



SDG3 GAP: Supporting an equitable and resilient recovery towards the health-related Sustainable Development Goals

November 2021

SDG3 GAP Principals met in November 2021 to discuss how the GAP can best support an equitable and resilient recovery towards the health-related SDGs and drive country impact and results in the response to, and recovery from, COVID-19, by learning from country exemplars and identifying paths to scale. They agreed on and approved the strategy presented in this paper, which builds on discussions among SDG3 GAP Agency focal points.

This paper is grounded in three key areas of recommendation in the Joint Evaluability Assessment. It builds on the development of two strategic documents following the assessment, namely, the [Positioning the SDG3 GAP for country impact in the COVID-era \(Nov 2020\)](#) and [Theory of Change \(Nov 2020\)](#), by bringing more granularity and depth to the operational guidance provided by GAP thus far and further developing an approach to track and monitor process and outcomes at country level, aligned with GAP's theory of change. The third area that the paper aims to address is the issue of resources currently available to GAP in order to carry out its commitments, also emphasised in the fourth JEA recommendation.

1. Context

- COVID-19 has brought the world to its knees with a double health and economic shock, straining under-resourced health systems, driving food insecurity and exposing inequities and inequalities between and within countries, with women and marginalized communities disproportionately affected. For instance, recently released WHO/UNICEF immunization coverage data shows that the number of children who do not receive even a single vaccine shot has gone up by 30% in 2020 because of the secondary effects of the pandemic. These zero dose children¹ embody communities that are deprived of other essential services. A snapshot summary of the impact of COVID-19 is provided in the Annex.
- The pandemic has highlighted the centrality of promoting equality and applying an equity lens to recovery efforts and the need to always focus on reaching those being left furthest behind at sub-national levels, through differentiated approaches and tailored strategies informed by sex and age disaggregated data.
- Recognizing that the pandemic is far from over and the focus remains on responding to COVID-19 in many regions, the world now faces the interrelated challenges of ending the pandemic, including through equitable COVID-19 vaccination, preventing and preparing for future pandemics, and mounting **an equitable and resilient recovery towards the health-related SDGs** (theme of 2021 progress report). The support provided to countries for their recovery could build and merge with the calls for a green recovery.
- While it is recognized that the focus still needs to be on the collective response to COVID-19, it is essential to envision a gradual transition towards recovery, and to leverage the legacy of the COVID-19 response for the broader SDG framework and targets.
- Examples of such legacy include:
 - Strengthened PHC, including the protection of essential health services, is key for the COVID-19 response and can provide a platform to accelerate progress across the health targets;
 - Oxygen delivery innovations: these improve the COVID-19 response and are essential to pneumonia treatment and safe surgery;
 - Accelerated use of data and digital tools in health services will serve as a catalyst for scaling digital health and more data driven decision making.

¹ Zero-dose children represent those who do not receive any routine vaccines. Two out of three zero-dose children live in households surviving on less than \$1.90 a day and it is twice as likely the mother of a zero-dose child missed out on antenatal care or skilled birth attendance. They are markers of communities facing multiple deprivations in access to health and other social services due to various socioeconomic, geographic and gender-related barriers. For operational purpose, zero-dose children are defined as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).

- COVID-19 has exposed and exacerbated inequities in all countries, reinforcing the urgency of addressing social, economic, commercial and environmental determinants of health.
- Strengthening equitable access to COVID-19 vaccination will provide an opportunity for multi-agency, multi-sectoral collaboration to strengthen the ability to reach those left furthest behind, including zero-dose communities with routine immunisation and other essential services and community resilience to future shocks.

2. Lessons learned from GAP's implementation during COVID-19

- The GAP provides a strong integrated platform for the multilateral system to help countries in their recovery towards the health-related SDGs - including to ensure that no one is left behind and that countries are better prepared for future pandemics:
 - We have seen unprecedented levels of collaboration among health agencies to support the COVID-19 response. This momentum of strong collaboration in the multilateral system is as urgent and critical for the recovery as it is for the response to COVID-19;
 - Nearly 50 countries have been engaged under GAP over the last two years in one or more of the accelerator areas, laying a foundation for deepening and further scale-up;
 - SDG3 GAP Principals have approved an integration of parts of the Every Women, Every Child Agenda into the SDG3 GAP by leveraging H6 collaboration in countries; and
 - Many countries are prioritizing a PHC-led recovery, and the GAP is helping to align the support from the multilateral agencies around country leadership on PHC, by ensuring health is sustainably financed, communities are engaged, multisectoral determinants are being addressed, gender equality is enhanced, data is available and used, and innovation is leveraged, including in fragile settings.
 - GAP has also developed global tools to support countries, such as the "[Guidance Note and Checklist for Tackling Gender-Related Barriers to Equitable COVID-19 Vaccine Deployment](#)", the "[Resource Mapping and Expenditure Tracking for COVID-19 check list](#)" and the "[Global Dashboard for Vaccine Equity](#)". The Dashboard empowers stakeholders with socio-economic data and actionable insights to drive vaccine equity. The GAP continues to explore ways the agencies can jointly engage civil society groups, especially at the country level.
 - Equity issues have been laid bare by the pandemic and should be addressed in the building back better phase, focusing on leaving no one behind, the right to health for all, ensuring highest UHC coverage and country and global-level health security.
 - Sustainable financing will be important. The economic impact of the pandemic puts at risk the level of financing needed for making equitable progress towards the SDGs. GAP partners need to step up their collaboration to help countries secure the needed resources.
 - The pandemic has sped up technological and digital innovations and GAP partners need to learn from those and integrate them into health systems to fully leverage these innovations to accelerate progress and strengthen resilience.

3. Operational guidance for the joint actions of signatory agencies on how to use SDG3 GAP to drive country impact during the recovery, based on lessons learned from implementing GAP during COVID-19

Building on the November 2020 positioning paper, as well as on lessons learned through implementing GAP during COVID-19, this paper describes country-level operational guidance to deepen and scale implementation of the SDG3 GAP.

a) Exemplars for scaling country implementation within countries

- Based on country exemplars, highlighted below, core elements of GAP's operational approach in countries include:
 - **Country leadership, priorities and plans are at the center**

- **Integration across accelerators** (e.g., PHC and sustainable financing for health, supported and enabled by other accelerators such as data, innovation, working across sectors to address determinants of health and ensuring engagement of communities and CSO and women leaders and organizations and working across the health, humanitarian and development nexus, where appropriate).
- **A focus on improving equity and equality** through the country focused work, by focusing interventions on those most left behind, based on disaggregated data and by tracking relevant indicators (e.g. from the EWEC agenda such as using zero-dose children as a marker to help identify the most vulnerable missed communities and reach them with a package of essential services) and where possible expanding use of theories of change, learning questions/evaluation priorities, and to support evidence generation, review and action, gender disparities).
- **Delivery:** While progress has been made at country level in agreeing priority areas and joint planning, to achieve country impact this now needs to be complemented by a rigorous approach to execution. This “delivery” approach means prioritizing interventions, specifying and articulating the theory by which these interventions are intended to result in outcomes, prioritising questions and evaluation and other evidence generation activities, and leading and monitoring indicators, regularly reviewing and assessing progress, identifying bottlenecks and taking corrective action. The role of GAP would be to support countries in tracking and monitoring progress and optimizing the collaboration among multilateral agencies in support of countries.

Pakistan: an exemplar of GAP implementation

At the heart of GAP support to Pakistan is the joint [“PHC for UHC Mission to Pakistan”](#) in March 2021, focused on a ‘UHC Vision’ for Pakistan and a strategy and roadmap for its progressive realization including defining a model of care for the devolved health system, increasing public financing for health and engaging all stakeholders in service provision.

- The mission was hosted by the Government of Pakistan, ensuring strong country buy-in and leadership.
- The mission was jointly planned by GAP agencies and brought together seven of them, mainly engaged through the PHC and sustainable financing for health accelerators, but discussions covered equity and data availability as well.
- The mission’s objectives were to review the status of PHC and health financing; advise on a “Model of Care” to ensure effective implementation of the UHC benefits package; and identify priority support actions by developing partners.
- Partners agreed to support the Government to implement the selection of actionable recommendations.
- Partners agreed to work jointly with the Government to finalize an action plan to implement the various recommendations with budget and funding sources, to develop a national “PHC for UHC Compact” and, to regularly track implementation through stocktakes using a “delivery” approach.
- The full case study can be accessed here: [case study](#)

South Sudan: an exemplar of GAP implementation

In December 2020, the South Sudan Ministry of Health presented priority challenges for scale up of PHC towards UHC to agencies in the GAP PHC accelerator working group. These included strengthening leadership and governance; health commodity and supply chain management; equitable service delivery; community systems strengthening and addressing human resources deficits for PHC.

- GAP agencies and other partners are beginning to more closely align with the Government’s PHC priorities.
- There is a gradual integration of PHC and FCV accelerators at country level.
- The Ministry has specifically requested that GAP agencies and other development partners consider a high-level, joint mission.

- The Government has committed to the concept of an equitable, PHC-led recovery from COVID-19 and generated further consensus among development partners in South Sudan – including the H6 group of agencies.
- A South Sudan working group with representatives of GAP agencies at global and country levels will develop an action plan and map currently available financing against it.
- The full case study can be accessed here: [case study](#)

b. Scaling GAP implementation to additional countries in support of an equitable and resilient recovery

- Country-level implementation of the SDG3 GAP has scaled-up to 50 countries in the second year of GAP, though depth of implementation varies as portrayed in the [SDG3 GAP 2021 progress report](#). SDG3 GAP collaboration will need to be further expanded to additional countries in the coming years, given that the SDGs are universal and progress on the health-related SDGs is either continuing at a too low rate to achieve the targets by 2030, or even stalling and potentially regressing in a number of countries due to the COVID-19 pandemic.
- The SDG3 GAP agencies have pursued 3 pathways to scale
 - **Country-level leadership and demand for collaboration:** Agencies have responded to requests from countries for more joined-up support as they lay out their approaches for the recovery. The *monitoring framework* for the SDG3 GAP, which is currently being piloted in countries, will highlight additional demand and provide practical examples on what works to improve collaboration and why that matters to achieve health impact which can then be applied in other countries.
 - **Resources for collaboration:** The availability of additional, relatively small and catalytic resources to enhance collaboration has strongly contributed to scaling of country level implementation. Examples include the availability of resources for the coordination work under the PHC and Sustainable Financing for Health accelerators, and the use of WHO-internal catalytic resources as piloted in 2020 and during a WHO-internal recovery challenge in 2021. In the context of addressing the only JEA recommendation yet to be addressed, on “*review(ing) the overall resourcing of the GAP activities*”, the focal points will explore further development of these catalytic funding approaches.
 - **Strengthening integration with other processes:** This includes joint country level work with other initiatives, such as the Health Data Collaborative and now the opportunity to extend to those countries where H6 and GFF is active as part of the integration of the EWEC technical and financial agenda. This would provide opportunities to further integrate maternal and child health and women’s empowerment into PHC jointly with other accelerators and the gender working group in for example supporting countries in removing barriers for women and adolescents to claim their rights to quality health services, free from discrimination. It also means strengthening the coordination with, and engagement of, UN Resident Coordinators/Humanitarian Coordinators with the aim of using the joint work under the GAP to inform the UN analytical and planning processes, enhance linkages between health, humanitarian and development activities and strengthen cross-sectoral work on gender equality and determinants of health (e.g. education, social protection, environment, food security) in an integrated manner, even if not all GAP agencies are part of the UN system. It will be equally important to ensure integration and synergy with the ongoing initiatives to strengthen country-level pandemic preparedness, including the WHA focused discussions on a pandemic treaty.

- Before COVID-19 countries were already off track to reaching the SDGs, and the pandemic has reversed hard-won gains of the past years.
- The second round of the WHO “pulse survey” of 135 countries and territories reported in World Health Statistics 2021 highlights persistent disruptions to health services at considerable scale over one year into COVID-19, with 90% of countries reporting one or more disruptions to essential health services, and the risk of new and continuing disruptions during 2021 remains real as countries are mitigating the impact of additional waves and spread of new variants of SARS-CoV-2. However, improvements are also being seen within countries and communities as development partners, governments, and other stakeholders stepped up significantly in maintaining essential services and recovery from COVID-19 disruptions, with average reported disruptions falling from about half of essential health services in 2020 to just over one third in the first quarter of 2021.
- The *Global Fund’s Results Report 2021* reveals the devastating impact of COVID-19 on the fight against HIV, TB and malaria. While some progress was made, key programmatic results declined in 2020 for the first time in the Fund’s history. Examples include large drops in the number of people treated for TB, significant declines in HIV testing and prevention services for key and vulnerable populations, and reduced testing for suspected cases of malaria.
- As the risk of new disruptions during 2021 remains real, countries are focused on mitigating the impact of additional waves of infection and the spread of new variants of SARS-CoV-2, while also shifting attention to the delivery of COVID-19 vaccines. Inequities and inequalities persist and it is those from disproportionately affected groups, of which women make up the majority, who stand to gain the most but are least able to access essential services, including the COVID-19 vaccine.
- The COVID-19 pandemic has exacerbated gaps in women’s participation in decision-making rather than closing the gaps. This is particularly regrettable as women are at the forefronts of the pandemic, making up the majority of the health and care workforce. UNDP’s and UN Women’s COVID-19 Global Gender Response Tracker found that of the 334 COVID-19 task forces in the world only 4 % have gender parity.
- The World Bank notes in a recent report that the world will begin to emerge from the pandemic in the context of the likely contraction of fiscal space for health for all governments including reduced ODA from donor countries and reduced per capita spending on health in LMICs.
- The situation is further exacerbated by the non-linear nature of the COVID-19 pandemic, climate change shocks, the emergence of unparalleled food crises and the escalation of conflicts. Today, up to 270.5 million people across 80 countries with WFP operational presence are estimated to be acutely food insecure or at high risk in 2021 and right now, 41 million people are at risk of falling into famine in 43 countries.
- This outlook is also reflected in the theme of the July WHO-side event at the UN High-level Political Forum on the SDGs: *A sustainable and resilient recovery from the COVID-19 pandemic*, Gavi’s 2021-25 strategy with a vision of leaving no one behind with immunisation, ILO’s call for a human-centred recovery, UNDP’s SDG push scenarios, the UN Commission on the Status of Women this year and the 2021 UN Political Declaration on HIV and AIDS.
- The pandemic has highlighted the centrality of promoting equality and applying an equity lens and the need to always focus on those being left furthest behind at sub-national levels, informed by sex and age disaggregated data. It is therefore recommended to identify groups which are currently being left behind and to track how the interventions address and improve their particular situation. High-coverage interventions such as routine immunisation can be used to identify those communities facing multiple deprivations and being systematically left behind. Those communities with large number of zero-dose² and under-immunised children are highly unlikely to be receiving any other health services. The barriers to reaching them often go beyond the health sector, and so provides an opportunity for integrated and multi-sectoral collaboration.

² Zero-dose children represent those who do not receive any routine vaccines. Two out of three zero-dose children live in households surviving on less than \$1.90 a day and it is twice as likely the mother of a zero-dose child missed out on antenatal care or skilled birth attendance. They are markers of communities facing multiple deprivations in access to health and other social services due to various socioeconomic, geographic and gender-related barriers. For operational purpose, zero-dose children are defined as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).