlight important joint work happening in other countries, such as in Congo (this report) and South Sudan (2021 SDG3 GAP progress report). The development of United Nations Sustainable Development Cooperation Frameworks (UNSDCF) and joint discussions with and circulation of the joint letter from SDG3 GAP Principals to UN Resident Coordinators and country teams provide opportunities to further intensify collaboration in this area and under the SDG3 GAP more broadly.



© Jaffna Healthy City Programme/Veneka Logenthiran
Vembadi Girls' High School students attend a Sanitation and Hygiene Workshop, Jaffna, Sri Lanka.



UHC 2030 is the multi-stakeholder platform supporting efforts to achieve UHC by 2030. With a view to the UN General Assembly High-level Meeting on UHC in 2023, SDG3 GAP agencies and UHC 2030 are developing a joint narrative about the complementarity and alignment of their efforts, in which the SDG3 GAP serves as the action platform to support countries in implementing UHC commitments through more aligned support from multilateral partners. At country level, the Universal Health Coverage Partnership (UHC-P) policy and technical advisers serve as the main focal points on work related to the SDG3 GAP under several accelerator areas, with a focus on PHC. Planning elements of PHC work under the SDG3 GAP are frequently built on UHC-P country plans, and countries receiving intensified PHC support through the SDG3 GAP participate in the regular live monitoring mechanism of the UHC-P. As shown in SDG3 GAP case studies from this report and in 2021, integration of work under the two platforms is notable in Pakistan and Somalia.

The work of the SDG3 GAP Data & Digital Health accelerator working group is fully aligned with the **Health Data Collaborative**, with joint efforts continuing in three countries: Nepal, Pakistan and Malawi. In 2021, UNFPA, Co-Chair of the SDG3 GAP Data and Digital Health accelerator working group, joined the governance mechanism of HDC as multilateral representative. Meanwhile, the SDG3 GAP Sustainable Financing for Health accelerator working group and **P4H**, a social protection initiative that includes GFF, ILO, World Bank and WHO, are aligning their efforts in Niger and several other countries by jointly selecting coordinators for their work. This coordination also creates an important link between work under the SDG3 GAP and the initiative of the Jobs and Social Protection Accelerator of the ILO and the United Nations Secretary-General's Office.

GFF alignment working group: The GFF Alignment Working Group (AWG) was established by the GFF investor's group (of which several SDG3 GAP agencies are members) under the leadership of ministers of health from GFF partner countries. The Secretariats of the AWG and the SDG3 GAP have agreed to regularly exchange information, including data generated under the SDG3 GAP monitoring framework and through the AWG "maturity exercise". The country-led model of the AWG together with ministries of health and civil society organizations can play a valuable role in strengthening the incentives for better alignment and stronger collaboration among SDG3 GAP agencies and bilateral donors by holding them accountable to their commitments, including through the feedback they provide through the SDG3 GAP monitoring framework. To maximize joint learning, synergies between the work of the AWG and SDG3 GAP will be explored in several countries and documented in case studies.

Closer alignment of work under the SDG3 GAP with new multilateral structures emerging from COVID-19 - such as ACT-A and agencies focused on One Health - is also required.

Challenge and opportunity: Aligning on incentives for collaboration

A key learning from the SDG3 GAP to date is the need to optimize incentives to ensure that collaboration among the signatory agencies deepens and is sustained. Over the last year, efforts to strengthen incentives for collaboration have been piloted in four areas: joint funding, joint monitoring, joint evaluation and joint “governance” (Table 3).

TABLE 3

Strengthening incentives for collaboration

INCENTIVE	PILOT	PATHWAY TO SCALE
1. Joint funding	SDG3 Recovery challenge (WHO internal pilots 2020 and 2021): Providing catalytic support for collaboration is a powerful tool to strengthen collaboration (Box 2)	Establish a joint SDG3 Recovery Challenge
2. Joint monitoring	SDG3 GAP Monitoring Framework: Inviting member states to rate how the agencies are aligning their support to country plans and priorities and how they are collaborating (country questionnaire)	Adapt framework based on lessons from 2022 rollout of monitoring framework (especially country questionnaire)
3. Joint evaluation	Joint Evaluability Assessment 2021 and actions based on management response strengthened SDG3 GAP overall and enabled future evaluation	Independent evaluation of SDG3 GAP in 2023
4. Joint “governance”	Discussion of SDG3 GAP Joint Evaluability Assessment at UNICEF Board, February 2022	Discussions on SDG3 GAP in Boards of signatory agencies, based on monitoring and evaluation

An internal pilot by WHO in 2020 and 2021 demonstrated that **catalytic funding** can be a key enabler of closer collaboration (as noted in the case studies on Congo and Pakistan). With support from Germany and Norway and through an open call for proposals, WHO allocated \$2.6 million in catalytic funding to 35 of its country offices to contribute to improved coordination in the response to COVID-19, achieving an equitable recovery from the pandemic and resuming progress towards the SDGs, particularly through closer collaboration among SDG3 GAP and other partner agencies to strengthen PHC. Lessons from the pilot are summarized in Box 2. A proposal for a “joint SDG3 recovery challenge” to provide catalytic support to country teams to strengthen collaboration in support of an equitable and resilient recovery for countries is currently being considered and could be a game-changer in terms of strengthening incentives for joint SDG-focused work.

BOX 2

SDG3 recovery challenge 2020-2021 pilot

LESSONS LEARNED

- **Focus:** Catalytic support has more focused impact if it is provided to achieve a concrete goal such as under the WHO internal 2021 recovery challenge of “a PHC-led equitable recovery to the SDGs through closer collaboration” rather than the generic support for SDG3 GAP collaboration provided in 2020.
- **Alignment:** Linkages to national strategies and plans and use of country-led coordination mechanisms are central to maximize alignment and strengthen harmonization. Catalytic funds can help to strengthen these mechanisms.
- **Delivery:** A strong focus on delivery is advisable so that collaboration goes beyond joint planning alone.
- **Timeframe:** Longer implementation periods are highly preferable as they lower transaction costs and allow for integration with regular country planning processes and adaptation to country timelines and context.
- **Reporting:** Use of existing reporting and monitoring frameworks (such as the SDG3 GAP country questionnaires and country case studies) is advisable as it helps to lower transaction costs and reduce the risk of siloed implementation.
- **Linkages:** It is important to link the joint work to existing national, UN and development partner planning and harmonization frameworks or to use catalytic funds to shape their future focus and enable synergies.
- **Connector function:** To maximize impact, catalytic funds should not be used to fund discrete projects but rather as a connector to or way to leverage other agency-specific investments/resources.
- **Limitations:** Making funding available only through an internal WHO challenge limits the overall impact on strengthening collaboration across the agencies.
- **Additionality:** Catalytic funds should not replace agency allocations to country teams to strengthen collaboration and drive work under specific accelerator themes.

CONCLUSIONS

- **Catalytic effect:** Small amounts of funding can catalyze collaboration at a much bigger scale by bringing processes together, leveraging resources of partners, improving coordination and reducing the risk of inefficiencies.
- **Country office leadership:** Catalytic support is a powerful tool to enable WHO country offices to strengthen SDG-focused collaboration, working alongside and in support of the Ministry of Health.
- **Removing blockages to collaboration:** Strengthening collaboration requires upfront investments. Such resources are often not available at country-level. Catalytic support can remove blockages to stronger collaboration at country level, including by strengthening coordination/ harmonization mechanisms.
- **Create a level playing field:** Catalytic support can help to level the playing field between the WHO/UN agencies and funding mechanisms in health, thereby helping to increase alignment between national plans and priorities, investments by health funders and technical guidance and support.



© Gavi/Khasar Sandag
Nurses in waiting area, Batsumber,
Mongolia.

4

ACCOUNT

Setting the scene for an independent,
joint evaluation of the SDG3 GAP



Mutual accountability among the signatory agencies is a key commitment under the SDG3 GAP. Through their management response, the agencies have now addressed all recommendations made in the 2020 Joint Evaluability Assessment of the SDG3 GAP (Table 4), setting the scene for the independent joint evaluation of the SDG3 GAP now being planned by the signatory agencies' evaluation teams and to be completed in 2023. The independent evaluation was included in the 2022-2023 workplan of the WHO Evaluation Office that was presented to and approved by the WHO Executive Board in January 2022. Discussions will be initiated shortly with the evaluation offices of all SDG3 GAP agencies. This progress report itself represents a key monitoring input into the evaluation process.



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Key and vulnerable populations affected
by HIV, Nepal.

TABLE 4

Progress on response to SDG3 GAP Joint Evaluability Assessment (JEA)

JEA RECOMMENDATION	STEPS TAKEN TO ADDRESS RECOMMENDATION
Jointly review and revisit the purpose and shared objectives	✔ Strategy paper SDG3 GAP: Supporting an equitable and resilient recovery towards the health-related SDGs approved by Principals (November 2021)
Articulate a clear and detailed theory of change	✔ Theory of change developed and approved by Principals (November 2020)
Make the GAP more concrete and accountable	✔ Monitoring framework developed (May 2021) and rollout underway
Review the overall resourcing of the GAP activities	✔ Agencies' contributions table developed (February 2022) following a discussion among Principals (November 2021); discussions on joint recovery challenge
Revisit the linkages between and among the accelerator working groups	✔ Taking place through country implementation, supported by cross-accelerator work, equity cluster of accelerators
Map out the steps to the 2023 evaluation	✔ Management response to JEA and tracking of progress; 2023 independent evaluation included in evaluation work plans

On the basis of the 2021 SDG3 GAP recovery strategy and in line with recommendation 4 of the SDG3 GAP joint evaluability assessment “*Review the overall resourcing of the GAP activities*”, including 4a “*get beyond ‘volunteerism’ for staff leading in the signatory agencies*”, 4b “*provide support to each working group in a realistic way*” and 4c “*Provide support in moving the focus of the GAP to country level*”, SDG3 GAP Principals and Focal Points discussed their respective agencies’ contributions in support of an equitable and resilient recovery from COVID-19. These contributions are summarized in Figure 1. A [full contributions table](#) developed by the SDG3 GAP agencies is a living document and is posted on the SDG3 GAP website.

SDG3 GAP joint monitoring framework

The SDG3 GAP monitoring framework was finalized for piloting in 2021 and includes a light-touch approach to solicit feedback from countries annually on the performance of SDG3 GAP agencies at country level in key areas such as collaboration and alignment with national plans and policies, as well as challenges and lessons learned. The findings will provide an overall country perspective on SDG3 GAP implementation and enable the agencies to better tailor their support to country needs and context. The monitoring framework is also an important tool to strengthen the incentives for collaboration as it allows countries to rate the agencies' performance.

The monitoring framework was piloted in Q1 2022. A first questionnaire exploring qualitative and quantitative aspects of collaboration among development partners was sent to national governments or relevant authorities (hereafter referred to as "relevant authorities") in February 2022, targeting, but not exclusive to, low- and lower-middle-income countries. Results from the first round will serve as a baseline for future surveys and are summarized below. Two other questionnaires - for civil society groups and UN Country Teams - are currently being tested.

Joint monitoring framework: Summary of perspectives on SDG3 GAP collaboration from relevant authorities: April 2022

Relevant authorities were invited to complete a questionnaire about their health coordination environment. Of 71 nominated focal points, 42 (59%) submitted responses. Focal points were asked to indicate the extent to which they agreed or disagreed with six statements, of which two were general (see Box 3) and four were more specific. Responses are shown as a "heat map" in Table 5. Response rates were particularly high among low-income countries or settings (81%) as compared to other settings (50%). Low-income countries or settings were likely to answer fewer questions "agree" or "strongly agree" (mean of 2.9) than others, for example in lower-middle-income settings (mean of 3.8).⁴

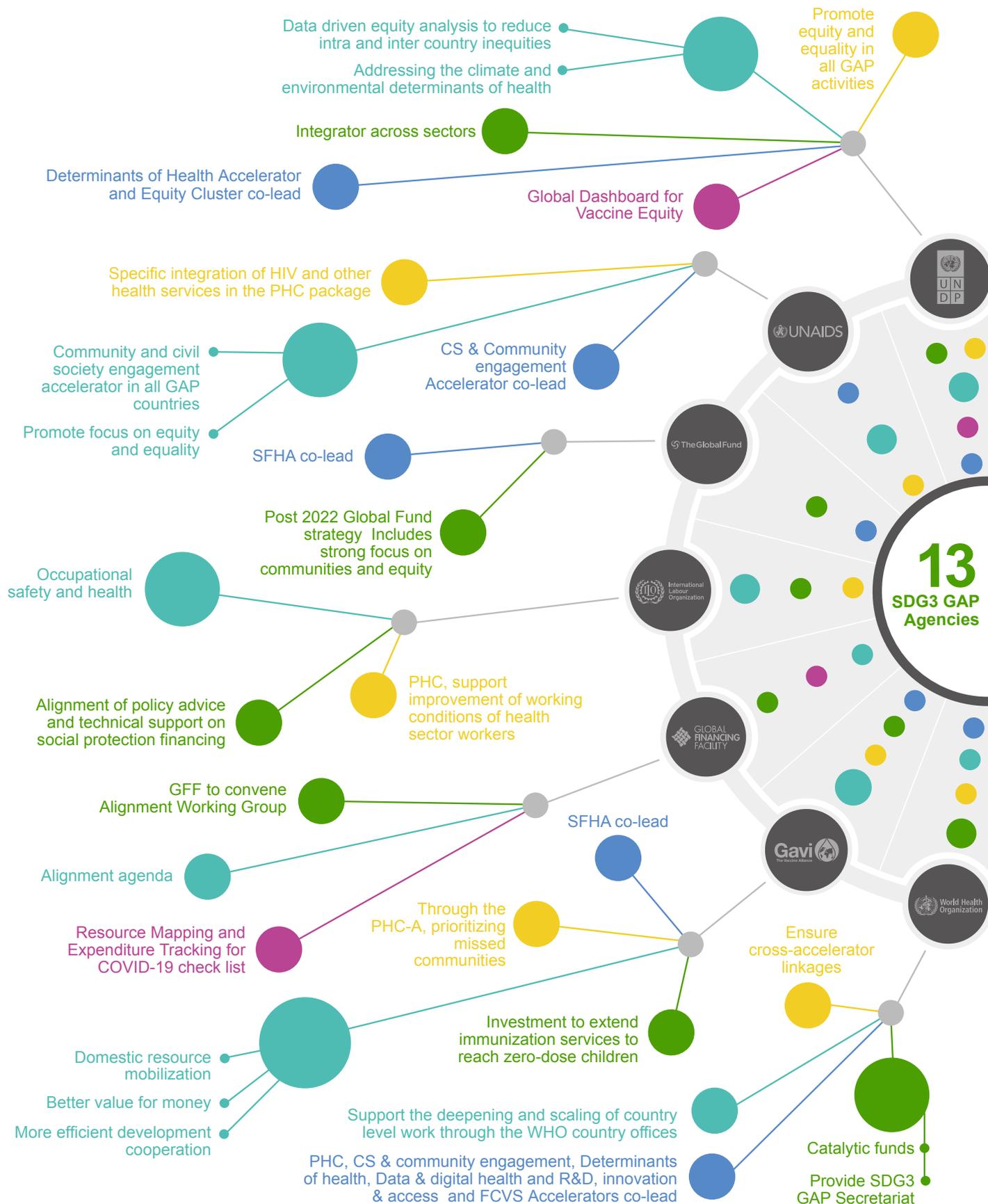
BOX 3

General statements concerning health coordination environment to which focal points were asked the extent to which they agreed or disagreed

The support received from development partners is well-aligned with national plans. Development partners coordinate well with each other over the support they provide.

⁴ Note on the calculation of the mean number of questions answered "agree" or "strongly agree" by country income groups: As there were six questions, the maximum would be 6. For example, on average, low-income countries or settings answered 2.9 of those questions "agree" or "strongly agree". The calculation is made by totaling the number of questions answered "agree" or "strongly agree" by a low-income country or setting and then dividing by the number of low-income countries or settings.

FIGURE 1 SDG3 GAP agencies' contributions for joint recovery strategy



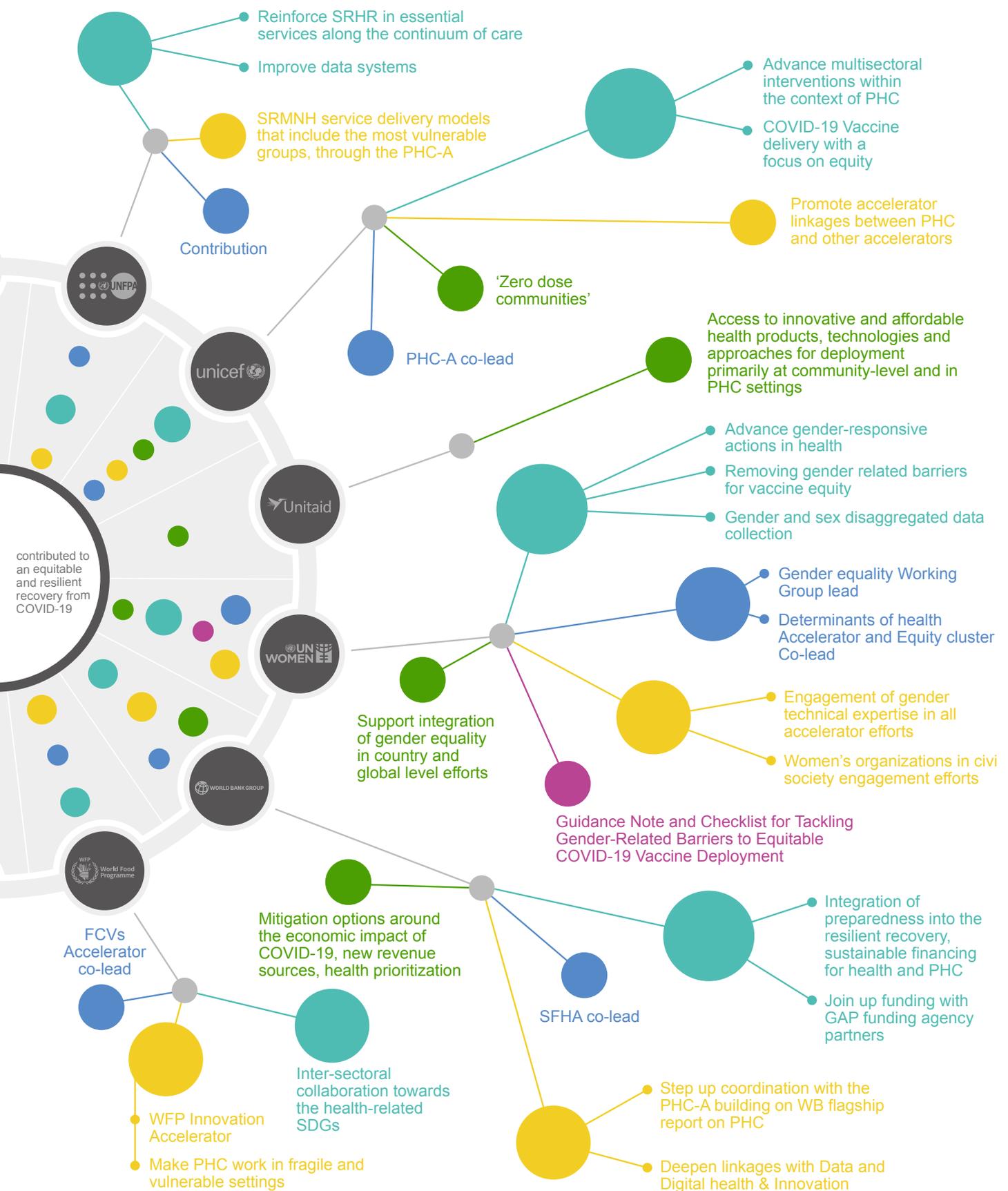


TABLE 5

Heat map of responses by focal points to statements on health coordination environment

	GENERAL STATEMENTS		SPECIFIC			
	Aligned to plans	Coordinated with each other	Aligned to budget	Uses local monitoring systems	Joint TA plan	Uses local coordination mechanisms
Afghanistan	Yellow	Yellow	Orange	Yellow	Orange	Yellow
Benin	Green	Green	Green	Green	Green	Green
Bhutan	Green	Yellow	Green	Green	Yellow	Yellow
Bolivia (Plurinational State of)	Green	Green	Green	Green	Green	Green
Bulgaria	Green	Green	Green	Green	Green	Green
Burundi	Green	Green	Green	Yellow	Yellow	Yellow
Chad	Green	Yellow	Yellow	Green	Green	Orange
Colombia	Green	Yellow	Green	Green	Green	Green
Congo	Green	Green	Green	Green	Yellow	Green
Côte d'Ivoire	Green	Green	Green	Yellow	Orange	Yellow
Eswatini	Green	Green	Green	Green	Yellow	Green
Ethiopia	Green	Green	Green	Green	Green	Green
Gabon	Green	Green	Green	Green	Green	Green
Gambia	Green	Green	Green	Orange	Orange	Green
Ghana	Orange	Yellow	Yellow	Green	Orange	Yellow
Haiti	Yellow	Orange	Orange	Orange	Orange	Orange
Indonesia	Red	Green	Red	Green	Red	Green
Lao People's Democratic Republic	Green	Green	Green	Yellow	Green	Yellow
Liberia	Green	Green	Green	Green	Green	Green
Madagascar	Red	Red	Orange	Orange	Yellow	Red
Malawi	Yellow	Yellow	Yellow	Yellow	Orange	Yellow
Mali	Green	Green	Green	Green	Green	Green
Morocco	Green	Green	Orange	Green	Green	Yellow
Mozambique	Green	Yellow	Green	Orange	Yellow	Yellow
Namibia	Green	Green	Green	Yellow	Green	Green
Nepal	Green	Green	Green	Green	Yellow	Green
Niger	Green	Green	Green	Yellow	Green	Green
Nigeria	Green	Green	Green	Green	Green	Green
Pakistan	Yellow	Orange	Yellow	Orange	Red	Yellow
Panama	Yellow	Yellow	Orange	Green	Orange	Yellow
Rwanda	Green	Green	Green	Green	Green	Green
Senegal	Green	Green	Green	Green	Green	Yellow
Sierra Leone	Orange	Orange	Orange	Orange	Orange	Orange
Somalia	Yellow	Orange	Orange	Orange	Orange	Red
South Sudan	Yellow	Yellow	Green	Green	Orange	Green
Sri Lanka	Green	Green	Yellow	Green	Yellow	Yellow
Tajikistan	Yellow	Yellow	Green	Green	Green	Green
Uganda	Green	Green	Green	Green	Green	Green
Yemen	Yellow	Yellow	Orange	Red	Green	Red
Zambia	Green	Green	Green	Green	Yellow	Green
Zimbabwe	Green	Green	Yellow	Yellow	Green	Yellow
Occupied Palestinian territory, including east Jerusalem	Green	Green	Green	Green	Green	Yellow

Colour coding: ■ Strongly disagree, ■ Disagree, ■ Neither agree or disagree, ■ Agree, ■ Strongly agree

Focal points were also asked to contribute free text responses on issues of successes, challenges and suggested improvements. Focal points identified several good practices including having clear principles on which to base alignment and co-operation; a formal agreement or compact between the relevant authority and development partners; a clear operating framework and an agreed health strategic plan. Some focal points noted essential health packages as part of their overall health plans. Many focal points described the coordination mechanisms they have in place for development partners in the health sector. These cover a range of practical matters including planning, funding, programming, monitoring and reporting. Several focal points, including those for Benin, Gabon, Gambia, Namibia, Somalia and Tajikistan, highlighted responses to COVID-19 as good examples of effective alignment and coordination. Some examples of good practice are shown in Box 4.

BOX 4

Examples of good practice

Congo has developed a reference document which sets out all the interventions to be carried out according to the priority needs in the health sector.

Nepal has operated a sector-wide approach, with a pooled fund, for more than 15 years.

Niger urged use of the Paris Declaration as the basis for alignment and coordination and has a compact agreed with partners.

In **Pakistan**, development partners have one National Health Sector Coordination Mechanism and the Ministry of National Health Services has developed standard operating procedures for this.

In **Somalia**, development projects supported by partners are aligned to the essential package of health service delivery.

Focal points identified several challenges that were being faced relating to development partners aligning their support with local plans and coordinating with each other. Some challenges related to local constraints including, in some cases, difficult political contexts; a lack of country capacity; bureaucracy; a lack of key elements for coordination; and failures of coordination i.e., where systems exist but are not fully used or functioning. There were some challenges in cases where external factors disrupted coordination. For example, in one case, COVID-19 meant that plans to provide technical assistance to cost the National Action Plan for achieving SDG3 were postponed.

Focal points also identified several challenges related to agencies. These include failure to apply key principles, such as contained in the Paris Declaration on Aid Effectiveness; promotion of agency agendas; failure of coordination between agencies; and uneven geographical distribution of agencies. Challenges were identified by some focal points when agencies work directly through third parties, such as civil society, rather than through the relevant authority. Also, in some cases, agencies may establish parallel coordination mechanisms. Also, agencies have diverse administrative procedures that may be difficult and bureaucratic. In some cases, inappropriate forms of technical assistance may be offered, for example, short consultancies when longer-term support is needed. Challenges affect a range of practical matters including supply chains and others identified above, including planning, funding, programming, monitoring and reporting.

Several improvements for better alignment and coordination can be identified from responses (see Box 5). The way funding is provided is of particular importance with pooled and “on budget” funding seen as providing incentives for alignment and coordination while “off budget” funding risks incentivizing fragmentation and duplication. Similarly, well-functioning coordination mechanisms provide positive incentives for effective alignment and coordination. Such mechanisms may vary markedly in nature between contexts, for example, as to whether they have thematic sub-mechanisms and/or decentralized coordination mechanisms, as in many federal states, but are characterized by the relevant authority taking the leading role.

BOX 5

Summary of suggested improvements

1. Recognize that processes should be locally driven. Development partners to act as collaborators and not decisionmakers.
2. Strengthen capacity of lead ministries, particularly the Ministry of Health, to effectively coordinate the health response.
3. Formal agreement of relevant authority and development partners as to how development assistance will be provided.
4. Appropriate coordination mechanisms are in place and are used and respected.
5. Develop plans with relevant authority and other development partners based on the relevant health strategy.
6. Provide pooled funds where possible. Where this is not possible, ensure funds are provided “on budget”.
7. Use local monitoring systems and conduct joint reviews and evaluations where possible.
8. Allow relevant authority sufficient time to respond to requests.
9. Learn lessons from coordination of COVID-19 responses.

This monitoring framework has limitations. First, the response rate is less than 100%. However, this can be expected to increase in this round as additional responses are received and with subsequent rounds, especially if responses are seen to lead to improvements. Second, the information is self-reported. However, perceptions of alignment and coordination are important in their own right and it will be useful to triangulate the understanding generated from these responses with responses from other actors, e.g., development partners themselves and civil society, which will be surveyed in future rounds. Third, the response may be shaped by social desirability bias, namely a reluctance to express views that might lead to less funding or technical support. However, this makes the ratings that indicate need for improvement even more compelling, and an opportunity to make non-public comments not reported here was also provided.

Overall, the findings of the monitoring framework identify concrete actions to strengthen collaboration among multilateral agencies. The findings allow agencies to identify and prioritize contexts where agency alignment with local priorities and coordination with each other may need improvement. In these settings, the qualitative responses will help to initiate specific discussions on challenges to collaboration and how these might be overcome. The heat map (Table 5) and qualitative responses provide useful insights into how support for collaboration might be tailored in different settings. Low-income countries were especially responsive in this exercise but face challenges in ensuring that development partners' support is aligned with their priorities and is well-coordinated. These responses emphasize the importance of aligned and coordinated funding and effective coordination mechanisms as key incentives for effective health coordination in low- and middle-income settings. Finally, these responses provide valuable baseline information that will be used for comparison purposes as further responses are sought over time, hopefully to identify improvements following actions on the part of agencies to strengthen their collaboration in particular contexts.

Managing complex risks

Table 6 sets out key elements of the SDG3 GAP risk framework presented in the 2021 progress report and based on the case study of lessons from the International Health Partnership. Progress has been made on mitigating risks associated with lack of country ownership through close engagement with governments (for example in the country presentations and discussions in the PHC accelerator working group); alignment with country plans and priorities (for example through the Pakistan joint mission); and initial implementation of the SDG3 GAP monitoring framework that seeks country perspectives on the SDG3 GAP. Risks related to lack of institutionalization of the SDG3 GAP are being mitigated through meetings of the agencies' Principals, a recently completed initial summary of agency contributions (Figure 1), and the Principals' joint letter to country-facing teams of the signatory agencies.

Risks related to lack of or weak incentives are being mitigated by identifying and piloting approaches to strengthen incentives for collaboration among the agencies in the form of joint funding, joint evaluation, joint monitoring and joint "governance". Some of these incentives are best addressed by external actors such as member states or governing bodies. Risks to progress overall are posed by overlapping crises such as the persistence of the COVID-19 pandemic, reduced fiscal space, armed conflict and humanitarian crises, climate change, energy crises and growing concerns about a global food crisis.

TABLE 6

Key elements of the SDG3 GAP risk framework

RISK CATEGORY	RISK	LIKELIHOOD	SEVERITY	MITIGATION
Country ownership	SDG3 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	Resource constraints and/or crises divert attention from or present obstacles to achieving the health-related SDGs	High	High	Focus on central role of health in equitable recovery towards the SDGs
	Member states / funders do not set incentives for closer collaboration	High	High	Piloting under way of approaches to strengthen incentives for collaboration

Challenges and opportunities

Accountability for collaboration among the agencies is both a challenge and an opportunity. Since there is no over-arching, collective governance of the multilateral agencies, the boards of the individual agencies must hold the respective agencies accountable for how they collaborate. In February 2022, the Board of UNICEF was briefed on the Joint Evaluability Assessment of the SDG3 GAP undertaken jointly by the evaluation units of all SDG3 GAP agencies. The briefing was presented by the UNICEF Evaluation Director, with the UNICEF SDG3 GAP Focal Point updating the Board on the status of the management response. A response from the SDG3 GAP Secretariat and discussion among UNICEF Board Members followed. The experience demonstrated that in the absence of a single accountability mechanism for the SDG3 GAP, discussions about SDG3 GAP by individual agencies’ governing bodies with participation from the SDG3 GAP Secretariat can provide a further incentive for collaboration.



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The PROACT-Care project initiated in 2020 with the aim to prevent excess mortality in the Shamakhi District, Azerbaijan.



Conclusion

Through their collaboration, SDG3 GAP agencies are contributing to closer alignment in the global health architecture and taking a range of steps to ensure accountability for impact on the path to achieving the health-related SDGs by 2030. This is increasingly important given fiscal constraints domestically and globally in the wake of the COVID-19 pandemic. A key lesson is that if the SDG3 GAP did not exist, it would need to be created. The alternatives are, on the one hand, unmanaged competition among agencies that would decrease effectiveness and efficiency of support to countries. On the other hand, restructuring the global health ecosystem — while it should not be ruled out — requires significant time and political capital. SDG3 GAP offers a middle path: a platform for improving collaboration among the major multilateral agencies in health. Nevertheless, as WHO Director-General Dr Tedros emphasized at the launch of SDG3 GAP in 2019: collaboration is the path, but impact is the destination. That impact is measured by overcoming setbacks from the COVID-19 pandemic and making further progress towards the health-related SDGs.

As an improvement platform, SDG3 GAP has addressed to the extent possible the “structure” side of the multilateral ecosystem by building well-functioning communities of practice around accelerator themes in support of country-led plans and aligning these with existing networks and structures. It has also built a functional community of agency focal points and convenes the Principals of the agencies on a periodic basis. What remains to be fully addressed, but is now being piloted, is the “function” side of the ecosystem: the joint funding, monitoring, evaluation, governance and accountability that is needed to further drive collaboration for impact. Taking these pilots to scale could be an important future focus of work under the SDG3 GAP and validating this insight and direction would be a desirable outcome of the 2023 independent evaluation. In doing so the two ‘sides’ of multilateralism — namely, agencies and countries — must come together, because the incentives are set not by the secretariats of the agencies but by their governing bodies and the Member States they serve.

