



STRONGER COLLABORATION FOR AN EQUITABLE AND RESILIENT RECOVERY

towards the health-related
Sustainable Development Goals

2021 PROGRESS REPORT
ON THE GLOBAL ACTION PLAN
FOR HEALTHY LIVES AND
WELL-BEING FOR ALL



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Stronger collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals: 2021 progress report on the Global Action Plan for Healthy Lives and Well-being for All

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**STRONGER COLLABORATION FOR AN EQUITABLE AND RESILIENT RECOVERY
TOWARDS THE HEALTH-RELATED SUSTAINABLE DEVELOPMENT GOALS**

2021 Progress report on the Global Action Plan for Healthy Lives and Well-being for All

A note on contribution

The aim of this report is to showcase how the GAP is helping to foster, deepen, catalyse and expand collaboration among its signatory agencies in support of countries to help them recover from the impact of COVID-19 and resume progress toward the health-related SDGs.

Clearly attributing changes in collaboration among the agencies to the GAP is challenging because the GAP is not a project but a set of commitments to a new way of working. In many cases, work under the GAP builds on earlier collaborations among the agencies and uses existing mechanisms, especially at country level.

The Joint Evaluability Assessment undertaken by the evaluation office of the signatory agencies notes that: “Given the supporting role of the GAP, its effects on final outcomes, i.e. the SDGs, are unlikely to be directly measurable by way of robust attribution analysis – nor would such analysis be particularly helpful to the partners in improving their own work together. Rather, a more feasible expectation is that the partnership’s contribution to these end results will be measurable by way of contribution analysis, as this line of analysis can more meaningfully elucidate shared successes and outstanding gaps in its members’ shared support role. Expectations around this need to be carefully managed – essentially the GAP needs to make the assumption that by supporting countries, improving coordination and reducing burdens, the collective effort of reaching the SDGs will be enhanced. Using case study examples (as per the progress report) will help to support this plausible assumption.”

Against this background, the monitoring framework “aims to be able to identify and present credible results of the SDG3 GAP. But there are challenges in developing such a framework for the SDG3 GAP which is not a conventional development programme but rather describes a way of working. The monitoring framework needs to be able to assess the additionality of enhanced coordination and cooperation among GAP agencies and the contribution that these may have made to enhanced alignment and coordination in countries and to acceleration of health-related SDGs. The challenges associated with these needs are discussed in this document.”

On assessing additionality, the monitoring framework states that: “the SDG3 GAP and its monitoring framework are not concerned with everything done by each of the 13 agencies in relation to the health-related SDGs. Rather, they focus on the additionality of enhanced coordination and cooperation. However, it may be difficult and unproductive, given the nature of the subject matter, to try to define additionality precisely. It is recognized that the SDG3 GAP builds on what went before and that it will increase over time. Monitoring of additionality will largely rely on qualitative methods, e.g. as used in country case studies.”

The information used to write this progress report is sourced from the interagency accelerator working groups and country-facing teams of the agencies. The country case studies were developed based on input from country-level discussions and the relevant accelerator working groups and were reviewed by the WHO country offices and other GAP agencies. The content of Section 3 on the work under the GAP accelerator themes was provided by the respective accelerator working groups.

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Foreword



Few events in our lifetimes have exposed inequities in global health as starkly as the COVID-19 pandemic. The massive disparity in the global distribution of vaccines is a glaring example.

This progress report shows how the Global Action Plan for Healthy Lives and Well-being for All (GAP) is helping to pave the way for an equitable and resilient recovery from the pandemic by strengthening the way multilateral agencies work together to support countries.

Even as we continue our work to end the pandemic, we must act on the lessons from it.

First, the pandemic has demonstrated the importance of public health and primary health care as the first line of defence against emergencies and the foundation of universal health coverage and healthier people. To recover from COVID-19 better equipped to confront the crises of the future, all countries should be striving to build strong and equitable primary health care systems.

Second, COVID-19 has shown that when multilateral partners collaborate more closely, the impact of their support for countries can be that much greater. As countries work to recover from the crisis and resume their efforts to achieve the 2030 Sustainable Development Goals, we will need to sustain this deepened sense of common purpose and commitment.

This report also highlights challenges to overcome in our efforts to strengthen collaboration to recover from the pandemic and drive progress towards the Sustainable Development Goals. We need to get the incentives right: both “push” (from Boards and donors) and “pull” (from countries).

I am pleased to welcome the International Labour Organization as the 13th signatory agency to the Global Action Plan. I thank the GAP signatory agencies for the hard work reflected in this report and for their sustained commitment to stronger collaboration for better health.

Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Executive summary

Progress on the health-related SDGs was already lagging when the Global Action Plan for Healthy Lives and Well-being for All (GAP) was launched in 2019 and is now much further off track. The COVID-19 pandemic has shone a harsh light on inequities and inequality but has also underlined the centrality of health, equity and equality as preconditions for sustainable development. This second, annual GAP progress report illustrates how the GAP is providing an important, long-term improvement platform for collaboration among 13 agencies in the multilateral system as they support countries on the path towards an equitable and resilient recovery from the pandemic and further progress towards the health-related SDGs. It shows the importance of clear and shared objectives in supporting countries to achieve tangible and measurable impact through a closer collaboration of the agencies and highlights that progress has been incremental rather than transformational to date and may remain so unless Boards and donors signal to the agencies that they would like to see deeper changes to the ways the agencies work together in support of countries.

From its inception, the GAP has been focused on enhancing collaboration leading to greater impact. Such collaboration can be challenging because multilateral agencies have different mandates, strategies, funding streams and governance and accountability mechanisms, but it is also essential and requires sustained leadership from the multilateral agencies, their boards and funders and the countries that they serve.

The structure of this progress report is based on the four key commitments made by signatory agencies under the GAP: *Engage, Accelerate, Align* and *Account*.

ENGAGE



A commitment to work with countries to identify priorities and to plan and implement together.

Country results and impact are central to the GAP. By May 2021, GAP implementation at country-level had scaled up from the five countries presented in case studies in the 2020 GAP Progress Report to 37 countries. Joint activities at country level are undertaken by the GAP signatory agencies' country-facing teams and supported by the global-level accelerator working groups. Because the SDGs are universal, GAP agencies are committed in principle to working in all countries through national, government-led, health, SDG and/or development partner coordination mechanisms in support of national health and development plans and priorities, based on country demand and need and in line with the agencies' mandates and available resources. This report presents eight case studies illustrating enhanced collaboration among the agencies on primary health care (PHC), health financing, data and other accelerator themes. The case studies include several encouraging examples of progress under GAP accelerator themes despite the health and economic impact of COVID-19, as well as notably enhanced collaboration among GAP agencies and other partners in support of national pandemic responses. However as countries begin to recover from the pandemic and resume progress towards the SDGs, maintaining the momentum of collaboration spurred by COVID-19 will be essential to enable accelerated progress in countries. This will require reflection on how to sustainably adjust the incentive system under which the agencies collaborate so as to make the level of collaboration seen in response to COVID-19 the new normal.

ACCELERATE



A commitment to act together to support countries under specific accelerator themes and on gender equality.

Country-level activities under the GAP are supported by the global-level accelerator and gender equality working groups. Over the last year, the working groups have created thematic communities of practice and enabled both strengthened collaboration and new interactions among GAP agencies. The accelerator working groups themselves are also collaborating more closely. Three working groups on determinants of health, community and civil

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