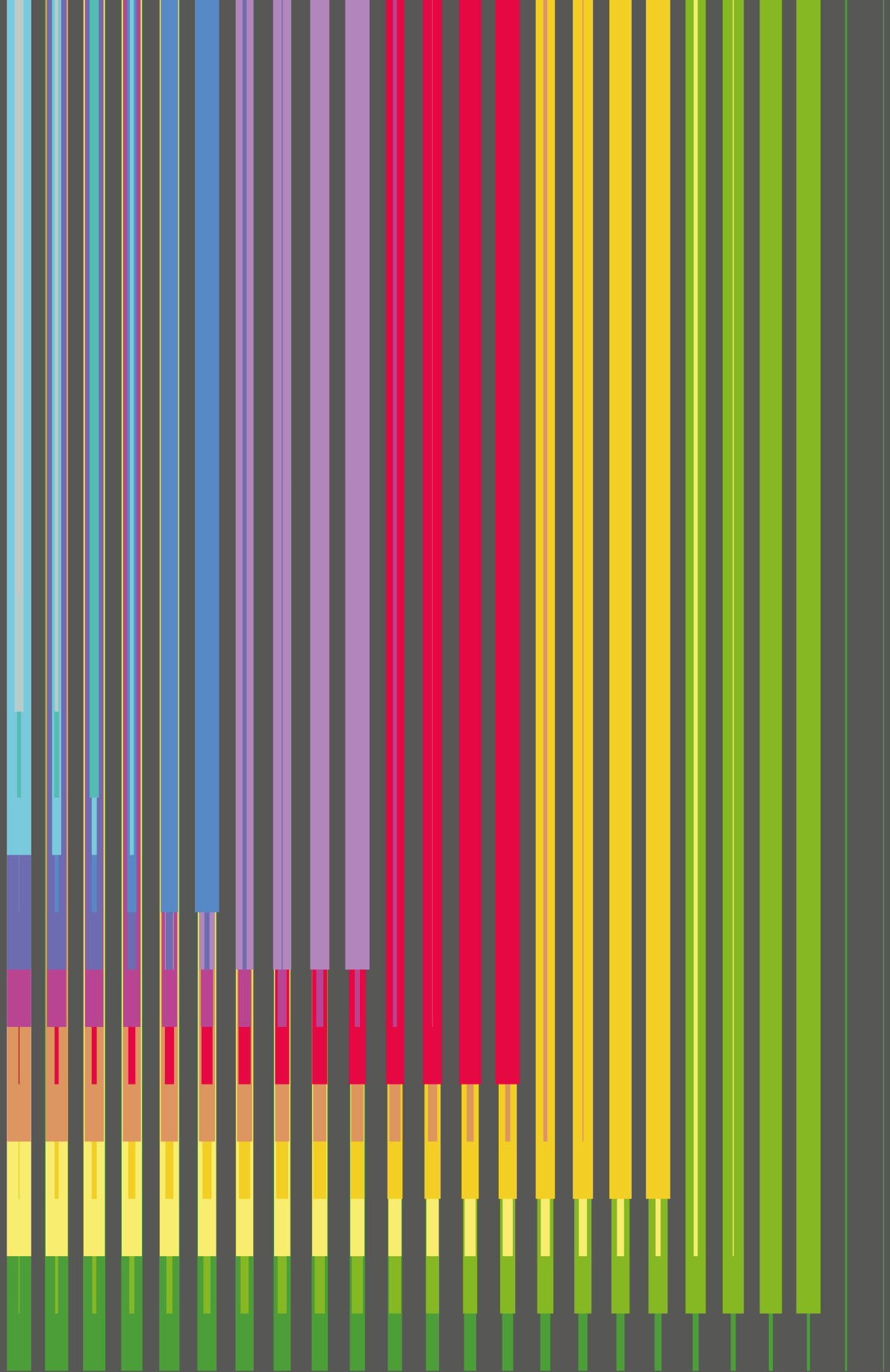


2024



2024 progress report on the
Global Action Plan for Healthy
Lives and Well-being for All

**Aligning for
country impact**

2024



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Foreword

2024 marks five years since the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) began its ambitious mission to bring multilateral agencies together in a collaborative effort to improve the delivery of health services in countries. This report takes stock of achievements and lessons learned during these years and provides directions for how SDG3 GAP should evolve going forward.

Compound crises, including the COVID-19 pandemic, climate change, long-running conflicts, and humanitarian emergencies have slowed efforts towards achieving the SDGs, although it's important to note that the world was off-track even without those additional challenges. Current progress towards meeting the health-related targets is only about one third of what is needed to reach those targets by 2030.

The SDG3 GAP is founded on the idea that stronger collaboration can help us get back on track towards meeting these shared goals. So far, the SDG3 GAP approach has been used in 69 countries to offer coordinated, aligned and impact-focused collaboration to strengthen the primary health care approach as a path to universal health coverage. But we need to go even further to systematically and sustainably deliver the support countries need.

Countries have made their voices heard in the context of the SDG3 GAP monitoring framework, demanding better alignment and coordination among development partners, especially for funding that is aligned to national priorities. This message is also clearly emerging from the conclusions of the Future of Global Health Initiatives process, known as the 'Lusaka Agenda'.

Later this year, past the midpoint of the 2030 goals, we will also receive the results of the joint independent evaluation of the SDG3 GAP. The results of the evaluation, along with five years of progress reporting summarized in this document, will give us a solid basis for taking stock and rethinking our cooperative efforts to reaching the health-related SDGs.

This common journey sometimes needs course correction so that we can better align our efforts to improve country impact. This report is an important tool towards achieving our shared goals of stronger collaboration for better health in countries.

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

Tedros Adhanom Ghebreyesus

Director-General, World Health Organization

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 a number of “accelerator themes”, with an overarching commitment to advancing gender equality. The SDG3 GAP describes how the 13 signatory agencies are adopting new ways of working, building on existing successful collaborations, and jointly aligning 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.

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).

Acknowledgements:

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

Aligning for country impact

Uwase Rose is a 22-year-old professional sitting volleyball player who plays in the National Rwanda Women's team and lives in Kigali.

© Gavi/Issac Rudakubana



Abbreviations

4RF	Resilient Recovery, Rehabilitation and Reconstruction Framework
CHS	Community health strategy
CHW	Community health worker
COVID-19	Coronavirus disease 2019
EU	European Union
FGHI	Future of global health initiatives
GAP	Global Action Plan
GBV	Gender-based violence
GFF	Global Financing Facility for Women, Children, and Adolescents
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH -German Development Cooperation
HDC	Health Data Collaborative
LGA	Local government area
PDNA	Post-disaster needs assessment
PHC	Primary health care
SDG	Sustainable Development Goal
SFHA	Sustainable financing for health accelerator
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	UN Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive summary

Past a crucial mid-point to the 2030 Sustainable Development Goals (SDGs), the context for global health and development is changing. The Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) was launched in 2019 under the theme “Stronger Collaboration, Better Health”, to bring together diverse multilateral agencies from within and outside the UN system to jointly support countries in reaching the health-related SDG targets. The mandates of the signatory agencies of the SDG3 GAP together address more than 50 of these targets.

This fifth annual progress report for the SDG3 GAP focuses on enhanced alignment among signatory agencies and with countries to strengthen health systems at country level. It continues the transparent spirit of the 2023 progress report, *What Worked? What Didn't? What's Next?* in focusing on both challenges and lessons learned, and it describes actions taken to implement the recommendations in last year's report. Crucially, this year's report also describes governments' perceptions of alignment and collaborations at country level and highlights persistent challenges.

This report emphasizes the SDG3 GAP's value as a commitment to a way of working – a contribution to the many forms of collaboration among countries and development partners including outside of an SDG3 GAP context. Today more than ever, the signatory agencies recognize that stronger collaboration for better health remains critically important, especially as less than 10% of SDG3 targets are on track¹ and for selected health-related SDGs, less than one third are likely to reach their 2030 targets.²

1 Sustainable Development Goals Progress Chart 2023. New York: United Nations; 2023 (<https://unstats.un.org/sdgs/report/2023/progress-chart/Progress-Chart-2023.pdf>, accessed 10 May 2024)

2 Document EB154/28. Draft fourteenth general programme of work. In: 154th session of the Executive Board, 22–27 January 2024. Geneva: World Health Organization (https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_28-en.pdf, accessed 10 May 2024).

Many countries are demanding more aligned ways of working with development partners, but weak incentives for collaboration have so far prevented transformational change in how development partners work together. At the same time, successes have been achieved in the five years of the SDG3 GAP, pointing to the enormous potential of what is possible when the right leadership is in place in both countries and agencies.

The structure of the report is based on the four SDG3 GAP commitments (Engage, Accelerate, Align, and Account), with alignment being the overarching principle linking efforts to deliver greater impact in countries on the health-related SDGs.



ENGAGE

Achieving impact at the country level continues to be the primary aim of the 13 signatory agencies, driving their commitment to collaborate, not only in the context of the SDG3 GAP, but also more broadly.

Part of the SDG3 GAP's monitoring framework is a recurring survey of governments' perceptions of how well multilateral agencies and other development partners cooperate, coordinate and align with national priorities in achieving progress towards the health-related SDGs. This formalized opportunity for countries to provide feedback is an unprecedented approach to amplifying country voices and views.

Data from this year's survey indicate many areas of successful coordination, as well as challenges to collaboration, and suggested specific improvements. In 2024, the SDG3 GAP approach has been used in 69 countries. Country case studies illustrate how the commitment to closer collaboration is being adapted and translated into reality at country level, in the context of national priorities. Included throughout the report are summaries of selected country case studies, with longer versions and a wider selection available on the SDG3 GAP website.



ACCELERATE

Across the SDG3 GAP accelerators, the intensity of activity has varied greatly in the last year. One of the recommendations in the 2023 progress report called for greater cross-accelerator collaboration in countries. Collaborations at country level have increased, sometimes supported by the global accelerators, for example primary health care and sustainable financing, especially where there is strong country-level leadership.

For some, the accelerator structure appears to work well and has added value to partner collaborations. In other areas, different ways of working might be more conducive for joint work to be taken forward.



ALIGN

There is a strong demand from countries for development partners to strengthen their alignment with national plans, especially national health sector strategies and national planning and coordination mechanisms. SDG3 GAP partners also support alignment with and across other health-related initiatives, partnerships and strategies.

This is highlighted in other emerging initiatives. At the end of 2023, the Future of Global Health Initiatives Process captured consensus around five key shifts for the long-term evolution of global health initiatives and the wider health ecosystem, with the launch of the Lusaka Agenda. This agenda provides a foundation for coordinated action to support these shifts, and a path towards a joint, long-term vision of domestically financed health systems and Universal Health Coverage. It calls for united and collective effort across all stakeholders, underpinned by mutual accountability. Going forward, the SDG3 GAP needs to evolve with these emerging agendas.



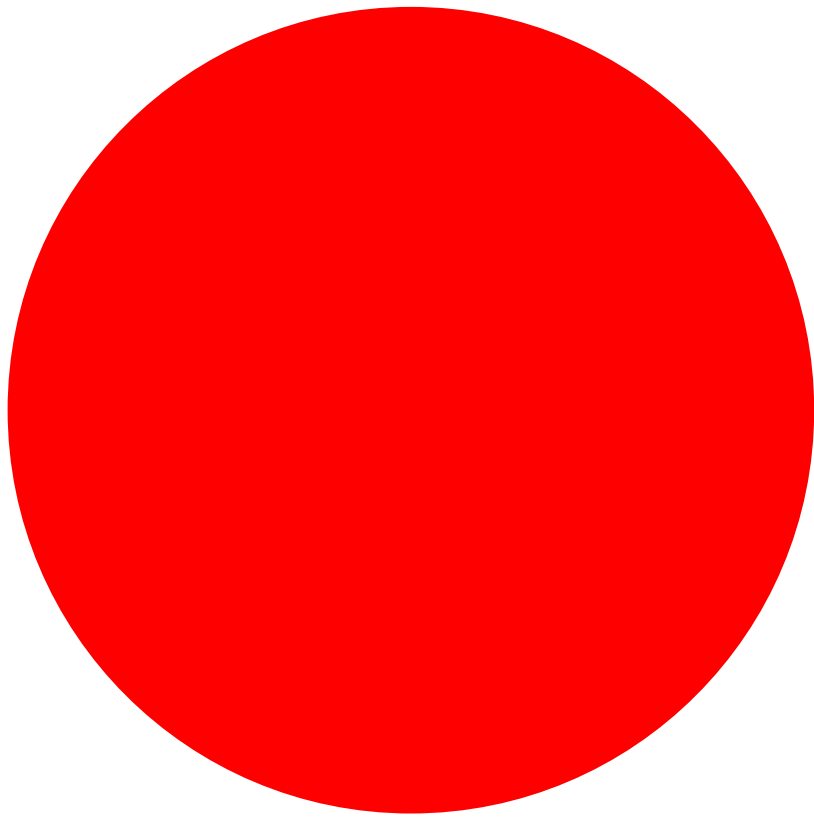
Under its commitments to accountability, in 2023 the SDG3 GAP has:

- A. Sought and obtained inputs from governments on the level and quality of signatory agencies' collaboration and alignment, via the 2021 and 2023 questionnaires to governments.
- B. Followed up on the six recommendations made in the 2023 report. Progress towards each recommendation is summarized in this report.
- C. Started in January 2024 the joint independent evaluation of the SDG3 GAP, which will release its findings in late 2024.

Still, there is limited capacity in existing accountability mechanisms, including governing bodies of signatory agencies, to focus on collaboration across the broader health ecosystem.

What's next: Towards the future of the SDG3 GAP

In anticipation of the findings of the joint independent evaluation of the SDG3 GAP, expected in September 2024, and recognizing other emerging agendas, the present progress report contributes to the basis for further discussions among the 13 signatory agencies, on how to further improve the alignment and collaboration across multilateral health, development and humanitarian agencies to achieve progress towards the health-related SDGs. This could include substantially rethinking the approaches taken, both inside the scope of SDG3 GAP, and outside of it.



Introduction

- The founding intention of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP), when it was launched at the High-level Political Forum on Sustainable Development Goals (SDG Summit) at the UN General Assembly in September 2019, was to contribute to greater multilateral collaboration for health, in support of countries' efforts to achieve the health-related SDGs. The global context has since evolved, but the recognition that national leadership is at the core of the SDG agenda remains essential. As of 2024, the SDG3 GAP approach has been used in 69 countries.
- In 2019, progress on the SDGs was already slow. Now, five years later and emerging from the COVID-19 pandemic, unprecedented challenges continue to influence the global development landscape, with profound implications for global health. At the 2023 mid-point, the World Health Organization (WHO) estimated that 15% of health-related SDGs were on track, and less than one third were likely to reach their 2030 targets. At the global level, progress on reducing child mortality has slowed,³ there has been almost no progress in reducing maternal mortality since 2015,⁴ and access to health services remains weak, with 4.5 billion people (57% of the global population) not covered by essential health services in 2021.⁵ Globally, some progress has been made, notably in the areas of HIV and tobacco use. The incidence of people newly infected with HIV has dropped in the last decade, with progress strongest in Africa, the region with the largest HIV burden;⁶ and the rate of people living with HIV receiving antiretroviral therapy has increased globally to 76% in 2022.⁷ At the same time, 150 countries are showing declines in tobacco use, with 56 of them on track to achieving the voluntary global target of 30% relative reduction

3 Levels & Trends in Child Mortality, Report 2023. New York: United Nations Inter-agency Group for Child Mortality Estimation; 2023 (<https://childmortality.org/wp-content/uploads/2024/03/UNIGME-2023-Child-Mortality-Report.pdf>, accessed 10 May 2024).

4 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023.

5 Tracking Universal Health Coverage: 2023 Global monitoring report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240080379>, accessed 10 May 2024).

6 World health statistics 2023: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2023 (<https://www.who.int/en/publications/i/item/9789240074323>, accessed 10 May 2024).

7 HIV statistics, globally and by WHO region, 2023. Epidemiological fact sheet. Geneva: World Health Organization; 2023 (https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/j0294-who-hiv-epi-factsheet-v7.pdf?sfvrsn=5cbb3393_7, accessed 10 May 2024).

Aligning for country impact

by 2025 from 2010.⁸ Countries in all regions have been reducing the likelihood of premature death from noncommunicable diseases (NCDs)⁹ since 2000 but progress has slowed since 2015,¹⁰ and the overall burden of NCDs, responsible for 74% of all deaths globally, continues to increase, as does the prevalence of mental health conditions.¹¹

- Lack of progress on achieving SDG targets, including health, is exacerbated by unprecedented levels of climate change and environmental degradation, unsustainable food systems and food insecurity, human displacement, escalating conflicts, and a growing number of crises and emergencies. This is seen against a backdrop of increasing inequities within and between countries. Many determinants of health are worsening, including diminishing access to education and employment opportunities; inadequate housing; increased air pollution; limited access to nutritious food; disparities in income and wealth distribution; shrinking civic space; and pushback in some countries on human rights and gender equality. The lasting impacts of the pandemic, which set back health and socioeconomic progress, have exacerbated inequalities in access to quality-assured, affordable, effective and safe medicines and health products, especially in low- and middle-income countries.
- Despite extensive collaboration among multilateral health, development and humanitarian agencies on many cross-cutting issues and programmes, there is an urgent need for the multilateral system to better leverage increasingly constrained resources through better collaboration. This is needed to support countries' capacities and health systems to achieve better health outcomes overall, while building resilience to deliver services even in the face of shocks such as pandemics – for marginalized and vulnerable populations, in particular. At the same time, collaboration within the multilateral system must be guided by countries' needs and priorities, using national systems where possible, accompanied by strengthened accountability, and with increased engagement of civil society.

8 WHO global report on trends in prevalence of tobacco use 2000–2030. Geneva: World Health Organization; 2024 (<https://www.who.int/publications-detail-redirect/9789240088283>, accessed 10 May 2024)

9 Sustainable Development Goal target 3.4 is to reduce premature mortality from NCDs by a third by 2030

10 Document EB154/7. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. In: 154th session of Executive Board, Geneva, 22–27 January 2024 (https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_7-en.pdf)

11 Global Health Estimates [online database]. Geneva: World Health Organization; 2019. (<https://www.who.int/data/global-health-estimates>, accessed 10 May 2024)

- In September 2023, no less than four high-level meetings of the 78th session of the UN General Assembly confirmed commitments to health-related SDGs and gave new impetus to achieving goals by 2030: The high-level political forum on sustainable development (‘SDG Summit’) focused comprehensively on all 17 SDGs and the need to respond to multiple and interlocking crises facing the world. The high-level meeting on universal health coverage (UHC) emphasized achieving UHC through using existing mechanisms and global partnerships, including the SDG3 GAP. The high-level meetings on pandemic prevention, preparedness and response advanced opportunities for countries and development partners to accelerate the integration of multisectoral approaches to pandemics, and the high-level meeting on the fight against tuberculosis focused on the role of science, innovation and finance to achieve TB goals in the 2030 Agenda.

In the north of Costa Rica, local health teams conduct home visits and carry out vaccinations to prevent the resurgence of measles.

© PAHO/Photo library



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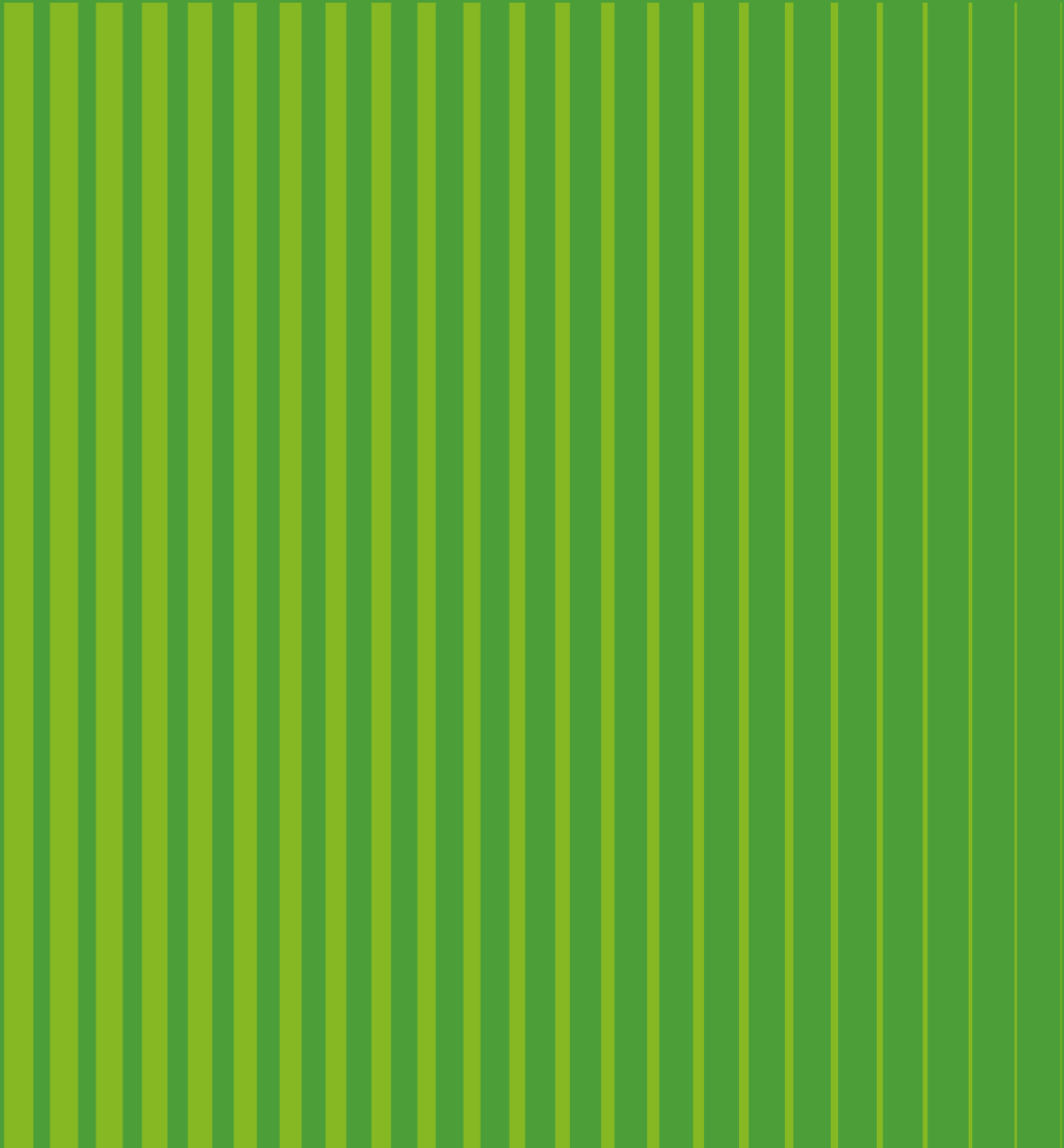
- The fourth SDG3 GAP Progress Report in 2023 took stock of what had worked and not worked among signatory agencies to enhance their collaboration in line with their commitments made under the SDG3 GAP. This fifth Progress Report continues, in a spirit of transparency, to reflect on what worked and did not work over the past year in collaborations in the context of the SDG3 GAP. Structured around the SDG3 GAP's four commitments made by the signatory agencies – engage, accelerate, align, and account – the report focuses on drivers of success and challenges in alignment with countries, as well as among signatory agencies, notably in the context of the SDG3 GAP's accelerators.
- The report emphasizes the SDG3 GAP's value as a commitment to a way of working – as a contribution to evolving collaborations among partners and countries. This reflects a broader commitment across signatory agencies to a collaborative approach where needs for collaboration emerge, also outside the context of the SDG3 GAP. While the SDG3 GAP seems to be adding value in certain areas, contexts and countries, incentives and funding for stronger collaboration among agencies remain weak. In some contexts, there may be other platforms that are better positioned to facilitate better collaboration in specific fields, especially in the context of emergencies.
- The report identifies a need to consider how to better align among agencies and initiatives at country level for greater impact during the SDG3 GAP's next phase. Country case studies, put forward by country teams, illustrate how countries and SDG3 GAP agencies have so far translated their commitments to strengthen their collaboration into joint action in countries. (Selected summary case studies appear in this report; all SDG3 GAP case studies are available online.¹²)
- With the self-reflection of 2023's progress report, and the report of the joint independent evaluation of the SDG3 GAP due later in 2024, this progress report contributes to the basis for further discussions among the 13 signatory agencies on how to further improve alignment and collaboration across multilateral health, development and humanitarian agencies to achieve progress towards the health-related SDGs.

12 <https://www.who.int/initiatives/sdg3-global-action-plan/progress-and-impact/case-studies>



1.

ENGAGE



Engaging governments and other stakeholders to achieve impact at the country level is a key commitment of the 13 signatory agencies of the SDG3 GAP. With the SDG3 GAP, agencies commit to continue reviewing and revisiting recurring issues, acknowledging that changes and adjusted ways of working can take time to become embedded at different levels of organizational operations.

Governments' suggestions on improving collaboration allow for discussion at the country level on how to fix things that are not working in specific contexts, how to improve things that are working but could be further improved, and where input from regional and global-level stakeholders might be helpful. Initiatives that focus more strongly on incentives for collaboration and on how funding is provided can help trigger more widespread and enduring changes.

Now, 500 000 people living with HIV in Cameroon can access certain HIV health-care services at public health facilities for free.

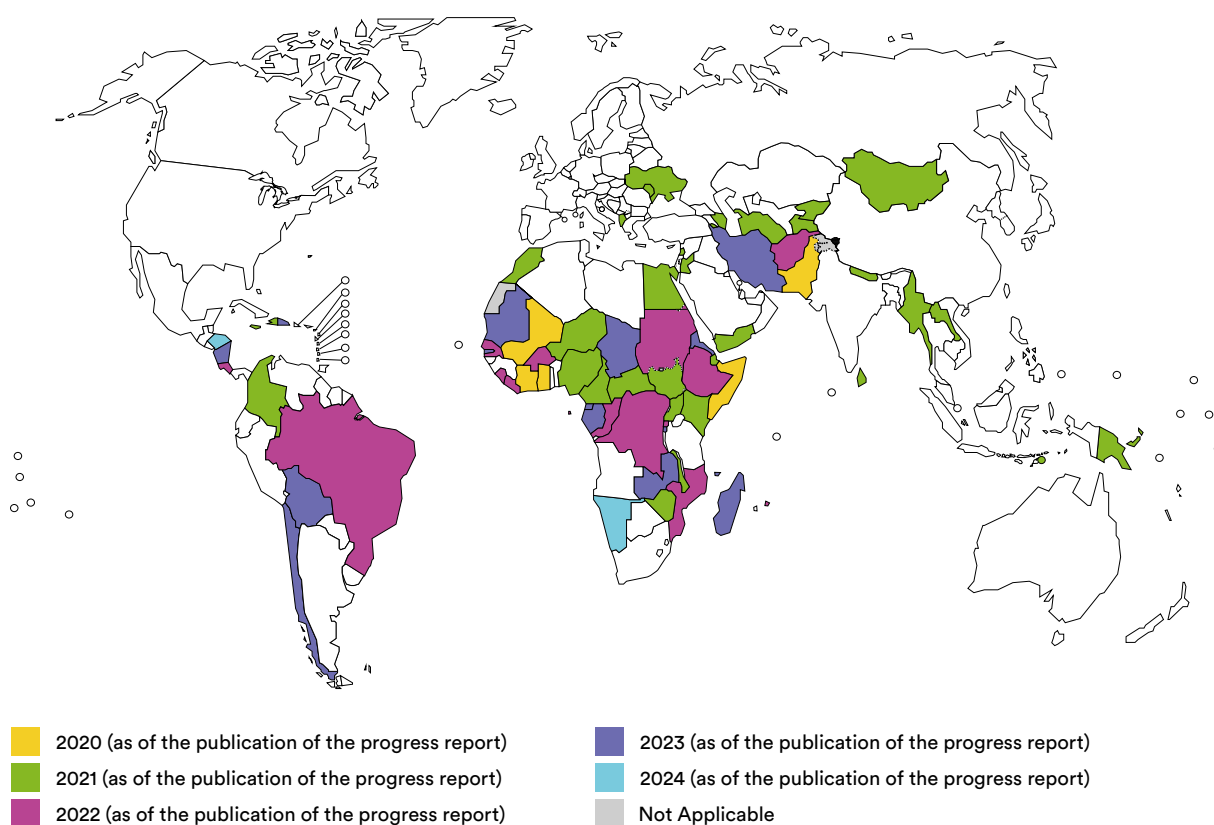
© UNAIDS/Rodrig Mbock



The SDG3 GAP approach has now been used in 69 countries (see Figure 1 and Table 1). Some of the wide-ranging forms of collaboration among agencies and other development partners, and with countries, are showcased in ten country case studies, developed by signatory agencies' country offices for the SDG3 GAP online platform, and summarized in this report. The case studies illustrate how commitment to closer collaboration is being adapted and translated into reality at country level, in the context of national priorities.

FIGURE 1

Overview of SDG3 GAP country-level implementation by year of engagement



Data Source: World Health Organization

Map Production: WHO Graphics

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TABLE 1

Overview of SDG3 GAP country-level focus and implementation by WHO region

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

BOX 1

Context for the SDG3 GAP 2024 government survey on development partner alignment and collaboration in countries

Part of the SDG3 GAP's monitoring framework, established in 2021, is a recurring survey of governments' perceptions of how well multilateral agencies and other development partners cooperate, coordinate and align with national priorities in achieving progress towards the health-related SDGs. The SDG3 GAP Secretariat has conducted two such surveys so far, in 2021/22 and 2023/24. In addition to questions requiring a choice of 'strongly agree' to 'strongly disagree' responses, respondents were also invited to give free-text responses to five additional questions. Individual respondents were country-designated, senior officials in the respective country's ministry of health. The Secretariat received 52 responses in the first round and 37 responses in the second round.

Engineer, Xayasit Phomchaleuan, at the Savannakhet Provincial Hospital Medical Oxygen Generating Plant in Lao PDR.

© WHO/Bart Verweij



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The ‘heat map’ (Table 2 below) indicates the extent to which countries agree or disagree with each of seven statements, with comparison between 2021/22 and 2023/24 responses.

TABLE 2

2023/4 Heat Map of responses by governments’ focal points to statements on health coordination environment

	Aligned to national plans	Coordinated	\$ aligned to budget	National M&E	Joint TA plan	National coordination mechanisms	No parallel mechanisms
Armenia							
Belize							
Brunei Darussalam							
Bulgaria	↓	↓	↓↓	↔	↔	↔	↓
Cabo Verde	↑↑↑	↑	↔	↔	↑↑↑	↑↑↑	↑↑↑↑
Cameroon							
Côte d'Ivoire	↔	↓	↓	↑	↔	↑	↓
Egypt	↓	↓↓	↓	↓	↓↓	↓↓	↔
Ethiopia	↔	↔	↔	↓	↔	↔	↓
Gambia	↓↓↓	↔	↓↓	↔	↔	↓	↓
Guatemala	↔	↓↓	↔	↔	↓	↓	↓
Haiti	↔	↔	↔	↑	↑	↑	↔
Honduras							
Iraq							
Jamaica							
Jordan							
Liberia	↔	↓	↔	↓↓	↔	↔	↓↓↓
Malawi	↓	↓	↓	↔	↔	↔	↓
Maldives							
Morocco	↔	↔	↑↑	↓	↔	↑	↓
Mozambique	↔	↑↑	↑↑	↑↑↑	↑	↑	↑
Nepal	↔	↓	↔	↔	↑	↔	↔
Oman							
Pakistan	↑	↔	↔	↔	↑	↔	↓
Panama	↓	↔	↔	↓↓	↔	↔	↓
Romania							
Rwanda	↓	↔	↔	↔	↔	↔	↔
Senegal	↔	↔	↔	↔	↔	↑	↑
Sierra Leone	↑↑	↑↑	↑↑	↑↑	↑	↑↑	↑↑
Slovakia							
Sudan							
Syrian Arab Republic	↔	↔	↔	↔	↔	↑	↔
Thailand							
Togo							
Uganda	↔	↔	↔	↓	↔	↓	↔
Yemen	↓	↓	↑	↑↑↑	↓	↑↑↑	↑
Zimbabwe	↔	↔	↑↑	↑	↓	↑↑	↑

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

Countries reporting in both rounds in **bold**. Arrows indicate the direction of change since the last round of reporting. The number of arrows denotes the extent of that change.

BOX 2

Results from the government survey on development partner alignment and collaboration

The scores of the 22 governments responding to both surveys showed little change from 2021/22: Overall, scores calculated from the responses to the agree/disagree statements in the surveys changed little between the two rounds. Among the 22 governments responding in both rounds, the average score was 61% in the first round and 58% in the second round. There were, however, differences in individual countries' responses between rounds and between individual questions.

Data from this year's survey indicate many areas of successful coordination, as well as challenges to collaboration, and suggested specific improvements.

Examples of **good practices that are working** in country-specific collaborations include:

- having clear principles for partner alignment
- using a formal agreement or operating framework between government and development partners for development assistance
- having a health sector strategic plan around which partners can align their support to countries – ensuring alignment with essential health packages that are part of national plans
- using existing national health coordination mechanisms
- doing joint planning and joint programming (Belize, Ethiopia, Malawi, Maldives)
- using pooled donor funding or funding to support an agreed national plan (Côte d'Ivoire, Ethiopia, Honduras)
- building mutually respectful relationships among development partners and between development partners and national governments.

Examples of **successful coordination** reported in 2024 include:

- strengthening of institutional frameworks by establishing a health sector coordination mechanism (Côte d'Ivoire)
- the ministry of health playing a role in ensuring a certain level of coordination for support received (Jamaica)

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- having a national team responsible for SDG3 (Jordan)
- using a coordination mechanism between the ministry of health and partners, with regular meetings and thematic technical working groups (Mozambique)
- coordinating through technical working groups to align partners' support (Sierra Leone).

See the Madagascar case study, at the end of this section, for another example of improved coordination through the revival of the national health systems coordination mechanism.

Countries considered challenges to collaboration in both the first and second rounds:

Local factors affecting collaboration include:

- political contexts such as instability or political ambition
- lack of capacity in governments and ministries of health to manage technical and financial support for health, high levels of government bureaucracy
- an absence of key elements needed for coordination such as long-term national plans
- coordination failures such as overlapping activities (Egypt)
- insufficient coordination mechanisms at all levels (Haiti)
- issues relating to indicators and financial resources not being fully discussed with all actors involved, resulting in no budget for those activities (Panama)
- lack of a multisectoral approach.

Agency factors repeated many identified in the first survey, including:

- lack of adherence to well-known principles of effective international development (such as alignment with national priorities)
- agencies' prioritization of their individual agendas even when those issues are not considered a priority by the relevant national authority
- weak coordination between or among partners sometimes resulting in duplicated efforts
- uneven geographical distribution of partners, not always in line with country priorities

- coordination problems with partners working through third parties
- partners' parallel, independent coordination mechanisms that bypass or duplicate those of national authorities
- varying administrative requirements of different agencies for procedures such as funding disbursements, approvals and implementation procedures
- technical assistance that may not match the country's needs (inadequate or inappropriate)
- omission of national counterparts during planning processes
- funding issues, including reluctance to use pooled funding mechanisms, unpredictability of funding, conditions for funding, and lack of transparency
- reporting issues, including reluctance of some partners to share information with others, parallel reporting systems, and insufficient focus on reporting experiences from the field.

At the nexus of local context and agency factors was a further issue around multiple causes of bureaucratic delays, due to a poor fit in some instances between agencies and national government systems.

Much of what works and most of the challenges identified echo the results from the 2021/22 survey, highlighting the need for further improvements in how multilateral collaboration is perceived and managed by countries and by partners.

Areas identified for **improvement at country level** include:

- **Agencies prioritizing their own agendas and mandates**, for example, partners continuing to seek predominance of their viewpoints (Cabo Verde); discordance between the interests of development partners and national priorities (Côte d'Ivoire); divergent agendas in some specific topics such as digital transformation and information systems (Honduras); discrepancies in goals and priorities among agencies complicating coordination (Yemen); and agencies finding it difficult to provide support outside their mandate area, even where it is a ministry priority (Sierra Leone).
- **Inadequate levels of funding**, for example, insufficient budget for the health sector, pose a significant hurdle to effective coordination (Honduras); with inadequate levels of funds (Sierra Leone, Slovakia) sometimes resulting in partial programme implementation (Jamaica); and funding negatively affected because of the political context (Sudan, Syrian Arab Republic).

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- **The ways in which agencies provide funds**, for example, external aid can bypass government systems and erode alignment (Ethiopia); inadequate levels of stewardship and coordination of external funding (Gambia); unpredictability of funding levels (Togo); and funds not always available in time to support interventions (Rwanda).

BOX 3

Challenges and opportunities under Engage

- Governments' suggestions for improvements in collaboration at country level must be taken forward in the next phase of SDG3 GAP (See Box 11 on "Corrective measures suggested by countries").
- Commitment to better collaboration across the partner agencies does not easily translate into different ways of working together at country level, given agencies' different focus areas and operating procedures.
- Competition for resources in a challenging global health and development financing environment exacerbates the lack of willingness or capacity to align on focus areas or procedures.
- Insufficient incentives within and among agencies to drive a different way of working, even though 2023 saw advances, including through new bilateral memoranda of understanding and other partnership agreements among agencies.

COLOMBIA

Scaling up efforts to reduce maternal and neonatal mortality in vulnerable communities

In Colombia, access to health care for indigenous communities is hampered by social, cultural and geographical barriers. An interagency strategy for the reduction of maternal and neonatal mortality, involving UNFPA¹³, UNICEF¹⁴, WFP¹⁵ and WHO, first introduced in 2015, supports the health system in northern Colombia by training health workers and providing additional tools to ensure that the rights, cultural beliefs and customs of indigenous women are respected in public hospitals.

In 2023, new data reflect Colombia's significant progress in reducing maternal and neonatal mortality: the maternal mortality ratio (MMR) in Colombia has dropped by 18%, from 53.7 maternal deaths per 100 000 live births in 2015, to 43.8 in 2023. In 2015, the death toll from maternal mortality across indigenous communities had been five times higher than the national average, but the 2023 data also show a significant reduction in the gap between indigenous populations and the national average, with the ratio dropping by almost two thirds, from 288 to 104 maternal deaths per 100 000 live births.¹⁶

Also in 2023, catalytic funding (See Box 4) received by the WHO Country Office in Colombia fostered dialogue with community members to identify opportunities for incorporating customs important for ancestral indigenous birth attendance into the national health system and related regulations. The collaboration also developed a health information system to improve the monitoring, evaluation and generation of data to track progress on the SDGs.

13 United Nations Population Fund (UNFPA).

14 United Nations Children's Fund (UNICEF).

15 World Food Programme (WFP).

16 Country case study from Colombia, preliminary data published by the National Institute of Health 2023" (<https://www.who.int/news-room/feature-stories/detail/scaling-up-the-interagency-strategy-for-the-reduction-of-maternal-and-neonatal-mortality-in-vulnerable-communities-to-support-national-health-priorities-in-colombia>).

BOX 4

Catalytic funding

Catalytic support totalling US\$ 1.6 million provided by the SDG3 GAP Secretariat through 29 WHO Country Offices in 2022/23 helped to strengthen their capacity to provide leadership on SDG implementation by strengthening health coordination mechanisms, addressing suggestions made by governments in the first round of the government questionnaire, and supporting the governments to review progress and develop or adapt health sector plans and strategies with a view to accelerating progress on the health-related SDG targets at national and subnational level. The funds were furthermore used to strengthen collaboration with SDG3 GAP agencies and other partners in and across priority accelerator areas – such as primary health care (PHC) and social determinants, data and health financing – based on the country context, priorities and emerging opportunities. WHO Country Offices have taken steps to integrate the required support into their planning for the next two years.

MADAGASCAR

Revitalizing health sector coordination in Madagascar

Madagascar's health system faces recurrent challenges and crises such as famines, cyclones, droughts and malaria. The pandemic exacerbated the situation, intensifying pressing health needs.

In the 2021/22 survey, Madagascar's Ministry of Health (MOH) highlighted the complexity in aligning the activities of its technical and financial partners, which include SDG3 GAP partners (UNFPA, UNICEF, World Bank¹⁷, Global Fund¹⁸, Gavi¹⁹, and WHO), with the government's health-care priorities.

Based on the survey results, WHO initiated informal discussions with key technical and financial partners to revitalize the Strategic Health Sector Coordination Platform. By 2023, catalytic funding from the SDG3 GAP Secretariat also provided essential financial support (US\$ 20 000 in 2022 and US\$ 50 000 in 2023) to strengthen coordination mechanisms and advance work on MOH-led prioritized technical areas.

In March 2023, the Ministry of Health and technical and financial partners held a coordination meeting to discuss health priority setting and alignment. These priorities included accelerating the fight against neglected tropical diseases, HIV control with a focus on people who inject drugs, as well as reducing maternal mortality through improved emergency care.

In conjunction with the Strategic Health Sector Coordination Platform, Madagascar's Ministry of Health has established several committees with support from technical and financial partners. These committees are designed to facilitate collaborative strategic planning and promote enhanced cooperation among stakeholders within the national health sector. SDG3 GAP partners continue to leverage the Strategic Health Sector Coordination Platform and its associated committees, with the aim to accelerate the implementation of Madagascar's health priorities.

17 World Bank Group (World Bank).

18 Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

19 Gavi, the Vaccine Alliance (Gavi).

RWANDA

Strong collaboration to advance SDG monitoring in Rwanda

The Government of Rwanda has taken a whole-of-government approach to owning and implementing the SDGs, integrating the 2030 goals into national development plans. Strengthening and adapting health information systems is a key pillar for health-related SDG monitoring in the country. The Ministry of Health and other ministries and national institutions have been working with SDG3 GAP partners (including UNFPA, UN Women²⁰, UNICEF, WHO) to strengthen health-related SDG monitoring, within the UN's Joint Programme on Data. Rwanda is making its information systems fit-for-purpose to monitor all SDGs, using a phased approach, including implementing national strategies on statistics to integrate SDG indicators into the country's national framework for monitoring and evaluation.

This phased approach has increased the percentage of SDG indicators for which data are available and monitored through administrative data systems, and increased the capacity of Rwanda's health information system to provide timely, reliable and disaggregated data for evidence-based decision-making. Progress on SDG targets can be measured, including Universal Health Coverage.

Daniel Ntabanganyimana, Sector M&E and Reporting specialist at the Ministry of Health, called the new indicators “a great step towards more accurate population data that makes us more aware of our local health challenges and helps us monitor progress everywhere... it means we have a better chance of leaving no one behind.”

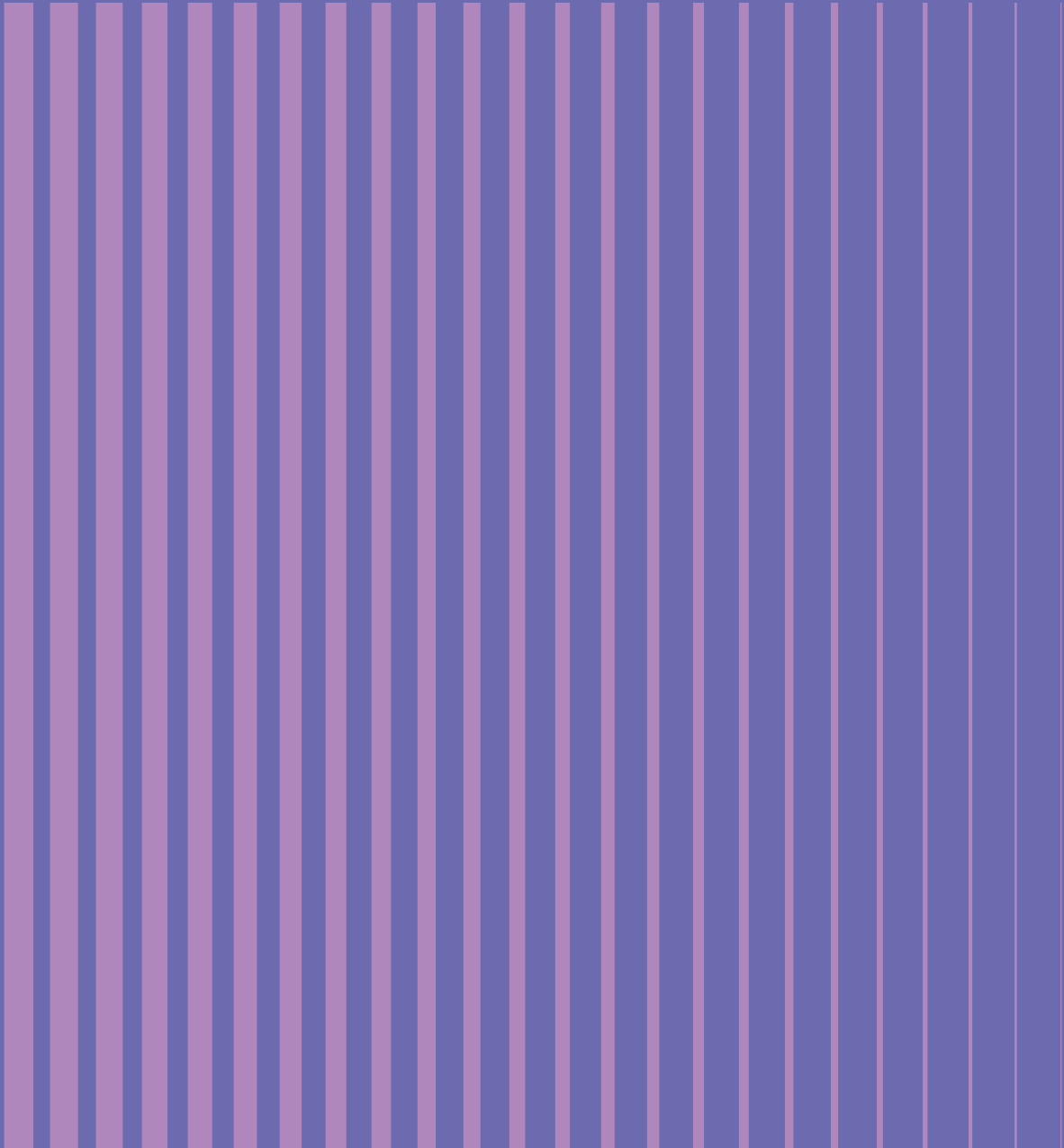
Rwanda's journey towards achieving the SDGs reinforces that national ownership and leadership are essential for effective partnerships and strong health sector coordination.

20 United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).



2.

ACCELERATE



Nearly five years ago, the SDG3 GAP accelerators, all with a commitment to gender equality, were created to focus collaboration among partner agencies on areas crucial to accelerating progress on the health-related SDGs. In the last year, the intensity of activity across the SDG3 GAP accelerators has varied greatly, in the context of a rapidly changing global health architecture and alternative means of multilateral collaboration for health. The SDG3 GAP accelerator activities have also been increasingly challenged by competing demands in the face of conflict- and climate-related emergencies, by differing levels of engagement by agency co-leads, perceptions of diminishing relevance, and lack of or changes to operational funding.

Some of the successes and challenges to the way that accelerators have functioned until now will be explored in this section. The report of the joint independent evaluation of the SDG3 GAP, to be published in late 2024, will shed further light on attempts to resolve or change approaches to identified issues.

An aerial shot of the temporary primary health care centre at Barekot, Nepal.

© WHO/Nepal



TABLE 3

SDG3 GAP accelerators

SDG3 GAP accelerator working group	Signatory agency co-leads
Primary health care (PHC-A)	UNICEF and WHO
Sustainable financing for health (SFHA)	Gavi, Global Fund, and World Bank
Data and digital health	UNFPA and WHO
Fragile and vulnerable settings/disease outbreaks	WFP and WHO
Research and development/innovation and access	WHO
Determinants of health ²¹	UNDP ²² and UN Women
Civil society and community engagement	UNAIDS ²³ and WHO
*Gender equality	UN Women

* “Gender equality” is a cross-cutting commitment supported by a working group convened by UN Women and taken forward by the gender advisors in SDG3 GAP agencies and within the accelerators.

From 2020, the pandemic reshaped health priorities across countries and multilateral, health and development agencies. Emerging from the pandemic, they must navigate a disrupted and continuously changing global development ecosystem. Widespread and major conflicts have led to a proliferation of crises and emergencies that have shifted focus and funding flows into multiple parallel mechanisms to deal with urgent humanitarian challenges. In this context, the work of the accelerator working groups has in some cases evolved, along with other collaborations in those thematic areas, and in some cases diminished. The working groups have continued to try and harmonize approaches in and across the accelerators’ thematic areas, to the extent that motivated leadership and resources for those activities still exist.

The SDG3 GAP accelerator themes were selected on the basis that many countries could benefit from enhanced collaboration across multiple programmatic areas. Progress against

21 The accelerators on ‘Determinants of Health’, ‘Civil society and community engagement’ and the ‘Gender equality’ working groups were previously clustered in an ‘equity cluster’ but have in practice functioned as separate initiatives.

22 United Nations Development Programme (UNDP).

23 Joint United Nations Programme on HIV/AIDS (UNAIDS).

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this goal had been uneven up until 2023, not least because of the COVID-19 pandemic. One of the six recommendations from 2023's progress report (see Table 3) recognized the ongoing need for increased collaboration and synergy across accelerator working groups at country level. In the last year, varying intensity of activity across the accelerators is still the case, with multiple collaborations among accelerators – notably primary health care and sustainable financing for health (see Mozambique case study) – as well as among agency colleagues and gender leads (see Costa Rica and Kyrgyzstan case studies). Many other interagency collaborations are ongoing, often in the same thematic area as a given accelerator even if not convened by that accelerator.

Ngozi Blessing comes to the Mararaba primary health care centre in Abuja for antenatal care. Her HIV status is not known.

© UNAIDS/Photolibary



Over the past year it appears that while work in some accelerator areas is underway, the accelerator working groups did not meet in 2023. In some cases, there seems to be limited additional value for an accelerator to be a ‘stand-alone’ venture in an area already served by other collaboration mechanisms, or where relevant work has been taken forward by agencies bilaterally or under different platforms for collaboration. In other instances, lack of incentives and/or resources might have hindered agencies’ use of the accelerator structures.

The rest of this section describes **accelerators’ evolution**, and **examples of collaborative work**.

The overall focus of the **Primary Health Care accelerator (PHC-A)** is to support countries to develop and deliver a comprehensive package of essential health services and contribute to UHC through a PHC approach. (The three recognized components of the PHC approach are primary care and essential public health functions as the core of integrated health services; multisectoral policies and action; and empowered people and communities.²⁴) This is in the context of the SDG3 GAP prioritizing equitable primary health care within health system strengthening plans, including in fragile settings. Country collaboration under the SDG3 GAP PHC-A is based on the principles of country ownership, using a bottom-up approach, and building on tailored support plans responding to national contexts and priorities. Implementation of this accelerator’s work has followed a consultative process and engagement with regions to identify and prioritize countries for PHC-A support.

Focused on 20 priority countries, the PHC-A has good traction across agencies and other development partners (for the first four years, the partners met monthly) and is well-positioned to respond to country demand – there is no other platform for interagency collaboration on primary health care. The PHC-A’s approach is in line with the first of the Lusaka Agenda’s “five shifts” needed (See Box 6) to shape the future evolution of global health initiatives and the broader global health financing ecosystem: to make a stronger contribution to PHC by effectively strengthening systems for health, with integrated delivery of services aligned behind one national plan. (See case studies below from Costa Rica, Mozambique and Tajikistan).

24 From the declaration of Astana, described in SDG3 GAP’s Theory of Change, November 2020 https://cdn.who.int/media/docs/default-source/global-action-plan/sdg3-gap-toc-for-website.pdf?sfvrsn=355ae22c_4&download=true.

Aligning for country impact

In 2023, a series of country dialogues offered valuable insights into strengthening and expanding primary health care across five diverse nations: Afghanistan, Kenya, Nigeria, Somalia and Tajikistan. These dialogues aimed to comprehensively address challenges and leverage opportunities among the SDG3 GAP partners for sustainable country impact using a PHC approach. Conducted throughout the year, the dialogues focused on specific thematic areas tailored to each country's unique needs. Nigeria's dialogue highlighted financing, workforce, quality and community engagement as vital for PHC advancement. Tajikistan's discussion emphasized governance, workforce, care models and financing for PHC enhancement. Kenya explored information systems, monitoring and evaluation (M&E) and payment systems to strengthen PHC infrastructure. Somalia discussed care models, partnership and workforce; while Afghanistan's dialogue centred on financing, quality, community engagement and care models. Recently, the PHC-A platform has been used to share learnings across countries, for example, lessons from primary care networks in Kenya at the subnational level have been shared with Malawi's Ministry of Health.

Throughout 2023, the PHC-A also facilitated thematic discussions, providing valuable policy and technical guidance to enhance PHC globally. These discussions covered various topics crucial for strengthening health systems, such as the significance of funding and monitoring and evaluation (M&E) mechanisms; integrating COVID-19 response efforts with existing PHC initiatives; and water, sanitation, and hygiene (WASH) in health-care facilities. Each session aimed to address gaps, offer insights, and improve the overall support provided by partners to enhance country impact based on PHC principles.

The accelerator's workplan for 2024 includes a shift from monthly to twice-quarterly dialogues, and a streamlined focus on three activity areas with stronger regional and country connectivity: (i) the accelerator working group (technical, thematic meetings and country/regional updates including all 20 focus countries to support cross-country learning); (ii) policy and advocacy for PHC (using the SDG3 GAP platform to amplify PHC technical resources for use at country level and among multilateral partners); and (iii) SDG3 GAP synergies for PHC, strengthening collaboration across technical working groups and other initiatives linked to PHC.²⁵

²⁵ These include the UHC Partnership, the Sustainable Financing for Health accelerator, the Data and Digital Health Accelerator/Health Data Collective working groups on civil registration and vital statistics, geographic information systems, and community engagement, the H6 Technical Working Group, and the Community Health Delivery Partnership.

COSTA RICA

Towards more equitable, gender-responsive, community-led primary health care

In Costa Rica, local government has led the establishment of intersectoral committees to identify and prioritize social determinants of health that negatively affect communities, and to design plans to address them using a PHC-led approach. In this initiative, one central focus has been to ensure the integration of health-care services, which are mainly delivered by the Costa Rican Social Security Fund and the Ministry of Health.

With the help of previous catalytic funds provided through SDG3 GAP, workshops were held to train community leaders on community mental health, gender-based violence (GBV) and self-care for noncommunicable diseases. The gender-based violence element originated from previous collaborations with UNFPA and the UN Interagency Group on Gender, which includes UNICEF, UNFPA, UNDP and WHO. In early 2023, another round of catalytic funding was released to further strengthen collaboration among stakeholders, establish additional inter-sectoral committees, and train more community leaders on mental health and GBV issues.

Adding 150 new community leaders to the 250 trained in previous iterations of the initiative, trainees learned how to identify and address GBV and mental health issues. The project works closely with the Ministry of Health to ensure alignment with national strategies and plans. “I take away lots of information on domestic and gender-based violence. That within each there can be a solution, support, to raise one’s voice, to not remain silent and to say ‘no more domestic violence and gender violence’,”²⁶ says Kristel, one of the trained community leaders from Bahía Ballena.

26 Translation from Spanish: “Me llevo mucha información sobre la violencia intrafamiliar y de género. Que en cada una puede haber solución, de ayuda, de levantar la voz y no quedarse callada y decir no más violencia intrafamiliar y violencia de género.”

The SDG3 GAP is being used as a platform to facilitate interagency exchange of expertise and information leading to overall increased impact of support to the country. The UN Resident Coordinator in Costa Rica stated, “Certainly, this significant campaign not only conveyed a powerful message to a broad audience to prevent violence against women, but also serves as a clear model of how collaboration in working groups, such as the Gender equality group, can optimize efficiency in resource utilization and strengthen action to advance the 2030 Agenda and human rights in Costa Rica.”

MOZAMBIQUE

Strengthening primary health care with a community health strategy in Mozambique

With support from a collaboration among SDG3 GAP agencies (UNICEF, World Bank and GFF, UNFPA, WHO), Mozambique has been strengthening its primary health care (PHC) services and community health initiatives. By 2023, the under-five mortality rate had dropped by one third (from 97 to 60 per 1000 live births), and the neonatal mortality rate decreased by one fifth (from 30 to 24 per 1000 live births) since 2011.²⁷

²⁷ Moçambique Inquérito Demográfico e de Saúde 2022–2023 [Demographic and Health Survey of Mozambique] Maputo: National Institute of Statistics; 2024 (in Portuguese) (<https://dhsprogram.com/pubs/pdf/FR389/FR389.pdf>, accessed 10 May 2024).

The Community Health Strategy (CHS) has been a crucial document in guiding partners' support to the Government. This initiative puts a particular focus on the broader context of Universal Health Coverage (UHC), emphasizing the delivery of an essential package of integrated PHC services, community leadership and coordination, as well as the provision of higher quality care through well-trained, consistently remunerated and adequately supported community health workers (CHWs). WHO is providing technical support in the development of a comprehensive CHS and design of its pilot implementation and has also supported the development of the National Health Policy, the National Strategic Health Plan.

SDG3 GAP partners further supported Mozambique's Ministry of Health for information systems, evidence generation, and equipment for CHWs (UNICEF); financial support for strategy implementation as part of the PHC strengthening programme (World Bank and the Global Financing Facility²⁸); financial support for CHW training, evidence generation, quality assurance, overall system functionality at national and provincial levels (Global Fund); and training and supervision of CHWs on reproductive, maternal, newborn, child and adolescent health services (UNFPA).

SDG3 GAP partners' contributions to Mozambique's Community Health Strategy is a clear demonstration of SDG3 GAP partners' commitment to improved collaboration for better health outcomes. However, there are still gaps to address including a need for better coordination among development partners.

28 The Global Financing Facility for Women, Children, and Adolescents (GFF).

TAJIKISTAN

Sustained partnerships supporting primary health care reforms in Tajikistan

In 2019, Tajikistan joined the SDG3 GAP as a pilot country, focusing on PHC and sustainable health financing to accelerate progress towards the health-related SDGs. Collaboration has been crucial in supporting Tajikistan's primary health care reforms. The SDG3 GAP signatory agencies and other partners, among them USAID²⁹, have increasingly coordinated their support to the government by leveraging their respective strengths and expertise.

Improving the demand for and access to primary care services is one of the crucial aspects of Tajikistan's transition from a system heavily reliant on hospital-based secondary and tertiary care towards primary care and public health. The portion of their public health budget allocated to PHC rose by more than 6% between 2010 and 2022.³⁰ As a result, the number of PHC visits per person has been rising steadily, from 4.8 in 2010 to 7.6 in 2022.³¹

Partners' collaboration in support of the government's health priorities extends to the joint implementation of PHC reforms. For instance, the European Union (EU)-funded Health Development Programme, implemented by WHO, UNICEF and GIZ³², is strengthening health sector governance, financing and access to quality integrated primary care services. The GFF, World Bank and WHO work closely together to support national authorities in implementing critical health financing and service-delivery reforms to improve the efficiency of PHC: WHO is supporting the piloting of the strategic purchasing of PHC services, while the World Bank's new project, the Tajikistan Millati Solim Project, will scale up these reforms. Additional coordinated efforts, unified in their goal and building on each other's progress, include UNICEF's partnership with the Asian Development Bank for the Maternal and Child Health Integration Project, and the collaboration between the Swiss Government and the EU to enhance public financial management.

29 United States Agency for International Development

30 Tajikistan Ministry of Health and Social Protection

31 <https://www.who.int/news-room/feature-stories/detail/towards-universal-coverage-of-maternal-health-services-in-tajikistan>

32 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH - German Development Cooperation

The **Sustainable Financing for Health** accelerator (SFHA), co-led by Gavi, Global Fund, the World Bank Group (World Bank) with the GFF, and WHO, has noted a step-change in the nature and intensity of its collaborations over the past year. The accelerator, which also includes the International Labour Organization (ILO), UNICEF and bilateral agencies, has provided a platform for partners to provide inputs into the FGHI process, as well as space to share information more broadly about health financing issues across the agencies, with specific focus on value for money, efficiency, joint programming and innovative funding. The co-leads meet regularly, creating an active community of practice among the funders along with WHO, GFF and ILO.

Before the creation of this accelerator, a smaller group of partners (World Bank, Global Fund, Gavi and GFF) came together under the auspices of the 4G initiative. This long-time collaboration has paid off, with over a dozen pooled or co-financed³³ operations developed since 2016, including between the World Bank and Global Fund in Afghanistan, Colombia, Côte d'Ivoire, Haiti, Indonesia and India; the World Bank and Gavi in Honduras, Indonesia and Ghana; and all three agencies in Pakistan. Between 2016 and 2022, eight health operations in seven countries across four regions were jointly financed by the World Bank and Gavi, including an US\$ 82 million joint investment with GFF in Honduras in 2022, to restore essential services for health and advancing preparedness for emergencies (RESHAPE). Since 2017, 13 of 15 Global Fund blended-finance transactions have been with the World Bank. The Global Fund has accelerated blended finance to address strategic challenges such as resource mobilization, health reforms, donor alignment and health system strengthening.

³³ The SFHA co-leads acknowledged that differences in terminology were meaningful: “co-financing” meant different things to different organizations, and “blended financing” was a Global Fund-specific term referring to different ways in which Global Fund grants could be combined with other sources of funding.

Aligning for country impact

In 2023, SFHA partners jointly developed a presentation on lessons learned from their joint financing of health systems strengthening in low- and middle-income countries, which served as a key input into the FGHI discussions.³⁴ Some key issues revealed during this self-reflection included:

- The need for clarity on joint financing processes and financial envelopes before opening discussions with government counterparts.
- Differences in internal timelines, budget cycles, and reporting requirements between World Bank, Gavi and partner governments, which make alignment logistically difficult.
- A lack of clear, differentiated Global Fund grant processes for blended finance resulted initially in missed opportunities to minimize transaction costs and duplication of efforts, and was addressed in 2023 with a Board-approved Assurance Framework.
- Significant benefit to co-designing (or co-preparing) projects with partner governments from the beginning.

The SFHA provides an important platform for collaboration on health financing (technical assistance, advocacy, capacity building and joint financing). In this context, the SFHA co-leads consider the accelerator to have been a good platform to inform the FGHI process and the commitments laid out in the Lusaka Agenda. Plans include several anticipated joint projects in 2024 and 2025. In addition to the Lusaka Agenda, some of the agencies have recently formalized bilateral agreements (that have included health financing components), for example, the memorandum of understanding between the World Bank and the Global Fund³⁵ to support further co-financing arrangements and to further streamline their joint operating procedures. Such agreements provide additional momentum and visibility to joint health financing work among the signatories; the SFHA then has a role in informing and involving other agencies, where possible.

³⁴ Lessons learned from joint financing of health systems strengthening in low- and middle-income countries. Sustainable Financing for Health Accelerator (SFHA); 28 September 2023. <https://futureofghis.org/research-other-inputs/lessons-learned-from-joint-financing-of-health-systems-strengthening-in-low-and-middle-income-countries>, accessed 10 May 2024.

³⁵ <https://www.worldbank.org/en/news/press-release/2023/11/22/world-bank-and-global-fund-stronger-collaboration-to-tackle-the-impact-of-climate-change-on-health>

NIGERIA

The collaborative effort to reach every child in Nigeria

“Zero-dose children”³⁶ account for a substantial portion of preventable deaths in children. Nigeria faces a particularly alarming situation, with more than 2.2 million zero-dose children estimated in 2021.³⁷

The Nigerian government’s National Primary Health Care Development Agency (NPHCDA) and SDG3 GAP partners (Gavi, Global Fund, UNICEF and WHO) have been working together to identify and reach zero-dose communities since 2020. Joint data analyses pinpointed 100 local government areas (LGAs) in 18 states that accounted for 1.5 million of Nigeria’s 2.2 million zero-dose children.

Subsequently, UNICEF and WHO supported the development of the Immunization Recovery Plan which included the Big Catchup Plan targeting zero-dose children. Aligning with the plan, the World Bank partnered with 16 priority states (out of Nigeria’s 36) to strengthen vaccine supply, cold-chain equipment and monitoring systems, to reduce the number of under-five deaths.³⁸ WHO, the Global Fund, UNICEF and other partners provided financial and technical assistance to 17 states to get to zero-dose communities in affected LGAs. A Gavi health systems strengthening project, which earmarked US\$ 50 million of a primary health care and immunization grant, supported eight states to address low immunization coverage.

36 Zero-dose children are those that have not received any routine vaccination. For operational purposes, Gavi defines zero-dose children as those who lack the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1).

37 Multi Indicator Cluster Survey 2021, Survey Findings Report. Abuja, Nigeria: National Bureau of Statistics and United Nations Children’s Fund; 2022 (<https://www.unicef.org/nigeria/media/6316/file/2021%20MICS%20full%20report%20.pdf>, accessed 10 May 2024).

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By 2023, integration of routine immunization in COVID-19 vaccination efforts has seen more than 4 million eligible children immunized since March 2021.³⁸ An accountability framework with state governments is in place to secure incremental funding for immunization and primary health care, aiming to secure full government funding by 2028. “We have seen improvements with partnering with other agencies. We changed our approach, went from national to state levels with targeted strategies to reach children in vulnerable areas and populations, allowing us to deliver our services more efficiently and effectively to those who need them most,” says Dr Walter Kazadi Mulombo, WHO Country Representative for Nigeria.

The signatory agencies of the SDG3 GAP provide support to the Nigerian government through the Primary Healthcare and Sustainable Financing for Health accelerator working groups. Government feedback through the first round of the SDG3 GAP monitoring framework cites improvements in the agencies’ alignment with national plans and budget priorities, and recognizes effective coordination mechanisms resulting from SDG3 GAP support. The feedback also reflects on areas that require further action, such as increased resource commitment and the co-creation of partner implementation plans with local stakeholders, particularly at the sub-national level.

³⁸ Country case study from Nigeria (<https://www.who.int/news-room/feature-stories/detail/breaking-barriers-building-bridges-collaborative-effort-nigeria>, accessed 10 May 2024).

PAKISTAN

Leveraging the SDG3 GAP coordination mechanism for post-disaster recovery and resilience in Pakistan

The SDG3 GAP coordination and alignment committee in Pakistan is playing a catalytic role in streamlining coordination among development partners for primary health care (PHC) and health financing, through its accelerator working groups, to drive universal health care implementation. When Pakistan experienced catastrophic floods in 2022, the importance of this committee was made evident.

Pakistan's floods in 2022 affected around 33 million people, with nearly eight million displaced and 1700 fatalities.³⁹ The floods damaged health infrastructure and severely affected the health workforce, leading to disruptions in 13% of health facilities, and in the delivery of health-care services from the community to the district level.

Pakistan's immediate focus was to conduct a post-disaster needs assessment (PDNA).⁴⁰ The health cluster for the PDNA involved 22 national and international experts from seven entities, including the Asian Development Bank (ADB), UNAIDS, UNICEF, UNDP, UNFPA, the World Bank, and was led by WHO. Most of these organizations were already collaborating under the SDG3 GAP committee, which includes Gavi and the Global Fund, and these established connections were instrumental in quickly bringing partners together to assess and share updates on their activities in response to the floods.

39 Country case study from Pakistan (<https://www.who.int/news-room/feature-stories/detail/collaborative-efforts-partners-pakistan-post-disaster-recovery>).

40 Post-disaster needs assessment (PDNA): <https://www.undp.org/pakistan/publications/pakistan-floods-2022-post-disaster-needs-assessment-pdna>.

The PDNA report served as the baseline to develop the Resilient Recovery, Rehabilitation and Reconstruction Framework (4RF) which, in turn, became Pakistan's blueprint for planning, financing, implementation and monitoring at national and provincial levels. Under the flood rehabilitation plan, development partners are supporting the government by reconstructing health facilities and increasing health workforce capacity. Together, they have refurbished 464 PHC and 112 damaged facilities, strengthened 169 basic emergency obstetric care service centres, and established 88 nutrition stabilization centres in flood-affected districts. More than six million flood-affected people have been provided with essential PHC services; 5000 women health workers have been supported with essential supplies and basic equipment for community outreach; and US\$ 48.25 million has been disbursed to ensure the uninterrupted availability of life-saving health products and treatments for vulnerable persons.

In 2023, the Government of Pakistan and the United Nations co-hosted the International Conference on Climate Resilient Pakistan. The PDNA and 4RF were used to provide evidence-based estimates and strategies to secure international support and establish strong partnerships, aimed at enhancing Pakistan's climate resilience and adaptation efforts.

Resilient health systems deliver health services in an equitable, sustainable and effective way. WHO and the Global Fund provided technical assistance to the government to develop a resilient health systems component in the Global Fund funding request for 2024–26. The consultative process engaged federal and provincial governments, SDG3 GAP partners (UNAIDS, UNICEF, Global Fund, UNFPA, UNDP), development partners and private sector representatives. The interventions outlined in the resilient health systems plan are primarily centred around PHC and community engagement, and have the potential to greatly enhance collaboration during the implementation phase.

The **Data and Digital Accelerator** began as a technical collaboration led by WHO and UNFPA. In 2021, given the Health Data Collaborative's (HDC) similar mission across a broader constituency to achieve measurable impact on health information systems (HIS) strengthening in countries, there was a move towards integrating the Data and Digital accelerator with the HDC. A combination of changes in the accelerator's joint leadership has since slowed the momentum of the accelerator, while at the same time, the positioning of the accelerator alongside the HDC has blurred the lines between their activities. On the one hand, their joint work has delivered benefits for countries. Missions to Malawi (June 2022) and Nepal (January 2023) focused on Geographic information systems (GIS) and Civil registration and vital statistics (CRVS) systems, aligning three levels (headquarters, regional and country) within WHO, UNICEF, UNFPA and multiple in-country partners. (See Nepal case study below). On the other hand, the added value of this accelerator is in question, given that SDG3 GAP signatory agencies are part of the HDC as well, and technical leadership is mostly the same. In 2023, the Health Data Collaborative External Evaluation described the merger of the SDG3 GAP Data and Digital Health accelerator and the HDC as having "led to some efficiencies in terms of aligning processes and reducing duplication of efforts" but that "implementation has not been done in the most strategic or transparent way and visibility of the merger amongst stakeholders is low".⁴¹

While the SDG3 GAP Secretariat and HDC were able to provide some limited co-financing to country offices for joint activities in priority countries, this funding is catalytic support – to allow country offices to review and plan together, to formulate broader proposals to raise the required funds to incentivize ongoing collaboration.

41 Health Data Collaborative (HDC) External Evaluation, WHO, 13 October 2023.

NEPAL

Collaborating for improved civil registration systems to advance health and population data

SDG3 GAP agencies and the Health Data Collaborative (HDC) in Nepal are working together to strengthen civil registration and vital statistics (CRVS) and national data systems. Nepal has been a pilot country for SDG3 GAP implementation since 2019, focusing on data and digital strengthening. In January 2023, a joint mission by WHO, UNFPA, UNICEF and the Health Data Collaborative was conducted to convene national, bilateral and multinational partners in health and other sectors, to explore opportunities to improve partners' collaboration on the CRVS strategy 2019, and to recommend how to enhance partners' alignment to Nepal's overall data and digital health objectives.

Under the stewardship of the Ministry of Health and Population, the CRVS Data and Digital Health Accelerator Working Group facilitated dialogue among the different national CRVS coordinating institutions and in-country entities. This has helped different national agencies begin to establish data-sharing agreements with the Department of National ID and Civil Registration, bringing the country closer to the goal of digital systems being able to work together. CRVS data integration within the health information system is already ongoing through joint work between the German development agency (GIZ), UNFPA, UNICEF and WHO to develop and implement two essential systems: the Birth Registration Management System and the Medical Certification of Cause of Death, to enhance the reporting of vital events such as births and deaths from health facilities.

Following successful pilots in the provinces of Sudur Paschim and Koshi, UNICEF, GIZ and WHO have planned to scale up the two systems to other provinces and municipalities, to enable automated digital notification and sharing of birth and death data from health facilities to the CRVS database. Through these efforts, and under the leadership of the Ministry of Home Affairs, online registration is functioning in 96% of local registrars' offices, and 6519 out of 6743 offices are now equipped with the necessary digital infrastructure provided by the Government of Nepal and the World Bank.

The locus of humanitarian coordination is well beyond the scope of SDG3 GAP-associated activities. Though the nature of the work of the **Fragile, Conflict-affected and Vulnerable (FCV) settings accelerator** is critically important, as a standalone accelerator it seems to add limited additional value to already existing collaboration mechanisms that serve these settings. (Within the activities of the Primary Health Care accelerator, there is a strong focus on PHC in fragile settings.) There are extensive collaborations in the area of fragile, conflict-affected and vulnerable settings among SDG3 GAP partners but not initiated by SDG3 GAP, or ‘through’ this accelerator’s structure. Examples include:

- In the last months of 2023 and the first months of 2024, WFP, UNICEF, WHO and other partners collaborated to assist the Nutrition Cluster of the occupied Palestinian territory, including east Jerusalem, in analysing the dire nutrition situation in Gaza, with testing a new methodology for areas with access constraints where anthropometric data collection is a challenge.
- In 2023, WFP assisted health partners like the Global Fund and their Principal Recipients, including UNDP, to deliver 19.6 million long-lasting insecticidal nets across multiple African countries.
- The INITIATE partnership between WFP and WHO is a five-year initiative, launched in June 2021, that brings together emergency response actors, research and academic institutions to develop innovative and standardized solutions, and the related training, for readiness and response capabilities in health emergencies.

Addressing the **determinants of health** is crucial to tackling and building resilience to multidimensional health risks and to ensuring equitable access to health and other basic services in line with PHC and UHC. In 2023, SDG3 GAP partners continued to collaborate through multiple fora to support countries and communities in scaling action on the determinants of health. While this support was not primarily through the SDG3 GAP operating model, it was provided in alignment with the collaborative spirit of the SDG3 GAP and in furtherance of the SDG3 GAP’s commitment to find synergies across accelerator areas to drive equity. For example, UNDP, WHO and the Green Climate Fund⁴² joined forces to develop a new global climate and health co-financing facility in 2023. This ambitious initiative will support developing countries to tackle the health–climate crisis, including by achieving their commitments on climate-resilient, sustainable and low carbon systems for health. Moving forward, it is expected that the upcoming independent evaluation will shed light on how the SDG3 GAP can maximize

42 <https://www.greenclimate.fund/news/gcf-undp-and-who-join-forces-ramp-climate-health-support-developing-countries>.

Aligning for country impact

its value-add to the determinants of health agenda. This area of support is more pressing than ever in the context of polycrises and the need to accelerate progress on the health-related SDGs.

The following examples involving SDG3 GAP agencies illustrate joint work in the determinants of health accelerator area:

- *Tackling gender-based violence:* UNDP, UN Women, the Pan American Health Organization (PAHO) and UNICEF supported the Government of Grenada to prepare a Gender-Based Violence Victims' and Survivors' Rights Policy, and organized capacity-building for first responders from the police, justice, health and social sectors to strengthen survivor-centred responses.
- *Ensuring equitable social protection benefits for key populations:* The UNDP-ILO Social Protection Programme worked with Zambia's National AIDS Council and partners to mainstream social protection in HIV programmes, promoting open dialogue on the need to address gaps for key populations in accessing HIV and other sexual and reproductive health and rights and services.
- *Supporting enabling environments for HIV and health responses:* The Global Fund, UNAIDS, UNDP, civil society and LGBTI groups contributed to the efforts of legislators in the Cook Islands to decriminalize consensual sex between men.
- *Reducing HIV-related stigma and discrimination:* UN Women together with UNDP, UNAIDS, the Global Fund and the Global Network of People Living with HIV worked jointly to identify and reduce gender-based stigma and discrimination, including addressing HIV-related discriminatory laws and practices, as well as creating spaces and mobilizing networks of women and people living with HIV in Indonesia, Malawi, Papua New Guinea, Tajikistan and Viet Nam.
- *Charting a resilient path to zero malaria:* In Haiti, UNDP, the Global Fund, WFP and civil society helped to expand malaria prevention, treatment and education, especially in southwest Haiti where malaria is most prevalent.
- *Using Smart Health Facilities to bring reliable energy, innovation and technology to health systems:* UNDP, with support from the Global Fund and Gavi, supported the implementation of Smart Health Facility solutions in Guinea-Bissau, India, Indonesia, São Tomé and Príncipe, South Sudan and Uganda. These facilities use modern technology and innovation to improve the efficiency of health infrastructure and services (e.g. remote monitoring, solar energy, data systems, health information management systems, health-care waste management).

- *Aligning health tax support:* In Ghana, UNDP, the WHO Framework Convention on Tobacco Control Secretariat, the UN noncommunicable diseases Task Force, the World Bank, civil society and academia coordinated health tax support. Regular interagency meetings unified support to the Government for its Excise Duty Amendment Bill, which was passed in 2023, raising taxes on tobacco, alcohol and sugary drinks.

While the **Research & Development, Innovation and Access** accelerator has not met in the last year, lessons have been learned from earlier collaborative efforts among SDG3 GAP partners,⁴³ (UNICEF and WHO, along with other UN agencies) in testing and scaling solar-powered medical oxygen concentrators for PHC facilities in Somalia. Based on these learnings, this innovation will be replicated in India by a collaboration between the Kalam Institute of Health Technology and WHO, in response to a similar demand from the government: 1800 PHC clinics across three states will become solar-powered, for all critical PHC services.

The **Gender Equality working group**, convened and led by UN Women, with representation of SDG3 GAP agencies, continued to enhance partnerships and combined efforts to jointly respond to the “pushback” on gender equality and rights in the health space, by continued engagement and strategizing with the United Nations University International Institute for Global Health (UNU-IIGH) Gender and Health Hub. By convening and reflecting on promising practices, the working group developed a strategy and plan for responding. UN Women, along with other partners have developed a “push forward” strategy, and through SDG3 GAP will be driving forward advocacy to respond to the “pushback” on health, in particular, sexual and reproductive health and rights. The tools developed by the SDG3 GAP Working Group helped draw attention and guided efforts on reducing gender-related barriers to vaccine deployment. The Gender Equality Working Group’s efforts in 2024 will include a streamlined approach to country support, drawing on a survey of SDG3 GAP agencies’ identification of key priorities to respond to gender inequality in health sector efforts at national level, that can benefit from joint, collaborative, and holistic approaches drawing on strengths of each of the agencies.

43 <https://www.who.int/news-room/feature-stories/detail/bringing-innovation-scale-strengthen-phc-somalia>

BOX 5

Challenges and opportunities under Accelerate

- For some accelerator areas, the accelerator structure appears to have worked well, and has added value to partner collaborations. In other areas, where other ways of working might be more conducive for joint work to be taken forward, the added value of joint work steered through regular interagency “accelerator” group meetings has been less clear, and collaborative work has been taken forward either bilaterally or through other collaborative forums.
- Incentives are lacking for agencies to choose working through accelerators (or other SDG3 GAP mechanisms) as a “first port of call” for collaboration. Coordination of meetings with other agencies, while crucial, takes time and effort and is often seen as something additional to “normal” agency work. For this to change, incentives for collaboration must be strengthened or the SDG3 GAP must evolve to better align with existing incentives.
- A common view among accelerator co-leads was the central issue of lack of capacity or dedicated resources, both for accelerators in general and for the SDG3 GAP overall. Given that neither stronger incentives nor resources have been available, some accelerators have not functioned as interagency collaborations in 2023. Some co-leads reflected that the accelerators that were perceived to add value were collaborations that already existed as funded, functioning workstreams, and were boosted when becoming part of the SDG3 GAP.
- Collaboration is nonetheless happening consistently among signatory agencies – especially where there is funding for it – frequently outside of the SDG3 GAP accelerator structures. This indicates that while accelerator areas and themes remain important, the specific form of collaboration in the context of the accelerator structure may be less important.

3.

ALIGN

There is a strong demand from countries for development partners to strengthen their alignment with national plans and strategies – for example, around primary health care-based health strategies – and to focus on countries and population groups that are furthest behind. This is also highlighted in other emerging initiatives. Work under the SDG3 GAP aspires to underpin alignment among other initiatives, partnerships and collaborations, but sometimes with mixed results.

Areas that countries consider need major improvement are to align funding with integrated country strategies, priorities and technical support. In the area of aligning funding with country priorities – a recurring request from countries – the mixed results are due to parameters that are external to the SDG3 GAP. The way funding is allocated by global health funding mechanisms is typically determined by the policies and incentives created by agencies' governing bodies, potentially limiting the ability of SDG3 GAP signatory agencies to commit in the context of SDG3 GAP.

Alignment with other global strategies and emerging initiatives:

The conclusions of the FGHI process, known as the **Lusaka Agenda**, capture consensus around five key shifts for the long-term evolution of the GHIs, and the wider health ecosystem. It aims to establish a foundation for partners to more closely align their support and coordinate their actions towards a joint, long-term vision of domestically financed health systems, and UHC. The Lusaka Agenda delineates a government-led process in each country, committing its supporters to drive change through the Boards of the health-financing mechanisms (Gavi, GFF, Global Fund) by changing their policies. This means removing blockages and creating incentives for better alignment and orientation around PHC, while holding agencies and their Board members accountable.

Going forward, the collaboration across agencies and GHIs, including in the context of the SDG3 GAP, needs to evolve with these emerging agendas. The way in which both governments, agencies and GHIs respond to the Lusaka Agenda may help guide the strategic direction of the SDG3 GAP's next phase. Building on the learnings from the SDG3 GAP over the past five years, the high-level commitments originally expressed when establishing SDG3 GAP in 2019, and the renewed attention through SDG and UHC Summits, there could be a unique opportunity to rethink and reprioritize interagency collaboration to support countries in achieving progress on the health-related SDGs.

BOX 6

Lusaka Agenda - 5 key shifts to accelerate evolution of global health initiatives

Multi-stakeholder deliberations have identified five key shifts that need to be accelerated to shape the evolution of GHIs, and the broader global health financing ecosystem.

1. Make a stronger contribution to primary health care (PHC) by effectively strengthening systems for health, with integrated delivery of services aligned behind one national plan.
2. Play a catalytic role towards sustainable, domestically financed health services and public health functions.
3. Strengthen joint approaches for achieving equity in health outcomes.
4. Achieve strategic and operational coherence.
5. Coordinate approaches to products, R&D, and regional manufacturing to address market and policy failures in global health.

Dr Atia Naveed, paediatrician, checking 13-month-old Anas, who has been brought in by his mother for a pneumonia check-up at Capital Hospital Islamabad.

© Gavi/Asad Zaidi



Aligning for country impact

- The SDG3 GAP is well aligned with UHC 2030 and is well positioned to translate some of UHC 2030's commitments into joint action in countries by the multilateral agencies, supporting countries to implement their commitments to Universal Health Coverage (UHC).
- SDG3 GAP signatory agencies are adjusting aspects of their own strategies to better influence health-related SDGs. Gavi's "6.0 Health Systems Strategy", to be finalized in June 2024, defines four priority areas, including strengthening integrated PHC services, and GHI coordination. The World Bank has made joint financing a key plank of its Evolution Roadmap, recognizing its ability to maximize development impact, crowd in funding, reduce fragmentation and address complex cross-sectoral issues. WHO's 14th Global Programme of Work, to be adopted at the World Health Assembly in May, proposes strategies not only for WHO, but more broadly for global health, to rescue the health-related SDGs and deliver measurable impact at the country level.

One of the major alignment efforts undertaken by the SDG3 GAP, at the request of the signatory agencies' Principals, has been the integration of elements of the **H6/Every Woman, Every Child** (EWEC) initiative to support the closer integration of sexual and reproductive health and rights and women's, newborn and adolescent health into primary health care. The primary health care accelerator is the main entry point for alignment, as part of H6's work with existing coordination and alignment mechanisms at country level. All H6 partners are SDG3 GAP signatory agencies.

BOX 7

Successful regional collaboration to support goals of SDG3 GAP

The Regional Health Alliance for the Eastern Mediterranean Region is a collaborative platform among 17 UN agencies led by WHO's Regional Office for the Eastern Mediterranean, and was established in 2020 to drive support for the SDG3 GAP. It includes the same seven accelerator groups as the global-level SDG3 GAP platform, with a gender advisory group, and has expanded to include organizations with a regional presence that are important for the achievement of the health-related SDG targets given the regional context, including emergency response, migration, and refugee-focused agencies. So far it remains the only such regional initiative mirrored to the SDG3 GAP, despite consideration in other regions of similar opportunities for closer collaboration.

Laboratory assistant, Uguloy Shafoatova, helps a woman stand correctly at the X-ray system within a health centre in Tajikistan.

© UNDP/Nozim Kalandarov



BOX 8

Challenges and opportunities under Align

- As new initiatives in global development are launched regularly, it can be challenging for a collaborative commitment such as the SDG3 GAP to keep a focus on implementing commitments already made, aligning their incentives, ensuring accountability, and actively managing the risk of even higher levels of complexity and duplication.
- As reflected in the second government survey under the Monitoring Framework, areas of concern include:
 - Some agencies develop plans without involving national counterparts (noted by some countries, such as Côte d'Ivoire, Liberia, Slovakia, Togo).
 - Agencies tend to prioritize their own agendas and mandates even when those issues have not been prioritized by national governments (noted by some countries, such as Armenia, Belize, Cabo Verde, Honduras, Sierra Leone, Yemen).
 - Agencies employ overlapping funding mechanisms, or bypass government systems (eroding improved alignment) in their funding, or provide support that is not aligned to national priorities.
- These concerns are also raised outside the context of the SDG3 GAP, for example in Ethiopia: Along with making great strides towards “one plan, one budget, one report” system, the Ministry of Health recognizes that challenges persist in realizing full harmonization and alignment including limited participation from some partners, continued fragmentation in funding flows, parallel efforts in planning and reporting by partners, and gaps in adherence to the established coordination mechanisms.^a

a “Ethiopia’s Experience to strengthen coordination of stakeholders of the health sector through one plan, one budget and one report system,” Bantalem Yeshanew Yihun, Senior HIS Advisor, Ministry of Health, Ethiopia.

KYRGYZSTAN

Building resilient health care in Kyrgyzstan by leveraging strategic partnerships

Since the COVID-19 pandemic, the Government of Kyrgyzstan has been working with signatory agencies of the SDG3 GAP to minimize its negative consequences and build a health-care system that is better prepared to withstand shocks and ensure the well-being of its citizens.

Building resilient health care demands a multidisciplinary approach. Coordinated actions among the agencies in support of government recovery plans were enhanced through cross-sector stakeholder consultations, high-level policy meetings, joint planning, and resource mobilization.

Among others, Gavi, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, World Bank and WHO coordinated their actions to work with Kyrgyzstan authorities to address critical health issues identified by the government. This included reinforcing health workforce capacity, mitigating HIV- and TB-related complications, combatting gender-based violence, and maintaining essential health services. Also, in a push to increase routine vaccination coverage, Gavi and WHO supported the Ministry of Health to rapidly expand mobile immunization teams for routine vaccinations. These teams conducted six rounds of visits, covering 88% of remote and hard-to-reach areas, reaching over 170 000 individuals.

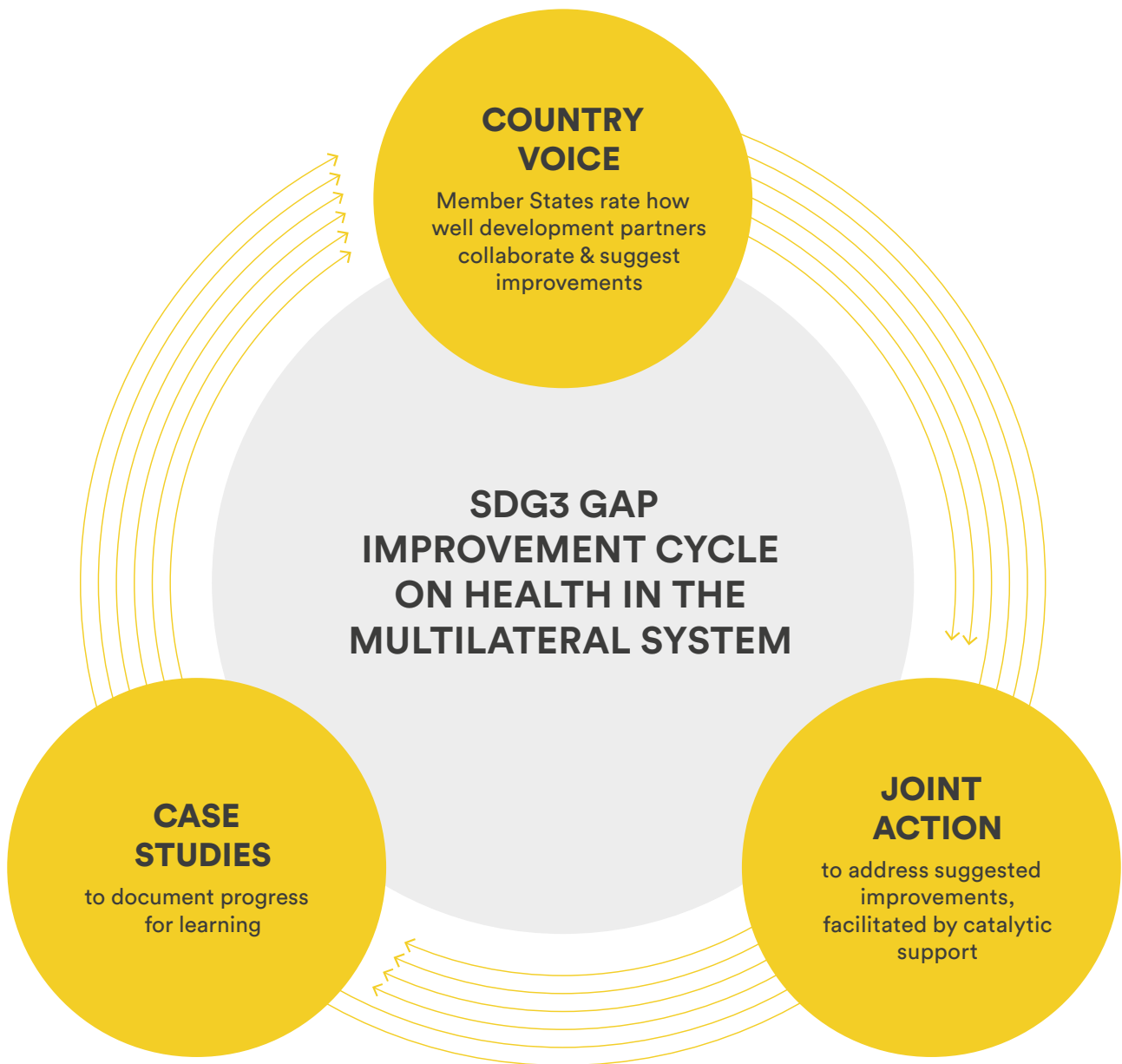
Challenges in collaboration stemmed mainly from funding shortages and strained health systems. Development partners, including some SDG3 GAP signatory agencies, responded to a government request for additional funding with a pledge of US\$ 45 million to bolster the health sector's response to COVID-19. Some of these contributions are allocated over 2–3 years.

As the country grapples with ongoing health challenges, lessons learned from the pandemic are being applied, including addressing them through robust partnerships. Consequently, the country's primary health-care capabilities have been fortified as has its preparedness to respond to future crises.

FIGURE 2

SDG3 GAP improvement cycle on health in the multilateral system

Since 2023, the SDG3 GAP improvement cycle on health in the multilateral system brought together three programmatic initiatives to form a continuous improvement cycle, involving the elevation of country voices and their views on how well development partners collaborate, the provision of catalytic funds to boost joint actions, and documenting case studies to capture progress and lessons.





4. ACCOUNT

**SDG3 GAP progress towards 2023's
six recommendations, and the upcoming
Independent Evaluation**

The 2023 Progress Report described progress against the SDG3 GAP's interim milestones set out in 2019, concluding that better coordination among the signatory agencies in their global, regional and in-country processes had been achieved; a reduced burden on countries, with increased evidence of joined-up support, had been partly achieved; and purpose-driven collaboration integrated into the agencies' organizational cultures had not been achieved.

Since then, the SDG3 GAP Secretariat and agencies are advancing the recommendations in line with an implementation plan they have produced. Actions against the plan are in their initial stages. Below is a summary of the status of those actions so far.

In Hama governorate, west central Syria, UNICEF and partners support children with disabilities to reach their full potential.

© UNICEF/Muhannad Hazori



TABLE 4

Progress on implementing SDG3 GAP's 2023 six recommendations

ACHIEVED	IN PROCESS	NOT ACHIEVED	CONTINUOUS WORK		
Sustaining elements of SDG3 GAP that are working		Actions			
<p>1. Further strengthen the SDG3 GAP improvement cycle for health in the multilateral system (see Figure 2) so that it amplifies country voices and helps to shift power dynamics in favour of countries:</p> <ul style="list-style-type: none"> — Roll out the second round of government questionnaires by the end of 2023. — Make incentives and resources available to catalyze stronger collaboration. — Continue to publish an annual progress report including case studies. 		The SDG3 GAP Secretariat and signatory agencies have continued to support the cycle's three key elements with:			
		—	Questionnaire to governments sent in November 2023; by April 2024, 37 countries had responded.		
		—	Country case studies commissioned by the SDG3 GAP Secretariat, describing in-country development partner collaborations, have been published on the SDG3 GAP website throughout 2023 and into 2024 (the source of all case studies included in this report).		
		—	As part of its next budget planning, WHO issued a Guidance Note to support country offices' integration of the SDG3 GAP approach into their operations.		
		—	Catalytic funding of US\$ 1.6 million provided to country offices (See Box 4)		
		—	While additional funding for SDG3 GAP-specific activities has been minimal, organizations have prioritized resources.		
		—	Self-assessment by country-facing teams is in progress.		
	<p>2. Maintain SDG3 GAP as an effective platform for collaboration on health in the multilateral systems, including:</p> <ul style="list-style-type: none"> — Bi-monthly agency focal points' meetings; updates on workplans and progress. — Accelerators' activities. — Agency Principals' annual meeting. 		—	Agency focal points' meetings and progress updates every two months.	
			—	Country-level collaboration documented in case studies.	
			—	Active accelerator working groups in the areas of primary health care and sustainable financing for health.	
		—	More limited activity for working groups on data and digital health, innovation, civil society and community engagement, determinants of health, fragile and vulnerable settings.		
		—	No annual Agency Principals' meeting yet convened.		

Aligning for country impact

<p>3. Better focus work under SDG3 GAP at country level and foster greater cross-accelerator collaboration in countries, including:</p> <ul style="list-style-type: none"> — SDG3 GAP Secretariat and agencies further emphasize approaches to country-facing teams. — Jointly implement coordinated action in specific thematic areas. 		Independent evaluation of SDG3 GAP to be completed in 2024, with recommendations on improving the focus of work under SDG3 GAP.
		— Continuous work to coordinate across agencies on implementation priorities.
		— The primary health care and sustainable financing accelerators continue to engage in in-country collaborations (see Pakistan and Nigeria case studies in this report).
		— Regular communication and meetings on second country questionnaire, and catalytic funding.

Addressing elements of SDG3 GAP that are not working

Actions

Addressing elements of SDG3 GAP that are not working	Actions
<p>4. Test new approaches such as ‘delivery for impact’, to support country-led coordination platforms and align with country funding cycles and priorities</p>	— Two Focal Point sessions focused on delivery.
	— First case studies published highlight linkages (see Madagascar and Tajikistan case studies in this report).
<p>5. Strengthen civil society (CS) and community engagement in SDG3 GAP, by convening consultations by September 2023 and discussing modalities of engagement</p>	— Exploring modalities of CS engagement not achieved.
	— Initial discussions with CSOs to understand their perspectives on engaging, but limited capacities in Secretariat and strong focus on other processes by some agencies (FGHI for the GHIs, WHO CSO Commission).
<p>6. Strengthen incentives in the three key areas of political leadership, governance direction and funding for collaboration.</p>	— Country-driven FGHI/Lusaka Agenda process has the potential to substantially shift the incentives at play in how SDG3 GAP agencies collaborate and align to national plans, given the role of the Board members.
	— The Joint Evaluability Assessment in 2020 provided an important tool to trigger discussions within the Boards on what is needed to succeed with the vision contained in the SDG3 GAP (e.g. UNICEF Board discussion); the independent evaluation will be even more important to do so, to align the incentives at play across the signatory agencies’ Boards, and to shape the future of the SDG3 GAP.
	— Ongoing strategy development across the agencies (e.g. Gavi’s 6.0 strategy and WHO’s 14th General Programme of Work).
	— Currently, there is a challenging environment for global health and multilateral work more broadly, which could be a substantial risk factor to sustained interagency collaboration going forward, including in the context of SDG3 GAP.

BOX 9

Joint Independent Evaluation of SDG3 GAP

A joint independent evaluation of the SDG3 GAP was launched in 2023, to inform partners' learning, continued improvement and mutual accountability in their efforts to strengthen collaboration with countries, in line with the “account” commitment, at the half-way point to Agenda 2030. In the inception phase of the evaluation, a range of topics and themes were identified, and used to frame evaluation questions and inform emerging hypotheses.

The evaluation includes data analysis, interviews and case studies from seven countries (Colombia, Ethiopia, Jordan, Nigeria, Pakistan, Somalia and Tajikistan). Data collection concludes in May, and the final report is expected in September 2024.

The evaluation will make recommendations regarding the strengthening of collaboration and coherence in the multilateral system to accelerate progress towards SDG3 and other health-related targets. Evidence from the evaluation will also feed into the strategic planning of the signatory agencies and inform other relevant processes in 2024.

As a joint undertaking by SDG3 GAP signatory agencies, the governance of the evaluation process has been highly collaborative across agencies. The findings will be used to improve the effectiveness, coherence and sustainability of the SDG3 GAP approach at a country, regional and global level, pointing the way forward for the second half of the SDG period.

BOX 10

Challenges and opportunities under Account

- An opportunity was created when the World Health Assembly in 2023 formally requested implementation of the SDG3 GAP in the resolution to prepare the High-Level Meeting on Universal Health Coverage.⁴⁴
- Feedback from countries to the SDG3 GAP on the level and quality of signatory agencies' collaboration and alignment has been requested and obtained so far via the 2022 and 2023 questionnaires to governments, but is not yet formalized as a commitment under the SDG3 GAP.
- There is limited capacity in existing accountability mechanisms, including governing bodies of signatory agencies, to focus on collaboration across the broader health ecosystem. A crucial aspect of this is the investment needed for collaboration: Effective, sustainable collaboration requires human and financial resources; agencies' resource constraints may limit collaborative capacity outside of core mandates. This does not preclude new and deeper collaboration but can make it more challenging.
- There is an expectation that the governing bodies of the SDG3 GAP signatory agencies will consider the 2024 progress report and the results of the forthcoming independent evaluation, which could create the opportunity and momentum to guide the focus and prioritization of the SDG3 GAP going forward.
- The implementation of the Lusaka Agenda could provide momentum and synergy for new approaches of collaboration, alignment and accountability across agencies.

⁴⁴ Resolution WHA Res 76/4 Op 2 (6). Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. In: Seventy-sixth World Health Assembly, Geneva, 21–30 May 2023 (https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R4-en.pdf, accessed 10 May 2024).

BOX 11

Corrective measures suggested by countries

Analysis of governments' responses to the two surveys indicate **concrete suggestions for improving partners' alignment with national priorities** and improving partners' coordination among themselves. Suggestions were country- and context-specific, with some common themes for corrective measures suggested across rounds 1 and 2:

- Recognize that processes should be locally driven, with development partners acting as collaborators, not decision-makers.
- Strengthen the capacity of lead ministries, particularly the Ministry of Health, to effectively coordinate the health response.
- Have an agreement or compact between national government/relevant authority and development partners as to how development assistance will (and will not) be provided.
- Ensure that coordination mechanisms are in place and are used and respected. These need to be appropriate for the context, for example, including sub-national structures in federal states.
- Develop plans with national government/relevant authority and other development partners based on the national or local health strategy.
- Provide pooled funds where possible (where not possible, ensure funds are provided “on budget”) and make funding as predictable, long-term and unconditional as possible.
- Use local monitoring systems and conduct joint reviews and evaluations where possible.
- Allow national government/relevant authority sufficient time to respond to requests.
- Learn lessons from coordination of COVID-19 responses.

Towards the future of the SDG3 GAP

The SDG3 GAP exists because agencies working together, with coordinated approaches, results in more efficient use of resources, cumulative interagency institutional memory, and multiplier effects in enhancing countries' health systems capacities and people's health, as well as development partners' continuous learnings.

It has so far been five years of learning, experimenting with adjusted approaches, and trying to do things differently – amid a pandemic and polycrises. Moving forward, the signatory agencies to SDG3 GAP maintain a vision of an enhanced way of working while building on what we have learned. In the changing context of global health, the agencies recognize that systemic and sustainable change in interagency collaboration and in collaboration with countries is needed. The goal remains that multilateral collaboration evolves in alignment with country priorities and needs, accelerating better health and well-being for all.

- The corrective measures suggested by two rounds of government questionnaires indicate a range of issues many countries feel could be improved to actualize sustainable change in interagency collaboration in-country. (See Box 11)
- The PHC accelerator, which has been central to many successful and ongoing interagency and inter-accelerator collaborations, can be seen as a stepping-stone for a stronger focus on the PHC approach as a path to UHC and progress on health-related SDGs, in line with the Lusaka Agenda and other emerging strategic agendas.
- Changes in individual agencies' strategic directions will feed into the future of the SDG3 GAP.
- The Summit of the Future in September 2024, as well as other high-level multilateral fora this year, will address multilateral solutions to achieve progress on the SDGs, that could inform a rethink of the SDG3 GAP.
- In anticipation of the independent joint evaluation of the SDG3 GAP, expected in September 2024, and recognizing other emerging agendas, this progress report contributes to discussions among the 13 signatory agencies on how to further improve the alignment and collaboration across multilateral health, development and humanitarian agencies to achieve progress towards the health-related SDGs. This could include substantially rethinking the approaches taken, both inside the scope of SDG3 GAP, and outside of it.

- In rethinking the commitment of agencies to collaborate towards achieving health-related SDGs, the ultimate purpose will be to continue to maximize the potential of interagency collaboration in ensuring the delivery of joint support to countries, to enable them to deliver on their commitments to healthy lives and well-being for all. This continues to be the essence of the SDG3 GAP: “Stronger collaboration, Better health.”

Solar for Health Project in Zimbabwe.

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