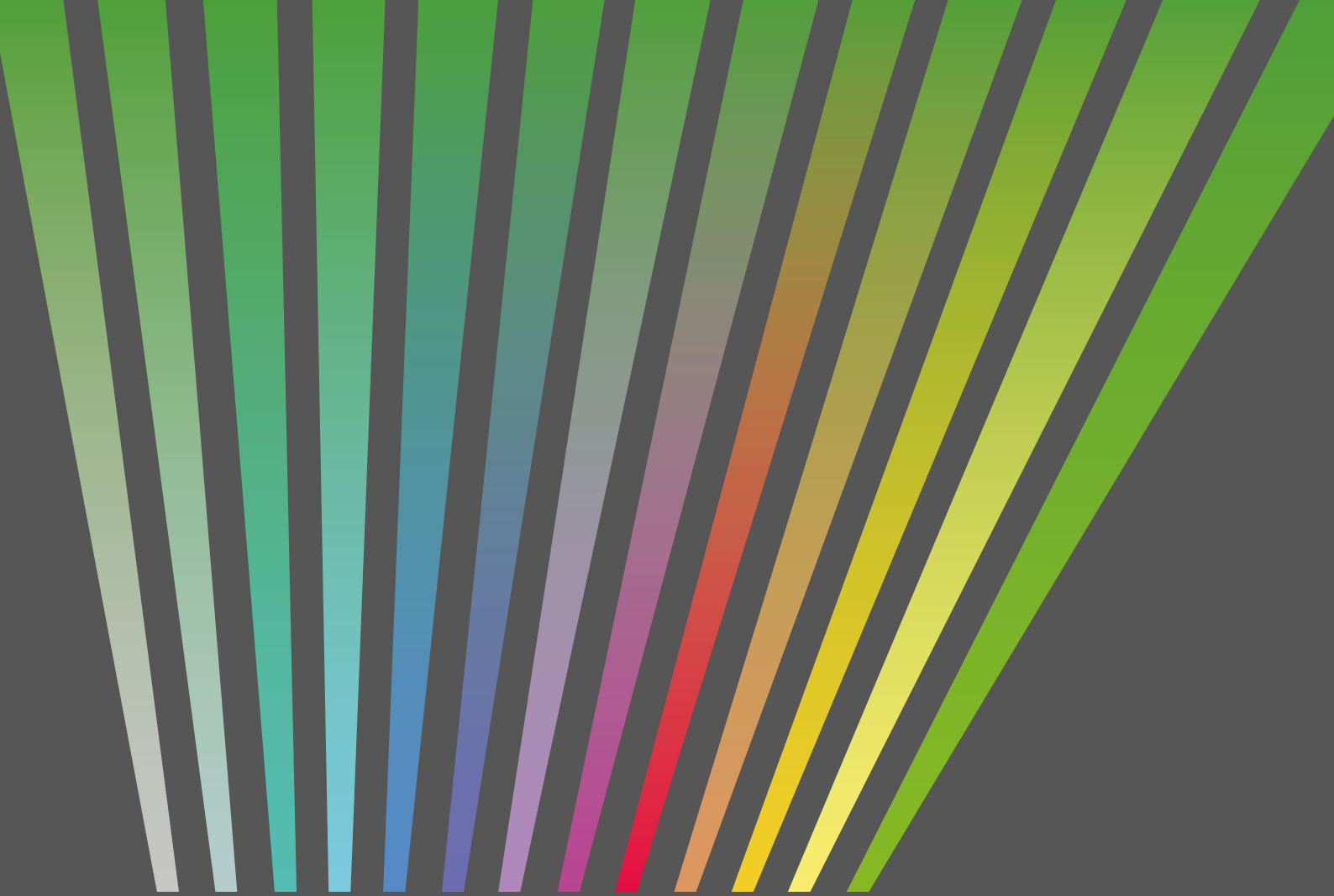




WHAT WORKED? WHAT DIDN'T? WHAT'S NEXT?



2023

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



What worked? What didn't? What's next?

2023 progress report on the Global Action Plan for Healthy Lives and Well-being for All

Acknowledgements: The World Health Organization gratefully acknowledges the financial support provided by the Governments of Germany and Norway for the production of this report.

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2023 progress report on the Global Action Plan
for Healthy Lives and Well-being for All

ISBN 978-92-4-007337-1 (ELECTRONIC VERSION)
ISBN 978-92-4-007338-8 (PRINT VERSION)

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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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 targets of the Sustainable Development Goals (SDGs) through stronger collaboration. 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. The SDG3 GAP was launched at the United Nations General Assembly in September 2019.

A “[recovery strategy](#)” was approved by the SDG3 GAP principals in November 2021 as a strategic update to the SDG3 GAP in the context of the pandemic of coronavirus disease (COVID-19).

The signatories to the SDG3 GAP are Gavi, the Vaccine Alliance; Global Financing Facility for Women, Children and Adolescents (GFF); Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); International Labour Organization (ILO); 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).

Foreword

This report represents four years of joint effort under the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP). It discusses what has worked and what has not worked since the SDG3 GAP was launched in 2019 to strengthen multilateral collaboration for better health in countries.



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Through the SDG3 GAP we have put in place structures to strengthen collaboration between the 13 signatory agencies, in areas such as primary health care, sustainable financing, and data. At the country level, we are working to improve multilateral collaboration through soliciting feedback from governments, allocating additional resources, taking joint action, and documenting the lessons learned. So far, we have engaged 67 countries on one or more of the SDG3 GAP accelerator themes. But we recognize that, as detailed in this report, the depth of engagement varies considerably.

With progress lagging on the health-related SDGs, and in preparation for the SDG Summit and the High-Level Meeting on Universal Health Coverage at the United Nations General Assembly in September 2023, stronger collaboration in the multilateral system is more important than ever to help accelerate progress on the SDGs in countries. Based on the lessons we have learned over these last four years, the report makes six recommendations to further enhance collaboration in the multilateral system in support of countries own efforts and to make the most efficient and effective use of available resources.

As I said four years ago when this ambitious project began, collaboration is the path, impact is the destination. We have made important progress, but we still have a long path to travel to improve the way that multilateral organizations work together to support countries. We must listen to what countries tell us and act upon their guidance.

I thank the partners for their collaboration and for the honest self-assessments contained in this report. I look forward to discussing the recommendations of this report with Member States and partners in the lead-up to the SDG Summit later this year.

A handwritten signature in blue ink, which appears to read 'Tedros Adhanom Ghebreyesus'. The signature is stylized and fluid.

Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Executive summary

This fourth annual progress report for the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) discusses what has worked and what has not worked since the SDG3 GAP was launched in 2019 and makes recommendations for the future. It also aims to inform thinking about how best to accelerate progress on the health-related Sustainable Development Goals (SDGs) ahead of the SDG Summit of the United Nations General Assembly and the high-level meeting on universal health coverage in September 2023.

Even before COVID-19, the world was off track on major health-related indicators. Now, it is even further behind, and many countries face a range of overlapping health crises stemming from the impact of the pandemic, war, food insecurity and climate change. Economic conditions are also placing significant pressure on domestic and external financing for development. While other approaches, such as data and delivery for impact and innovation in products, services and financing, are also needed, enhanced collaboration within the multilateral system is more important than ever to help accelerate progress towards the SDGs and make the most efficient and effective use of available resources.

In 2019 the SDG3 GAP signatory agencies set out three interim milestones that they aimed to achieve by 2023. The agencies' self-assessment of their progress on these milestones is that in 2023: 1) "better coordination among the agencies in their global, regional and in-country processes" has been achieved; 2) "reduced burden on countries, with increased evidence of joined-up support" has been partially achieved; and 3) "purpose-driven collaboration integrated into the agencies' organizational cultures" has not yet been achieved.

What has worked under SDG3 GAP?

- 1. SDG3 GAP provides an improvement cycle on health in the multilateral system:** SDG3 GAP has piloted three programmatic initiatives that could be brought together to form a continuous improvement cycle on how multilateral agencies work together. First, the improvement cycle elevates the voices of national governments through the SDG3 GAP monitoring framework, which seeks their perspectives on how well development partners are supporting national priorities and how well they are working together. The first government questionnaire was rolled out in 2022. The results allow SDG3 GAP agencies to identify and prioritize countries where agency alignment with local priorities and coordination with each other may need improvement. Secondly, the provision of catalytic funds to WHO country offices is being tested for the third time so that the country offices can lead joint responses/improvements in collaboration with the other agencies. Lastly, progress is being documented in case studies and annual progress reports that enable lessons to be captured, analysed and shared, and approaches adapted.
- 2. SDG3 GAP has provided supportive structures for collaboration:** SDG3 GAP brings together multilateral agencies engaged directly in the health sector and several agencies working in other sectors that impact health, strengthening the health–development nexus within and beyond SDG3 GAP. At the global level, work has been led by a group of 13 signatory agency focal points who have grown into a highly functional group, with increasing amounts of social capital, collegial spirit and trust. Through the SDG3 GAP accelerator working groups, active communities of practice have been established in the areas of primary health care, sustainable financing for health, data and digital health, and equity. SDG3 GAP has also contributed to greater alignment in the multilateral system by integrating elements of the H6/Every Women, Every Child initiative to support the

closer integration of sexual and reproductive health and rights and women's, maternal, newborn and adolescent health into primary health care. The work of the SDG3 GAP data and digital health accelerator working group has been brought together with the Health Data Collaborative to provide aligned support to countries. The SDG3 GAP sustainable financing for health accelerator working group has sought to collaborate with the P4H network in several countries. Through the Regional Health Alliance, the WHO Regional Office for the Eastern Mediterranean has led efforts to translate SDG3 GAP commitments into action at the regional level.

- 3. Country-specific and thematic approaches show promise:** SDG3 GAP has now had some level of engagement in 67 countries. Collaboration among SDG3 GAP partners at the country level has been most successful where the government shows strong leadership, convenes partners well, and has a clear vision and goals, and where agencies have resources and flexibility to strengthen collaboration and take joint action in line with government priorities. It has also been most effective in countries where the agencies collaborated on joint missions on primary health care (supported by sustainable financing), and, in the case of Afghanistan, where the agencies' principals discussed collaboration on the humanitarian–development nexus. The agency focal points are exploring further opportunities for collaboration at the country level around the cross-cutting issues of primary health care and equity (supported by sustainable financing) and by developing thematic initiatives to reach communities in which children do not receive routine childhood vaccinations or other primary health care services (“zero-dose communities”) and to build resilient health systems in the face of the climate crisis, pandemics and other health threats.

What has not worked under SDG3 GAP?

- 1. Translation of the SDG3 GAP commitments into action at the country level has varied considerably,** with some countries and agencies championing efforts, while others have shown rather limited engagement and action. Some approaches, such as joint missions, engagement of government officials by accelerator working groups and a letter to country-facing teams from SDG3 GAP principals, have worked well, but the widespread engagement of United Nations country teams has not yet been achieved. These mixed results are due to a variety of context-specific variables that influence collaboration, such as the availability of resources and other incentives, individual attitudes, and inflexibility of agency or country processes. COVID-19-related travel restrictions also played a role in limiting early country engagement efforts. New approaches to joint country implementation are needed, such as the delivery for impact approach.
- 2. Civil society and community engagement:** Initial engagement of civil society at the SDG3 GAP's inception, including through the civil society and community engagement accelerator, has not been sustained, largely because agencies are focused on improving their specific civil society and community engagement mechanisms; because the added value of a joined-up approach under SDG3 GAP was not initially well defined; and possibly because the fundraising incentive for individual agencies did not reinforce joint civil society and community engagement.
- 3. Incentives for collaboration:** Like the International Health Partnership (IHP+), SDG3 GAP illustrates that “self-commitments” by agency principals at the global level may improve collaboration but can only achieve so much in the absence of external incentives that reinforce collaboration, especially at the country level. For example, while some accelerator working groups have garnered resources from existing sources, others, including the gender equality working group, have lacked resources to support closer collaboration at the country level. To ensure that collaboration among the signatory agencies deepens and is sustained, incentives need to be strengthened in three key areas: political leadership, governance direction and funding for collaboration.

Towards SDG3 GAP 2.0: Six recommendations

Based on the lessons learned from SDG3 GAP to date, the SDG3 GAP agencies recommend the following:

Sustaining and bringing to scale the elements of SDG3 GAP that are working

1. To further strengthen the SDG3 GAP improvement cycle for health in the multilateral system so that it amplifies country voices and helps to shift power dynamics in favour of countries, the SDG3 GAP Secretariat and signatory agencies should continue to support the cycle's three key elements:
 - a. The SDG3 GAP Secretariat should roll out the second round of country questionnaires by the end of 2023 and repeat the process at least biennially, making efforts to strengthen the representativeness of country responses and support agencies in translating data (including the heat map) into action for improved collaboration at the country level.
 - b. SDG3 GAP signatory agencies should make incentives and resources available to catalyse stronger collaboration in line with country-led plans, policies and financing.
 - c. The SDG3 GAP Secretariat should continue to publish an annual progress report, including country case studies to document improvements and good practices in collaboration.
2. To maintain SDG3 GAP as an effective platform for collaboration on health in the multilateral system:
 - a. The SDG3 GAP Secretariat and signatory agencies should retain the current structure of the agency focal points group and the accelerator working groups/clusters, emphasizing the centrality of primary health care, supported by sustainable financing and data, alignment with national plans and budgets, and a strong focus on equity, the determinants of health, innovation and fragile and vulnerable settings.
 - b. Principals of the signatory agencies should meet annually to review and discuss the SDG3 GAP progress report.
3. To better focus work under SDG3 GAP at the country level and foster greater cross-accelerator collaboration in countries:
 - a. The SDG3 GAP Secretariat and signatory agencies should further emphasize approaches such as joint missions, joint communications to country-facing teams from SDG3 GAP principals and agencies, and closer communication and engagement with United Nations resident/humanitarian coordinators, United Nations country teams and other health partners.
 - b. The SDG3 GAP Secretariat and signatory agencies should develop concepts for, and jointly implement, coordinated action in specific thematic areas with clear and measurable targets, while continuing to enable country leadership and build local capacity, including for health partner coordination. This includes continuing to build on sustainably financed primary health care with a strong equity component and integration of disease-specific focused programs and may also involve supporting more narrowly focused thematic areas that address multiple vulnerabilities, such as “zero-dose” communities and building resilient health systems in the face of the climate crisis, pandemics and other health threats. Further discussion is needed among agencies on relevant approaches and timelines in these areas, beginning at the global level.

Addressing the elements of SDG3 GAP that are not working

4. To further enhance collaboration at the country level, the SDG3 GAP agencies should test new approaches, such as the delivery for impact approach, with a view to supporting country-led coordination platforms and aligning with country funding cycles and priorities.
5. To strengthen civil society and community engagement in SDG3 GAP, the SDG3 GAP Secretariat and signatory agencies should convene consultations with civil society and communities by September 2023 to explore their interest in contributing to work under the SDG3 GAP and discuss, as appropriate, the modalities of civil society and community engagement, including the potential role of a civil society/community questionnaire under the SDG3 GAP monitoring framework.
6. To strengthen incentives in the three key areas of political leadership, governance direction and funding for collaboration:
 - a. The SDG3 GAP Secretariat and signatory agencies should work with Member States to develop and implement an approach to strengthening ownership by and accountability to countries/Member States and support consistency across the relevant governing bodies of the signatory agencies and other global health coordination initiatives.
 - b. Following publication of the annual SDG3 GAP progress report, each relevant governing body (board or its equivalent) of the SDG3 GAP agencies could, at the request of its members, review the report and country-level coordination and alignment, including considering ways to strengthen implementation of the SDG3 GAP commitments (e.g. by assessing contributions towards broader health-related SDG progress). Chairs of the agencies' relevant governing bodies may consider meeting as a group to discuss the report and issues related to mutual accountability among the agencies.
 - c. Signatory agencies should follow countries' recommendations on how to strengthen alignment and collaboration and demonstrate, on an annual basis, what efforts are being mobilized to drive and deepen collaboration, including through dedicated staff capacity and management incentives (e.g., funding, job descriptions and performance assessments), flexible resources and the use of joint funding opportunities.

Next steps

In the run-up to the 2023 SDG Summit and the other high-level meetings of the United Nations General Assembly in September 2023, SDG3 GAP agencies will:

- review their commitments to stronger collaboration up to 2030;
- continue work on the SDG3 GAP multilateral improvement cycle;
- continue the technical work needed to identify mechanisms to more effectively and efficiently translate their collaboration into action at the country level;
- work with Member States and civil society to identify the best model for sustained political leadership, governance and funding for collaboration; and
- continue to work with other related initiatives, such as the GFF Alignment Working Group and the Future of Global Health Initiatives, to improve collaboration.



© WHO / Michael Duff

SIERRA LEONE: Mobile health teams bring COVID-19 vaccination to hard-to-reach communities, December 2022

An abstract geometric design composed of numerous thin, parallel green lines. These lines are arranged to create a three-dimensional effect, forming a structure that resembles a large, stylized letter 'L' or a corner of a building. The lines are more densely packed in some areas, creating a sense of depth and shadow. The overall composition is set against a solid green background.

INTRODUCTION

The Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) was launched at the Sustainable Development Goals (SDG) Summit in New York in 2019 at the suggestion of the leaders of Germany, Ghana and Norway, to foster greater collaboration in the multilateral system in support of countries' efforts to achieve the health-related SDGs. Although referred to as a “global” plan, the added value of the SDG3 GAP lies in coordinated support, action and progress on the health-related SDGs in countries.

Even before COVID-19, the world was off track on major health-related indicators. Now, it is even further behind, and many countries face a range of overlapping health crises stemming from the impact of the pandemic, war, food insecurity and climate change.¹ At the same time, economic conditions are placing significant pressure on domestic and external financing for development² and countries are still experiencing fragmentation of aid in terms of planning, financing and monitoring. While other approaches, such as data and delivery for impact and innovation in products, services and financing, are also needed, enhanced collaboration within the multilateral system is more important than ever to help accelerate progress towards the SDGs and ensure that the resources available for health are used as efficiently and effectively as possible.

This is the fourth annual SDG3 GAP progress report published since 2020. This year, country case studies will be published online throughout the year. At the half-way point to the SDGs and with a view to informing thinking about how best to accelerate progress on the health-related SDG targets ahead of this September's SDG Summit of the United Nations General Assembly and the high-level meeting on universal health coverage, the report reflects on what has worked and what has not worked under SDG3 GAP over the last four years and how SDG3 GAP needs to evolve. The report will also inform the independent evaluation of the SDG3 GAP planned for 2023.

While the SDG3 GAP time frame corresponds to the 2030 Agenda for Sustainable Development, in 2019 the signatory agencies set out three interim milestones that they aimed to achieve through SDG3 GAP by 2023. The agencies' self-assessment of their progress on these milestones is shown in Table 1.

1 Thirteenth General Programme of Work, 2019–2025. Report on the outcomes of the Member States consultation process. Report by the Director-General. Geneva: World Health Organization; 2022 (EB152/28; https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_28-en.pdf, accessed 27 March 2023).

2 Global Economic Prospects, January 2023. Washington DC: World Bank; 2023 (<https://www.worldbank.org/en/publication/global-economic-prospects>, accessed 27 March 2023).

TABLE 1: Progress on the interim milestones for 2023 set out in SDG3 GAP (2019)

GOAL	PROGRESS BY 2023
<i>Better coordination among the agencies in their global, regional and in-country processes</i>	ACHIEVED • Agency focal point group established and functioning well. • Communities of practices created for the primary health care, sustainable financing for health, data and digital health, and equity accelerators. • Regional translation (Regional Health Alliance in the WHO Regional Office for the Eastern Mediterranean). • 67 countries engaged (see Fig. 3 and Table 5).
<i>Reduced burden on countries, with increased evidence of joined-up support</i>	PARTLY ACHIEVED • More joined-up approaches in selected countries, as documented in country case studies since 2020. • Country voices strengthened through questionnaire sent to national governments to assess level of alignment and collaboration of development partners, with first full data released in January 2023. • Steps under way to address recommendations made by governments through country-level discussions and catalytic support scheme implemented by WHO, as elements of an improvement cycle. • Limited use of pooled funds and/or other joined-up funding approaches to date.
<i>Purpose-driven collaboration integrated into the agencies' organizational cultures</i>	NOT ACHIEVED • Although SDG3 GAP has been established as a viable improvement platform for SDG-focused multilateral collaboration on health and has been introduced into some of the agencies' internal operational processes, agency culture and leadership, including from the agencies' boards, has not sustainably changed.

In 2020, the SDG3 GAP Secretariat commissioned a joint evaluability assessment of the SDG3 GAP. Table 2 shows steps taken to date to respond to the assessment. Notably, the SDG3 GAP theory of change may need to be updated to reflect the recommendations contained in this report.

TABLE 2: 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	✓ SDG3 GAP strategy paper on 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 SDG3 GAP more concrete and accountable	✓ Monitoring framework developed (May 2021); questionnaire for national governments rolled out and feedback received from 52 countries.
Review the overall resourcing of SDG3 GAP activities	✓ Agencies' contributions table developed (February 2022) following a discussion among principals (November 2021); ongoing discussions on joint recovery challenges.
Revisit the linkages between and among the accelerator working groups	✓ Taking place through country implementation, supported by cross-accelerator work (e.g., joint country support) and the equity cluster of accelerators.
Map out the steps to the 2023 evaluation	✓ Management response to JEA and tracking of progress; independent evaluation included in 2023 evaluation workplans of signatory agencies.

Like most ambitious global collaborative efforts, after four years the SDG3 GAP has experienced successes and failures. The IHP+ had a very similar set of experiences to the SDG3 GAP, as summarized in Box 1. Many of the things that have not worked under SDG3 GAP also did not work under IHP+, suggesting that more systemic change – including incentives such as political leadership, governance direction and funding – is needed to make fundamental progress on multilateral collaboration for health.

Since the launch of SDG3 GAP, several other initiatives have been rolled out that also aim to improve the way in which the multilateral system supports countries towards achieving the health-related SDG targets. The GFF Alignment Working Group, for example, is focused on a single agency, while the Future of Global Health Initiatives launched by Norway and Kenya in 2022 focuses on a specific set of actors. Mechanisms set up to respond to the COVID-19 pandemic, while based on an emergency response, also offer lessons for multilateral collaboration. Moving forward, the way in which different multilateral initiatives for health work together must be considered, building on what has worked under SDG3 GAP and adding elements to address things that have not worked, as described in sections 2 and 3 of this report.

BOX 1: The International Health Partnership (IHP+): Lessons for SDG3 GAP

IHP+, which ran between 2007 and 2016 and later evolved into the UHC2030 partnership, was an initiative that brought together multilateral organizations to improve effective development cooperation in health in order to meet the Millennium Development Goals, with a strong focus on strengthening health systems. Its goals and approaches were broadly comparable to those of SDG3 GAP. A review of the IHP+ commissioned by the SDG3 GAP Secretariat in 2020 showed that the IHP+ experienced a similar set of successes and challenges as the SDG3 GAP has to date. Learning from and addressing such challenges is an important process as the SDG3 GAP agencies consider how the initiative should now evolve.

What worked under the IHP+?

- It provided a mechanism for collaborative dialogue and action on health among multilateral agencies and countries.
- It focused on a few key issues and non-duplication of existing efforts, while seeking to connect existing efforts better.
- Working groups were effective and adaptable based on progress and learning.
- Country engagement was based on inclusive country processes and sought to build on existing mechanisms, and “country compacts” were seen as a useful approach.
- The Secretariat was lean, flexible, responsive and neutral.
- Country capacity was a major determinant of success.

What didn't work under the IHP+?

- Waning political commitment hampered success.
- External and internal incentives were inadequate, and meaningful institutionalization did not happen.
- Accountability mechanisms were put in place but suffered due to a lack of political momentum.
- Seniority of representation in IHP+ processes diminished over time.
- At the country level, more effort was needed to engage senior decision-makers within agencies and ensure follow-up on commitments.

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Seventy-fifth World Health
Assembly, Geneva, Switzerland,
22-28 May 2022



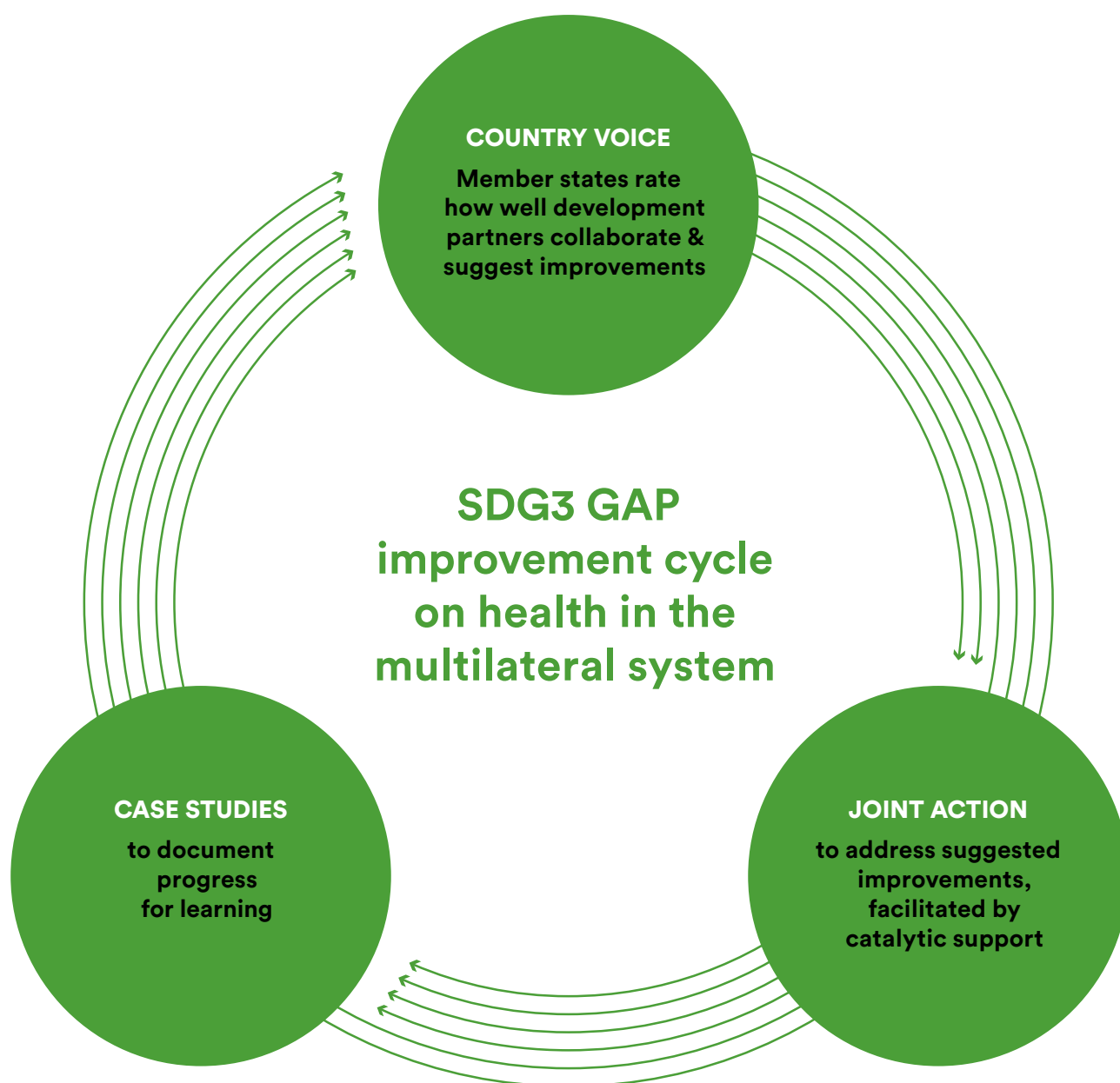
The background is a solid green color. Overlaid on this is a large, abstract graphic composed of many thin, concentric green circles that create a sense of depth and movement. In the center of this circular pattern is a three-dimensional, elongated shape that resembles a stylized human figure or a modern architectural element, also rendered with green lines and shading to give it a 3D appearance.

*WHAT HAS WORKED
UNDER SDG3 GAP?*

2.1 SDG3 GAP provides an improvement cycle on health in the multilateral system

SDG3 GAP has separately piloted three programmatic initiatives that could be brought together to form a continuous improvement cycle on how multilateral agencies work together (Fig. 1).

FIGURE 1: SDG3 GAP improvement cycle on health in the multilateral system



First, the improvement cycle **elevates the voices of national governments through the SDG3 GAP monitoring framework**, which seeks their perspectives on how well development partners are supporting national priorities and how well they are working together. The first government questionnaire was rolled out in 2022, and the results of that questionnaire are summarized in Box 2. Overall, the responses illustrate governments' preference for aligned and coordinated funding and participation in effective partner coordination mechanisms. The results allow SDG3 GAP agencies to identify and prioritize countries where agency alignment with local priorities and coordination with each other may need improvement. The heat map (Table 3) and qualitative responses provide specific and actionable insights into how support for collaboration might be improved country by country.

Secondly, the provision of **catalytic funds** to WHO country offices through internal WHO allocations and prioritization is being tested for the third time (and improved each time) so that WHO country offices can lead joint responses/improvements in collaboration with the other agencies to accelerate progress towards the health-related SDGs. To date, WHO has provided funding to 51 WHO country offices to support joint SDG3 GAP-related activities, such as joint missions, initiation of joint work, strengthening of collaboration structures and government capacity to coordinate partners, and policy and strategy development, as documented in the country case studies. As highlighted in the 2022 SDG3 GAP progress report, these funds (\$US 30 000–US\$ 150 000 per country office) have helped to catalyse collaboration at the country level, strengthened WHO capacity to provide leadership on SDG3-related work, helped to remove blockages to collaboration, and contributed to a more level playing field between WHO/United Nations agencies and the funding mechanisms. Table 5 indicates the countries in which WHO offices have received catalytic funding. This effort shows how small amounts of funding to cover the upfront costs of closer collaboration can lead to significant gains through increased synergies and efficiencies, and stronger partner networks. An additional round of funding was allocated in late 2022/early 2023 through an open call for proposals from WHO country offices coordinated by the SDG3 GAP Secretariat, with a focus on actions to address recommendations made by governments through the SDG3 GAP country questionnaire on improving alignment and collaboration. Additional internal agency allocations to strengthen collaboration and additional catalytic funds that could be accessed jointly by the agencies would help to scale up collaborative work at the country level.

Lastly, **progress and lessons are being documented** in case studies and annual progress reports that enable impacts to be captured, analysed and shared, and approaches adapted. These materials are available on the SDG3 GAP [website](#). From 2023, the case studies will increasingly focus on evaluating how the agencies work together to address the perspectives/requests of governments expressed through the SDG3 GAP monitoring framework.

RECOMMENDATION 1

To further strengthen the SDG3 GAP improvement cycle for health in the multilateral system so that it amplifies country voices and helps to shift power dynamics in favour of countries, the SDG3 GAP Secretariat and signatory agencies should continue to support the cycle's three key elements:

- a. The SDG3 GAP Secretariat should roll out the second round of country questionnaires by the end of 2023 and repeat the process at least biennially, making efforts to strengthen the representativeness of country responses and support agencies in translating data (including the heat map) into action for improved collaboration at the country level.
 - b. SDG3 GAP signatory agencies should make incentives and resources available to catalyse stronger collaboration in line with country-led plans, policies and financing.
 - c. The SDG3 GAP Secretariat should continue to publish an annual progress report, including country case studies to document improvements and good practices in collaboration.
-

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MALI: COVID-19 vaccination from
Bamako to Ménaka, December 2022



TABLE 3: 2022 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						
Benin						
Bhutan						
Bolivia (Plurinational State Of)						
Bulgaria						
Burundi						
Cabo Verde						
Chad						
Colombia						
Comoros						
Congo						
Côte d'Ivoire						
Egypt						
Eritrea						
Eswatini						
Ethiopia						
Gabon						
Gambia						
Ghana						
Guatemala						
Haiti						
Indonesia						
Lao People's Democratic Republic						
Liberia						
Madagascar						
Malawi						
Mali						
Mongolia						
Morocco						
Mozambique						
Namibia						
Nepal						
Nicaragua						
Niger						
Nigeria						
Pakistan						
Panama						
Rwanda						
Senegal						
Sierra Leone						
Somalia						
South Sudan						
Sri Lanka						
Syrian Arab Republic						
Tajikistan						
Tunisia						
Uganda						
United Republic of Tanzania						
Yemen						
Zambia						
Zimbabwe						
occupied Palestinian territory, including east Jerusalem						

Colour coding

Strongly disagree

Disagree

Neither agree or disagree

Agree

Strongly agree

BOX 2: Results from the SDG3 GAP monitoring framework survey: Views of national governments and relevant authorities on development partner alignment and collaboration

The SDG3 GAP monitoring framework survey was rolled out in the first half of 2022 to obtain the views of national governments and relevant authorities on how well multilateral agencies and other development partners align with their national priorities and plans and collaborate with each other to increase efficiencies and avoid duplication when providing support for an equitable and resilient recovery towards the health-related SDGs. The SDG3 GAP Secretariat distributed the short questionnaire to 75 mostly low- and lower-middle-income countries and territories. In total, 52 countries and territories (69%) replied, with a higher response rate from lower-middle-income countries (75%) and low-income countries (86%).

Overall, national governments and relevant authorities gave a positive assessment of collaboration among multilateral partners – as shown in the heat map in Table 3 – but all countries highlighted areas for improvement.

Examples of good collaborative practices given by respondents include: clear principles on which alignment is based, such as shifting from project-based to programme-based approaches; a formal agreement or operating framework between government and development partners for how development support is provided; a health sector strategic plan around which partners can align support; support for and alignment with essential health packages as part of national plans; use of national health coordination mechanisms; joint planning among development partners and with the government; alignment of funding; and the use of national monitoring and reporting systems. The support provided through SDG3 GAP has been based on many of these approaches.

A range of challenges to development partner collaboration was identified by respondents. Challenges arising from local factors include: the political context, such as political instability or a lack of coordination between jurisdictions; the lack of capacity in government and health systems; a lack of flexible funding; and suboptimal national health plans. Agency-specific factors presenting challenges include: the lack of adherence to development cooperation principles; agencies prioritizing their own agendas and mandates rather than government priorities; poor coordination between partners, including a lack of work across the humanitarian–development nexus; poor geographical distribution of partners, such as between rural and urban areas; issues arising from partner work with third parties, such as implementing partners; partner-specific coordination mechanisms; the administrative and reporting burden; reluctance to use sector-wide or pooled funding approaches; and fragmented or vertical supply chains.

Respondents also provided their views on several **external incentives** that may promote or hinder alignment and coordination. The way funding is provided is crucial in determining whether alignment and coordination are positively or negatively incentivized. Overall, respondents to the survey favoured a pooled fund for health, although it is recognized

that many development partners are unwilling or reluctant to provide such funding and there has been a trend away from this approach in recent years. Alternatively, respondents wanted to see funds provided “on budget” as much as possible, with the provision of earmarked “off budget” funds considered particularly problematic. Funds that are predictable, long-term and synchronized with local financial years, and provided with minimal conditions, were favoured. With regard to joint monitoring and joint reviews, responses emphasized the importance of using local health information and logistics management systems. Respondents also recognized the importance of national coordination mechanisms to ensure that development partner support is well aligned with national priorities and plans. A particular challenge identified is that health ministries often lack capacity to effectively lead and coordinate such mechanisms.

Respondents made several **concrete suggestions for improving how development partners align with national priorities and coordinate among themselves**, both in the quantitative survey and in the open-ended responses. These included:

- Recognizing that processes should be locally driven. Development partners should act as collaborators and not decision-makers.
- Strengthening capacity of lead ministries, particularly the health ministry, to effectively coordinate the health response.
- Having an agreement or compact in place between national governments/relevant authorities and development partners setting out how development support will (and will not) be provided.
- Ensuring that coordination mechanisms are in place and are used and respected. These need to be appropriate for the context, for example, by including subnational structures in federal states.
- Developing plans with national governments/relevant authorities and other development partners based on the national or local health strategy.
- Providing pooled funds where possible and where this is not possible, ensuring that funds are provided “on budget”. Development partners should make funding as predictable, long-term and unconditional as possible.
- Using local monitoring systems and conducting joint reviews and evaluations where possible.
- Allowing national governments/relevant authorities sufficient time to respond to requests.
- Learning lessons from interagency coordination of COVID-19 responses, which were seen as particularly effective by several respondents.

SDG3 GAP agencies are reviewing these [findings](#), with a focus on identifying key opportunities for improvement in the way they work together at the country level. According to Dr Tedros Adhanom Ghebreyesus, WHO Director-General and Chair of the SDG3 GAP principals group, the results of the survey, “while encouraging, show we all have more work to do to ensure we work together more closely to support countries to achieve the priorities they set, rather than those others set for them. We must listen to what countries are telling us and act on it.”

2.2 SDG3 GAP has provided supportive structures for collaboration

SDG3 GAP brings together multilateral agencies engaged directly in the health sector and several agencies working in other sectors that impact health, forging collaborations and strengthening the health–development nexus within and beyond SDG3 GAP.

Agency focal points group

Work under SDG3 GAP has been led at the global level by a group of 13 signatory agency focal points, usually comprised of senior staff members from each of the agencies, with the support of a small Secretariat hosted by WHO. The focal points typically meet every two months, reviewing progress, providing overall guidance, and discussing key issues under the SDG3 GAP accelerator themes. Additional meetings are held to review key products and developments. The agency focal points have grown together into a highly functional group, with increasing amounts of social capital, collegial spirit and trust, even with natural turnover among agency representatives. The annual SDG3 GAP progress reports have served as a useful tool for reflection and learning by the agency focal points.

Accelerator working groups

The SDG3 GAP accelerator working groups and the gender equality working group were designed to focus collaboration among the agencies on key areas crucial to accelerating progress on the health-related SDGs. The working groups are led by one or more of the SDG3 GAP agencies, frequently by a member of the focal point group. Table 4 shows some of the working groups’ key achievements. Agencies participate in working groups depending on the relevance of their respective mandates. To increase efficiency and synergies, three accelerator working groups were combined in 2021 into a single “equity cluster” with the goal of enhancing the equity focus of SDG3 GAP described in the original Global Action Plan for Healthy Lives and Well-being for All.

TABLE 4: SDG3 GAP accelerator working groups achievements

SDG3 GAP ACCELERATOR WORKING GROUP	CO-LEAD(S)	ACTIVITY HIGHLIGHTS
Primary health care	UNICEF and WHO	- Supported the development and dissemination of and advocacy for global goods for primary health care (the Operational Framework for Primary Health Care and the primary health care measurement framework and indicators). - Provided a platform for global primary health care strategy discussions among development partners including World Bank, UNICEF, WHO, Gavi, Immunization Agenda 2030, GFF and Bill & Melinda Gates Foundation presenting their PHC approaches and with other H6 agencies such as UNAIDS, UNFPA and UN Women. - Engaged partners at the global, regional and country levels to support primary health care priorities and strategies in 19 countries identified for intensified support.
Sustainable financing for health	Gavi, Global Fund and World Bank	- Workshops on primary health care financing co-organized by GFF, World Bank and WHO (Mauritania and Burkina Faso, Senegal, Central African Republic). - Sierra Leone: Work on programmatic advisory services and analytics (resource mapping and expenditure tracking, and public financial management assessment), and a health financing working group established. - Pakistan: Launch of the World Bank National Health Support Program, with co-funding from GFF, Global Fund, Gavi and Bill & Melinda Gates Foundation.
Fragile and vulnerable settings/ disease outbreaks	WFP and WHO	- Integration of humanitarian action into core primary health care work (specific focus on Afghanistan). - Exploratory dialogues on how to leverage cash-based transfers to drive impact in Somalia.

TABLE 4: SDG3 GAP accelerator working groups achievements

SDG3 GAP ACCELERATOR WORKING GROUP	CO-LEAD(S)	ACTIVITY HIGHLIGHTS
Equity cluster, comprising • Civil society and community engagement • Determinants of health • Gender equality working group	UNAIDS, UNDP and UN Women	• Data analytics and joint tools to accelerate COVID-19 vaccine equity and ensure a fair recovery (supporting national deployment and vaccination plans led by WHO and UNICEF), such as the Global Dashboard for Vaccine Equity and the UN Women guidance note and checklist for tackling gender-related barriers to equitable COVID-19 vaccine deployment. • Supporting gender equality and health, including alignment with the H6/Every Woman, Every Child initiative to prioritize empowerment of women and girls to realize their rights and obtain access to sexual, reproductive, maternal, newborn, child and adolescent health services. • UNAIDS has actively supported UHC2030 Civil Society Engagement Mechanism initiatives in mobilizing community groups in countries to engage on universal health coverage.
Research and development/ innovation and access	WHO	• Study on agency models, good practices and examples of innovation published.
Data and digital health	UNFPA and WHO	• Focused technical collaboration led by UNFPA, WHO and UNICEF on strengthening civil registration and vital statistics (CRVS) systems and geographic information systems (GIS). • Two missions (to Malawi and Nepal) accomplished, with white papers developed on policy options for strengthening CRVS and GIS in each country. • Strengthened dialogue and collaboration between the three agencies at all levels and lessons learned for coordination of multilateral support that could be adapted to other contexts, SDG3 GAP accelerators and the Health Data Collaborative.

Through the accelerator working groups, active communities of practice have been established at the global level in the accelerator areas of primary health care, sustainable financing for health, data and digital health, and equity. Several of these working groups have typically met monthly to share information, review the status of progress on the health-related SDGs in countries, engage in dialogue with countries on SDG progress, and discuss gaps and opportunities for closer alignment and collaboration, with the participation of government representatives, the agencies' regional- and country-facing teams and/or external partners, as appropriate. The primary health care and sustainable financing for health accelerator working groups have benefited from dedicated resources to support their work and activities. Some working groups have also developed specific products. Country case studies developed with input from the accelerator working groups have provided useful insights into efforts by many countries and their partners to reorient health systems towards primary health care and sustainable financing on the path to universal health coverage.

Agency principals group

This group has met five times since 2020. On focused subjects, such as the SDG3 GAP Joint Evaluability Assessment, addressing the health and humanitarian crisis in Afghanistan and the approval of early progress reports, the discussions have been productive. However, much joint work among the principals occurs in smaller groupings on specific topics, and the added value of discussions among the full group of principals has not always been clear. The SDG3 GAP Secretariat and agency focal points have not been able to systematically identify an agenda for these meetings that fully capitalizes on principals' contributions. This was compounded by the principals having demanding schedules related to the COVID-19 emergency response and led to reduced rates of attendance, less frequent meetings and the replacement of strategic discussions with written contributions.

Alignment with other initiatives

At the request of the SDG3 GAP principals, the SDG3 GAP integrated elements of the H6/*Every Woman, Every Child* initiative to support the closer integration of sexual and reproductive health and rights and women's, maternal, newborn and adolescent health into primary health care. The H6 and primary health care accelerator working group have developed a workplan for 2023 to further operationalize this integration at the country level. The work of the SDG3 GAP data and digital health accelerator working group has been brought together with the Health Data Collaborative to provide aligned support to countries, while at the same time strengthening the engagement of the multilateral agencies in the Health Data Collaborative.

UHC2030 is leading preparations and multistakeholder engagement for the high-level meeting on universal health coverage to strengthen political commitment to achieving universal health coverage, while SDG3 GAP provides a platform to support countries in delivering on this commitment through aligned multilateral support. Together with the UHC2030 Secretariat, the SDG3 GAP Secretariat engaged in the Effective Development Cooperation Summit held in December 2022 to share insights on aligning the work of different actors in the health sector for work on other SDGs.

Through the Regional Health Alliance, the WHO Regional Office for the Eastern Mediterranean has led efforts to translate SDG3 GAP commitments into action at the regional level.

The sustainable financing for health accelerator working group has sought to collaborate in several countries with the P4H network, which includes multilateral and bilateral health financing partners. The community of practice is jointly facilitated by the SDG3 GAP sustainable financing for health accelerator working group and the P4H network.

RECOMMENDATION 2

- a. To maintain SDG3 GAP as an effective platform for collaboration on health in the multilateral system, the SDG3 GAP Secretariat and signatory agencies should retain the current structure of the agency focal points group and the accelerator working groups/clusters, emphasizing the centrality of primary health care, supported by sustainable financing and data, alignment with national plans and budgets, and a strong focus on equity, the determinants of health, innovation and fragile and vulnerable settings.
 - b. Principals of the signatory agencies should meet annually to review and discuss the SDG3 GAP progress report.
-



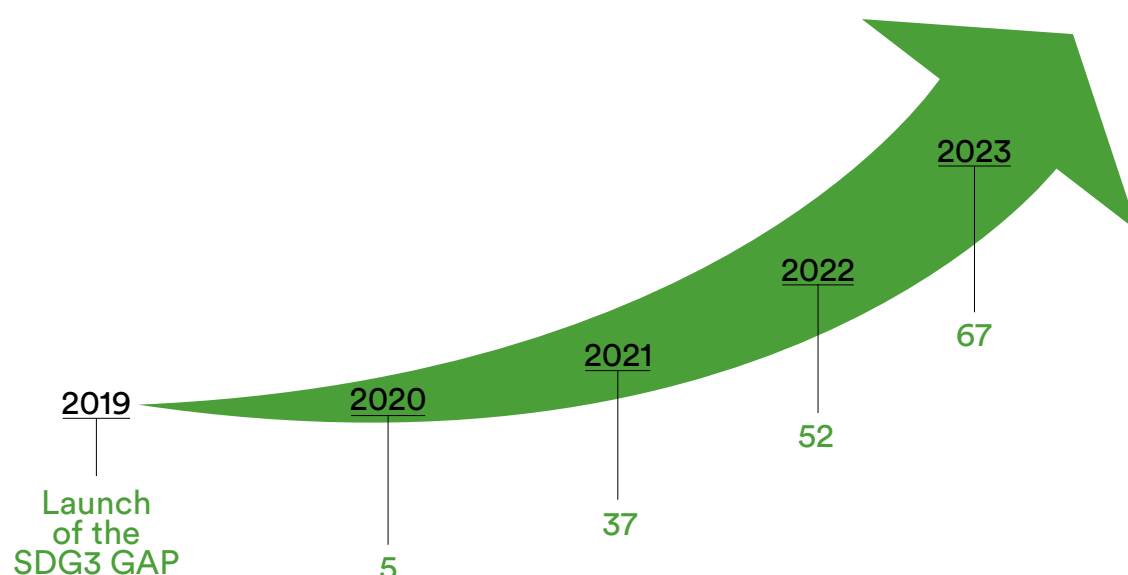
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WHO COVAX in Colombian Amazonia -
March 2021

2.3 Country-specific and thematic approaches show promise

Country engagement

SDG3 GAP has now had some level of engagement in 67 countries (Fig. 2, Fig. 3 and Table 5), ranging from initial discussions on improving collaboration at the country level to more detailed joint planning and activities. Collaboration among SDG3 GAP partners at the country level has been most successful where the government shows strong leadership, convenes partners well, has a clear vision and goals, such as a policy framework, and where agencies have resources and flexibility to strengthen collaboration and take joint action in line with government priorities.

FIGURE 2: Number of countries engaged under SDG3 GAP, by year



Examples of effective country-driven collaboration include the joint mission to Pakistan in 2021 by SDG3 GAP agencies from the primary health care and sustainable financing for health accelerator working groups; and discussions among SDG3 GAP principals and the primary health care accelerator working group in 2022 on strengthening agency collaboration in the face of the many challenges at the humanitarian–development nexus in Afghanistan. The close alignment of the data and digital health accelerator working group with the work of the Health Data Collaborative and the countries it is supporting has strengthened both initiatives, as well as their connections with non-multilateral partners, with a clear focus on specific technical areas contributing to tangible progress. Joint missions, while promising, were limited during the period of widespread COVID-19 travel restrictions. The [joint letter](#) sent by principals of the SDG3 GAP agencies to country-facing teams and United Nations resident coordinators requested teams to identify opportunities to strengthen collaboration and empowered the country teams to discuss and take joint action to accelerate SDG progress.

Thematic approaches

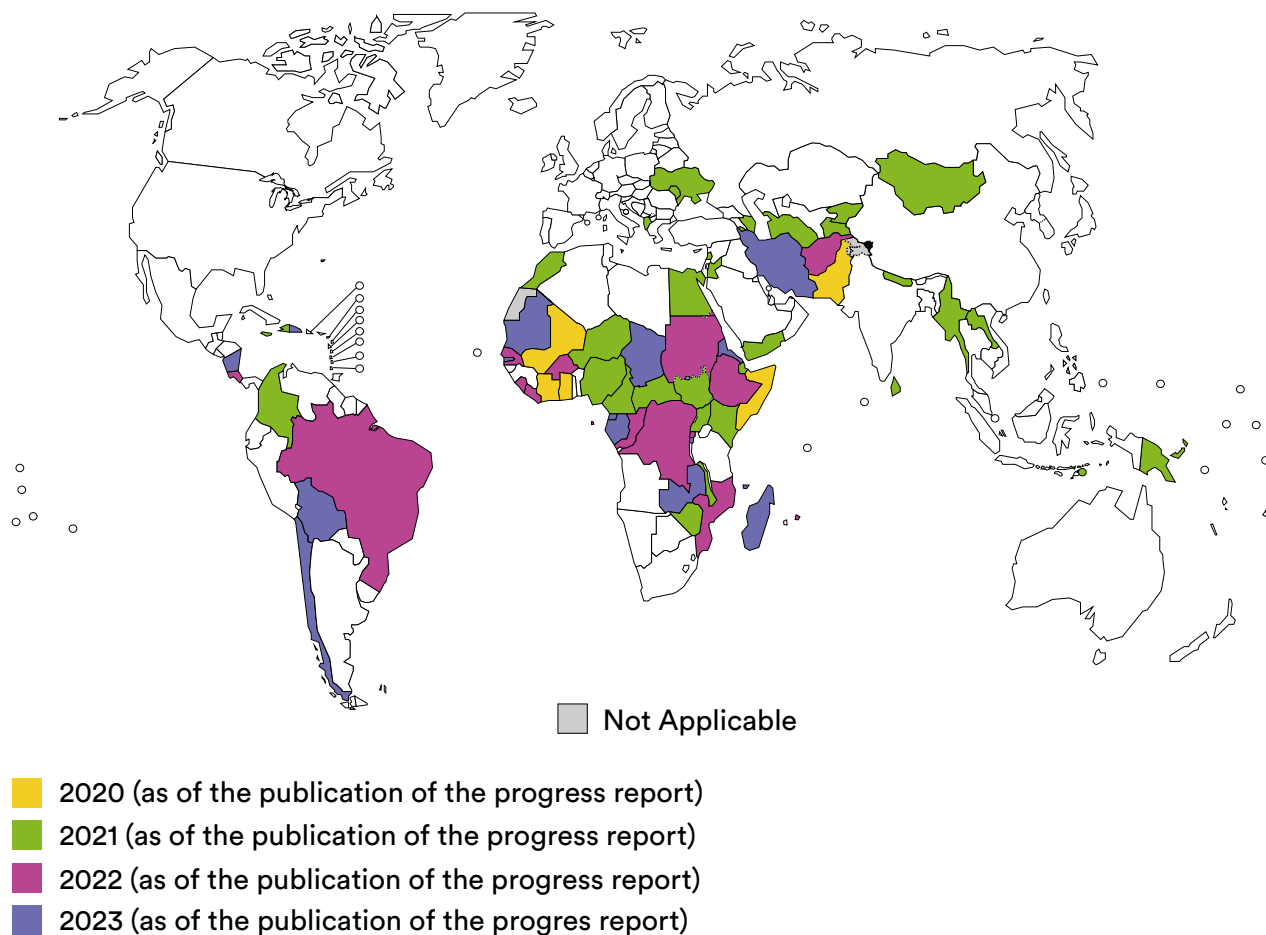
While country progress in a single accelerator area is valuable, the SDG3 GAP accelerator themes were selected on the basis that many countries could benefit from enhanced collaboration across multiple programmatic areas. To date, collaboration across SDG3 GAP accelerator working groups at the country level has mostly taken place between the primary health care and sustainable financing for health accelerator themes. SDG3 GAP principals, agency focal points and accelerator working groups have all recognized and discussed the need for increased collaboration and synergy across accelerator working groups at the country level. To this end, the focal points are exploring opportunities to further consolidate collaboration at the country level around the cross-cutting issues of primary health care and equity (supported by sustainable financing) by developing thematic initiatives that focus on multiple vulnerabilities and reach underserved populations. These may include communities in which children do not receive routine childhood vaccinations or other primary health care services (“zero-dose communities”, which are a leading indicator of inequities), as well as multisectoral challenges at the health–development nexus, such as strengthening the resilience of health systems in the face of the climate crisis, pandemics and other health threats.

RECOMMENDATION 3

To better focus work under SDG3 GAP at the country level and foster greater cross-accelerator collaboration in countries:

- a. The SDG3 GAP Secretariat and signatory agencies should further emphasize approaches such as joint missions, joint communications to country-facing teams from SDG3 GAP principals and agencies and closer communication and engagement with United Nations resident/humanitarian coordinators, United Nations country teams and other health partners.
 - b. The SDG3 GAP Secretariat and signatory agencies should develop concepts for, and jointly implement, coordinated action in specific thematic areas with clear and measurable targets, while continuing to enable country leadership and build local capacity, including for health partner coordination. This includes continuing to build on sustainably financed primary health care with a strong equity component and integration of disease-specific programs and may also involve supporting more narrowly focused thematic areas that address multiple vulnerabilities such as “zero-dose” communities and building resilient health systems in the face of the climate crisis, pandemics and other health threats. Further discussion is needed among agencies on relevant approaches and timelines in these areas, beginning at the global level.
-

FIGURE 3: Overview of SDG3 GAP country-level implementation by year of engagement



Data Source: World Health Organization

Map Production: WHO Graphics

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

TABLE 5: Overview of GAP country-level implementation by WHO region

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

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

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

Subset of countries discussed by at least one accelerator working group at the global level

The background is a solid green color. Overlaid on this is a complex, abstract pattern of concentric circles and lines. A large, faint circle is centered in the upper half of the image. Within this circle, there are several smaller, more densely packed concentric circles. A vertical line or column of similar concentric circles runs through the center of the image, creating a sense of depth and perspective. The overall effect is a hypnotic, tunnel-like visual.

*WHAT HAS NOT
WORKED UNDER
SDG3 GAP?*

3.1 Full translation of SDG3 GAP commitments into action at the country level

The extent to which the SDG3 GAP commitments have been translated into action and implemented at the country level has varied considerably, with some countries and agencies championing the effort, while others have shown rather limited engagement and action, and the widespread engagement of United Nations country teams has not been achieved. These mixed results are due to a variety of context-specific variables that influence collaboration, such as the availability of resources and other incentives, individual attitudes, inflexibility of agency or country processes, and a lack of requirements to demonstrate how specific agencies' work links to that of other multilateral agencies and partners. COVID-19-related travel restrictions also played a role in limiting early country engagement efforts, and some accelerator working groups and the gender equality working group have lacked resources to support closer collaboration at the country level. Approaches used in some countries – such as joint missions, engagement of government officials by accelerator working groups, discussion of specific countries by the agencies' principals, and a joint letter sent in 2021 by the agencies' principals to their country-facing teams – have been effective, but these have not been sufficient to fully translate SDG3 GAP commitments into action for stronger collaboration in all the countries engaged. New approaches to joint implementation at the country level are needed, such as the delivery for impact approach, which is being used by some of the agencies.

RECOMMENDATION 4

To further enhance collaboration at the country level, the agencies should test new approaches, such as the delivery for impact approach with a view to supporting country-led coordination platforms and aligning with country funding cycles and priorities.

3.2 Civil society and community engagement

Initial engagement of civil society and communities at SDG3 GAP's inception, including through the civil society and community engagement accelerator working groups, has not been sustained, largely because agencies are focused on improving their specific civil society and community engagement mechanisms; because the added value of a joined-up approach was not initially well defined; and possibly because the fundraising incentive for individual agencies did not reinforce joint civil society and community engagement. Nevertheless, all SDG3 GAP signatory agencies agree on the importance of civil society and community engagement to advance the health-related SDGs and will explore ways to better jointly support it.

RECOMMENDATION 5

To strengthen civil society and community engagement in SDG3 GAP, the SDG3 GAP Secretariat and signatory agencies should convene consultations with civil society and communities by September 2023 to explore their interest in contributing to work under the SDG3 GAP and discuss, as appropriate, the modalities of civil society and community engagement, including the potential role of a civil society/community questionnaire under the SDG3 GAP monitoring framework.

3.3 Incentives for collaboration

Like the IHP+, SDG3 GAP illustrates that “self-commitments” by agency principals at the global level may improve collaboration but can only achieve so much in the absence of external incentives that reinforce collaboration, especially at the country level. Incentives need to be strengthened in three key areas so that collaboration among the signatory agencies deepens and is sustained.

Political leadership

Political leadership on SDG3 GAP by countries has waxed and waned and there has been limited engagement by Member States overall in terms of accountability for progress under the initiative. Some form of external accountability mechanism would enable Member States to engage more closely with the SDG3 GAP and better hold the signatory agencies and their boards accountable for the agencies' commitments to closer collaboration.

Governance direction

Engagement in the work of the SDG3 GAP and provision of governance direction by the boards of the signatory agencies has been limited. A dedicated discussion was held by the UNICEF Board in early 2022, and the World Health Assembly and WHO Executive Board have made regular references to SDG3 GAP, leading to a formal decision of the WHO Executive Board in January 2023 to request its continued implementation. Some references to SDG3 GAP are made in agencies' strategies. Lack of board engagement and governance direction is due in part to the agencies' varied governance structures, but the annual SDG3 GAP progress reports have not been used systematically across the agencies' boards as a tool to strengthen accountability, as originally envisaged.

Funding for collaboration

Stronger collaboration among multilateral agencies requires dedicated funding to support upfront transaction costs such as staff time, travel and other joint activities, especially at the country level. To date, modest funding has been made available from within WHO through agreements with donors to support a small SDG3 GAP Secretariat and provide catalytic funds to some country offices to strengthen collaboration. Increasing the resources available to strengthen collaboration, either by reallocating funds within the signatory agencies or through external funding, including joint funding opportunities, would greatly facilitate stronger collaboration and signal that it is a priority for agencies, boards and funders alike.

RECOMMENDATION 6

To strengthen incentives for collaboration:

- a. The SDG3 GAP Secretariat and signatory agencies should work with Member States to develop and implement an approach to strengthening ownership by and accountability towards countries/Member States and support consistency across the relevant governing bodies of the signatory agencies and other global health coordination initiatives.
 - b. Following publication of the annual SDG3 GAP progress report, each relevant governing body (board or its equivalent) of the SDG3 GAP agencies could, at the request of its members, review the report and country-led coordination and alignment, including considering ways to strengthen implementation of the SDG3 GAP commitments (e.g., by assessing contributions towards broader health-related SDG progress). Chairs of the agencies' relevant governing bodies may consider meeting as a group to discuss the report and issues related to mutual accountability among the agencies.
 - c. Signatory agencies should follow countries' recommendations on how to strengthen alignment and coordination and demonstrate, on an annual basis, what efforts are being mobilized to drive and deepen collaboration, including through dedicated capacity and incentives (e.g., funding, job descriptions and performance assessments), flexible resources, and the use of joint funding opportunities.
-



© WHO / Billy Miaron

KENYA: Oral cholera vaccination
campaign and drought response,
February 2023



NEXT STEPS

At the mid-point on the path to 2030, the collective self-reflections by agencies presented in this report aim to contribute to ongoing thinking about how the multilateral system can best support country-led efforts to resume and accelerate progress towards the health-related SDGs. The overarching message is clear: a self-commitment by agencies to stronger collaboration can work, but only to a point. Addressing the issue of incentives, including political leadership, governance direction and funding for collaboration, is the other side of the coin.

In the run-up to the 2023 SDG Summit and the other high-level meetings of the United Nations General Assembly in September 2023, SDG3 GAP agencies will:

- review their commitments to stronger collaboration up to 2030;
- continue work on the SDG3 GAP multilateral improvement cycle;
- continue the technical work needed to identify mechanisms to more effectively and efficiently translate their collaboration into action at the country level;
- work with Member States and civil society to identify the best model for sustained political leadership, governance and funding for collaboration; and
- continue to work with other related initiatives, such as the GFF Alignment Working Group and Future of Global Health Initiatives, to improve collaboration.

The SDG3 GAP agencies are proud that in this report they have collectively taken an honest and clear-eyed view of not only the successes but also the challenges encountered in this experiment in collaboration. They hope that the findings will be useful for multilateral collaboration efforts on other SDGs beyond health. Ultimately, the aim of stronger collaboration to support countries in their efforts to achieve the SDGs is to contribute to better health and well-being for billions of people around the world.



