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

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

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

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

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

ACCELERATE

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

ALIGN

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

ACCOUNT

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

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

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