EXECUTIVE SUMMARY

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

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

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

1. **SDG3 GAP provides an improvement cycle on health in the multilateral system:** SDG3 GAP has piloted three programmatic initiatives that could be brought together to form a continuous improvement cycle on how multilateral agencies work together. First, the improvement cycle elevates the voices of national governments through the SDG3 GAP monitoring framework, which seeks their perspectives on how well development partners are supporting national priorities and how well they are working together. The first government questionnaire was rolled out in 2022. The results allow SDG3 GAP agencies to identify and prioritize countries where agency alignment with local priorities and coordination with each other may need improvement. Secondly, the provision of catalytic funds to WHO country offices is being tested for the third time so that the country offices can lead joint responses/improvements in collaboration with the other agencies. Lastly, progress is being documented in case studies and annual progress reports that enable lessons to be captured, analysed and shared, and approaches adapted.

2. **SDG3 GAP has provided supportive structures for collaboration:** SDG3 GAP brings together multilateral agencies engaged directly in the health sector and several agencies working in other sectors that impact health, strengthening the health–development nexus within and beyond SDG3 GAP. At the global level, work has been led by a group of 13 signatory agency focal points who have grown into a highly functional group, with increasing amounts of social capital, collegial spirit and trust. Through the SDG3 GAP accelerator working groups, active communities of practice have been established in the areas of primary health care, sustainable financing for health, data and digital health, and equity. SDG3 GAP has contributed to greater alignment in the multilateral system by integrating elements of the H6/Every Women, Every Child initiative to support the closer integration of sexual and reproductive health and rights and women’s, maternal, newborn and adolescent health into primary health care. The work of the SDG3 GAP data and digital health accelerator working group has been brought together with the Health Data Collaborative to provide aligned support to countries. The SDG3 GAP sustainable financing for health accelerator working group has sought to collaborate with the P4H network in several countries. Through the Regional Health Alliance, the WHO Regional Office for the Eastern Mediterranean has led efforts to translate SDG3 GAP commitments into action at the regional level.

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

1. **Translation of the SDG3 GAP commitments into action at the country level** has varied considerably, with some countries and agencies championing efforts, while others have shown rather limited engagement and action. Some approaches, such as joint missions, engagement of government officials by accelerator working groups and a letter to country-facing teams from SDG3 GAP principals, have worked well, but the widespread engagement of United Nations country teams has not yet been achieved. These mixed results are due to a variety of context-specific variables that influence collaboration, such as the availability of resources and other incentives, individual attitudes, and inflexibility of agency or country processes. COVID-19-related travel restrictions also played a role in limiting early country engagement efforts. New approaches to joint country implementation are needed, such as the delivery for impact approach.

2. **Civil society and community engagement**: Initial engagement of civil society at the SDG3 GAP’s inception, including through the civil society and community engagement accelerator, has not been sustained, largely because agencies are focused on improving their specific civil society and community engagement mechanisms; because the added value of a joined-up approach under SDG3 GAP was not initially well defined; and possibly also because the fundraising incentive for individual agencies did not reinforce joint civil society and community engagement.

3. **Incentives for collaboration**: Like the International Health Partnership (IHP+), SDG3 GAP illustrates that “self-commitments” by agency principals at the global level can improve collaboration but can only achieve so much in the absence of external incentives that reinforce collaboration, especially at the country level. For example, while some accelerator working groups have garnered resources from existing sources, others, including the gender equality working group, have lacked resources to support closer collaboration at the country level. To ensure that collaboration among the signatory agencies deepens and is sustained, incentives need to be strengthened in three key areas: political leadership, governance direction, and funding for collaboration.

**Towards SDG3 GAP 2.0: Six recommendations**

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

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

1. **To further strengthen the SDG3 GAP improvement cycle for health in the multilateral system** so that it amplifies country voices and helps to shift power dynamics in favour of countries, the SDG3 GAP Secretariat and signatory agencies should continue to support the cycle’s three key elements:
   
   a. The SDG3 GAP Secretariat should roll out the second round of country questionnaires by the end of 2023 and repeat the process at least biennially, making efforts to strengthen the representativeness of country responses and support agencies in translating data (including the heat map) into action for improved collaboration at the country level.
b. The majority of SDG3 GAP signatory agencies should make resources available to country-facing teams and support incentives to catalyse to stronger collaboration behind country led plans, policies and financing.

c. The SDG3 GAP Secretariat should continue to publish an annual progress report, including country case studies to document improvements and good practices in collaboration.

2. To maintain SDG3 GAP as an effective platform for collaboration on health in the multilateral system:

a. The SDG3 GAP Secretariat and signatory agencies should retain the current structure of the agency focal points group and the accelerator working groups/clusters, emphasizing the centrality of primary health care, supported by sustainable financing and data, alignment with national plans and budgets, and a strong focus on equity and fragile and vulnerable settings.

b. Principals of the signatory agencies should meet annually to review and discuss the SDG3 GAP progress report.

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

a. The SDG3 GAP Secretariat and signatory agencies should further emphasize approaches such as joint missions, joint communications to country-facing teams from SDG3 GAP principals and agencies, and closer communication and engagement with United Nations resident/humanitarian coordinators, United Nations country teams and other health partners.

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

Addressing the elements of SDG3 GAP that are not working

4. To further enhance collaboration at the country level, the SDG3 GAP agencies should test new approaches, such as the delivery for impact approach in view of supporting country led coordination platforms and align to country funding cycles and priorities.

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

6. To strengthen incentives in the three key areas of political leadership, governance direction and funding for collaboration:

a. The SDG3 GAP Secretariat and signatory agencies should work with Member States to develop and implement an approach to strengthening ownership by and accountability to countries/Member States and support consistency across the relevant governing bodies of the signatory agencies and other global health coordination initiatives.

b. Following publication of the annual SDG3 GAP progress report, each relevant governing body (board or its equivalent) of the SDG3 GAP agencies could, at the request of its members, review the report and country level coordination and alignment, including considering ways to strengthen implementation of the SDG3 GAP commitments (e.g. by assessing contributions towards broader health-related SDG progress). Chairs of the agencies’ relevant governing bodies may consider meeting as a group to discuss the report and issues related to mutual accountability among the agencies.

c. Signatory agencies should follow countries’ recommendations on how to strengthen alignment and collaboration and demonstrate, on an annual basis, what efforts are being mobilized to drive and deepen collaboration, including through dedicated capacity and incentives (e.g., funding, job descriptions and performance assessments), flexible resources, and the use of joint funding opportunities.

Next steps

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

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