On the basis of the 2021 recovery paper, including the joint operational guidance for joint actions to drive country impact, and in line with the JEA’s recommendation 4 “Review the overall resourcing of the GAP activities”, including 4a “get beyond ‘volunteerism’ for staff leading in the signatory agencies”, 4b “provide support to each working group in a realistic way” 4c “Provide support in moving the focus of the GAP to country level”, SDG3 GAP Principals and Focal Points discussed and confirmed their respective agencies’ contributions in support of an equitable and resilient recovery from COVID-19, as set out in the table below.

The table presents agencies’ contributions to the SDG3 GAP implementation at country and global levels, underlines the interlinkages between the accelerators, the central role of primary health care, and the importance of equity and health financing. It remains a living document to be further updated in the future.

Agencies’ current contributions are summarized in Figure 1.

<table>
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<tr>
<th>GAP agency</th>
<th>Contributions to deepening and scaling SDG3 GAP implementation in countries</th>
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</table>
| Gavi       | • Accelerator leadership  
|            | o SFHA co-lead, with dedicated human resources to drive engagement at country and global levels and strengthen collaboration with partners  
|            | • Contribution to strengthen accelerator linkages  
|            | o Through the PHC-A, increase access to PHC, by adapting service delivery to address barriers and integrate with other services, prioritizing missed communities, including in fragile settings and urban slums, to enable an equitable and resilient recovery to the SDGs  
|            | • Commitment to drive joint work, specifically on:  
|            | o Domestic resource mobilization  
|            | o Better value for money  
|            | o More efficient development cooperation  
|            | • Global commitments to be leveraged for SDG3 GAP implementation  
|            | o Significant investment to extend immunization services to reach zero-dose children. That includes $1.7B in support of health systems, with $500M of dedicated support for equity, as well as an additional $500M in technical assistance in the next 4 years (the current 2021-25 strategic period). |
| GFF        | • Commitment to drive joint work, specifically on:  
|            | o Alignment agenda  
|            | • Global commitments to be leveraged for SDG3 GAP implementation  
|            | o Contribute to broader alignment agenda: GFF to convene group of MoH to give recommendations on alignment agenda – in alignment with SDG3 GAP objectives  
|            | • Global goods  
|            | o Coordinated the development of the Resource Mapping and Expenditure Tracking for COVID-19 check list |
| Global Fund| • Accelerator leadership  
|            | o SFHA co-lead, with additional human resources dedicated to the accelerator work through the newly created Health Financing team  
|            | • Global commitments to be leveraged for SDG3 GAP implementation |
| **ILO** |  
| Contribution to strengthen accelerator linkages  
| In the framework of PHC, support improvement of working conditions of health sector workers in line with international labour standards  
| Commitment to drive joint work, specifically on:  
| Occupational safety and health improvement, with a specific focus on HCW and women  
| Advocacy for systematic inclusion of social partners, essential to strengthen national pandemic responses to COVID-19  
| Global commitments to be leveraged for SDG3 GAP implementation  
| Through the ILO country offices, support the deepening and scaling of country level work through alignment of policy advice and technical support on social protection financing, particularly in the context of the COVID-19 response. |
| **UNAIDS** |  
| Accelerator leadership  
| CS & Community engagement Accelerator co-lead  
| Contribution to strengthen accelerator linkages  
| Advance the integration across accelerators, applying lessons from the HIV response and continue to leverage HIV infrastructure to advance COVID recovery; while also focusing on better advance context-specific integration of HIV and other health services in the PHC package, with priority focus on needs of key and vulnerable populations  
| Commitment to drive joint work, specifically on:  
| Advocacy for systematic inclusion of the community and civil society engagement accelerator in all GAP countries, which are essential to strengthen national pandemic responses to COVID, HIV and overall pandemic preparedness and to sustain progress on SDG3  
| Promote focus on equity and equality in the COVID-19 response and recovery, through targeted advocacy push and use UNAIDS’ strategic communications opportunities, such as World AIDS Day, to keep the focus on inequalities and equity |
| **UNDP** |  
| Accelerator leadership  
| Determinants of Health Accelerator and Equity Cluster co-lead  
| Contribution to strengthen accelerator linkages  
| Creation and joint stewardship of the equity cluster to promote equity and equality in all GAP activities, including in innovation, data and digital health  
| Commitment to drive joint work, specifically on:  
| Data driven equity analysis to reduce intra and inter country inequities, including through decision making and governance to leave no one behind  
| Addressing the climate and environmental determinants of health, and building climate-resilient health systems  
| Global commitments to be leveraged for SDG3 GAP implementation  
| Leverage role as integrator across sectors and support country-level planning and financing for sustainable development  
| Global goods  
| Continue generating actionable insights with partners through the Global Dashboard for Vaccine Equity |
| **UNFPA** |  
| Accelerator leadership  
| Data & digital health Accelerator co-lead  
| Contribution to strengthen accelerator linkages  
| Support identifying bottlenecks and strengthening systems “levers”, to build and expand SRMNH service delivery models that include the most vulnerable groups, through the PHC-A  
| Commitment to drive joint work, specifically on:  
| Reinforce SRHR in essential services along the continuum of care (including through education and capacity building of essential SRMNH providers, investment cases for women, adolescents and newborn health, covering all dimensions of comprehensive |
SRHR and gender transformative programming to promote women’s and girls’ agency, bodily autonomy, and decision-making for SRHR, and to address harmful masculinities and prevent and address GBV and harmful practices
- Improve data systems (including CRVS assessment using SCORE technical package) and new methodologies in digital health and revive efforts to scale the application of system-wide health data tools that enable outreach and services to underserved communities

| UNICEF | **Accelerator leadership**
| | o PHC-A co-lead
| | **Contribution to strengthen accelerator linkages**
| | o Major contributions at country level on advancing support around FCVS, Data & Digital Health, R&D, Innovations & Access, CS & Community engagement Accelerators and in Gender working group
| | **Commitment to drive joint work, specifically on:**
| | o Advance multisectoral interventions (Education, WASH, Social Protection, GBV, Nutrition, HIV/AIDS, CRVS and data) in support of essential public health services within the context of PHC.
| | o Follow up to Astana, PHC for UHC/SDG – joint (with WHO) Guidance and technical support for PHC Operational framework and PHC Monitoring & Evaluation
| | o Resilience and recovery plan, COVID-19 Vaccine delivery with a focus on equity
| | **Global commitments to be leveraged for SDG3 GAP implementation**
| | o Together with GAVI leading on Equity Reference Group to advance LNOB strategy using the ‘Zero dose communities’

| Unitaid | **Global commitments to be leveraged for SDG3 GAP implementation**
| | o Contribute to equitable access to innovative and affordable first-in-class health products, technologies and approaches for deployment primarily at community-level and in PHC settings

| UN Women | **Accelerator leadership**
| | o Gender equality Working Group lead
| | o Determinants of health Accelerator and Equity cluster Co-lead
| | **Contribution to strengthen accelerator linkages**
| | o Enhance coordination and synergies to reinforce engagement of gender technical expertise in all accelerator efforts in country implementation to ensure gender-responsiveness including on gender-sensitive health policies, determinants of health and the overall effort to support COVID-19 responses
| | o Facilitate engagement of women’s organizations in civil society engagement efforts through equity cluster efforts
| | **Commitment to drive joint work, specifically on:**
| | o Advance gender-responsive actions in health, addressing determinants of health
| | o Contribute to tailored actions focused on removing gender related barriers for vaccine equity and representation of women led organizations/ women groups in vaccine deployment in collaboration with SDG3 GAP Gender Working Group members and UNU-IIGH Gender and Health Hub.
| | o Contribute to strengthening gender and sex disaggregated data collection with UNDP on vaccine equity
| | **Global commitments to be leveraged for SDG3 GAP implementation**
| | o Leverage role as the UN entity for leading on gender equality and women's empowerment to support integration of gender equality in country and global level efforts
| | **Global goods**
| | o Coordinated the development of the [Guidance Note and Checklist for Tackling Gender-Related Barriers to Equitable COVID-19 Vaccine Deployment](#)

| WB | **Accelerator leadership**
| | o SFHA co-lead
| | **Contribution to strengthen accelerator linkages**
- Step up coordination with the PHC-A building on flagship report on "Reimagining PHC after COVID-19" and recognizing the interdependence between health financing and service coverage – the two pillars of UHC. PHC and sustainable financing are key platforms delivering most of the SDG3 outcomes.
- Deepen linkages with Data and Digital health & Innovation as digital technologies and innovation are core elements of reimagined PHC

**Commitment to drive joint work, specifically on:**
- Key findings of "From Double Shock to Double Recovery: health financing at the times of COVID-19" analysis shows about 50 countries not recovering to pre-pandemic economic levels before 2026 putting adequate public financing for health at risk at the time when countries need to spend more not less on still responding to the pandemic, reversing slide of other essential health services and strengthening preparedness.
- Integration of preparedness into the resilient recovery, sustainable financing for health and PHC
- Identify opportunities to strategically coordinate and where possible join up funding with GAP funding agency partners – Gavi, GFF and Global Fund.

**Global commitments to be leveraged for SDG3 GAP implementation**
- Deep dives in countries, with partners and counterparts, to identify mitigation options around the economic impact of COVID-19, new revenue sources (health taxes), health prioritization

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| **Accelerator leadership**  
  - FCVs Accelerator co-lead  
| **Contribution to strengthen accelerator linkages**  
  - Augmenting collaboration between the FCV Accelerator and the PHC Accelerator to make PHC work in fragile and vulnerable settings  
  - Continuing to engage on innovation via the WFP Innovation Accelerator  
| **Commitment to drive joint work, specifically on:**  
  - Leveraging existing work with health partners to show the value of the inter-sectoral collaboration towards the health-related SDGs  
  - Using the GAP to engage with and understand the needs of health partners related to COVID-19 response and recovery |

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| **Accelerator leadership**  
  - PHC, CS & community engagement, Determinants of health, Data & digital health and R&D, innovation & access and FCVS Accelerators co-lead  
| **Contribution to strengthen accelerator linkages**  
  - Ensure cross-accelerator linkages in agency’s commitment and resources  
| **Commitment to drive joint work, specifically on:**  
  - Support the deepening and scaling of country level work through the WHO country offices, by aligning support to country plans through the PHC-Accelerator and by tracking and accelerating country progress through data and delivery and the scaling of innovations.  
| **Global commitments to be leveraged for SDG3 GAP implementation**  
  - Catalytic funds to support WHO country offices through the Recovery Challenge, a competitive process and funded some of their plans for recovery working with your agencies’ country offices  
  - Provide SDG3 GAP Secretariat  
    - Implement the monitoring framework  
    - Support scaling of other SDG3 GAP functions |