

Stronger Collaboration, Better Health

Global Action Plan
for Healthy Lives and
Well-being for All

Strengthening collaboration
among multilateral organizations
to accelerate country
progress on the health-related
Sustainable Development Goals



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Stronger collaboration, better health: global action plan for healthy lives and well-being for all. Strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals

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Foreword:

Stronger collaboration for better health




In 2018, the leaders of Germany, Ghana and Norway requested that WHO and other multilateral organizations streamline their efforts to better support countries to accelerate progress on Sustainable Development Goal (SDG) 3 – ensuring healthy lives and well-being for all at all ages – and the other health-related targets in the 2030 Agenda for Sustainable Development.

That call was echoed in the G20 Osaka Leaders’ Declaration, which urged more effective collaboration between international organizations.

This is our response - a collective commitment by 12 multilateral organizations with significant roles in health, development and humanitarian work to strengthen their collaboration in support of countries. If the highly engaged and constructive way in which the organizations have collaborated on the plan is any indication, we are already on the path to a new way of working together. I thank the 12 agencies for joining the collaboration with such enthusiasm, as well as the countries and partners who have supported us and given feedback to help shape the Plan.

I know first-hand from my experience as a health minister how helpful the support of the multilateral agencies can be, especially when they work effectively together and align with countries’ plans and priorities. I also understand that countries have the ultimate responsibility to achieve SDG 3 and the other health-related SDG targets and that they must lead and own work under the Global Action Plan, backed by our commitment to serve them better.

The Global Action Plan for Healthy Lives and Well-being for All has a simple premise: that stronger collaboration contributes to better health. Stronger collaboration is the path, but better health is the destination. While the 12 agencies have already worked constructively together, our scaled-up collaboration to accelerate progress starts now. The measure of success is not writing a plan – it’s delivering results. The success of this plan will ultimately be reflected in improved health and lives saved.


Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

About the Global Action Plan

In April 2018, the Heads of Government of Germany, Ghana and Norway - and later the United Nations Secretary-General - wrote to the Director-General of WHO and other agencies requesting that they develop a Global Action Plan for Healthy Lives and Well-being for All. In response, 11 multilateral health, development and humanitarian agencies committed themselves in October 2018 to closer collaboration and alignment to help accelerate progress towards the health-related Sustainable Development Goals (SDGs) and to developing a Global Action Plan.¹ The 11 initial signatories to the October 2018 commitment were later joined by the World Food Programme. Detailed descriptions of the 12 agencies and their mandates and activities appears in Annex 1.

While developing the Plan, the 12 agencies identified seven cross-cutting “accelerator themes” of relevance to their core mandates in which collaboration and joint action offer significant opportunities to accelerate progress in achieving the health-related SDG targets. Discussion papers on each of the seven accelerator themes were developed by subsets of the agencies benefiting from substantial input by partners, such as the Wellcome Trust on research and development, innovation and access, to inform development of the Plan and discussions with countries. The agencies also began work to align institutional investment case approaches and develop 2023 milestones for health-related SDG targets.

In June 2019, an online process was held to solicit public comment on a draft outline of the Global Action Plan and the seven accelerator discussion papers. More than 100 submissions were received from governments, civil society, the private sector, academia and individuals. The submissions were taken into account in finalizing the Plan. The accelerator papers and submissions received can be found on the Global Action Plan website. A civil society advisory group provided valuable guidance and input throughout development of the Plan.

By mid-2019, interest and support from countries, including the G20, had grown. In their declaration in Osaka in late June 2019, G20 leaders noted that they “encourage international organizations and all stakeholders to collaborate effectively and we look forward to the upcoming presentation of the global action plan for healthy lives and well-being for all.” Several ministries of health have shown interest in joint support from the agencies on key accelerator themes, and engagement with countries to discuss opportunities presented by the Plan is ongoing. Attention to health by the African Union throughout 2019 and the UN General Assembly High-Level Meeting on Universal Health Coverage in September 2019 further reinforce political commitment.

The Global Action Plan was launched to coincide with the High-Level Meeting on Universal Health Coverage and the United Nations General Assembly in September 2019.

¹ Towards a Global Action Plan for Healthy Lives and Well-being for All: Uniting to accelerate progress toward the health-related SDGs. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/311667/WHO-DCO-2018.3-eng.pdf>, accessed 1 August 2019).



Our commitment to stronger collaboration for better health

As leaders of the signatory agencies to the Global Action Plan for Healthy Lives and Well-being for All, we acknowledge the tremendous efforts being made in many countries with the support of their development and humanitarian partners to achieve Sustainable Development Goal (SDG) 3 and other health-related targets in the 2030 Agenda for Sustainable Development. We also recognize that progress towards these targets is uneven, among and within countries, and that we must all step up our efforts in the next few years if the world is to reach these targets by 2030.

Although our agencies are already working together in many areas, we believe that more purposeful, systematic, transparent and accountable collaboration among us will help to increase momentum at this critical moment in global health and to realize the full potential of health as a precondition, driver and outcome of sustainable development. Accordingly, to support countries to achieve the health-related SDG targets, we commit to working better together to:

- > *Engage* with countries better to identify priorities and plan and implement together;
- > *Accelerate* progress in countries through joint actions under seven accelerator themes set out in the Plan, and through our overarching commitment to advance gender equality and support the delivery of global public goods;
- > *Align*, by harmonizing our operational and financial strategies and policies in support of countries where this increases our efficiency and reduces the burden on countries; and
- > *Account*, by reviewing progress and learning together to enhance our shared accountability.

The Global Action Plan strengthens our collaboration with countries and each other by leveraging our collective strengths. The Plan builds on existing mechanisms, including country platforms for achieving the SDGs and the ongoing process of reform in the United Nations Development System.

The launch of the Global Action Plan marks the next chapter of a shared journey. Over the coming months and years, we will work closely with countries to refine and implement the proposed collaborative actions in the Plan at country, regional and global levels. These actions will support countries on their pathways towards the health-related SDGs and help them to deliver on their political commitments to health and development, including those from the Astana Conference on Primary Health Care and the United Nations General Assembly High-level Meeting on Universal Health Coverage. We will give special attention to the needs of the many marginalized and vulnerable people who lack access to health products and services and are being left behind, including people affected by conflict, fragility and disease outbreaks.

Collaboration is a process. Yet we are interested in impact. We look forward to working better with each other, countries, communities and civil society, the private sector, other stakeholders and development partners to accelerate progress and increase the impact of our joint work through the next “decade of delivery” on the SDGs, so that the goal of healthy lives and well-being for all can become a reality.



Our commitment to accelerate progress towards the health-related SDGs together



Seth Berkley
Chief Executive Officer



Muhammad Ali Pate
Director



Peter Sands
Executive Director



Gunilla Carlsson
Executive Director a.i.



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David Muldrow Beasley
Executive Director



Tedros Adhanom Ghebreyesus
Director-General



Aerial view of United Nations staff in Geneva simulating the Sustainable Development Goals logo on UN Staff Day.

Photo credit: **UN Emmanuel Hungrecker**



Executive summary

The Global Action Plan: A new approach to strengthening collaboration in global health

Sustainable Development Goal (SDG) 3 – ensuring health and well-being for all at all ages – is critical to achieving progress on the 2030 Agenda for Sustainable Development. Because health is an integral part of human capital and a precondition, driver and outcome of sustainable development, SDG 3 is linked to around 50 health-related targets across the SDGs and the pledge to leave no one behind.

The overall objective of the Global Action Plan is to enhance collaboration among 12 global organizations engaged in health, development and humanitarian responses to accelerate country progress on the health-related SDG targets. The Plan presents a new approach to strengthening collaboration among and joint action by the organizations, building on an initial joint commitment made in October 2018. The Plan is primarily intended to be strategic but provides some operational detail to guide implementation while also allowing flexibility for adjustment based on regular reviews of progress and learning from experience. Although the purpose of the Global Action Plan is not to provide or seek additional resources, the Plan will enable better use of existing resources as a result of improved collaboration, recognizing that each agency has its own unique mandate and area of expertise.

Countries are at the forefront of efforts to achieve the health-related SDG targets. The 12 signatory agencies to this Global Action Plan (“the agencies”) also play important roles in the global health architecture, collectively working to advance all the SDG 3 targets and many other health-related targets in the 2030 Agenda. The agencies’ mandates range from health financing to normative and policy guidance, technical cooperation, market shaping, convening stakeholders and humanitarian responses. Together, the agencies channel nearly one-third of all development assistance for health. Several also play important catalytic roles in supporting countries to raise domestic resources for health and attract more public and private sector investment and engagement. The commitments made by the agencies in the Global Action Plan provide a unique opportunity to more effectively leverage their comparative advantages and joint capacity.

The Global Action Plan recognizes that other stakeholders, including communities, civil society and the private sector make vital contributions to achieving the SDGs and promotes closer engagement with these key partners.



Obstacles and opportunities on the path to health and well-being for all by 2030

Despite remarkable gains in health over the past few decades, the world is not on track to achieve SDG 3. Moreover, there are substantial differences between and within countries in terms of the likely achievement of many health-related SDG targets.

Many countries – especially low-income countries – face significant challenges as they strive to achieve these targets. These challenges include widening inequalities and inadequate attention to the determinants of health, such as water and sanitation, nutrition, stigma and discrimination, gender inequality, violence and education. Countries also face the challenges of realizing universal health coverage; prioritizing the poor and the vulnerable and leaving no one behind; mobilizing adequate and sustainable financing; ensuring allocative efficiency in their health expenditure, with a focus on the highest impact investments; adapting to a changing disease burden, population demographics and new health threats; ending the epidemics of AIDS, TB and malaria and combating other communicable diseases, including viral hepatitis; maintaining a skilled health workforce; building resilient health systems able to withstand conflict and natural disasters and respond to health emergencies; and creating and driving the multisectoral responses necessary to ensure health and well-being for all. In addition, while the expansion of the global health architecture over the last two decades has brought significant benefits, countries can face significant difficulties dealing with multiple international partners, each with its own mandate, priorities and operational approaches to financing, monitoring, reporting and engaging with national stakeholders. On the other hand, promising new opportunities for countries are emerging in the form of innovative health products and approaches and digital technologies that can transform the way health data are collected and used and contribute to more equitable, rights-based health services.

The agencies have a strong record of collaboration with each other and a wide range of development partners. However, countries seeking to tackle the challenges and seize the opportunities of the SDG era would benefit from more purposeful, systematic, transparent and accountable collaboration and harmonization among multilateral organizations. Stronger collaboration – in the way the agencies work with countries and with each other; in their programmatic, operational and financial policies and approaches, including on gender equality and human rights; in the delivery of global public goods;² and in how they measure progress – will move the agencies from complementarity to synergy and increase the efficiency and impact of their support to countries to achieve the health-related SDG targets.

2 Global public goods may be defined as “goods that are non-excludable and non-rival in consumption and whose benefits are quasi-universal in terms of countries, people and generations”. See I. Kaul et al, 2003. Global public goods: International cooperation in the 21st century and Moon S. et al. Global public goods for health: Weaknesses and opportunities in the global health system. Health Economics, Policy and Law. Vol 12, Special Issue 2. April 2017, pp195-205. Examples of global public goods include global guidance, such as the operational framework on primary health care referred to in section 3, generating evidence on the impact of innovations and technologies, or market-shaping to increase the supply base of, or competition for health products.

Effective and efficient collaboration between development partners also reinforces the case for channeling development assistance for health through the multilateral system. In short, success in meeting the objective of the Global Action Plan will increase prospects of success for the 2030 Agenda for Sustainable Development.

What does success look like?

2023 will be the mid-point of the 2030 Agenda timeline and therefore a significant milestone in global health and development. By 2023, the Global Action Plan will have brought about the following three changes as intermediate priorities:

- > **Better coordination** among the agencies in their **global, regional and in-country processes** and better information sharing and collaboration under the seven accelerator themes set out in the Plan, enabling faster and sustainable progress towards the health-related SDG targets;
- > **A reduced burden on countries** as a result of better aligned operational and financial policies and approaches among the agencies, with increased evidence of “joined-up” support; and
- > **A focus on purpose-driven collaboration integrated into the agencies’ organizational cultures**, encompassing leadership and senior management teams at the global level and country, regional and operational teams.

In support of these changes, by 2023 key stakeholders in global health will see clear evidence of the following:

- **Greater collective alignment among the agencies to support countries and increase impact**
 - Countries are better supported by the agencies aligned with nationally defined needs and priorities; and
 - Health, humanitarian and development stakeholders at all levels have more streamlined engagement with the agencies that collectively strengthens country and global systems and delivers global public goods in a more coordinated way, improves health and equity and helps to accelerate progress across the health-related SDG targets.
- **Accelerated progress on key programmatic themes**
 - Stakeholders – including leaders at all levels of government and meaningfully engaged communities and civil society – are mobilized in support of **country-led primary health care** to deliver on the health-related SDG targets and reduce financing gaps and fragmentation, including in fragile settings and for vulnerable populations (where SDG indicators may be least on track), with improved “last mile” supply chain coordination and strengthened human resources and service delivery for health;



- There is increased **policy coherence** across the health-related SDG targets and **sustainable financing** to achieve universal health coverage, coordinated by governments at the highest level, including increased levels of domestic resources, greater prioritization of health investments to maximize allocative efficiency, more co-funding agreements, dependable and innovative financing approaches and private sector investment;
 - Comprehensive, multisectoral strategies to address **determinants of health and rights-based barriers to health** are increasingly designed and implemented to deliver measurable progress for all particularly vulnerable and hard-to-reach populations, fulfilling the 2030 Agenda pledge to leave no one behind and the aspiration to reach the furthest behind first; specifically, investments have increased to advance gender equality, tackle gender-related barriers to health and promote equitable gender norms;
 - **Communities and civil society** are increasingly meaningfully engaged at all levels in policy and programme design, governance, service delivery and accountability mechanisms to ensure the health and well-being of all, particularly of the most marginalized, vulnerable and disadvantaged;
 - There is increased collaboration towards collective outcomes for health-related SDG targets across the **humanitarian-development nexus** to reduce need, risk and vulnerability, based on the comparative advantages of the agencies and other actors;
 - Collaboration on **data and digital health** has improved, including by strengthening country data and health information systems and optimizing their use to inform decision-making; enhanced data interoperability among the agencies; leveraging data and digital technologies to conduct joint assessments, analyses, planning, programming, procurement and supply management, service delivery and monitoring, while ensuring data security; and
 - Coordination in **research and development, innovation and access** has improved, including better-coordinated research and development in and for the global South and increased scale-up of and access to innovations that can accelerate progress towards the health-related SDG targets.
- **Better alignment of operational and financial strategies, policies and approaches among the agencies; and**
- **A shared approach among the agencies to ongoing monitoring and reviewing of progress and to learning from successes and challenges in implementation of the Plan.**

What will the Global Action Plan signatory agencies do?

Implementation of the Global Action Plan is based on four commitments by the agencies to:



ENGAGE with countries better to identify priorities and plan and implement together

Implementation of the Global Action Plan will be driven primarily by the agencies' commitment to engage with countries and provide support in a more coordinated way.

The agencies recognize that country governments will play the driving role in setting priorities, developing implementation plans and ultimately delivering on the health-related SDG targets. The Global Action Plan focuses on how the agencies can maximize their collective effectiveness as enablers and supporters of countries' efforts. Consequently, there will not be country-level versions of the Global Action Plan. Instead, the approach embodied in the Plan and the proposed actions under the accelerator themes will inform the way the agencies engage with governments and other stakeholders to optimize coordination and collaboration in support of national priorities and strategies.

The starting point for engagement may differ by country and across accelerator themes. In many cases, engagement by the agencies to identify opportunities for intensified, joint support will build on existing collaborations and relationships between the agencies and countries and with other development partners at country level. The agencies anticipate engagement with senior levels of government, including ministries of health and finance, to ensure high-level buy-in and multisectoral leadership, as well as with civil society, the private sector and other development partners. While country governments will play the primary role in determining national priorities, strategies and implementation approaches, achieving the health-related SDG targets requires a whole-of-society effort. Active engagement of communities and civil society – including patients and affected populations – is vital to ensure their optimal contribution to policy development and the design and delivery of services, particularly for marginalized and vulnerable people, and to reinforce accountability. Engagement of the private sector is also important given its key role in developing and delivering goods and services in many countries. The agencies will consistently promote gender equality as part of engagement with countries.

Country governments' requests for support from the agencies will be framed within the context of national strategies and channelled through existing mechanisms. Such requests will form the basis for further discussions and joint planning and agreement between countries, agencies and other relevant stakeholders. Through an iterative process and taking account of contributions from other development partners, including bilateral donors,



the agencies will determine their respective contributions, including roles, responsibilities, timelines and follow-up. Although country requests for support under the Plan will normally be signalled by governments, demand from civil society, the private sector or other country stakeholders may also be evident.

Some countries may choose to define their priorities and needs for strengthened collaboration among the agencies through an inclusive process of national dialogue, using existing processes or platforms where possible, such as national health planning processes or reviews, country coordinating mechanisms and national SDG coordination groups. When a country decides to pursue a national dialogue process, a local team drawn from the agencies' country and regional representatives will serve as primary focal points, with support from global and regional offices, ensuring effective interaction of agencies without country presence and, where possible, leveraging the agencies' country capacities as a shared resource.

Consistent with the principle of national ownership, countries will coordinate the agencies' joint work at country level and ensure that the work takes into account the country context and existing coordination mechanisms and that the work is focused on agreed actions. WHO will support governments in the coordination of country-level activities, leveraging existing UN and other donor coordination arrangements where appropriate, and will help to facilitate joint actions among the agencies at the global/regional level.

Through the overall approach of the Global Action Plan and supported by the specific accelerator themes, the agencies will work to ensure a coordinated and collaborative response depending on country context and their country focus and presence.



Photo credit: UN / Logan Abassi

In the next year, the agencies will continue to jointly engage and deepen collaboration with countries to define priorities and plan joint support.

 **ACCELERATE** progress in countries through joint action under specific programmatic themes and on gender equality and the delivery of global public goods

The Global Action Plan identifies specific opportunities for and commits the agencies to actions at country and global/regional levels under seven accelerator themes that cut across the agencies' mandates, in which collective effort could make a significant contribution to accelerating progress on the health-related SDG targets.

The seven accelerators are:

-  1. Primary health care;
-  2. Sustainable financing for health;
-  3. Community and civil society engagement;
-  4. Determinants of health;
-  5. Innovative programming in fragile and vulnerable settings and for disease outbreak responses;
-  6. Research and development, innovation and access; and
-  7. Data and digital health.

The seven accelerator themes are linked and mutually reinforcing. For example, strong primary health care is fundamental to achieving SDG 3, while sustainable financing ensures efficient generation, allocation and use of resources for health, and increasing multisectoral action to address the determinants of health can drive progress towards multiple health-related SDG targets.

During the past year, the agencies have developed or strengthened communities of practice under these themes and have jointly developed a set of 46 proposed actions at country and global/regional levels, outlined by accelerator theme in section 3 and collated in Annex 2. The proposed **country-level actions** may be adapted to country priorities and needs and the agencies' mandates and available resources. Proposed **actions at global/regional levels** will support the country-level actions and the delivery of global public goods.



Gender equality and women's empowerment are essential to achieving health and well-being for all, accelerate progress towards the health-related SDG targets and ensure that no one is left behind. Accordingly, agencies will consistently promote action on gender equality in all the accelerator themes. In addition, as a core commitment to accelerate and advance gender equality across the Global Action Plan (*Engage, Accelerate, Align and Account*), the agencies will:

- > Review and assess their policies, programmes and results (inputs, outputs and outcomes), and, where possible, budget allocations and expenditures to ensure that they are gender-transformative, equity-oriented, rights-based and people-centred, and encourage prioritization of gender equality at all levels of government;
- > Document best practices to promote cross-agency learning and collaboration on gender equality; and
- > Incorporate gender specific targets in their monitoring frameworks through methods such as Global Health 50/50 and the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (SWAP).

All 12 agencies will not necessarily collaborate on every accelerator theme or action. Collaborations will be based on what makes the most sense in the country context and in accordance with the agencies' mandates and available resources. Some actions may be undertaken by a subset of the agencies and involve other development partners.

In the next year, the agencies will work with countries and each other to begin implementing actions under the accelerator themes, on gender equality and on global public goods at country and global/regional levels.



ALIGN in support of countries by harmonizing operational and financial strategies, policies and approaches

The Global Action Plan also proposes actions that the agencies could take to better align and harmonize their operational and financial strategies, policies and approaches in order to increase their collective efficiency and effectiveness and reduce the administrative burden on countries. Joint work is already under way to share information on institutional investment case approaches and, where possible, further align methodologies and communications about them, as well as to jointly develop 2023 milestones for the health-related SDG targets. Other short- and medium-term opportunities include alignment and better sharing of information, knowledge and data in the following areas:

- > Existing, agency-specific country reviews, assessments or analyses;
- > Existing capacity assessments and due diligence of recipients of development assistance when agencies fund the same entities;

- > Audits of financing recipients, to avoid duplication and improve the effectiveness of risk management and detection and prevention of errors and fraud;
- > Risk and assurance approaches to address corruption in global health, specifically under the framework of the Global Network on Anti-corruption, Transparency and Accountability in Health Systems, to benefit from this existing platform and learn from its case studies;
- > Joint planning at country and global/regional levels for in-country consultations and other activities to ensure the coherence of approaches across the various coordinating mechanisms and frameworks that exist at country level; and
- > Approaches, procedures and tools for development assistance for health, such as grant budget templates, consultant rate databases, minimum standards for procurement, travel requirements and salary benchmarks.

Several agencies are concurrently engaged in UN Development System reform and will ensure appropriate synergies with that process to advance this component of the Global Action Plan.

In the longer term, the agencies will explore closer alignment of internal operational and administrative processes and procedures where impact and efficiencies can be achieved and is consistent with the agencies' mandates, capacities and comparative advantages.

In the next year, the agencies will continue their efforts to align operational and financial strategies, policies and approaches in line with their respective mandates and governance mechanisms where this contributes to increased effectiveness, efficiency and impact. Each agency will also work to institutionalize the Global Action Plan's spirit and approaches to collaboration at all levels of the agency.



ACCOUNT, by reviewing progress and learning together to enhance shared accountability

Ensuring accountability for the commitments made in the Global Action Plan, continuous learning within and among the agencies and identifying the enabling contributions of countries and partners are key to the Global Action Plan's success. The agencies will convene regularly to review progress, share lessons and respond to implementation challenges that arise.

The agencies are setting 2023 milestones for achieving the 2030 health-related SDG targets to help countries and the global health community in assessing progress at the mid-point of the SDG timeframe. The Global Action Plan will not create new data collection requirements, outcome or impact indicators or lines of reporting. Existing country data, the United Nations monitoring framework for the SDGs through the High-level Political Forum, including the Voluntary National Reviews, and the regular monitoring of progress on primary health care and universal health coverage for the World Health



Assembly will be used to assess global- and country-level progress towards the health-related SDG targets. If requested, the agencies may support countries to strengthen data systems for health and to measure their progress.

In the next year, the agencies will begin informal reporting of progress in implementation of the Global Action Plan.

Thereafter, the agencies will prepare annual joint progress reports to inform and engage Member States and non-state actors. These reports may be used in appropriate formats to inform their governing bodies, including the World Health Assembly, of progress under the Global Action Plan. An independent evaluation of the Global Action Plan is proposed for 2023, with collaboration, as appropriate, among the agencies' monitoring and evaluation teams.

With these commitments to strengthen their collaboration, the 12 signatory agencies to the Global Action Plan aim to accelerate progress in the coming “decade of delivery” on the health-related SDG targets and make the strongest contribution possible to achieving health and well-being for all by 2030.



Photo credit: UNSPLASH / The Climate Reality Project



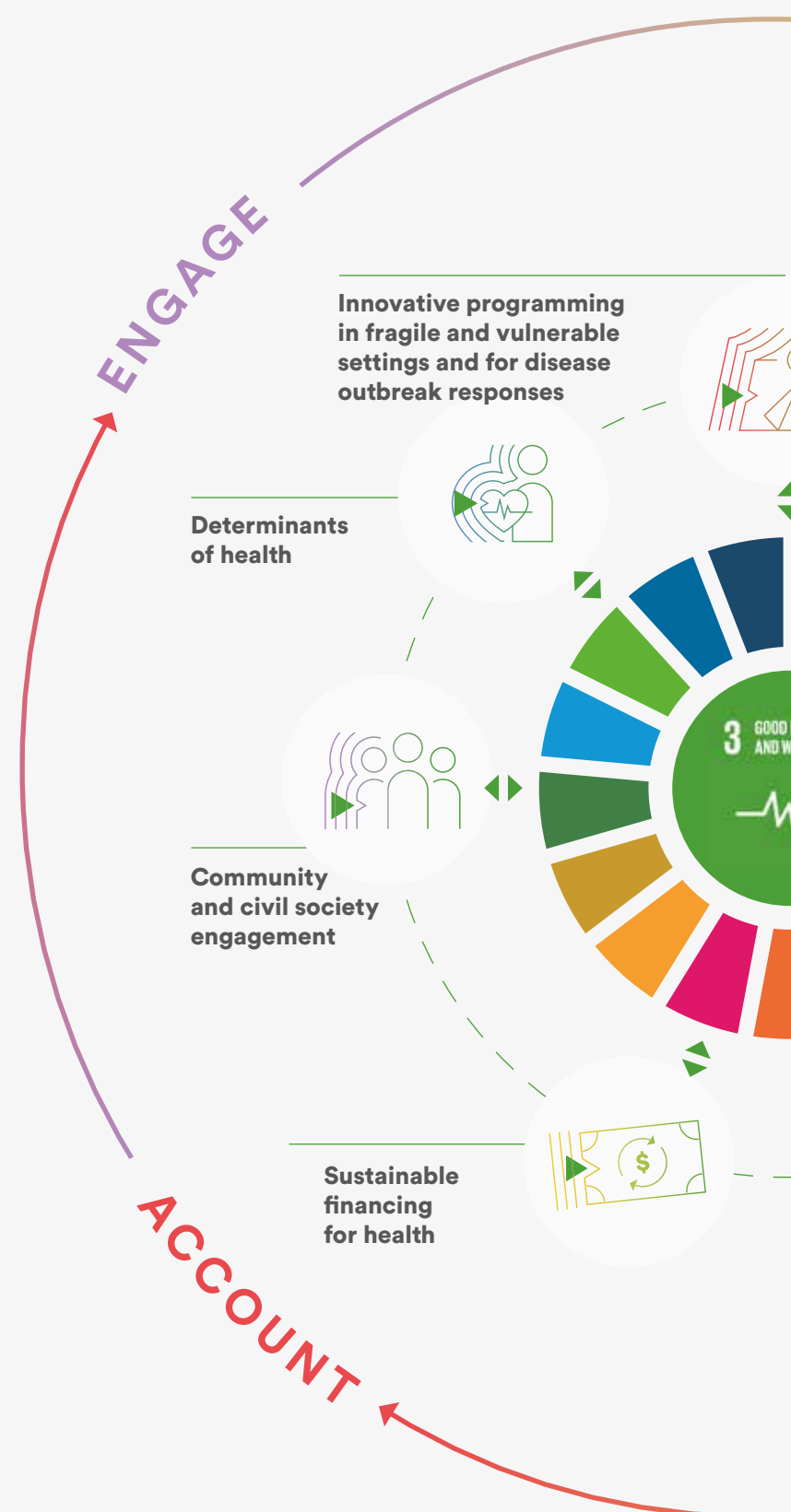
THE GLOBAL ACTION PLAN

► **Current situation:**

Despite remarkable gains, the world is not on track to achieve the health-related Sustainable Development Goal targets by 2030. While some targets are within reach, achieving others by 2030 will require significantly increased effort.

► **Response:**

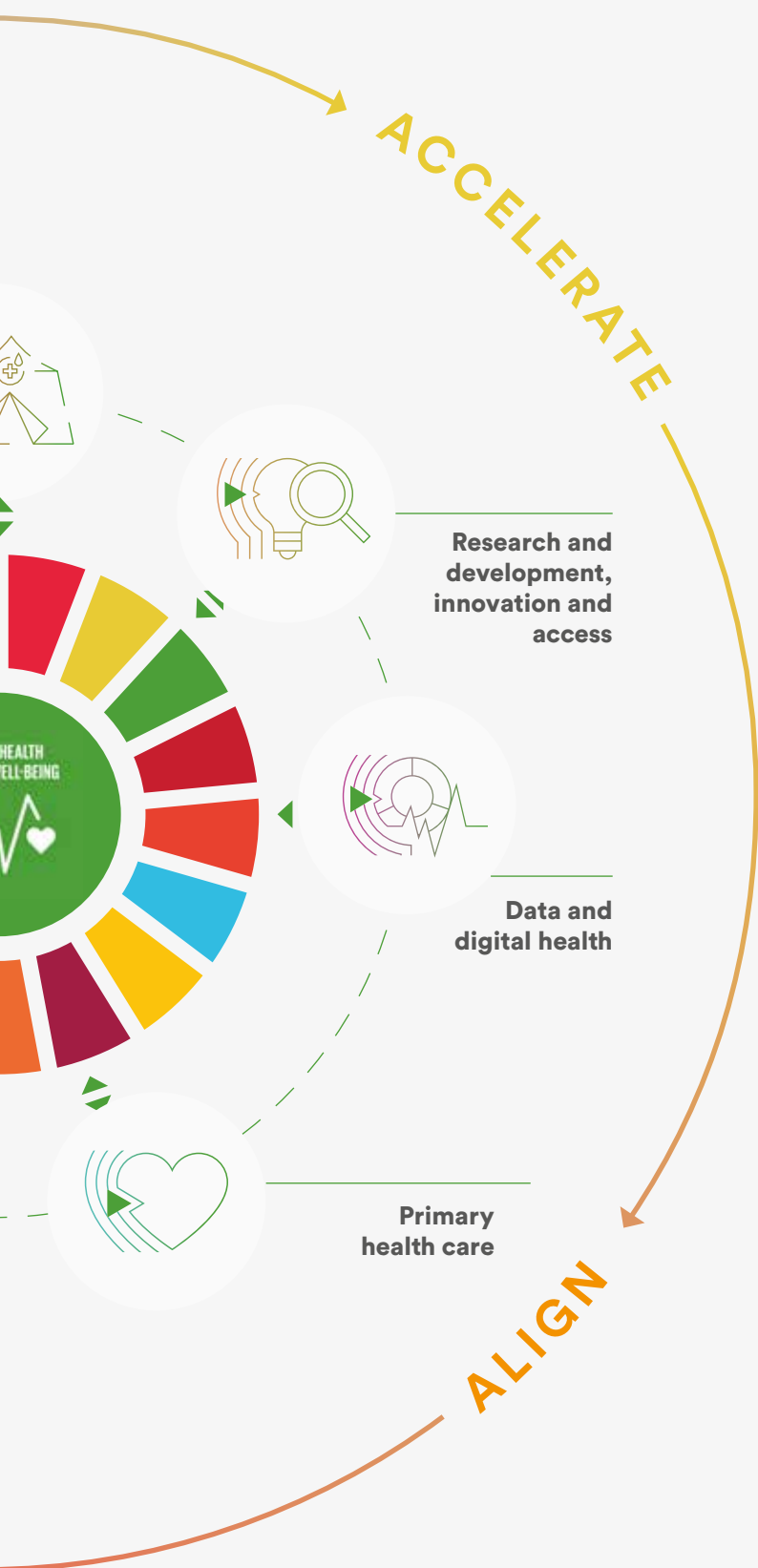
12 global health, development and humanitarian agencies have united under the Global Action Plan to support countries to accelerate progress towards the health-related SDG targets. The agencies bring significant experience in health financing, normative and policy guidance, technical cooperation, market shaping, convening stakeholders and humanitarian responses.



COUNTRY PROGRESS TOWARDS THE HEALTH-RELATED SDG TARGETS



AT A GLANCE



What we will do?

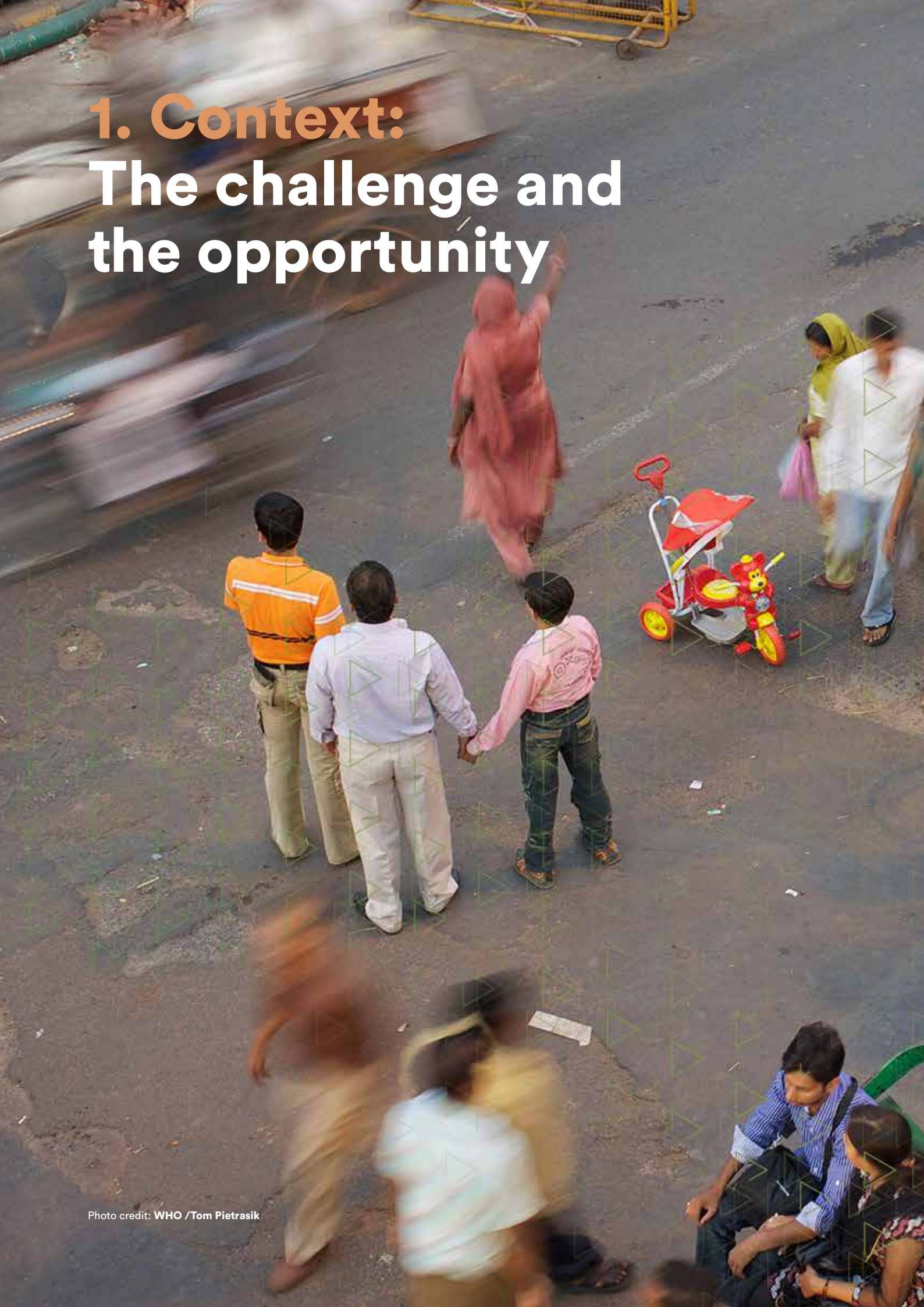
- **Engage** with countries better to identify priorities and plan and implement together;
- **Accelerate** progress in countries through joint actions under specific accelerator themes and on gender equality and global public goods;
- **Align**, by harmonizing our operational and financial strategies, policies and approaches in support of countries; and
- **Account**, by reviewing progress and learning together to enhance shared accountability.

What we want to achieve by 2023:

- Better coordination among the agencies in their global, regional and in-country processes;
- A reduced burden on countries as a result of better aligned operational and financial policies and approaches; and
- A focus on purpose-driven collaboration is integrated into the agencies' organizational cultures.

 **2030**

1. Context: The challenge and the opportunity



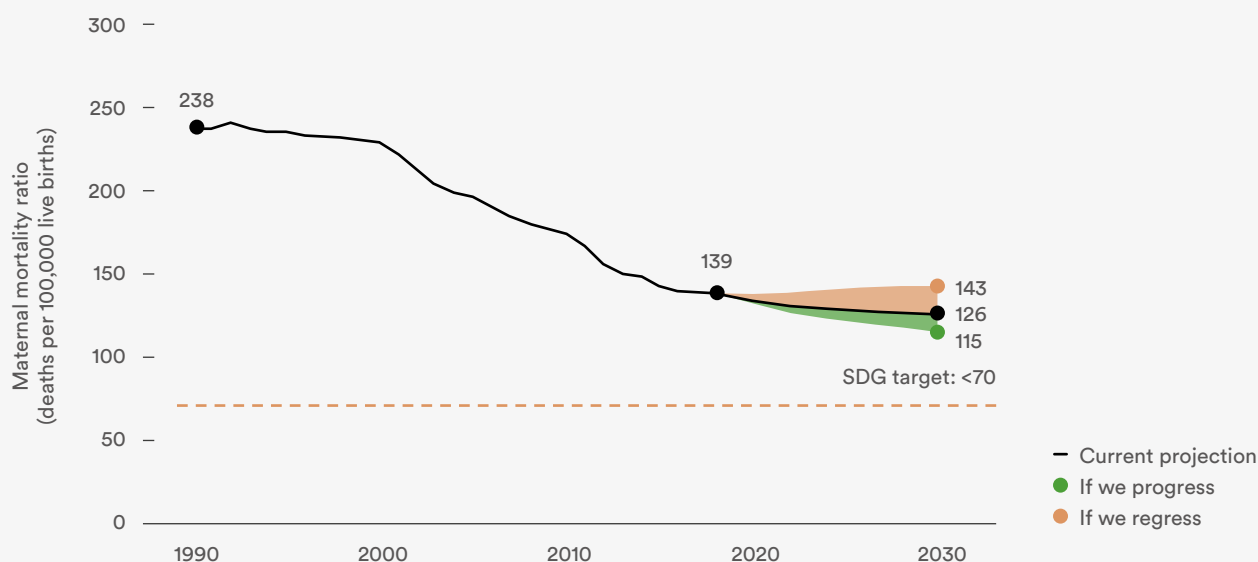


1.1 Despite remarkable gains, the world is not on track to achieve the health-related Sustainable Development Goals by 2030

The 2030 Agenda for Sustainable Development has strongly reinforced health as a political, development and humanitarian priority for all countries. SDG 3 - ensure healthy lives and promote well-being for all at all ages - comprises 13 specific targets on maternal and child health, communicable and non-communicable diseases (NCDs); mental health, sexual and reproductive health care services, the health impact of pollution and contamination, injuries and road traffic accidents and tobacco control. SDG 3 targets on universal health coverage, equitable and affordable access to high-quality vaccines and medicines, sustainable financing, a strong health workforce and capacity to address health emergencies all underpin the achievement of SDG 3.

Improved health outcomes are closely linked to other SDGs on ending poverty (SDG 1), food security (SDG 2), education (SDG 4), gender equality (SDG 5), reducing other inequalities (SDG 10), clean water and sanitation (SDG 6), affordable and clean energy (SDG 7), decent work and economic growth (SDG 8), cities (SDG 11), consumption and production (SDG 12), climate change (SDG 13) and peace, justice and strong institutions (SDG 16), and partnerships for the goals (SDG 17). Progress must be made on around 50 SDG targets across 14 SDGs to ensure health and well-being for all. In this document, these targets are referred to collectively as “the health-related SDG targets”.

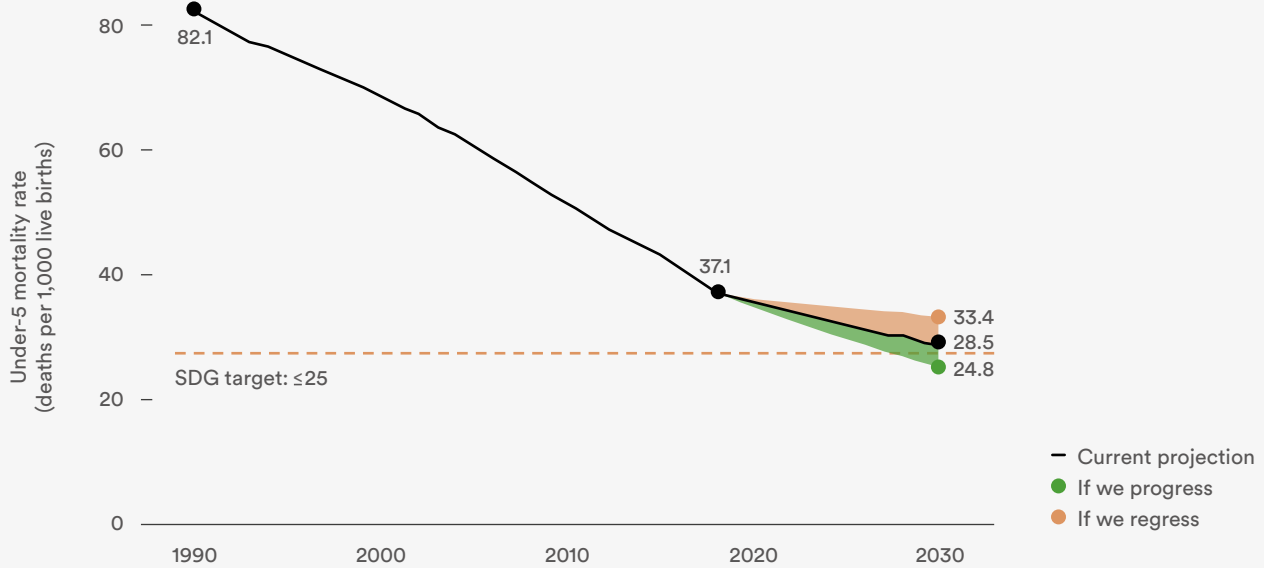
Fig_1 Maternal mortality: Maternal deaths per 100,000 live births





Remarkable advances have been made against several major health indicators over the past few decades. Maternal mortality ratio fell by 42% from 238 deaths per 100 000 live births in 1990 to 139 in 2018 (Fig. 1).³ In the same period, mortality of children under 5 years of age decreased by 55%, from 82 to 37 deaths per 1 000 live births (Fig. 2). If current progress continues, by 2030, 143 countries are likely to have under-five mortality rates below the SDG target.

Fig_2 Under-5 mortality: Under-5 deaths per 1,000 live births



³ The source for Figures 1-7 is the Institute for Health Metrics and Evaluation (Seattle (WA), 2018). The figures are used for illustrative purposes as they provide systematic projections across health-related SDG targets and many are publicly available (<https://www.gatesfoundation.org/goalkeepers/>). For the health indicators, IHME generates three future scenarios. “Current projections” are based on past trends. To generate the “progress” and “regress” scenarios, IHME determined the 85th and 15th percentiles of the observed annualized rates of change of the indicator or its drivers across country-years for the period 1990-2017. The approach for 2023 milestones described later in this document will be developed independently by technical staff of the 12 Global Action Plan signatory agencies.

Globally, met need for family planning improved nine percentage points between 1990 and 2018, rising from 68% to 77% (Fig. 3). Based on current rates of change, no country is projected to reach universal access ($\geq 99\%$) by 2030; however, 17 countries and territories are projected to have coverage of 90% or higher in 2030, far exceeding the three that had achieved this level of coverage in 2018.

Fig.3 Family planning: Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods

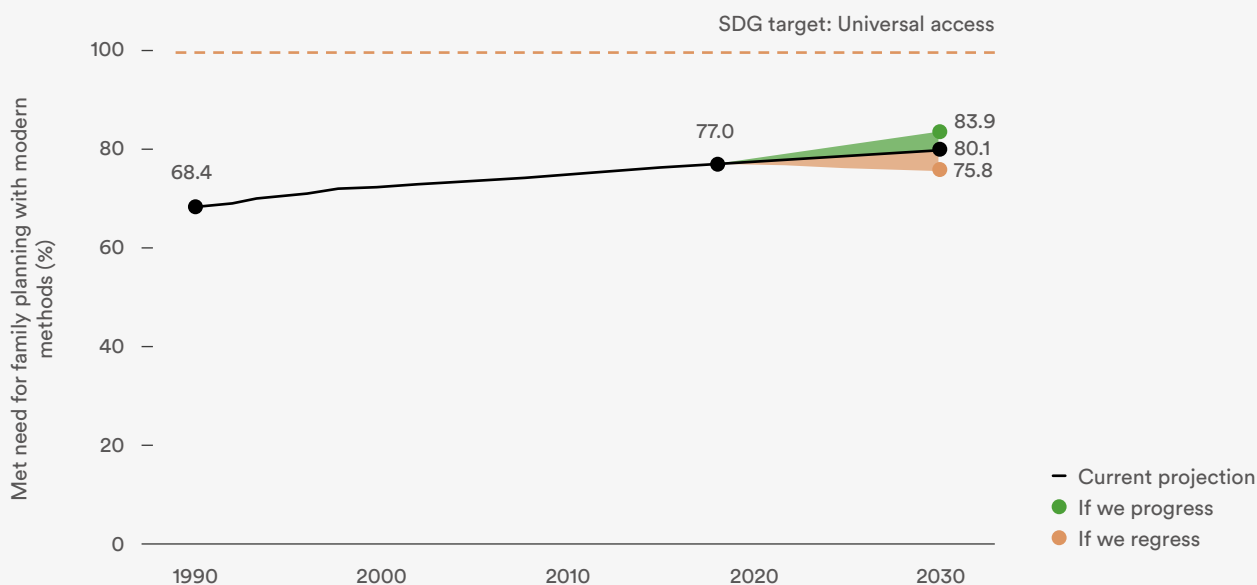
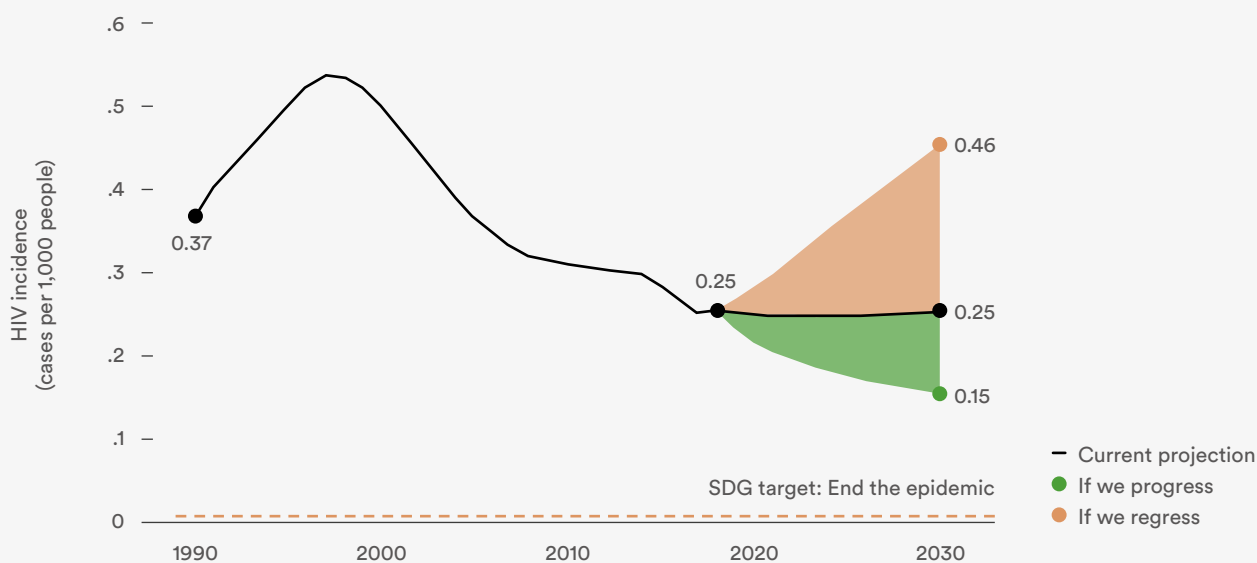


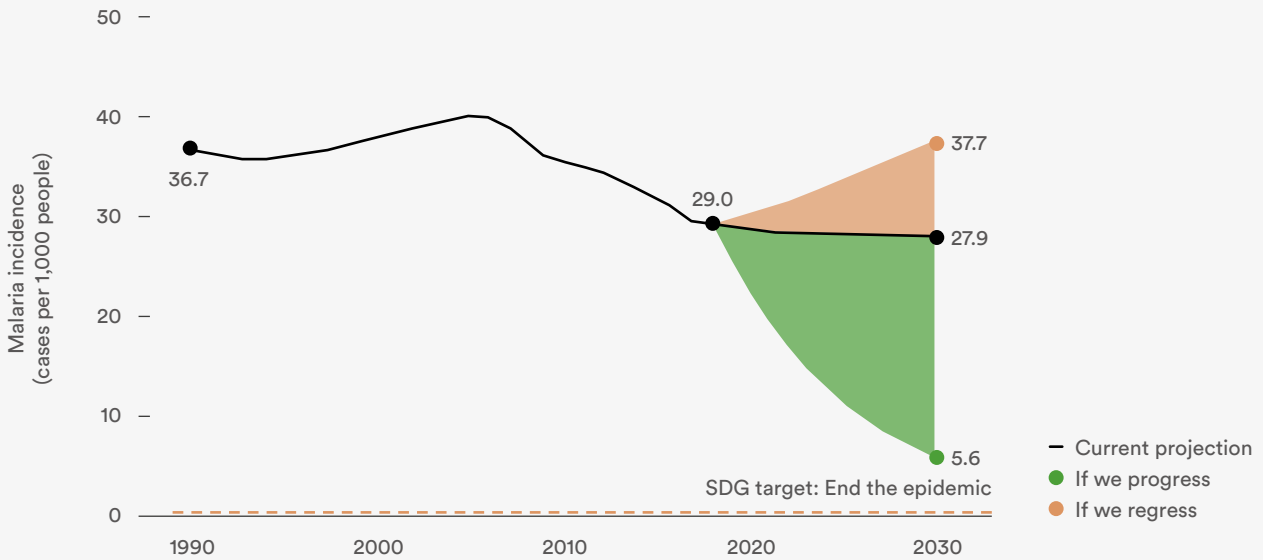
Fig.4 HIV: New cases of HIV per 1,000 people



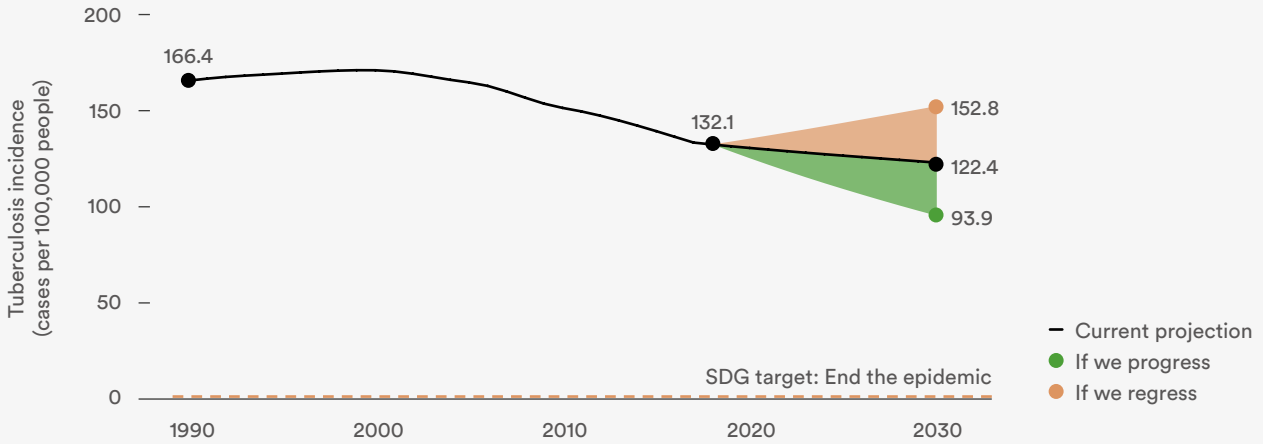


Extraordinary gains have also been made against HIV (Fig. 4), with incidence falling 53% between 1997 – the global peak – and 2018. Malaria incidence has fallen 27% between its peak in 2005 and 2018 (Fig. 5). Tuberculosis incidence had a 21% decrease between 1990 and 2018 (Fig. 6). However, a sustained effort is needed to end these epidemics and combat other communicable diseases, including viral hepatitis.

Fig_5 Malaria: New cases of malaria per 1,000 people



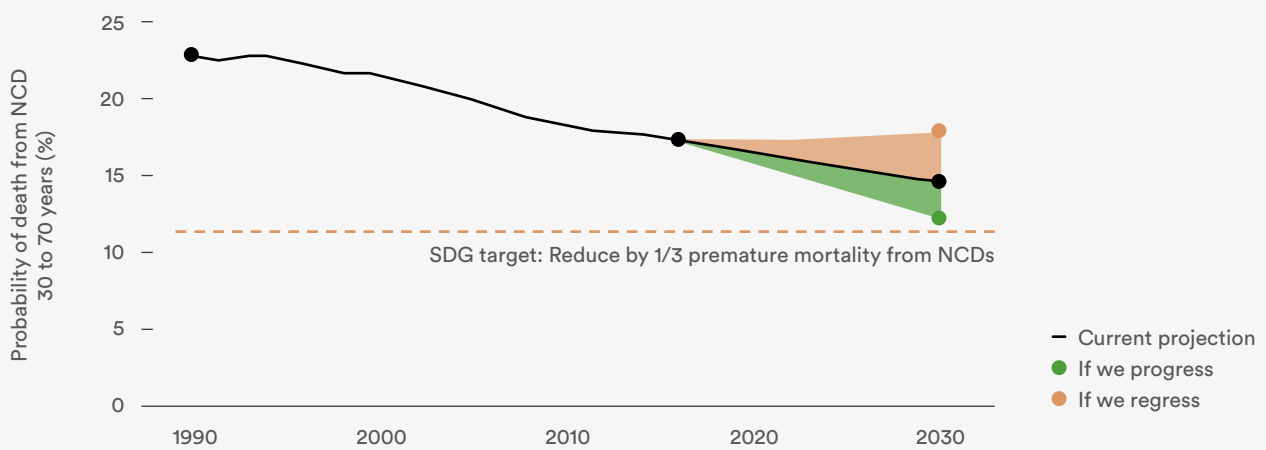
Fig_6 Tuberculosis: New cases of tuberculosis per 100,000 people



Although the risks of dying from cardiovascular disease, cancer, diabetes or chronic lung disease between the ages of 30 and 70 years decreased from 22% in 2000 to 18% globally in 2016, the world will collectively reach the 2030 target of reducing NCD-related mortality by one third only by emulating countries with the fastest rates of decrease (Fig. 7).⁴

⁴ Unpublished figure based on Global Burden of Disease Study 2016 forecasting results (Foreman KJ et al. Forecasting life expectancy, years of life lost, all all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016-40 for 195 countries and territories. Lancet. Volume 392, Issue 10159, p2052-2090, November 10, 2018).

Fig.7 NCDs: Global probability of death from NCD* between exact ages 30 and 70 years



* Non-communicable diseases: Cancer, cardiovascular, chronic respiratory and diabetes



Photo credit: UN / JC McIlwaine



Achieving universal health coverage for all by 2030, which is central to the SDG health-related targets overall, is also a formidable challenge.⁵ Current estimates indicate that, despite some progress, more than half the world's population still lacked coverage of essential health services in 2017.⁶

While some health-related SDG targets are within reach, achieving others by 2030 will require significantly more effort. According to the 2017 Global Burden of Diseases, Injuries and Risk Factors study 2017⁷, the probability of attaining the health-related SDG indicators with defined targets by 2030 varies substantially by location and indicator. For a subset of SDG indicators, including under-5 mortality, neonatal mortality and maternal mortality ratio, at least 100 countries and territories had a 95% probability or higher of meeting the corresponding 2030 targets. Substantial heterogeneity was found in the projected attainment of indicators for vaccine coverage, HIV incidence, prevalence of neglected tropical diseases, non-intimate partner violence, well-certified death registration and environmental risks such as sanitation and household air pollution, with probabilities of less than 10% in many locations and 95% or higher in others. For nine indicators, including child overweight, road injury mortality and tuberculosis, all countries and territories had less than 5% probability of attainment by 2030.

Accelerating progress against the health-related SDG targets will also require specific attention to the changing context and both persistent and emerging challenges in global health, including the following factors:

- > **Demographic change:** The global population is ageing, while some countries, especially in sub-Saharan Africa, are experiencing a “youth bulge”. Health systems in many countries face challenges in responding to changing population demographics, such as caring for the growing number of people who live longer but also experience longer periods of ill health and also addressing the often neglected physical and mental health needs of young people. In addition, there is an enormous shift of populations to unplanned urban environments in many countries, with significant implications for people's health and the provision of health services.
- > **The growing burden of NCDs and NCD-related disability:** The prevalence of NCDs increased by 40% globally between 1990 and 2017 and account for more than 70% of all deaths annually.^{8,9} In 1990, the leading risk factors for death and disability globally were related to short child gestation periods and neonatal health, while in 2017 the risk factors were high blood pressure, smoking and high blood sugar.¹⁰ 85% of premature deaths from NCDs (i.e. deaths between the ages of 30 and

5 Primary Health Care on the Road to Universal Health Coverage: 2019 Monitoring Report, forthcoming.

6 World Health Statistics 2019: Monitoring Health for the SDGs. Geneva: World Health Organization; 2019

7 Global Burden of Disease 2017 Collaborators. Measuring progress from 1990 to 2017 and projecting attainment to 2030 of the health-related Sustainable Development Goals for 195 countries and territories: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018; 392: 2091-2138.

8 Findings from the Global Burden of Disease Study 2017. Seattle (WA): Institute for Health Metrics and Evaluation; 2018 (<http://www.healthdata.org/policy-report/findings-global-burden-disease-study-2017>, accessed 27 August 2019).

9 WHO fact sheet on non-communicable diseases. Geneva: World Health Organization; 2019 (<https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>, accessed 1 August 2019).

10 Op. cit.

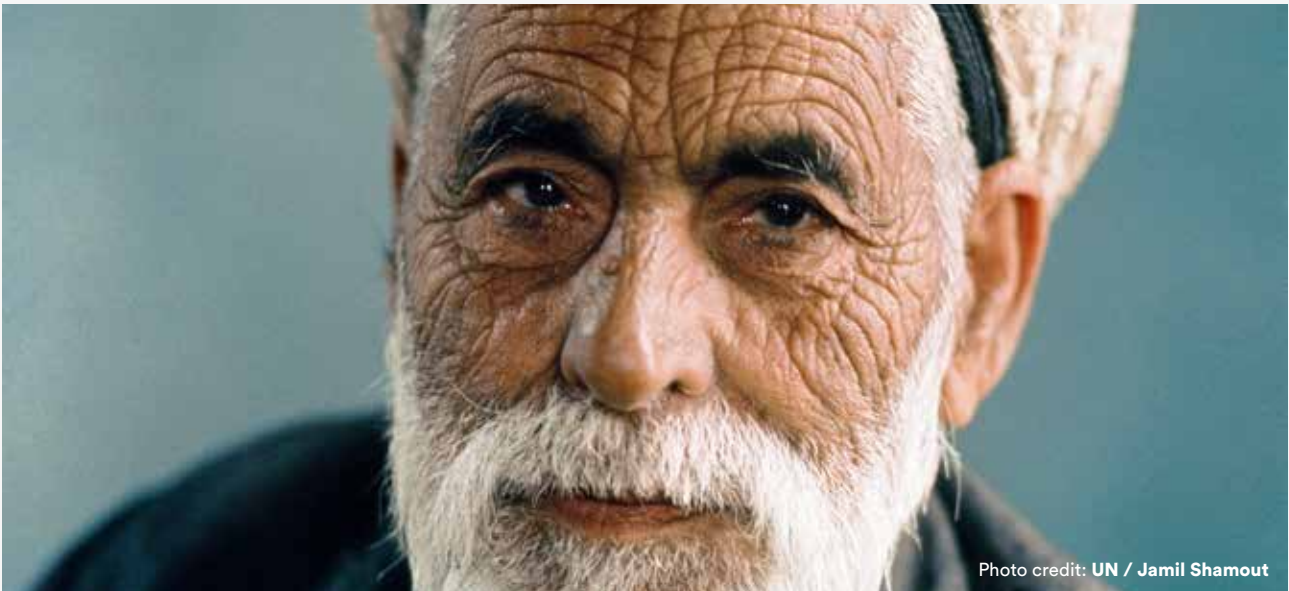
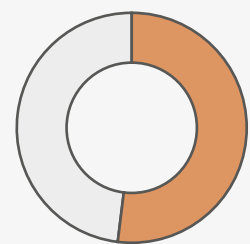


Photo credit: UN / Jamil Shamout

69 years) occur in low- and middle-income countries.¹¹ NCDs, including mental health disorders, are by far the main cause of disability. The total global burden of disability increased by 52% between 1990 and 2017 and more than 1 billion people around the world are living with a disability.^{12,13}

- > **Nutrition and hunger:** Hunger is increasing globally. The absolute number of people facing chronic food deprivation increased to nearly 821 million between 2016 and 2017, and in 2018 more than 113 million people in 53 countries experienced acute hunger requiring urgent food, nutrition and livelihood assistance.¹⁴ At the same time, two billion people are overweight or obese and most of the world's 41 million overweight or obese children under 5 years of age reside in low- and middle-income countries¹⁵. Increased availability of and access to diverse, safe and nutritious foods is needed, with consideration of environmental sustainability.
- > **Health inequities:** To meet the pledge of the 2030 Agenda for Sustainable Development that no one will be left behind and that those furthest behind will be reached first, explicit attention must be paid to reducing health inequities. Despite the health gains of recent decades, significant health disparities persist, ranging from differences in life expectancy between high- and low-income countries, in access to medicines and other innovations and in legal, cultural and social barriers to health care, including gender inequality. Recognition of health as a human right and of the essential role of health equity in sustainable development, together with equity-focused and rights-based approaches, are essential for achieving health and well-being for all, including for the most vulnerable and marginalized.



52%

**GROWTH IN GLOBAL
DISABILITY BURDEN
1990–2017**

11 Disease burden and mortality estimates: Cause-specific mortality 2000-2016. Geneva: World Health Organization; 2017 (https://www.who.int/healthinfo/global_burden_disease/estimates/en/, accessed 1 August 2019).

12 Op. cit.

13 Disability and health. Key facts. Geneva: World Health Organization; 2018 (<https://www.who.int/en/news-room/fact-sheets/detail/disability-and-health>, accessed 27 August 2019).

14 The state of food security in the world: safeguarding against economic downturns and slowdowns. Rome: Food and Agriculture Organization of the United Nations; 2019 (<http://www.fao.org/3/ca5162en/ca5162en.pdf>, accessed 1 August 2019).

15 Op. cit.



- > **Environmental health:** Environmental factors, such as air pollution, already have serious health impacts. Nine out of 10 people globally breathe air containing high levels of pollutants and an estimated 7 million people die every year due to the effects of ambient (outdoor) and household air pollution.¹⁶
- > **Climate change:** Climate change affects the prevalence of vector-borne diseases, such as yellow fever and malaria, and alters the burden of water-borne and diarrhoeal diseases, such as cholera and rotavirus infection. The health impacts of climate change are likely to increase due to extreme heat, natural disasters, variable rainfall patterns and coastal inundation. Although global warming may bring some localized benefits, such as fewer deaths during winter in temperate climates and increased food production in some areas, the overall health effects of a changing climate are likely to be overwhelmingly negative.



- > **Health workforce:** Progress towards universal health coverage and other health-related SDG targets requires concerted efforts to fill the estimated global gap of 18 million health workers projected in 2030 and to make optimal use of existing human resources for health, including strengthening health workforce competence.¹⁷
- > **Fragile and vulnerable settings:** Nearly two billion people live in countries with settings affected by fragility, crises and conflict, and at least half of the world's poorest people are projected to live in such areas by 2030.^{18,19} These settings have the highest rates of maternal and child mortality, food insecurity and malnutrition, sexual and gender-based violence and mental health

16 9 out of 10 people worldwide breath polluted air, but more countries are taking action. Geneva: World Health Organization; 2018 (<https://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action>, accessed 26 August 2019).

17 Health labour market. Geneva: World Health Organization (<https://www.who.int/hrh/labour-market/en/>, accessed 26 August 2019).

18 States of Fragility 2018. Paris: Organization for Economic Cooperation and Development; 2018 (https://www.oecd.org/dac/conflict-fragility-resilience/docs/OECD%20Highlights%20documents_web.pdf, accessed 27 August 2019).

19 World Bank Group Strategy for Fragility, Conflict and Violence 2020-2025. Concept Note. Washington, DC: 2019 (https://consultations.worldbank.org/Data/hub/files/consultation-template/world-bank-group-strategy-fragility-conflict-and-violence/en/materials/conceptnote_06_041519.pdf, accessed 27 August 2019).

disorders and the lowest immunization rates. More than 70% of epidemics occur in fragile contexts.²⁰ Ensuring access to basic health services in these environments is a priority for the international community and requires special programming and coordination.

- > **Increasing drug-resistant infections:** Deaths and loss of productivity related to antimicrobial resistance are increasing due to misuse and overuse of antimicrobials in human, animal and plant health, as well as gaps in innovation and access to quality-assured, affordable medicines; water, sanitation, and hygiene; infection prevention and control; and waste from pharmaceutical manufacturing and agriculture.²¹ Emerging diseases and disorders related to antimicrobial resistance have increased rapidly in recent years, posing serious threats to health, food safety, economies and trade. A multisectoral “One Health” approach is needed to address antimicrobial resistance in humans, animals, plants and the environment comprehensively through effective partnership and collaboration at all levels.²²

1.2 Stronger collaboration among global health organizations to support countries provides a key opportunity for accelerating progress

The global health architecture served the world well during the period of the Millennium Development Goals from 2000 to 2015, which was focused on increasing development assistance for health to address major health crises. Between 2000 and 2010 alone, such assistance increased from US\$ 12 billion to US\$ 36 billion per year, resulting in remarkable health gains.²³ The SDG era, however, has seen a flattening of development assistance for health, which now accounts for just a fraction of global health expenditure, while economic growth has enabled many countries to increase domestic health financing. Furthermore, the health-related SDG targets cover a much broader range of issues, many of which require multisectoral approaches and better leveraging of shared gains across health and other development sectors. In addition, while expansion of the global health architecture over the past two decades has brought significant benefits, countries can face significant difficulties dealing with multiple international partners, each with its own mandate, priorities and operational approaches to financing, monitoring, reporting and engaging with national stakeholders. Overall, greater agility, responsiveness and collaboration are required on the part of global health organizations to help countries tackle the complex health challenges of the SDG era.

The core premise of the Global Action Plan is not that collaboration among its 12 signatory agencies (“the agencies”) is a virtue in itself but that it provides a key

20 WHO’s work in emergencies: prepare, prevent, detect and respond. Annual Report 2018. Geneva: World Health Organization; 2018.

21 See for example No Time to Wait: Securing the Future from Drug-Resistant Infections – Report to the Secretary-General of the United Nations. Geneva: Interagency Coordination Group on Antimicrobial Resistance; 2019, which elaborates on the “One Health” approach to antimicrobial resistance (<https://www.who.int/antimicrobial-resistance/interagency-coordination-group/final-report/en/>, accessed 8 August 2019).

22 Op. cit.

23 Financing global health: Countries and programs in transition. Seattle (WA): Institute for Health Metrics Evaluation; 2019 (http://www.healthdata.org/sites/default/files/files/policy_report/FGH/2019/FGH_2018_full-report.pdf, accessed 1 August 2019).



opportunity to achieve better health and well-being for all. The agencies recognize that they are by no means the only actors in global health. Countries – including governments, civil society, communities, research institutions, the private sector and other national stakeholders – are at the forefront of efforts to achieve the health-related SDG targets. Other international and non-governmental organizations, bilateral agencies, civil society groups and the private sector, including foundations, all play vital roles. Nevertheless, the 12 agencies are an important part of the global health ecosystem, together channelling nearly one-third of total development assistance for health.²⁴ Several of the agencies also play an important catalytic role in supporting countries to raise domestic resources for health and to attract private sector investment and engagement. Mapping of the agencies’ shared priorities undertaken to determine where their areas of work converge (Fig. 8) shows that the agencies play highly complementary roles. In regard to *what* they do, some areas, such as NCDs and neglected tropical diseases, receive less attention, but, collectively, the agencies work to advance all the SDG 3 targets.

In relation to *how* they play their roles, although each agency has a specific mandate on which it must deliver, the agencies as a group also complement one another. Five of the agencies are principally funders (Gavi, the Vaccine Alliance (Gavi), the Global Fund to Fight AIDS, TB and Malaria, the Global Financing Facility for Women, Children and Adolescents (GFF), Unitaid and the World Bank), while the other seven mainly provide normative and policy guidance and technical assistance (Joint United Nations Programme on AIDS (UNAIDS), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the World Food Programme (WFP) and the World Health Organization (WHO)). Many of the agencies also contribute to humanitarian responses and they all play important convening roles. The Global Action Plan provides an opportunity to more effectively leverage their collective strength.

The core premise of the Global Action Plan is not that collaboration among its 12 signatory agencies is a virtue in itself but that it provides a key opportunity to achieve better health and well-being for all.

24 OECD (2019), OECD Creditor Reporting System (database), <https://stats.oecd.org/Index.aspx?DataSetCode=CRS1> (accessed on 19 September 2019) & Op cit.



FIG_8 NUMBER OF GLOBAL ACTION PLAN SIGNATORY AGENCIES WORKING ON THE SDG 3 TARGETS

Indicators	
3.1 Maternal Mortality	3.1.1 ● ● ● ● ● ● ● ● ● ● ●
	3.1.2 ● ● ● ● ● ● ●
3.2 Neonatal & children <5 mortality	3.2.1 ● ● ● ● ● ● ● ● ● ●
	3.2.2 ● ● ● ● ● ● ● ● ● ● ●
3.3 Epidemics & communicable diseases	3.3.1 ● ● ● ● ● ● ● ● ● ● ● ● ●
	3.3.2 ● ● ● ● ● ● ● ● ● ●
	3.3.3 ● ● ● ● ● ● ● ● ● ●
	3.3.4 ● ● ● ● ● ● ●
	3.3.5 ● ● ● ● ● ● ●
3.4 Non-communicable diseases	3.4.1 ● ● ● ● ● ● ● ● ● ●
	3.4.2 ● ● ● ●
3.5 Substance abuse	3.5.1 ● ● ● ● ● ● ●
	3.5.2 ● ● ● ● ● ●
3.6 Road traffic accidents	3.6.1 ● ● ● ● ● ● ● ● ● ● ●
3.7 Sexual & reproductive health care	3.7.1 ● ● ● ● ● ● ● ● ● ● ●
	3.7.2 ● ● ● ● ● ● ● ● ● ● ●
3.8 Universal health coverage	3.8.1 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
	3.8.2 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
3.9 Hazardous chemicals & pollution, etc.	3.9.1 ● ● ● ● ● ● ● ● ● ● ●
	3.9.2 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
	3.9.3 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
3.a Tobacco control	3.a.1 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
3.b R&D for vaccines & medicines	3.b.1 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
	3.b.2 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
	3.b.3 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
3.c Health financing & health workforce	3.c.1 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
3.d International Health Regulations	3.d.1 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●



Goal 3.

Ensure healthy lives and promote well-being for all at all ages

3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1	Maternal mortality ratio
		3.1.2	Proportion of births attended by skilled health personnel
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1	Under-5 mortality rate
		3.2.2	Neonatal mortality rate
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
		3.3.2	Tuberculosis incidence per 100,000 population
		3.3.3	Malaria incidence per 1,000 population
		3.3.4	Hepatitis B incidence per 100,000 population
		3.3.5	Number of people requiring interventions against neglected tropical diseases
3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
		3.4.2	Suicide mortality rate
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
		3.5.2	Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1	Death rate due to road traffic injuries
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
		3.7.2	Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
		3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1	Mortality rate attributed to household and ambient air pollution
		3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
		3.9.3	Mortality rate attributed to unintentional poisoning
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older
3.b	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1	Proportion of the target population covered by all vaccines included in their national programme
		3.b.2	Total net official development assistance to medical research and basic health sectors
		3.b.3	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1	Health worker density and distribution
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1	International Health Regulations (IHR) capacity and health emergency preparedness



GLOBAL ACTION PLAN AGENCIES: WHO THEY ARE AND WHAT THEY BRING

12

GLOBAL HEALTH, DEVELOPMENT AND HUMANITARIAN AGENCIES

The agencies' mandates range from health financing to normative and policy guidance, technical cooperation, market shaping, convening stakeholders and humanitarian responses.

Collectively, the agencies channel
nearly one-third
of development assistance for health

United under **1** plan,
46 proposed actions, across **7** themes,
to help countries achieve
the **SDG** targets
for health



1.3 Advancing the agencies' 2018 commitment and building on a history of collaboration in health

The Global Action Plan expands upon the commitment made by 11 of the agencies in October 2018 – later joined by WFP - to help countries accelerate progress in achieving SDG 3 and related health targets.

The 12 agencies already have an extensive record of collaboration among themselves and with a wide range of other partners. Nevertheless, by developing the Global Action Plan, they recognize that further effort is needed to ensure that their collaboration is more purposeful, systematic, transparent and accountable. Accordingly, the Plan commits the agencies to changing the ways they work with countries and with each other; to closer alignment of their programmatic, operational and financial policies and approaches, including their approaches to advancing gender equality and human rights; to increasing their support for global public goods; and to monitoring progress in their joint efforts. This new approach to collaboration will help the agencies move from complementarity to synergy, increase their overall effectiveness and efficiency and better leverage their joint capacity to respond to the needs and priorities of countries striving to achieve the health-related SDG targets. Effective and efficient collaboration between development partners also reinforces the case for channeling development assistance for health through the multilateral system.

The Global Action Plan builds on a history of effort among many global actors to improve coordination on health in a field that has long been a source of innovation and impact. Global health has set new standards for solidarity, multisectoral collaboration and the centrality of gender equality and human rights to sustainable development. It has harnessed the power of civil society and the private sector in an unprecedented manner, at the same time that innovative approaches and technologies have been developed and used to address complex health challenges. These factors, together with extraordinary political leadership, significant domestic and international investment and accountability for results, have underpinned the major health gains of the past few decades. To achieve the health-related SDG targets by 2030, countries and their development partners must build on this shared record of achievement, maintain momentum where progress has been made and accelerate the speed and scale of responses where progress is lagging behind or where new threats and challenges are emerging.

The Global Action Plan identifies specific opportunities for joint action by the agencies at country and global/regional levels under seven accelerator themes that cut across the agencies' mandates and in which focused, collective action could act as a catalyst to progress.

The seven accelerator themes are:

1.



Primary health care

2.



Sustainable financing for health

3.



Community and civil society engagement

4.



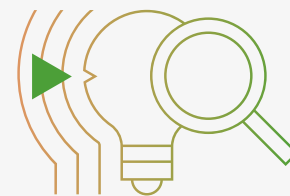
Determinants of health

5.



Innovative programming in fragile and vulnerable settings and for disease outbreak responses

6.



Research and development, innovation and access

7.



Data and digital health



The accelerator themes are described in detail in section 3.

Ultimately, country leadership will drive acceleration in these areas, as illustrated by the example of Rwanda (Box 1). Other examples of country leadership to accelerate progress, align development partners and explore opportunities under the Global Action Plan and the accelerator themes are provided throughout this document. These examples are intended to inform and guide implementation of the Global Action Plan at national level.

Box_1 Rwanda: a history of leadership and innovation in health

Rwanda has a longstanding record of leadership in testing and adopting innovative approaches and technologies in health and has expressed interest in serving as a proof-of-concept country for the Global Action Plan, with a focus on ensuring the financial sustainability of its health programmes and bringing further innovation to scale to accelerate health gains and achieve the health-related SDG targets.

The Ministry of Finance and Economic Planning in Rwanda coordinates national efforts to achieve the SDGs. The Ministry convenes relevant stakeholders, including other ministries, development partners, the private sector, civil society organizations and academia to ensure a coherent, multisectoral approach to addressing national priorities and implementing national policies and strategies in line with the country's development agenda. Since 2016, with support from WHO, an "SDG domestication exercise" led to the development of national health-related SDG indicators and baseline assessments.

The Ministry of Health is currently implementing its fourth health sector strategic plan to guide national priorities for health up to 2024. The plan includes strategies to achieve universal health coverage and other health-related SDG targets and forms part of the country's vision to become a high-income country by 2050.

Currently, around 85% of Rwandans seek health care at primary health facilities. The demand for health services has increased significantly with the introduction of a community-based health insurance program (*Mutuelles de Santé*) during the last 15 years to ensure protection from catastrophic health expenditure and with initiatives to ensure equitable geographical accessibility by the construction of new health facilities, digitization of the health system and developing a competent health workforce.

Attention to gender equality is important in all seven accelerator themes and the Plan includes specific commitments from the agencies to advance gender equality.

The Global Action Plan does not propose new policy recommendations. Rather, it will support implementation of policies to which the agencies' governing bodies are already committed, and which are desired and requested by countries. Actions under the Plan will leverage existing collaboration mechanisms and platforms wherever possible, rather than creating new ones, and will promote synergy with UN Development System reform, in which several of the agencies are involved (Box 2).

Box_2 Leveraging existing platforms and collaborations to advance the Global Action Plan

Global Action Plan signatory agencies are committed to avoiding the creation of new platforms or initiatives under the Plan. Actions by the agencies at country level will leverage and align with existing country-led health and development planning and assessment processes, such as national health plans, summits, review processes, SDG coordination mechanisms, health sector working groups and United Nations Sustainable Development Cooperation Frameworks.

The agencies already have a strong record of collaboration among themselves and with other partners. Several of the agencies are themselves alliances, partnerships or joint programmes comprising multiple agencies and stakeholder groups. Collaboration has been particularly strong with regard to the multisectoral challenges posed by infectious diseases such as AIDS, TB and malaria, and many of the agencies have long been engaged in other partnerships, working groups and task forces at global, regional and country levels in areas such as reproductive, maternal, newborn, child and adolescent health; gender equality and human rights; family planning; health systems strengthening; health financing; supply chain management; health emergencies and disease outbreaks; and health research and innovation. Many of the agencies have recently collaborated on transparency and accountability in the health sector and on antimicrobial resistance. They have collaborated thematically, such as through the “H6” group on the health of women, children and adolescents, and at the regional level, through initiatives such as Harmonization for Health in Africa, the 2019 African Union leadership meeting on health financing and the issue-based coalition for health and well-being in Europe. Eight of the 12 agencies are members of the UN Interagency Task Force on NCDs and nine are also signatories to the International Partnership for UHC 2030 (UHC2030). The 2018 Astana Declaration on Primary Health Care is supported by many of the agencies and most of the agencies have been engaged in processes related to the High-Level Meeting on Universal Health Coverage in September 2019. Actions under the Global Action Plan will leverage resources and expertise from these collaborations and platforms wherever possible. Development of the Global Action Plan has helped to deepen relationships and trust among the agencies, including in the groups that worked specifically on the seven cross-cutting accelerator themes, investment case approaches and alignment of operational policies and approaches.

The Global Action Plan complements the ongoing process of United Nations Development System reform, which directly involves seven of the 12 agencies. Its aim is to increase alignment and collective impact of UN agencies, particularly at country level. Agencies that participate in United Nations Joint Country Teams will engage those teams and other development partners in actions initiated under the Plan, where appropriate. Although not all 12 agencies are part of the United Nations system, it is in the collective interest of all the agencies and countries to ensure that health is well articulated in national United Nations Sustainable Development Cooperation Frameworks and that agencies both within and outside the United Nations system are working closely together in support of the national priorities articulated in these and other national frameworks. The Global Action Plan also broadly complements the United Nations System-wide Strategic Document (SWSD),²⁵ which describes the work of the United Nations Development System as a whole to support implementation of the 2030 Agenda for Sustainable Development.

25 The United Nations system-wide strategic document (SWSD) to support the implementation of the 2030 Agenda for Sustainable Development. New York City (NY): United Nations; 2019.



The agencies recognize that further effort is needed to ensure that their collaboration is more purposeful, systematic, transparent and accountable.



Photo credit: UN / Martine Perret

1.4 Objectives, audience and key principles

The overall **objective** of the Global Action Plan is to enhance collaboration among 12 global organizations engaged in health, development and humanitarian responses to accelerate country progress in achieving the health-related SDG targets. The Plan will do this by facilitating a process among the agencies to *engage* with countries better to identify priorities and plan and implement together; to *accelerate* progress in countries through joint actions under specific accelerator themes and on gender equality and global public goods; to *align*, by harmonizing their operational and financial strategies and policies in support of countries; and to *account*, by reviewing progress and learning together to enhance shared accountability. These steps are described in detail in section 2.

The Plan is primarily intended to be strategic but provides some operational detail to guide implementation while also allowing sufficient flexibility for adjustment based on regular reviews of progress and learning from experience.

The intended **audience** for the Global Action Plan is countries, development partners and stakeholders in the agencies themselves, as well as civil society and the private sector. The Plan is of particular relevance to the following:

- For **Heads of State and government, ministers of health and other relevant departments**, the agencies will accelerate progress against the health-related SDG targets through closer collaboration and alignment to support national priorities.
- For **ministers of finance, foreign affairs and development** in both development partner and implementing countries, the agencies will increase opportunities for realizing greater value for money through more effective collaboration, better leveraging of health investments, improving allocative efficiency of health expenditure and strengthening the case for health investments.
- For **non-state actors**, including people and communities, the agencies will specifically promote meaningful engagement of communities and civil society in efforts to achieve the health-related SDG targets, in partnership with government and other stakeholders, and will pursue additional opportunities for closer engagement of the private sector, while managing conflicts of interest.
- For the **agencies** themselves and their governing bodies, action under the Plan will enable them to support countries' needs and priorities more effectively and efficiently and to deliver global public goods in support of countries through closer collaboration and alignment.

Guiding principles: As part of their commitment to collaborate more effectively, the agencies re-commit themselves to key principles of development effectiveness, including the “seven behaviours” for health development effectiveness and the principles that guide the UHC2030 Global Compact for progress towards universal health coverage (Box 3). Collectively, they also commit to improve operational alignment at the global level. In line with the Global Partnership for



Effective Development Cooperation, the agencies acknowledge that openness, trust, mutual respect and learning lie at the core of effective partnerships, recognizing the different and complementary roles of the respective actors. The agencies commit themselves to uphold and be guided in their collaboration by the principle of “inclusive development partnerships” and the other principles of the Global Partnership for Effective Development Cooperation: “Ownership of development priorities by developing countries”, “focus on results” and “transparency and accountability to each other”, building on the important commitments to aid effectiveness agreed at high-level meetings in Rome, Paris and Accra during the past two decades.²⁶

Box_3 Key principles for development effectiveness

Seven behaviours for health development effectiveness	Guiding principles of UHC2030 Global Compact
<ul style="list-style-type: none"> ● Provide well-coordinated technical assistance ● Support a single national health strategy ● Record all funds for health in the national budget ● Harmonize and align with national financial management systems ● Harmonize and align with national procurement and supply systems ● Use one information and accountability platform ● Support south-to-south and triangular cooperation 	<ul style="list-style-type: none"> ● Leaving no one behind: a commitment to equity, non-discrimination and a rights-based approach ● Transparency and accountability for results ● Evidence-based national health strategies and leadership, with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery ● Making health systems everybody’s business – with engagement of citizens, communities, civil society and private sector ● International cooperation based on mutual learning across countries regardless of development status and progress in achieving and sustaining universal health coverage, and development effectiveness principles.

Source: UHC2030/International Health Partnership

²⁶ Global Partnership for Effective Development Cooperation (<http://effectivecooperation.org/about/principles/>, accessed 1 August 2019). More than 160 countries and more than 50 organizations, including members of the United Nations Development Group, the World Bank, Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria agreed to these principles in the Busan Partnership Agreement, the outcome of the Fourth High-level Forum on Aid Effectiveness (Busan, Republic of Korea) in 2011.

As Ethiopia considers opportunities under the Global Action Plan, its record of ensuring that development partners align their support with national plans, strategies and processes offers lessons for the Plan's implementation (Box 4).

Implementation of the Global Action Plan will be driven primarily by the agencies' commitment to engage in a more coordinated way with countries – including governments, civil society, the private sector and other national stakeholders – and determine a joint response.



Box_4 Ethiopia: Fostering effective multisectoral partnerships

Ethiopia's long experience in improving aid effectiveness for health is reflected in the governance structure of its Health Sector Development Plan IV (HSDP 2011-2015) and its Health Sector Transformation Plan (HSTP 2016 - 2020), both of which include alignment of support from development partners and other stakeholders with government priorities for the health sector.

Ethiopia has a well-functioning health-related SDG coordination mechanism, known as the Joint Consulting Forum (JCF), which facilitates alignment of development partners with national health plans and priorities. The JCF also has a mandate to review the SDG Performance Fund, a pooled fund managed by the Federal Ministry of Health to which 11 development partners contribute.

Ethiopia joined the International Health Partnership (IHP+) in 2007 and developed a national IHP+ compact with 11 development partners in 2008. In accordance with IHP+ principles, the country has emphasized "one plan, one budget, one report". There is one country-wide strategic plan for the health sector which was assessed with the IHP+ Joint Assessment of National Strategies tool. One budget maps all financial and non-financial resources available from all sources. One report is based on a common set of indicators for performance reporting through various channels. Review missions, annual review meetings and mid-term reviews are conducted in consultation with development and implementing partners. The country regularly scores external partner organizations on their commitments to an aligned way of working using scorecards developed under IHP+. A similar instrument could potentially enhance shared accountability under the Global Action Plan.

Ethiopia is also pilot testing an innovative approach, known as "multisectoral woreda (district) transformation", to enable implementation of basic health and social services based on one plan, one budget and one report across development sectors. This approach is led by the national Cabinet and involves joint, district-by-district work by ten ministries to align the efforts of partners that support various sectors, thereby reducing transaction costs and maximizing impact. It particularly benefits the health sector by enabling coordinated action on the socioeconomic determinants of health and efforts to achieve universal health coverage.

Ethiopia has invested significantly in its primary health care system during the past decade, with a district level approach, including development of its community health workforce. As it considers opportunities presented by the Global Action Plan, the country is seeking to strengthen primary health care in the context of universal health coverage and to further increase alignment of major health donors with national priorities, particularly for financing health systems strengthening. Ethiopia is concerned about the potential "re-verticalization" of primary health care and has requested the Global Action Plan signatory agencies to align their approaches and pool funds for health systems strengthening in the SDG Performance Fund. The country has also expressed interest in support for setting standards at the national level for cascading macro-level strategies to impact individuals and households and support for districts with special health challenges.

2. The Global Action Plan: Engage, Accelerate, Align and Account

Photo credit: WHO /Andy Craggs



2.1 Overview

The publication of the Global Action Plan in September 2019 provides further momentum to the process launched by the agencies in 2018, in which they agreed to continuously reflect upon and improve the way they work and to collaborate at national, regional and global levels to better support countries, increase country ownership, support the delivery of global public goods, accelerate impact against the health-related SDG targets and “learn by doing”. A framework comprising four specific commitments will guide implementation of the Plan. Under this framework, the agencies commit to:



> **Engage** with countries better to identify priorities and plan and implement together;



> **Accelerate** progress in countries through joint actions under specific accelerator themes and on gender equality and global public goods;



> **Align**, by harmonizing their operational and financial strategies and policies in support of countries; and



> **Account**, by reviewing progress and learning together to enhance shared accountability.

2.2 Engage: A commitment to work with countries to identify priorities and plan and implement together

The value of the commitments made in the Global Action Plan will ultimately be determined through action and impact towards achievement of the health-related SDG targets at country level. Implementation of the Global Action Plan will be driven primarily by the agencies’ commitment to engage in a more coordinated way with countries – including governments, civil society, the private sector and other national stakeholders – and determine a joint response.

The agencies recognize that country governments will play the driving role in setting priorities, developing implementation plans and ultimately delivering on the health-related SDG targets. The Global Action Plan focuses on how the agencies can maximize their collective effectiveness as enablers and supporters of countries’ efforts. Consequently, there will not be country-level versions of the Global Action Plan. Instead, the approach embodied in the Plan and the proposed actions under the accelerator themes will inform the way the agencies engage with governments and other stakeholders to optimize coordination and collaboration in support of national priorities and strategies.

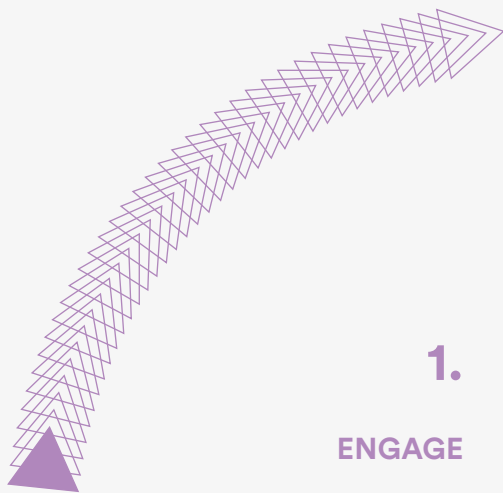
The starting point for engagement may differ by country and across accelerator themes. In many cases, engagement by the agencies to identify opportunities for intensified joint support will build on existing collaborations and relationships between the agencies and countries and with other development partners at country level. The agencies anticipate engagement with senior levels of government, including ministries of health and finance, to ensure high-level buy-



GLOBAL ACTION PLAN: ENGAGE, ACCELERATE, ALIGN, ACCOUNT



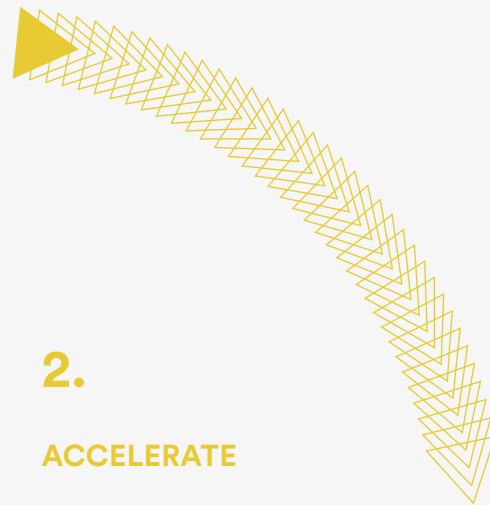
Engage with countries better to identify priorities and plan and implement together



1.

ENGAGE

Accelerate progress in countries through joint actions under specific accelerator themes and on gender equality and global public goods



2.

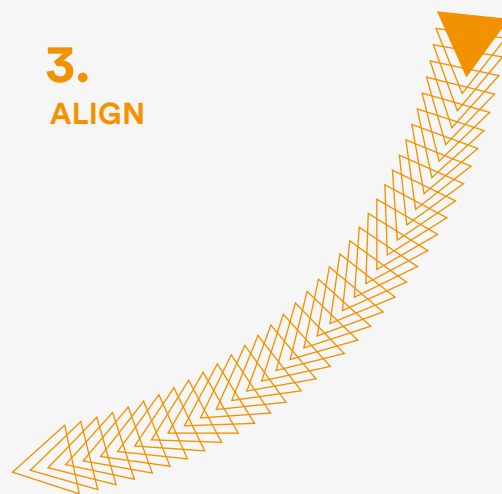
ACCELERATE



4.

ACCOUNT

Account, by reviewing progress and learning together to enhance shared accountability



3.


ALIGN

Align, by harmonizing our operational and financial strategies, policies and approaches in support of countries

in and multisectoral leadership as well as with civil society, the private sector and other development partners. While country governments will play the primary role in determining national priorities, strategies and implementation approaches, achieving the health-related SDG targets requires a whole-of-society effort. Active engagement of communities and civil society – including patients and affected populations – is vital to ensure their optimal contribution to policy development and the design and delivery of services, particularly for marginalized and vulnerable people, and to reinforce accountability. Engagement of the private sector is also important given its key role in developing and delivering goods and services in many countries. The agencies will consistently promote gender equality as part of engagement with countries.

Country governments' requests for support from the agencies will be framed within the context of national strategies and channelled through existing mechanisms. Such requests will form the basis for further discussions and joint planning and agreement between countries, agencies and other relevant stakeholders. Through an iterative process and taking account of contributions from other development partners, including bilateral donors, the agencies will determine their respective contributions, including roles, responsibilities, timelines and follow-up. Although country requests for support under the Plan will normally be signalled by governments, demand from civil society, the private sector or other country stakeholders may also be evident.

Some countries may choose to define their priorities and needs for strengthened collaboration among the agencies through an inclusive process of national dialogue, using existing processes or platforms where possible, such as national health planning processes or reviews, country coordinating mechanisms and national SDG coordination groups. When a country decides to pursue a national dialogue process, a local team drawn from the agencies' country and regional representatives will serve as primary focal points, with support from global and regional offices, ensuring effective interaction of agencies without country presence and, where possible, leveraging the agencies' country capacities as a shared resource. The country dialogue organized by Ghana is described in Box 5.



While country governments will play the primary role in determining national priorities, strategies and implementation approaches, achieving the health-related SDG targets requires a whole-of-society effort.

Box_5 Ghana: Focus on primary health care and sustainable financing

Ghana was the first country to hold a country dialogue related to the Global Action Plan, which took place in April 2019 during the Ghana Health Summit, the annual forum for the health sector that includes government, civil society and development partners. Nine of the 12 Global Action Plan signatory agencies participated in the discussion through their country offices or focal points.

Two key national priorities emerged from the dialogue that would benefit from collective action by the Global Action Plan signatories, working with the government and other relevant partners. First, as the country works towards achieving universal health coverage, it aims to strengthen the existing primary health care system in a holistic manner, including by:

- > Developing a new primary health care package of services, including prevention and health promotion services; palliative, rehabilitative, curative and emergency care; and mental health services;
- > Strengthening the Community-based Health Planning and Services programme that harnesses social and human capital in communities for health system development and delivery and brings health services closer to communities, as well as strengthening health centres at sub-district level and district hospitals, with greater attention to disadvantaged sub-districts and better oversight;
- > Strengthening logistics and infrastructure, for example by building on cold chain support provided by Gavi and other infrastructure investments by the United States Agency for International Development and the Japan International Cooperation Agency;
- > Upgrading health information systems to incorporate digital technologies;
- > Finalizing and costing the country's universal health coverage roadmap and better aligning it with the national strategy on primary health care;
- > Integrating midwives into primary care at all levels; and
- > Strengthening quality assurance and the overall quality of services.

Second, Ghana has identified ensuring the financial sustainability of the health system as a major priority. Potential areas of joint support in this area include:

- > The ongoing rollout of the Ghana Integrated Financial Management Information System across government to replace stand-alone, legacy financial management systems; full implementation of the system will enable more efficient and sustainable allocation, deployment and monitoring of financing in the country, including for health;
- > Reviewing and updating the country's health financing strategy, including exploring additional opportunities for domestic resource mobilization, linked to plans for strengthening primary health care;
- > Developing an integrated plan for sustainability and transition aligned to the country's roadmap for sustainability and transition from external financing; and
- > Developing an investment case to support advocacy for increased government budget allocations to health.

Consistent with the principle of national ownership, countries will coordinate the agencies' joint work at country level and ensure that the work takes into account the country context and existing coordination mechanisms and that the work is focused on agreed actions. WHO will support governments in the coordination of country-level activities, leveraging existing UN and other donor coordination arrangements where appropriate, and will help to facilitate joint actions among the agencies at the global/regional level. Through the overall approach of the Global Action Plan and supported by the specific accelerator themes, the agencies will work to ensure a coordinated and collaborative response depending on country context and their country focus and presence.

Discussions among the agencies and with several countries during the development of the Global Action Plan confirmed a significant demand for joint action by the agencies based on country priorities and health strategies and plans that countries own and lead. Initial engagement and dialogue with countries about potential joint support under the Plan has been based primarily on country expressions of interest; opportunities presented by interagency planning processes, including Common Country Assessments and United Nations Sustainable Development Cooperation Frameworks; planning under way for new donor funding cycles; and discussions on the Plan's seven accelerator themes. Other factors that may influence effective country engagement and support by the agencies include clearly defined gaps and opportunities in the national health agenda; new domestic or external funding opportunities that can be catalysed by joint action under the Plan and the potential for "champion countries" where there is effective collaboration to help establish benchmarks and promote learning.

About two dozen countries have been engaged to various degrees under the Global Action Plan to date. Half a dozen countries have had more in-depth dialogues, as illustrated by several examples in this document. Visits were conducted to Ghana (Box 5) and Morocco (Box 7). All the countries that are engaged to date have conveyed the consistent message that they wish to accelerate progress towards the health-related SDG targets and that they clearly understand the role of health as a precondition, driver and outcome of sustainable development. They also expressed a consistent desire to spend more time running effective health programmes and less time managing multiple international partners. Some overarching lessons from country engagement to date are described in Box 6.

Box_6 Key lessons from country engagement under the Global Action Plan to date

- > **The importance of leadership on the SDGs:** Political leaders of countries interested in engaging under the Plan are strong advocates of the SDGs and health. Most of the engaged countries are also committed to multisectoral approaches, with several having established an SDG secretariat with responsibility for coordinating cross-government action on the SDGs. Leadership from both ministries of health and finance is crucial.
- > **Leveraging the Global Action Plan to address challenges and bottlenecks:** Discussions about the Global Action Plan have helped to identify specific challenges and roadblocks where closer collaboration by the agencies and other partners could accelerate progress.
- > **The use of existing coordination, planning and monitoring mechanisms and meetings** (e.g. health summits, sector reviews, United Nations Sustainable Development Cooperation Framework processes) limits transaction costs and helps to ensure that action under the Plan is aligned with national priorities and activities.
- > **Opportunities exist for stronger collaboration:** Countries and the agencies recognize that the agencies have not yet been collaborating most effectively in many areas, including on some of the seven accelerator themes, or in aligning operational policies.
- > **Resources:** Although the Global Action Plan does not come with additional resources, action under the Plan can help countries to identify opportunities to better leverage existing resources;
- > **Coordination with bilateral agencies, regional development banks and other development partners** is important; and
- > **Sustained follow-up will be essential:** Agreement by countries and the agencies to focus on key priorities must be followed up by clear identification of the actions to be undertaken, designation of responsibilities and the results to be achieved.

Box_7 Morocco: Using the Global Action Plan as an opportunity for dialogue on country priorities

Morocco held a two-day policy dialogue on health financing under the high patronage of His Majesty the King in June 2019. The Conference was opened by the Head of Government and had over 200 participants representing nearly 70 organizations, from governmental departments, parliamentarians, non-governmental organizations, civil society and international experts. The event was used as an opportunity to identify national priorities in health financing and other potential areas in which the agencies could provide support under the Global Action Plan, including:

- > Strengthening health financing mechanisms, including exploring new health financing approaches through public-private partnerships;
- > Adopting performance monitoring and increasing the autonomy of hospitals through strategic purchasing;
- > Separating the health financing function from health care provision; and
- > Strengthening regulation and governance of the medical coverage system.

A side meeting was arranged to enable country dialogue on three other accelerator themes contained in the Global Action Plan: community and civil society engagement, determinants of health, and data and digital health. Several panels highlighted the country's achievements and challenges in the three thematic areas and identified potential collective actions that could be taken with support from the agencies:

- > Strengthening community and civil society participation in health promotion and disease prevention;
- > Developing and updating the legal framework and regulatory instruments for engagement of both civil society and the private sector;
- > Establishing a platform for institutional dialogue between decision-makers and stakeholders, including health care providers, service users and civil society organizations;
- > Strengthening partnerships with civil society to reach key vulnerable populations; and
- > Strengthening coordination and intersectoral collaboration on digital health.

With development assistance for health representing less than 1 per cent of current health expenditures²⁷ and 1.8 per cent of Gross National Income in Morocco,²⁸ the added value of the Global Action Plan was the opportunity for dialogue and prioritization among national stakeholders including ministries other than health, parliamentarians, the National Human Rights Commission, the Human Development Observatory, civil society and the private sector. In the coming months, the agencies will work with the country to define how they will align their support to help the country address these priorities. A Forum on primary health care is planned in October 2019, where potential joint support will also be discussed.

27 WHO global health expenditures database (<https://apps.who.int/nha/database/ViewData/Indicators/en>, accessed 1 August 2019).

28 World Bank database (<https://data.worldbank.org/indicator/DT.ODA.ODAT.GN.ZS>, accessed 1 August 2019).



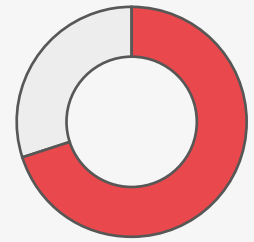
2.3 Accelerate: A commitment to act together to support countries under specific accelerator themes and on gender equality and global public goods

Section 3 of the Global Action Plan describes specific opportunities for and commits the agencies to action at country and global/regional levels under seven accelerator themes that cut across the agencies' mandates and where collective effort could make a significant contribution to accelerating progress on the health-related SDG targets. The seven accelerator themes are linked and mutually reinforcing. For example, strong primary health care is fundamental to achieving SDG 3, while sustainable financing ensures efficient generation, allocation and use of resources for health, and increasing multisectoral action to address the determinants of health can drive progress across multiple health-related SDG targets.

Countries will be encouraged to consider primary health care and health financing as entry points for joint support. Most countries have health sector plans that focus on primary health care and financing and are working to develop indicators linked to global universal health coverage and primary health care monitoring efforts.

Gender equality and women's empowerment are essential to achieving health and well-being for all and ensuring that no one is left behind and are part of broad multisectoral efforts needed across the SDGs to address determinants of health. Gender, independently and with other determinants of health such as socioeconomic status, disability, ethnicity, geography, age, legal identity, migration status, gender identity and sexual orientation, can influence the risk of exposure to harmful environments and access to high-quality health interventions and thereby directly affect health outcomes. To advance the objectives of the Global Action Plan, the agencies will work together and with other partners to increase investment and action on gender equality and address the influence of gender on behaviours, norms, policies and gender- and human-rights related barriers to health services. Priorities for consideration include strengthening comprehensive high-quality health care; promoting gender equality through research, policies, programmes, and budgets; promoting equitable gender norms and tackling harmful gender norms in health care settings and in society at large; designing health interventions to overcome gender-related barriers to accessing services; reducing gender-based violence and sexual exploitation and abuse; and disaggregating data by sex. Because 70% of health workers globally are women,²⁹ investments in the health workforce will specifically contribute to gender equality and women's economic empowerment.

To accelerate action on gender equality, the agencies will consistently promote gender equality in all the accelerator themes. In addition, as a core commitment to accelerate and advance gender equality throughout the Global Action Plan



70%
**OF HEALTH
WORKERS GLOBALLY
ARE WOMEN**

²⁹ Boniol M, Mclsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 194 countries. Working paper 1. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?ua=1>, accessed 11 September 2019).



THE 7 ACCELERATOR THEMES

The seven accelerator themes in the Global Action Plan are common challenges in many countries and cut across the mandates of the 12 signatory agencies. Joint action by the agencies in these seven areas to support countries and deliver global public goods will help to accelerate progress towards the health-related SDG targets.

1.



Primary health care

Effective and sustainable primary health care is a cornerstone for achieving the health-related SDG targets and progress on the other accelerator themes. It provides a platform for accessible, affordable, equitable, integrated, quality primary care and public health services for all, near where people live and work, linked to higher levels of care. It supports multisectoral action on health and engages people and communities in their own health and well-being.

2.



Sustainable financing for health

Sustainable financing enables countries to reduce unmet need for services and financial hardship arising from out-of-pocket payments by establishing and progressively strengthening systems to mobilize adequate resources for health and to spend them better to deliver more health for the money. For low-income countries where development assistance is significant, it also involves improving the effectiveness of external funding support.

3.



Community and civil society engagement

Ensuring that communities and civil society receive the support that they need to be meaningfully engaged enables them to bring their lived experience, perspectives and expertise to knowledge-generation, policy-making and health responses that are rights-based, accountable and ensure that no one is left behind.

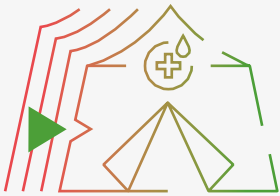
4.



Determinants of health

Addressing the determinants of health is vital to creating an enabling environment for health and well-being for all and ensuring that no one is left behind, including through rights-based and gender-responsive approaches, leveraging investments and action in sectors beyond health and maximizing gains across the SDGs.

5.



Innovative programming in fragile and vulnerable settings and for disease outbreak responses

Ensuring that health and humanitarian services are available in fragile and vulnerable settings and responding effectively to disease outbreaks require multisectoral coordination, long-term planning and financing, information sharing and strengthening of health system governance and workforce capacity. Action across the accelerator themes is needed to strengthen health services in these settings.

6.



Research and Development, Innovation and Access

Research and innovation are critical to improving the quality and efficiency of health products and services, while sustainable and equitable access ensures better availability of healthcare interventions to those who need them most.

7.



Data and digital health

Quality and comprehensive data are key to understanding health needs, designing programmes and policies, guiding investment and public health decisions and measuring progress. Digital technologies can transform the way health data are collected and used and contribute to more equitable, rights-based health policies and primary health care services.

(*Engage, Accelerate, Align and Account*), the agencies commit themselves to reviewing and assessing their policies, programmes (inputs, outputs and outcomes) and, when possible, budget allocations and expenditures to ensure that they are gender-transformative, equity-oriented, rights-based and people-centred, with the aim of increasing investments and better supporting efforts to tackle harmful and unequal gender norms (including within the agencies themselves) and reducing gender-related barriers in access to high-quality health services. Best practices will be documented to promote cross-agency learning and collaboration, and deliberate efforts will be made to cascade lessons across global health. In formulating the 2023 milestones, the agencies commit themselves to incorporate gender-sensitive or -specific targets in their monitoring frameworks, using existing methods, such as Global Health 50/50 and the United Nations system-wide action plan, drawing on recommendations of the Secretary-General’s High-level Task Force on Financing for Gender Equality in the United Nations, where appropriate.



Photo credit: UN / JC McIlwaine

At the core of the agencies’ commitment to accelerate progress together is moving from the words in this Plan to concrete, aligned technical assistance and financing in support of countries. The seven accelerator themes contain 46 proposed actions to be undertaken jointly by the agencies at both country and global/regional levels; these are shown under each accelerator theme and summarized in Annex 2. The proposed **country-level** actions should be seen as a menu of potential areas of collaboration, but the actions undertaken will be determined through joint engagement and planning with countries. Many of the country-level actions are based on the recognition that as external



resources represent a smaller share of total funds for health, alignment and coordination of technical assistance and policy dialogue are as important as alignment of funding and programmes. The proposed **global/regional-level actions** will support the country-level actions and the delivery of global public goods.

Actions agreed upon with countries will be accompanied by clear objectives and milestones to ensure that they are being implemented as planned to achieve the intended results. Some actions will not be stand-alone efforts under the Global Action Plan but continuation and extension of existing efforts to take them to the scale required to accelerate progress.

Not all 12 agencies will necessarily collaborate on every accelerator theme or action. Collaborations will be based on what makes sense in the country context and take into account the respective agencies' mandates and available resources. Some actions may be undertaken by a subset of the agencies and involve other development partners at global, regional or country levels, such as other multilateral agencies, bilateral agencies, civil society and the private sector, including private foundations. While a specific accelerator theme related to community and civil society engagement is included in the Plan, attention will also be given to private sector engagement. Lebanon provides an example of discussions underway with multiple partners across accelerator themes (Box 8).

Gender equality and women's empowerment are essential to achieving health and well-being for all and ensuring that no one is left behind.



Photo credit: UN / Mark Garten

Box_8 Lebanon: Using all seven accelerators themes as opportunities for partner dialogue and alignment with country priorities

The Global Action Plan has been used as an opportunity for the seven signatory agencies with presence in Lebanon (UNDP, UNFPA, UNICEF, UN Women, World Bank Group, WFP, and WHO) to discuss each accelerator theme and identify national priorities and potential areas where support could be provided. Such action will be in addition to the engagement and involvement of other, non-signatory agencies, such as the International Organization for Migration, the United Nations High Commissioner for Refugees, the Food and Agriculture Organization of the United Nations and the United Nations Office on Drugs and Crime, as well as the United Nations Resident Coordinator. Beginning in May 2019, bilateral meetings with all health and development partners were conducted by the Ministry of Public Health. For determinants of health, UN Women chaired the discussion as part of the Gender Working Group meeting and agreed to mainstream health and gender as part of their action plan and as part of the Common Country Analysis and United Nations Sustainable Development Cooperation Framework review.

The potential areas of support identified were:

- > Strengthening the primary health care system and reinforcing equitable access to primary health care through collaborative and multi-stakeholder analysis of current financing schemes, identifying bottlenecks and adopting a joint strategy for primary health care in the country;
- > Strengthening public-private partnerships, especially in the area of community engagement;
- > Strengthening partnerships with civil society to reach vulnerable populations;
- > Benefiting from innovation and technology, especially to increase health service coverage and reach marginalized populations;
- > Improving access to good-quality national data, especially strengthening gender-disaggregated data.

Consensus-building and planning meetings with a broad set of national and international stakeholders will take place in the coming months to further discuss priorities and agree on joint actions.



2.4 Align: A commitment to harmonize operational and financial strategies, policies and approaches

In addition to country- and global/regional-level actions under accelerator themes, the agencies have identified several potential actions that could be implemented jointly in the short, medium and long term at the global level to better align and harmonize their operational and financial strategies, policies and approaches with a view to increasing their collective efficiency and effectiveness and reducing the burden on countries. The agencies will use existing platforms, events and tools whenever possible to minimize transaction costs and duplication, taking advantage of ongoing initiatives such as the Common Procurement Activities Group, the Organisation for Economic Co-operation and Development's network of senior health budget officials, opportunities for synergy presented by the process of United Nations reform in which several of the agencies are concurrently engaged and leveraging shared resources such as the new Global Health Campus in Geneva (Box 9).

Box_9 The Global Health Campus

In 2018, five global health organizations based in Geneva (Gavi, the Global Fund, Roll Back Malaria, Stop TB and Unitaid) moved to the same building to foster and facilitate exchange and collaboration. The co-location has improved communication among the different agencies and facilitated the organization of joint events and meetings, significantly improving collaboration and knowledge-sharing among teams and organizations. With extensive, flexible meeting spaces and state-of-the-art communication technologies, the Global Health Campus is also enabling stronger collaboration with other partners, both in Geneva and around the world. Sharing the same facilities also improves efficiency and results in significant resource savings from joint service contract negotiation and building management.

In the short and medium term, better sharing of information, knowledge and data will allow the agencies to identify potential efficiencies by decreasing risks of duplication, reducing the burden on countries and fostering alignment and collaboration in areas of common interest. Information that could be shared includes:

- > Existing agency-specific **country reviews, assessments or analyses**;
- > Existing **capacity assessments and due diligence of recipients of development assistance** when agencies fund the same entities;
- > **Audits** of financing recipients, to avoid duplication and improve the effectiveness of risk management and detection and prevention of errors and fraud;



Photo credit: UN / Manuel Elias



- > **Risk and assurance approaches** to address corruption in global health, specifically under the framework of the Global Network on Anti-corruption, Transparency and Accountability in Health Systems, to benefit from this existing exchange framework and findings from its case studies;
- > **Travel planning for country visits**, such as in-country consultations with Country Coordinating Mechanisms, Common Country Analysis, United Nations Sustainable Development Cooperation Frameworks, country SDG platform meetings; programme monitoring and evaluation, events or project launches. This would allow the agencies to exchange information on programme implementation and impact and support future planning efforts, while ensuring the coherence of approaches across the various coordinating mechanisms and frameworks that exist at country level; and
- > **Approaches, procedures and tools** for development assistance for health, such as grant budget templates, consultant rate databases, minimum standards for procurement, travel requirements and salary benchmarks.

In the longer term, the agencies will explore closer alignment of internal operational and administrative processes and procedures where impact and efficiencies can be achieved, and this is consistent with the agencies' mandates, capacities and comparative advantages. Opportunities may exist to:

- > Move towards joint capacity and needs assessments;
- > Move towards better coordination in planning, auditing and audit reporting, with use of national supreme audit institutions to deliver or partner on audits;
- > Align and harmonize procedures, due diligence and tools related to development assistance for health;
- > Move towards greater sharing of facilities and establish joint or shared services for common operational needs, such as travel services and travel security; and
- > Explore existing staff exchange programs to identify best practices and propose a joint approach, where appropriate.

The agencies will create an operational working group with designated focal points to advance these proposals and will also consider developing or adapting a shared tool or repository to facilitate sharing of data and knowledge.

The Global Action Plan also enables agencies to align elements of their programmatic strategies, policies and approaches in support of countries. Development of the Plan has deepened collaboration among the agencies under the accelerator themes, as well as on 2023 milestones and investment case approaches (Box 10). Such collaboration does not represent discrete projects but provides important opportunities to capitalize on evolving “communities of practice” for sharing, learning and harmonizing approaches.

Box_10 Towards closer alignment of institutional investment case approaches

Global Action Plan signatories aim to maximize their collective impact at the country level. To support their respective missions and mandates, several agencies have developed investment cases to estimate how financial investments in that agency can contribute to improvements in health and related social outcomes that are necessary to achieve the broader health-related SDG targets. In October 2018, the agencies agreed to a process to compare the methodologies used to estimate impact within their respective investment cases, and, where possible, to further align on methodology and communication about their investment cases.

A sub-set of the 12 agencies met in early 2019 to outline their approach to impact assessment, map the main characteristics of their investment cases and identify commonalities and differences in approaches. The discussions identified numerous commonalities in approaches. The investment cases are consistent in their objective of raising the financial resources required to achieve the health-related SDG targets. Consequently, they seek to provide convincing arguments for investment in specific agencies. The agencies have worked to compare their investment case scenarios, while also engaging with other key partners, including academic institutions and modelers. The agencies may consider their respective impact as contributing to the wider global health response and achievement of health-related SDG targets.

The main differences identified reflect the different planning cycles, scope and entry points of the agencies. The scope of investment cases varies across organizations, for example, by eligible countries and target populations and because of strategic priorities derived from their mandates. As a result, organizations may select different comparator scenarios that most clearly illustrate the objectives of their investment cases and the respective impact numbers presented in investment cases are not always directly comparable.

A subset of the agencies is continuing to examine and align their investment case approaches, with the primary aim of providing clarity and transparency to donors, while also increasing efficiencies in their own ways of working. When impact scenarios do overlap, the agencies will make differences between attribution and contribution more explicit by providing sufficient information on investment case methods.

2.5 Account: A commitment to review progress and learn together to enhance shared accountability

The success of the Global Action Plan will depend on accountability for the commitments made and continuous learning within and across the agencies, as well as identifying the enabling contributions of countries and partners. However, the agencies have sought to avoid creating heavy monitoring and evaluation processes under the Plan that would entail transaction costs better invested in supporting countries. To monitor progress and guide the Plan's further implementation, a process of reporting, reviewing and learning will be undertaken, consisting of the following activities:



- > **Quarterly meeting of agency focal points:** Building on the close collaboration among the agencies in developing the Global Action Plan, the agencies will meet at the global level at least on a quarterly basis to review progress and respond to emerging issues and implementation challenges, drawing on regular feedback from country offices when possible and from other staff and stakeholders. This group will maintain close communication with heads of agencies, senior management and the relevant country, regional and technical teams of the agencies. South-to-south learning and information-sharing will be encouraged.
- > **Governing bodies:** The agencies and their leadership are formally accountable only to their respective boards or governing bodies and over the next year may report informally to these bodies on progress under the Global Action Plan in appropriate formats. Thereafter, the agencies will prepare annual joint progress reports to inform and engage Member States and non-state actors. These reports may be used in appropriate formats to inform their governing bodies, including the World Health Assembly, of progress under the Plan. Although governance arrangements differ by agency, Member States and non-state actors participate and engage robustly in these bodies, providing an opportunity for dialogue on shared accountability among sectors and stakeholder groups. Governing body documents and deliberations that are made public will provide a degree of transparency with regard to progress made and challenges encountered under the Plan.



- > **Country perspectives:** Entry points for country perspectives on the collective performance of the agencies will include the agencies' governing bodies, comments during public discussion at the World Health Assembly and case studies included in the joint report. The use of simple country survey tools will also be explored.
- > **Independent evaluation:** An independent evaluation of the Global Action Plan is proposed for 2023, which is the mid-point of the SDG timeline and will coincide with a further High-level Meeting on Universal Health Coverage. This will require collaboration among the agencies' monitoring and evaluation teams, which has already begun.
- > **Alignment with existing monitoring and evaluation frameworks:** The agencies participate in the monitoring and evaluation activities of a range of other partnership and coordination mechanisms. Consistent with the principle of using existing platforms, the agencies will explore mutually reinforcing opportunities through various platforms, such as the Multilateral Organization Performance Assessment Network (MOPAN), which has already assessed most of the agencies individually and is exploring how it could better measure agencies' collaborative efforts to achieve the SDGs. The Global Action Plan will not create new data collection requirements, outcome or impact indicators or lines of reporting. Existing country data, the United Nations monitoring framework for the SDGs through the High-level Political Forum, including the Voluntary National Reviews, and the regular monitoring of progress on primary health care and universal health coverage for the World Health Assembly will be used to assess global- and country-level progress towards the health-related SDG targets.^{30,31}

Many country health information systems need to be strengthened to fill critical data gaps and improve the timeliness and accuracy of data on the health-related SDG targets. The data and digital health accelerator theme in this Plan includes several actions that could be implemented jointly by countries and the agencies. This area is of interest to Colombia, which has set its own interim national SDG milestones and is seeking support to better measure its progress (Box 11).

The success of the Global Action Plan will depend on accountability for the commitments made and continuous learning within and across the agencies, as well as identifying the enabling contributions of countries and partners.

30 See Monitoring and progress: High-level Political Forum on Sustainable Development (<https://www.un.org/sustainabledevelopment/monitoring-and-progress-hlpf/>, accessed 7 August 2019).

31 See 72nd World Health Assembly, 2019. Primary health care. WHA 72.2. para 4.4. 24 May 2019.

Box_11 Colombia: Exploring opportunities to strengthen data on SDG progress

Like many other countries, Colombia is facing an increased burden of NCDs, including mental health conditions, which, with an ageing population, are changing health care needs and include chronic care. Colombia also faces structural challenges in ensuring coordinated action, workplans and programmes at all levels of government to achieve the health-related SDG targets.

Colombia began implementation of the 2030 Agenda by creating the High-level Inter-agency Commission for the Effective Implementation of the 2030 Agenda and its Sustainable Development Goals to promote an integrated, cross-sectoral, participatory approach to the social, environmental and economic dimensions of development. A number of challenges to achieving the health-related SDG targets have been identified by the Colombian Ministry of Health. The country is interested in pursuing opportunities for joint support under the Global Action Plan to strengthen health data through the creation of an SDG-Health Observatory and for support on health determinants and innovation. Colombia views its past experience collaborating with multisectoral development partners on implementation of the Framework Convention on Tobacco Control as particularly beneficial.



The agencies are setting **mid-point milestones** for around 50 health-related targets across 14 SDGs that will provide a critical check-point to determine where the world stands in 2023 and whether it is on track to achieve the targets by 2030. Although the ultimate responsibility for achieving the SDGs rests with countries, the milestones will provide a common dashboard and diagnostic tool to guide understanding of where countries, the agencies and/or other development partners might have to recalibrate their efforts and where additional, focused action might be needed. Additional milestones will be included to address a number of emerging challenges that are not adequately addressed in the SDG framework, such as antimicrobial resistance. The full set of milestones will be available on the [Global Action Plan website](#) in early 2020.

Accountability of the agencies mutually reinforces and relies upon accountability of other actors. The agencies recognize that while they provide substantial financial and technical resources to countries to achieve the SDGs, countries are ultimately responsible for their progress. Where countries themselves have well-integrated and coordinated approaches, it will be easier for the agencies to align and harmonize their support. Equally, many other development partners – especially bilateral donors – currently provide support to countries. The agencies look forward to working with them to ensure that the Global Action Plan provides a foundation for better alignment and coordination across all development partners in health. As the agencies move towards their vision of delivering better coordinated and more integrated support to countries, donors to the agencies will also need to accept that it will be less feasible for the agencies to attribute progress to each specific agency's efforts or to individually manage performance and risks in delivery.

3. The programmatic accelerator themes





3.1 Overview

In developing the Global Action Plan, the agencies identified seven programmatic accelerator themes that cut across their mandates, are common challenges in many countries and in which joint action and support could increase the pace of progress towards the health-related SDG targets. Several of the accelerator themes build on existing collaboration among the agencies and other partners, while a few are relatively new areas for collaboration.

The seven accelerator themes are closely linked. A strong **primary health care** system is the most effective vehicle for delivering essential health services and is a cornerstone for achievement of the health-related SDG targets and enabling progress on other accelerator themes. **Sustainable financing** ensures adequate resources for policy development, programming, service delivery, infrastructure and governance. **Community and civil society** are at the heart of ensuring that health services respond to community needs and leave no one behind. Addressing the **determinants of health** is vital to creating an enabling environment for health and well-being for all, including through rights-based and gender-responsive approaches, leveraging investments and action in sectors beyond health and maximizing gains across the SDGs. Ensuring that health services are available in **fragile and vulnerable settings** and responding effectively to **disease outbreaks** requires action on all accelerator themes, as well as flexibility and determination to deliver where needs and challenges are greatest. **Research and innovation** are necessary to improve health products and service quality and efficiency and reduce inequities in access to health care. **Data** are key to understanding health needs, making programming, investment and clinical decisions and measuring progress. Taken together, all the accelerator themes contribute to progress towards health and well-being for all.

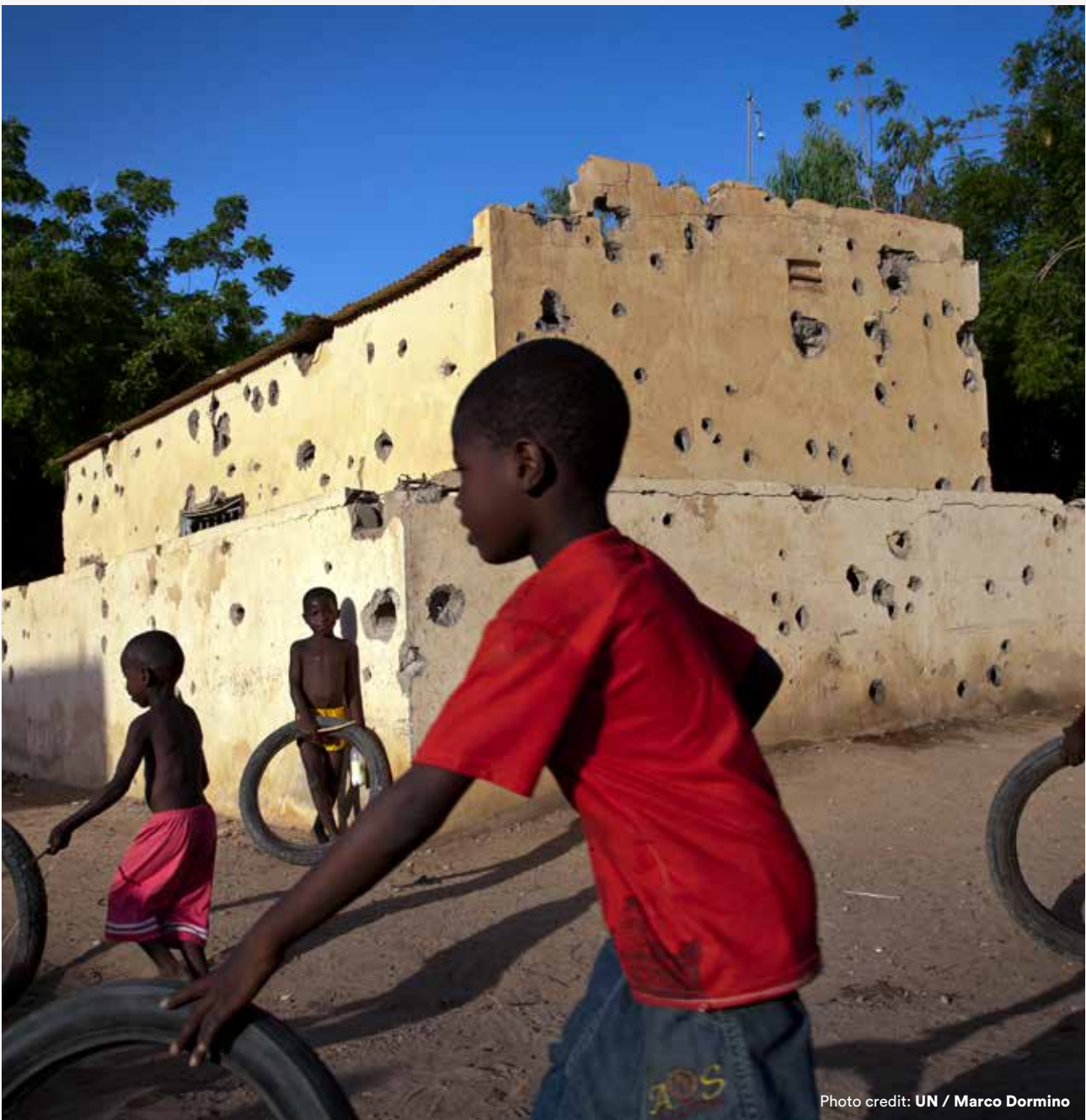
To make the Global Action Plan tangible, each of the seven accelerator themes is accompanied by a set of proposed actions to be undertaken by the agencies at country and at global/regional levels. These are listed under each accelerator theme and summarized in Annex 2. The proposed **country-level actions** may be tailored to country priorities, needs and requests, depending on the agencies' respective mandates and resources. The **global/regional-level actions** described under each accelerator theme enable country-level actions, strengthen communities of practice under each theme and support the delivery of global public goods. Some of the actions specified as global/regional level actions may only be relevant at the global level, while others may only be relevant at the regional level and some could be actionable at both levels, depending on what makes the most sense for any particular action and taking into account existing collaborations and the agencies' presence and capacities at different levels.

The agencies have made an overarching commitment in this Plan to gender equality and will consistently promote action on gender equality under all accelerator themes.



Not all the agencies will necessarily collaborate on every accelerator theme or action. Greater impact on some accelerator themes could be achieved by a subset of the agencies acting in line with their comparative advantages, specific mandates and available resources. Although the purpose of the Global Action Plan is not to provide or seek additional resources, the Plan will enable better use of existing resources as a result of improved collaboration, recognizing that each agency has its own unique mandate and area of expertise.

More detailed draft discussion papers on each accelerator theme produced during the development of the Global Action Plan may be found on the Global Action Plan web-site: <https://www.who.int/sdg/global-action-plan>.





THE 7 ACCELERATOR THEMES AND THEIR LINKAGES

The seven accelerator themes are linked and mutually reinforcing. For example, strong primary health care is fundamental to achieving SDG 3, while sustainable financing ensures efficient generation, allocation and use of resources for health, and increasing multisectoral action to address the determinants of health can drive progress towards multiple health-related SDG targets.



Agencies will consistently promote action on gender equality in all the accelerator themes.

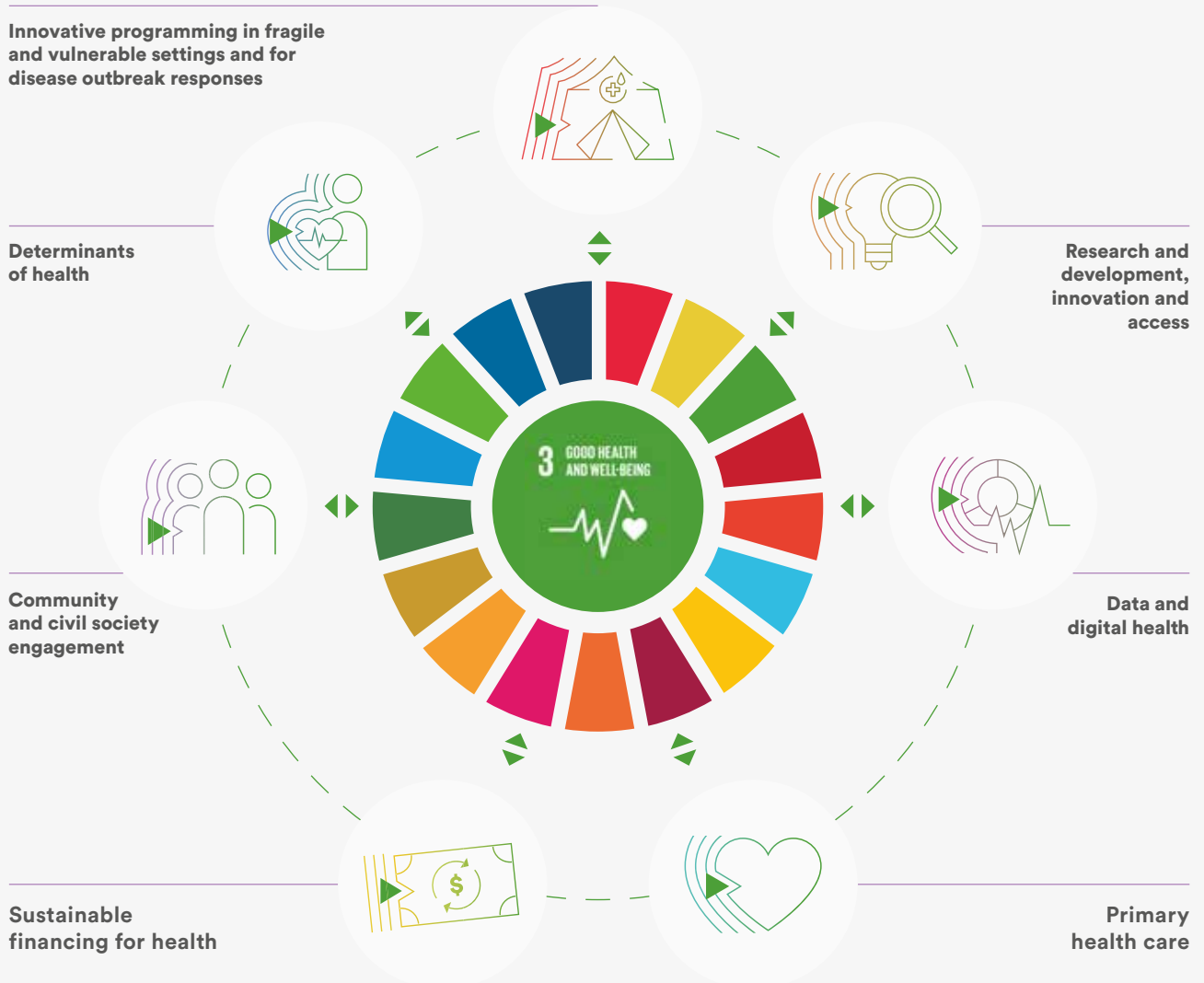




Photo credit: UN / Marcia Weistein



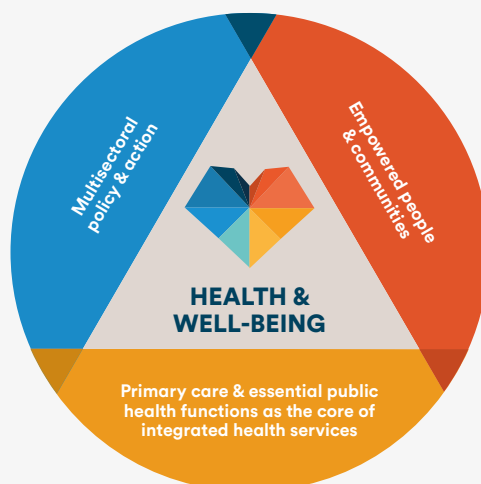
3.2 Primary health care

Why is this important?

The Alma Ata conference in 1978 was the first international meeting to emphasize the importance of primary health care. Forty years later, in 2018, the Astana conference affirmed primary health care as the foundation of health and well-being for all. Strong health systems based on comprehensive primary health care are more efficient and yield better health outcomes and improved equity. Primary health care includes treatment, rehabilitation, palliation, prevention and health promotion. It reaches and engages people in their communities and workplaces and helps to address the multisectoral determinants of health. In many countries, however, health services remain expensive, hospital-centred and of variable quality, with knowledge asymmetry among providers, planners and users. They frequently have low public funding and inadequate focus on patients, disease prevention and community needs, especially those of marginalized and poor people. Action on the broader determinants of health at community level is also weak in many countries.

As defined at the Astana conference, primary health care has three inter-related components that address these deficiencies in the health systems of many countries (Fig. 9):

Fig_9 The three components of primary health care



Comprehensive primary health care comprises all three components, ideally integrated and linked to action in other areas, particularly sustainable financing, engagement of community and civil society and the determinants of health. An operational framework for primary health care developed for the Astana conference proposed 13 “levers” or key elements to focus country



prioritization.³² This framework should assist countries, the agencies and other partners to select areas for collaboration to improve primary health care, according to the local context and their capacity.

The Global Action Plan promotes enhanced collaboration on primary health care among the signatory and other agencies, including bilateral partners, philanthropic foundations and non-governmental organizations. A major focus is to improve access to quality, affordable primary care services close to where people live and work. However, the agencies acknowledge that all three components of primary health care are fundamental to the achievement of SDG 3 and related health targets, closely linked to other efforts to achieve universal health coverage and better health outcomes throughout the life cycle.



Photo credit: WHO / Andrew Caballero Reynolds

In many countries, fiscal capacity has not kept pace with economic growth, thus limiting the potential to address health and other social priorities.

Stronger collaboration on primary health care among the agencies at global/regional levels will facilitate coordination in countries through existing national and sub-national mechanisms, joint situation analysis and prioritization prompted by the national health planning cycle. A single monitoring framework for primary health care based on existing efforts

³² Primary health care: Transforming vision into action. Draft for consultation. Geneva: World Health Organization and UNICEF; 2018 (https://www.who.int/docs/default-source/primary-health-care-conference/operational-framework.pdf?sfvrsn=6e73ae2a_2), accessed 1 August 2019).



Photo credit: WHO / PAHO

to measure universal health coverage and streamlined approaches to operationalization and technical assistance will enhance efficiency and reduce fragmentation. Agreed priorities and opportunities for the agencies and other partners to fill identified gaps will emerge from this process. Approaches to help countries prioritize, plan and budget, coordinated resource mobilization and coherent financing plans will also be aligned among and developed jointly by the agencies, under country leadership. In advancing work in this area, the agencies will work closely with other relevant platforms, such as UHC2030, which includes key constituencies such as civil society, the private sector and other UN agencies. Box 12 summarizes the proposed joint actions on primary health care of the agencies at country and global/regional levels, while Box 13 describes activities under way in Mali to reform primary health care.

Box_12 Proposed joint actions on primary health care

Country level actions

Support countries through aligned, collective action in the following areas:

- 1 Support assessment of primary health care capacity, aligning existing agency-level approaches and using a common approach to health systems assessment.
- 2 Provide tailored and coordinated country support to strengthen health systems for primary health care by generating evidence; country prioritization, planning and budgeting; mobilization of financing and health workforce development to improve coverage and equity, including in fragile and vulnerable settings.
- 3 Provide assistance to identify who is being left behind and why and prioritize integration with other sectors to influence determinants of health and health outcomes.

Global/regional-level actions

Ensure more coherent, effective support to countries by aligning approaches and tools and promoting action on public goods in the following areas:

- 1 Collaborate on the three components of primary health care using existing mechanisms, including reframing financial support, where appropriate.
- 2 Use existing global mechanisms to agree on a framework for monitoring primary health care with improved metrics, including on financing, made available for adaptation and use by countries.
- 3 Refine and strengthen the capacity of partners to effectively engage, accelerate, align and account in order to advance primary health care through their work at country level using common tools, instruments and approaches.
- 4 Develop, finalize and scale up “leave no one behind tools” and approaches to promote common United Nations Country Team Guidance.



Box_13 Mali: Reforming primary health care to “go the last mile”

In February 2019, the President of Mali announced an initiative to reform the primary health care sector to accelerate progress in meeting the country’s SDG commitments, particularly with regard to maternal and childhood mortality and adolescent pregnancy. A more effective primary health care sector is necessary to promote national stability, strengthen preventive health, reduce dependence on expensive hospital-based services, reinforce community empowerment and promote more equitable and affordable access to high-quality, basic health services. The reforms are also intended to enhance gender equality and women’s access to services, including family planning, and to reach “the last mile” through an expanded cadre of community health workers. Through these reforms, Mali’s aim is to become a model for Africa.

The reforms will also catalyse a new funding approach for Mali and international donors, with recognition of the changing funding landscape, moving the country over the next 10 years from reliance on vertical programs and funding to more horizontal health strengthening approaches and self-reliance. Strengthening primary health care will provide opportunities for partners to deliver resources in a more coordinated way, with greater efficiencies and value for money, paving the way for universal health coverage.

In mid-2019, the Minister of Health convened a meeting of the agencies in Bamako to discuss how the Global Action Plan could support the national reform process. At the meeting, it was decided to focus efforts under the Global Action Plan in Mali on primary health care. A process has been initiated under the leadership of the Ministry of Health to identify the concrete actions to be taken by the agencies in support of the national reform efforts. In early August 2019, under the leadership of the Government of Mali, the 12 Global Action Plan signatories met and signed the Mali Action Plan in Bamako.



3.3 Sustainable financing for health

Why is this important?

One prerequisite for reaching the health-related SDG targets is to ensure more sustainable financing for health, including better generation, allocation, and use of public and pooled funds for health. In many countries, current levels and mechanisms for health financing will not allow them to achieve the targets set for universal health coverage and other components of SDG 3. Eighty per cent of the global population now lives in middle-income countries that are transitioning from donor assistance and are increasingly reliant on domestic health spending.



While each country has a different health financing landscape, the challenges are similar along the development continuum, although low- and lower-middle-income countries face the most challenges. A notable concern in many countries is that fiscal capacity has not kept pace with economic growth, thus limiting the potential to address health and other social priorities. In addition, many governments give a relatively low priority to health in public budget allocations.

The combination of low priority and limited fiscal capacity has contributed to strong reliance on out-of-pocket spending for health, which in turn causes impoverishment and drives inequitable access to health services. While primary health care should be prioritized in health spending because it provides the most cost-effective interventions, current levels of domestic public funding for primary health care suggest that this is not happening.³³

Sustainable financing for SDG 3 and related health targets requires not only more revenue but also more efficient and equitable spending. About 20-40% of health spending worldwide is misallocated or wasted.³⁴ Correcting this will require a greater focus on value for money, i.e. improving allocative and technical efficiency to maximise the impact of health expenditure. Both development partners and the governments of low- and middle-income countries have underinvested in the “common goods for health” that underpin global health security, such as pandemic preparedness, interventions to counter antimicrobial resistance and research and development on antibiotics and vaccines.

The sustainable financing for health accelerator theme builds on a long history of opportunistic collaboration on health financing among the agencies and builds on existing collaborative platforms.

What will the agencies do?

The agencies are committed to working together to enhance support for countries in mobilizing, allocating and using the financial resources required to sustain progress towards the health-related SDG targets. Close alignment among the agencies is particularly important as countries transition from external funding, given the risks to the programmatic and financial sustainability of health gains.

This accelerator theme is based on three themes for supporting sustainable health financing for universal health coverage:

- > Domestic resource mobilization: providing more coordinated support to countries in finding ways to mobilize more money for health, both by underlying fiscal mobilization and budget prioritization;
- > Value for money: delivering more coordinated support to countries on how to achieve more health for the money, by ensuring public budgets prioritize the right interventions at the right level, and focus on cost-effective primary health care;

³³ Public spending on health: A closer look at global trends. Geneva: World Health Organization; 2018 (https://www.who.int/health_financing/documents/health-expenditure-report-2018/en/, accessed 1 August 2019).

³⁴ World Health Report 2010: Health systems financing – The path to universal health coverage. Geneva: World Health Organization; 2010 (<https://www.who.int/whr/2010/en/>, accessed 1 August 2019).

- > Effective development assistance and innovation: scaling up approaches to mobilize more external funding, emphasizing joint approaches, delivering it in a way that complements and incentivizes domestic resource mobilization, delivers results and strengthens national systems; exploring options for developing and adapting innovative global mechanisms for raising development assistance for health to country level as well as opportunities from new technologies to complement - and not fragment - public resource mobilization and use.

These areas will be supported by greater consensus-building among the agencies, both globally and in countries; aligning capacity-building efforts; and greater sharing and dissemination of knowledge and data among the agencies across all the themes and approaches to financing SDG 3, based on universal health coverage.

Domestic resource mobilization: More money for health

Stimulate evidence-based dialogue between national budget and health officials to accelerate fiscal reforms and mobilize more money for health:

The agencies will work together to (1) Catalyze broad, inclusive, evidence-informed national health financing dialogue, including discussions on reducing reliance on out-of-pocket expenses, prioritizing primary health care, addressing inequities and inefficiencies through actions on fragmentation and more effective purchasing of health services, and enhancing accountability and transparency; (2) support the implementation of appropriate fiscal measures to help promote healthy lifestyles and discourage unhealthy choices and also mobilize more revenues for public expenditure, including health; (3) encourage broader policy and technical discussions about levels and mechanisms of domestic revenue mobilization that emphasize predictability in public funding levels and stability in the flow of funds, including determining the roles of various types of tax, recognizing that this is fundamentally the responsibility of ministries of finance rather than health (apart from engagement on taxes





that are “pro-health”, such as those on tobacco); and (4) Stimulate policy dialogue with finance and other ministries about health as an investment within a broader strategy for enhancing human capital. To equip and empower ministries of health for such dialogue, the agencies will collaborate to strengthen domestic capacity for the formulation, implementation and monitoring of health financing policies. They will also facilitate more regular dialogue among countries, the International Monetary Fund and the macro-fiscal arms of development banks on broader fiscal reforms to mobilize more public revenues for social priorities, including health.

Ensure a voice for communities in determining overall health budgets and priorities: National health financing dialogues should be more inclusive of marginalized communities and enable broader social dialogue about priorities along the pathway towards universal health coverage. The agencies will collaborate with civil society groups, parliamentarians and policymakers at regional and national levels to promote dialogue for increased, more results-oriented health budgets, with a greater focus on primary health care and on leaving no one behind. A joint health financing course is currently being adapted and will be pilot tested with civil society.

Value for money: More health for the money

Enhance support for countries to improve public financial management in health: Strengthening public financial management can ensure higher and more predictable budget allocations, greater efficiency by better matching of available resources with national priorities and needs and less fragmentation in revenue streams and funding flows. Public financial management systems should have the capacity to contract with non-governmental organizations and the private sector to achieve public health goals.

Enhance support to countries to increase the efficiency and effectiveness of health spending. The agencies will collaborate to provide technical and policy support to help countries better prioritize health spending to achieve an impact. This will include better allocative and technical efficiency, including support for designing benefit packages, moving from input- to output-based purchasing and improved service delivery, particularly through integrated primary health care.

Effective development assistance and innovation

Extend the use of joint funding mechanisms to provide additional funds for health. The agencies will collaborate to identify appropriate opportunities to extend joint grant and loan financing, hybrid funding instruments such as loan buy-downs and parallel and pooled funding mechanisms to substantially increase external funds for health. They will seek to streamline modalities for such joint financing arrangements to reduce transaction costs, including agreeing audit and reporting mechanisms and common performance indicators. The agencies will also support countries in exploring and, where appropriate, implementing new financing mechanisms, including outcome-based funding instruments and public–private partnerships in service delivery.

Box_14 Proposed joint actions on sustainable financing for health

Country level-actions

Support countries through aligned, collective action in the following areas:

- 1 Support countries to mobilize adequate and sustainable revenues through pro-poor and pro-health policies and legislative and regulatory measures, including fiscal measures as appropriate, for achieving the health-related SDG targets, including by enhancing community voices on health financing and dialogue between ministries of health and finance.
- 2 Ensure that no one is left behind at the country level by improving the efficiency and equity of health spending and incentivizing high-quality health service provision through strategic purchasing, effective allocation of resources and improved public financial management.
- 3 Provide resources for country dialogue and technical support through jointly funded operations for increased effectiveness and efficiency of development assistance for health, while ensuring that global public goods are adequately funded.

Global/regional-level actions

Ensure more coherent, effective support to countries by aligning approaches and tools and promoting action on public goods in the following areas:

- 1 Develop internal strategies to ensure alignment with and accountability to the accelerator agenda.
- 2 Agree on joint tools for identifying health financing bottlenecks (e.g. through dashboards) and progress (e.g. matrices and indicators) and support joint learning, dissemination and capacity-building initiatives to ensure better alignment on key issues related to health financing.
- 3 Support global consensus-building and knowledge-sharing among partners to learn from and share past and current support for a country-driven health financing agenda that is consistent with the evidence on “what works and does not work” in making progress towards universal health coverage.

How will the agencies work differently to make this happen?

Each agency will develop an internal strategy to ensure alignment and accountability with the accelerator agenda, agree on joint tools for identifying health financing bottlenecks (e.g. through dashboards) and progress (e.g. matrices and indicators) and support joint initiatives for learning, dissemination and capacity-building to ensure better alignment on key issues related to health financing. At regional and sub-regional levels, the agencies will engage with regional mechanisms (such as the African Union initiative) to build political support, institutional accountability and budget advocacy in regions. At country level, on the basis of country consultations and certain criteria – such as country interest, need and opportunity for collaboration – three to five frontrunner countries, coordinated under the overall approach to country engagement of the Plan – will be identified for intensified support in one or more of the areas detailed above to demonstrate potential gains from enhanced collaboration. The proposed joint actions on sustainable financing for health are summarized in Box 14.



Photo credit: WHO / Sergey Volkov



3.4 Community and civil society engagement

Why is this important?

The SDGs recognize the role of communities and civil society in achieving the SDGs, with specific targets for inclusive, participatory decision-making (16.7), multi-stakeholder partnerships (17.16) and public, public–private and civil society partnerships (17.17). Such commitments to meaningful engagement³⁵ reflect the essential, unique role of people, communities and civil society, particularly at local and country-levels, in realizing the ambitious aims of the SDGs, including the health-related targets. There is growing evidence of the significant impact of people-centred and community-led responses, which fill strategic gaps, improve service quality, bring interventions to scale and ensure accountability. The service-delivery role of communities and civil society is increasingly indispensable in a context of task-sharing and -shifting, complementing a frequently overstretched formal health sector that seeks to reach billions of people.

Ensuring gender equality and diversity in decision-making within and across institutions through community and civil society engagement and protecting civic space have a positive “ripple effect” in the realization of the right to health and leaving no one behind.



Photo credit: WHO / Eduardo Soteras Jalil

³⁵ Engagement can be defined as meaningful when participants manage to influence decisions on issues that affect their lives. An important outcome of meaningful participation is participants' strengthened empowerment, which can be defined as their capacity to exert control over their lives and to claim their rights.



When communities and civil society are engaged, they bring their lived experience, perspectives and expertise to knowledge generation, policy making and health responses that are informed, effective and sustainable. When communities are mobilized, they bring bottom-up political incentives to demand action and accountability for the health services to which they are entitled. Conversely, when communities are not effectively engaged in health action, health threats can escalate significantly, as seen, for example, in the outbreaks of Ebola virus disease.

Despite the proven benefits of engaging communities and civil society, many barriers limit their effectiveness and influence, including lack of resources, capacity and support and challenging legal, social, and policy environments. Inequitable access to resources, policy dialogue and decision-making nationally and internationally particularly affects marginalized communities, including women and girls, young people, ethnic, racial and religious minorities, indigenous populations, lesbian, gay, bisexual, trans-gender and intersex (LGBTI) people, migrants and people with disabilities.

The lack of opportunities to convene communities and civil society working in health at local, national and global levels meaningfully and strategically limits efforts to expand from silos and harness synergies to tackle common health challenges. Progress in this new era requires a more sustainable approach to system strengthening, based on the principles of efficiency, equity and people-centredness, as well as inclusive, multi-stakeholder, multi-sectoral cooperation and governance to address environmental, commercial, social and structural determinants of health. Health workers should be equipped with the sociocultural skills to effectively bridge more empowered communities and more responsive health systems.

The agencies have an important role to play in optimizing opportunities for communities and civil society to contribute to achieving the health-related SDG targets, including through their participation in local, country, regional and global processes. The agencies further recognize their shared responsibility to strengthen meaningful, pragmatic collaboration with communities and civil society organizations and ensure a culture in which trust and genuine partnership with governments can flourish. Meaningful engagement with diverse civil society groups and communities, including young people, as partners and agents of change offers opportunities for innovative policy design, harmonized financing initiatives and strengthened accountability. The agencies also recognize the need to minimize the transaction costs of engagement, as overburdening partners may be disruptive and disincentivize engagement.

The agencies have different mechanisms, capacities and records of working with communities and civil society. Action under this accelerator theme provides opportunities to learn from best practices and to adopt effective, harmonized approaches for all the agencies to better leverage and sustainably strengthen the unique capacities of communities and civil society in health policy formulation, advocacy, service delivery and accountability.

The proposed joint actions (Box 15) are centred on two overlapping areas of impact: (1) strengthening how signatory agencies meaningfully engage with

communities and civil society in their own institutions and through cross-organizational collaboration; and (2) strengthening the agencies' support for increasing meaningful engagement of communities and civil society in health discourse and action to have an impact in countries for all people. Priority will be given to communities that experience the greatest health inequities and the poorest health outcomes, to increase their engagement in knowledge generation, policy making, advocacy, implementation and evaluation.

The agencies also recognize that, while they have focused on civil society under this accelerator theme, academia and the private sector also play key roles in progress towards the health-related SDG targets.

Box_15 Proposed joint actions on community and civil society engagement

Country level-actions

Support countries through aligned, collective action in the following areas:

- 1 Jointly advocate for and provide coordinated support to communities and civil society organizations at country level, including through organizational strengthening, to enable and empower them to strategically mobilize around, meaningfully engage in and influence discussions on the development of ambitious multisectoral responses for health and well-being for all, particularly in health coordination and governance and accountability platforms.
- 2 Strengthen national and sub-national community and civil society coalitions in support of common and cross-cutting health issues and improve alignment of support and funding for community and civil society and improved engagement and coordination, with the aim of joined-up engagement processes and platforms across the health sector.
- 3 Support countries to develop gender-transformative, equity-oriented, rights-based, people-centred health policies and programmes by enhancing meaningful engagement and inclusive governance and amplifying the voice of communities and civil society in country fora, particularly of disenfranchised and marginalized communities and by jointly leveraging the United Nations SDG operational guidance on leaving no one behind to align Global Action Plan efforts in countries with wider processes for ensuring meaningful engagement.

Global/regional-level actions

Ensure more coherent, effective support to countries by aligning approaches and tools and promoting action on public goods in the following areas:

- 1 Undertake joint advocacy and enabling actions – especially with funding partners and countries – to expand the civic space for health and make the case for investments in communities and civil society; collect and share best practices and guidance on effective engagement of communities and civil society; monitor and evaluate the quality of engagement together with communities and civil society to assess whose voices are heard and their influence in decision-making for better policy and more equitable health outcomes.
- 2 Strengthen the mechanisms and capacity of the agencies to meaningfully engage communities and civil society at the levels at which they operate (country, regional, global) by mapping the civil society engagement mechanisms of the agencies and identifying gaps and opportunities to ensure that disenfranchised and marginalized communities are represented.
- 3 Build and/or strengthen a virtual platform to empower civil society to mobilize around, engage in and influence discussions on health and well-being for all (for use particularly at country level); and develop alternative tools for those with limited access to the Internet to increase participation and knowledge-sharing among stakeholders who may be financially, socially and/or geographically marginalized.



Photo credit: WHO / Quinn Mattingly



3.5 Determinants of health

Why is this important?

Accelerating progress in achieving SDG 3, other health-related SDG targets and the pledge to leave no one behind requires coordinated efforts to address the determinants of health, including the protection and promotion of human rights, the promotion of gender equality and the empowerment of women and girls. Health and well-being are shaped by the conditions in which people are born, grow, live, work and age, and these are in turn shaped by social, economic and environmental factors. The reverse is also true. Health and well-being drive broader sustainable development, including reductions in poverty and inequality, better educational outcomes, and inclusive economic growth. Health and well-being promote resilience, sustainability, equity and human security.

Health-in-all-policies and equity, rights-based and life-course approaches are required to effectively address the determinants of health, and whole-of-government and whole-of-society approaches are necessary to effectively address those determinants that require multi-stakeholder engagement. Countries may consider establishing a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on health, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches for health, and to monitor and act on the determinants of health. Three priorities for urgent, greater action are the environmental, commercial and social and structural determinants of health.

Environmental determinants: Both built and natural environments affect health. For example, air, water and soil pollution adversely affect human health, as does unplanned urbanization, especially for those living in informal communities with poor sanitation and overcrowding. Air pollution kills 7 million people a year – almost the same number of deaths as those due to tobacco smoke.³⁶ Climate change poses a threat to health through increased temperatures, reduced air and water quality, extreme weather, altered vector-borne disease transmission, loss of biodiversity, food insecurity and malnutrition. Climate change also disproportionately affects the health of vulnerable communities, women and children, threatening to widen gender-based health and other disparities. Addressing the environmental determinants of health is essential for driving progress across multiple SDGs. While there is growing impetus to address issues at the climate-environment-health nexus, the urgency and scale of the challenge is not presently matched with an adequate global response. Indicative actions that countries may wish to consider taking include:

- > Strengthening economic, social, legal and policy responses to climate change, air, water and chemical pollution and environmental degradation to reduce health impacts and improve health equity at national and sub-national levels;
- > Promoting healthy diets with low environmental impact and using integrated strategies to address growing demands for nutritious food, within environmental limits; and
- > Committing to achieving universal access to water, sanitation and hygiene to improve health, education and livelihoods.

Commercial determinants:^{37,38} Globalization of marketing and trade of products, leading to tobacco use, harmful use of alcohol and unhealthy diets,



³⁶ 9 out of 10 people worldwide breathe polluted air, but more countries are taking action. Geneva: World Health Organization; 2018 (<https://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathepolluted-air-but-more-countries-are-taking-action>, accessed 26 August 2019).

³⁷ “The commercial determinants of health are the commercial conditions, actions and omissions that affect health. Commercial determinants arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place. Commercial determinants can have a beneficial and/or detrimental impact on health.” From United Nations, 2017. Progress on the prevention and control of non-communicable diseases, Report of the Secretary-General. New York (NY): United Nations; December 2017: page 9, footnote b. (<https://digitallibrary.un.org/record/1474584?ln=en>, accessed 1 August 2019).

³⁸ Annual Report of the Chief Medical Officer of the United Kingdom: Health, our global asset – partnering for progress. London: United Kingdom Department of Health and Social Care; 2019. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819333/Chief_Medical_Officer_annual_report_2019_-_partnering_for_progress_-_accessible.pdf, accessed 1 August 2019).



Photo credit: UN / Milton Grant

is one of the drivers of the global epidemic of premature deaths from NCDs. Addressing commercial determinants of health requires multi-stakeholder responses involving a range of public and private sector actors in health, industry, finance, environment, media and other sectors. Governments have committed to scaling up efforts to promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate³⁹ to minimize the impact of the main risk factors for NCDs and promote healthy diets and lifestyles.⁴⁰ For example, industry could take concrete steps to reduce the exposure of children to the marketing of foods and beverages high in fats, in particular saturated fats and trans-fats, sugars or salt, consistent with national legislation, where applicable;⁴¹ reformulate food products in order to provide healthy, nutritious options; eliminate the marketing, advertising and sale of alcoholic products to minors; and improve access to and the affordability of safe, effective, high-quality medicines and technologies. Indicative actions that countries may wish to consider taking include:

39 The three main fiscal measures included in the WHO list of “best buys” and other recommended interventions on the prevention and control of NCDs, endorsed by the Seventieth World Health Assembly, are 1) increase excise taxes and prices on tobacco products; 2) increase excise taxes on alcoholic beverages; and 3) reduce sugar consumption through effective taxation on sugar-sweetened beverages. See Tackling NCDs. “Best buys” and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017. (<https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf;jsessionid=C500BE73D6056AF99072992DE73BB117?sequence=1>, accessed 1 August 2019).

40 Progress on the prevention and control of non-communicable diseases: Report of the Secretary-General (document A/72/662) New York (NY): United Nations; 2017 (https://digitallibrary.un.org/record/1474584/files/A_72_662-EN.pdf, accessed 1 August 2019).

41 Resolution of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (A/RES/73/2) New York (NY): United Nations; 2018.

- > Promoting and implementing coherent policy, legislative and regulatory measures, including fiscal measures as appropriate, to minimize the impact of the major risk factors for poor health;
- > Strengthening legal, policy and regulatory frameworks to increase access to safe, affordable, effective and quality essential diagnostics, medicines, vaccines and technologies for all; and
- > In the context of integrating climate change measures into national policies, strategies and planning, strengthening public and private sector and community leadership in reducing emissions.

Social and structural determinants: These determinants include social inequalities and exclusion due to factors such as age, gender, ethnicity, race, religion, disability, sexual orientation, gender identity and vulnerability to violence, as well as their intersectionality. While the category of social and structural determinants is broad, this accelerator theme focuses on gender norms and inequalities, human rights and legal barriers, stigma and discrimination that shape health and impede access to health services. A focus on gender equality will also enable the development of strategies to address the autonomy, agency, choice and empowerment of women as essential to health, well-being and sustainable development broadly, such as including universal access to sexual and reproductive health-care services including family planning, information and education; the integration of reproductive health into national strategies and programmes and universal access to sexual and reproductive health and reproductive rights, in line with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action. Stigma and discrimination, like other human rights and legal barriers, including discriminatory laws, policies and practices, increase inequalities and exclude those least able to withstand health-related shocks and out-of-pocket health expenditures by limiting access to health and other basic services, especially for criminalized, marginalized and typically excluded populations such as LGBTI people. Indicative actions that countries may wish to consider taking include:

- > Adopting and strengthening policies and legislation and their implementation for the promotion of gender equality and the empowerment of all women and girls at all levels; advancing equality in access to opportunities; addressing gender-based violence and discrimination on the basis of sex, sexual orientation or gender identity;
- > Supporting reform of discriminatory laws and policies, including laws that criminalize marginalized groups or laws that criminalize access to health services, increasing stigma and discrimination and affecting health outcomes. This should take into account the intersectional determinants of stigma and discrimination, including gender and other forms of marginalization and build a network of global health actors and lawyers, legislators, civil society and researchers on human rights and the legal determinants of health;



- > Scaling up access to nationally appropriate social protection systems and measures for all, including for populations most left behind;
- > Financing policies and programmes to close gaps in education and skills and support women's empowerment, particularly young women, and the meaningful participation of people left behind;
- > Supporting increased access to quality health services for women and girls and vulnerable populations, particularly those left behind, marginalized groups, migrants, people with disabilities, youth, older people and groups marginalized on the basis of socioeconomic status, race and/or geography, by identifying bottlenecks in demand for and supply of services and scaling up responses to remove barriers at individual, community, institutional, legal and policy levels.⁴²
- > Ending all forms of discrimination against women and girls in remuneration for work of equal value, removing barriers to access to full-time employment and supporting access to professional development and leadership roles; and
- > Strengthening accountability for accessing of non-discriminatory quality health services and addressing the broader social determinants of health.

Increasing synergy and impact through coordination: A key challenge is that policies, regulations and actions related to health determinants are often compartmentalized or siloed in sectors, and institutions give insufficient attention to interactions, contradictions and connections. Better coherence, synergy and calibration of interventions to address determinants are needed. The SDGs require unprecedented, integrated, multisectoral efforts, and the Global Action Plan offers an opportunity to strengthen coherence and synergy in addressing the determinants of health as a “golden thread” running through multiple SDGs.

Although the agencies have different mandates and emphases in this area and will not develop policy responses to determinants of health under the Global Action Plan, they will support countries in prioritizing and addressing key determinants of health. Support will include strengthening policy coherence and multisectoral action by collaboration among governments, the private sector, public-private partnerships, civil society, communities, academia and the United Nations system.

The proposed joint actions on determinants of health are shown in Box 16.

⁴² These can include repealing discriminatory laws and policies related to health, scaling up appropriate social protection schemes and implementing gender norm-shifting interventions at the community level (i.e. develop new models or scale up existing models such as SASA!, Stepping Stones and Gender Roles, Equality and Transformation (GREAT)).



Photo credit: UNSPLASH / Sebastian Staine

Box_16 Proposed joint actions on determinants of health

Country level actions

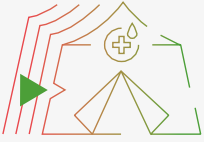
Support countries by aligned, collective action in the following areas:

- 1 Support the strengthening of multisectoral and multi-stakeholder governance platforms that are inclusive of marginalized voices to address the determinants of health in a holistic manner and disseminate good practices.
- 2 Strengthen policy, legislative and regulatory measures, including fiscal measures as appropriate, while empowering individuals, civil society and governments to address the determinants of health and establishing or strengthening transparent local accountability mechanisms for health.
- 3 Support the development of a national investment case to address the determinants of health by action in the different spheres of policy making that have a bearing on health, health inequities, the relationship between health, poverty and socio-economic development, the number of lives that could be saved and the returns on investment.
- 4 Promote integration of actions to address barriers, the determinants of health and the pledge to leave no one behind in both sector-specific and multisectoral development plans and financing frameworks.

Global/regional-level actions

Enable more coherent, effective support to countries by aligning approaches and tools and promoting action on public goods in the following areas:

- 1 Review the agencies' social and environmental standards and practices and agree on best practice to align them with and implement ambitious "green" procurement and waste management practices by 2023, while disseminating lessons and supporting governments to follow similar good practices.
- 2 Review the agencies' policies for engagement with the private sector to build on good practices for meaningful and effective contributions to national health responses, including through public-private partnerships, in order to achieve the health-related SDG targets, while reviewing code of conduct policies on private sector engagement and managing conflicts of interest between public health and those who develop, market or sell health-harming products, such as the fundamental conflict of interest between the tobacco industry and public health.
- 3 Review and assess the agencies' policies, programmes, frameworks, budgets and expenditures on gender equality and leaving no one behind, align them with best practices and strengthen them to advance the health and human rights of people left behind.
- 4 Leverage global platforms to prioritize and jointly act on determinants of health relating to climate change, communicable diseases and NCDs.



3.6 Innovative programming in fragile and vulnerable settings and for disease outbreak responses

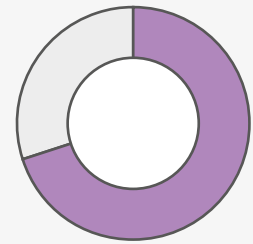
Why is this important?

The scale and complexity of humanitarian crises are increasing, with interactions among economic, environmental, political, security and social factors that make it difficult to provide essential health services to vulnerable populations. These fragile and vulnerable conditions undermine human, food and health security. The number of humanitarian crises directly related to or caused by armed conflict has doubled since 2013. There were 70 million forcibly displaced people in 2018, the highest level since the Second World War.⁴³ These populations are highly vulnerable, have limited access to health services and often experience the worst health outcomes, especially women and children. The prevalence of mental disorders in crisis-affected communities can be high.

Disease outbreaks and unmet health needs disproportionately affect the most vulnerable countries and regions. Two billion people live in countries with settings affected by fragility, conflict and violence, and at least half of the world's poor people will live in such settings by 2030.^{44,45} These environments have the highest rates of child and maternal mortality, food insecurity and malnutrition, sexual and gender-based violence and mental health and substance use disorders, and the lowest immunization rates. More than 70% of epidemics occur in fragile contexts and 60% of people affected by food crises live in conflict-affected countries.⁴⁶

Ensuring access to basic health services in these environments is a priority for the international community but presents specific challenges. A confluence of challenges must often be addressed in fragile settings, including weak health systems, an inadequate health workforce, high levels of hunger, weak supply chains and insufficient infrastructure, including lack of adequate water, sanitation, and hygiene in health facilities. These challenges are compounded by lack of trust in public institutions and the presence of multiple – often competing – national and regional authorities. For this reason, youth and community engagement are critical, along with input from the beneficiaries themselves.

Humanitarian and development actors should ensure coherent, longer-term planning for recovery and resilience-building in order to reduce the need



70%

OF EPIDEMICS
OCCUR IN FRAGILE
CONTEXTS

43 Global Trends: Forced Displacement in 2018. Geneva: United Nations High Commissioner for Refugees; 2019 (<https://www.unhcr.org/5d08d7ee7.pdf>, accessed on 11 September 2019).

44 States of Fragility 2018. Paris: Organization for Economic Cooperation and Development; 2018 (https://www.oecd.org/dac/conflict-fragility-resilience/docs/OECD%20Highlights%20documents_web.pdf, accessed 27 August 2019).

45 World Bank Group Strategy for Fragility, Conflict and Violence 2020-2025. Concept Note. Washington, DC: 2019 (https://consultations.worldbank.org/Data/hub/files/consultation-template/world-bank-group-strategy-fragilityconflict-and-violence/en/materials/conceptnote_06_041519.pdf, accessed 27 August 2019).

46 WHO's work in emergencies: prepare, prevent, detect and respond. Annual Report 2018. Geneva: World Health Organization; 2018.



for large-scale, reactive emergency services. Efforts to address health crises in fragile settings are frequently fragmented because of the differing agendas and mandates of agencies, a lack of coordination and differing timeframes for intervening in crises. Lack of coordination can oblige governments to expend time and energy dealing with the demands of donor and aid agencies and can hamper recovery efforts as governments are left with remnants of vertical programmes, systems and agendas.

Achieving the health-related SDG targets and leaving no one behind require more effective collaboration and coordination among humanitarian, health and other development actors. Multisectoral action is necessary to pursue innovative ways of providing essential health services, ensure the safety of health workers and strengthen health systems in fragile settings. To cope with increasingly frequent and severe climate change-related natural disasters, further effort will be required in disaster risk reduction, early warning systems, surveillance and anticipatory financing and action.

Strengthening health systems so that they can continue to provide essential health services during crises is at the core of emergency preparedness. Minimum health services include immunization, family planning, care during pregnancy and delivery, treatment and prevention of HIV, tuberculosis and malaria, management of NCDs, adequate food and nutrition, mental health services, sexual and reproductive health services, treatment for sexual and gender-based violence, and water, sanitation and hygiene. These services rely on strong infection prevention and control, a well-trained, sustainably financed health workforce and strong community outreach. In conflict settings, health care workers have been targeted by armed people, emphasizing the need for coordinated health worker protection, advocacy for international humanitarian law and building trust in communities to help mitigate the drivers of conflict and disease. Health care workers are also at high risk of exposure to emerging pathogens, highlighting the importance of pre-emptive investment in water, sanitation and hygiene in health centres, including personal protective equipment (such as gloves and masks), which are essential for infection control.

Preventing, preparing for and managing outbreaks requires multisectoral coordination, particularly on core public health functions such as workforce capacity, infectious hazard management, emergency operations centres and laboratory and surveillance systems for rapid response. Other priorities include simulation exercises to test capacity, isolation centres and case management capacity. Agencies should also develop jointly resourced emergency preparedness plans that specify roles and responsibilities.

A functional primary care system is a key element of resilience in the face of health emergencies. Action under all six other accelerator themes will therefore reinforce health service provision in fragile settings and disease outbreak response.

Several global initiatives between humanitarian and development actors have been established to improve results in fragile settings. These include UHC2030, “the Grand Bargain”, the “New Way of Working” (humanitarian-

development nexus) and “Deliver Accelerated Results Effectively and Sustainably” (DARES). Donors and multilateral development banks have increasingly invested in these settings⁴⁷, particularly for service delivery, health systems strengthening, outbreak preparedness and response, including conforming with the International Health Regulations (2005) and research and innovation.

Box_17 Innovative joint approaches that could be scaled for impact in fragile settings

- 1 Financing:** The Pandemic Emergency Financing Facility (PEF) was developed by the World Bank Group in 2017 in collaboration with WHO to make pay-outs early during an outbreak cycle—before it becomes a pandemic—through insurance and cash. Funding requests are assessed on whether they meet three criteria: pathogen type, epidemiological thresholds and a technical assessment. This innovative mechanism is being updated for its next iteration to allow more flexibility and agility so that financing can be made available in a broader range of outbreak situations.
- 2 “Last mile” supply chain:** In 2017-2018 WFP, UNDP, and the Global Fund aligned to distribute over 7 million insecticide-treated mosquito nets across 13 regions of Chad. In the Central African Republic, the Global Fund, WFP, World Vision and the French Red Cross have delivered lifesaving HIV and TB medicines and malaria protection programmes and commodities to over 630 remote health facilities. This was achieved by working together to align financing, programmatic and logistics approaches. By leveraging their comparative advantages, SDG 17 and the humanitarian-development nexus under this accelerator theme, the agencies can increase the availability of lifesaving health commodities for “the last mile”.
- 3 Collaborative acute event response:** Signatory agencies have jointly supported WHO’s response to Ebola virus disease in the Democratic Republic of Congo in several ways. Gavi has provided US\$ 15 million towards the vaccination drive and the vaccines are being made available partly under Gavi’s Advanced Purchase Commitment with the manufacturer. UNICEF has focused on communication and community engagement to inform and protect local populations; provide water, sanitation and hygiene in communities, schools and health centres to prevent further spread of the disease; psycho-social support to assist families, including affected children; and prevention measures in schools to create a protective environment. WFP has supported WHO and other partners by providing logistics, engineering, information technology, camp management, and air transport via the United Nations Humanitarian Air Service. WFP provided food assistance to almost 500 000 beneficiaries in the first 12 months of the outbreak, of whom 95% were contacts of confirmed and suspected cases and their households. Food assistance to people affected by Ebola virus disease has helped increase community trust and facilitated contact-tracing surveillance by increasing follow-up. Despite security and operational challenges, these efforts illustrate how the agencies can effectively unite and work together to mitigate the impact of a serious acute event.

⁴⁷ These investments are occurring already, such as the World Bank FCV window. See *Humanitarian-Development-Peace Partnerships: Aligning to tackle fragility, conflict and violence*. July 22, 2019. (<https://blogs.worldbank.org/voices/humanitarian-development-peace-partnerships-aligning-tackle-fragility-conflict-and-violence>, accessed 1 August 2019).

Box_18 Proposed joint actions on innovative programming in fragile and vulnerable settings and in the context of disease outbreaks

Country level actions

Support countries by aligned, collective action in the following areas:

- 1 Strengthen emergency capacity through preparedness actions to reinforce health system capacity to prevent and mitigate the impact of health emergencies and natural disasters.
- 2 Support countries with fragile settings to better prepare for, prevent, detect and respond to outbreaks, as outlined in the International Health Regulations (2005).
- 3 Support the development of an essential package of health services in fragile settings (tailored to the country context, available resources and ability to implement), map services to stakeholders responsible for their delivery and develop or strengthen logistics and supply chain partnerships for effective service delivery to “the last mile”. On the basis of stakeholder mapping, identify opportunities for integrating service delivery to improve quality and effectiveness, while reducing duplicative or overlapping activities and resource wastage or competition among United Nations organizations and non-governmental organizations.
- 4 Establish or maintain essential human resources for health governance and management, including a functional payroll to retain health workers during an acute-onset or protracted crisis, and sustain capacity to absorb and utilize domestic and international resources effectively and transparently.

Global/regional-level actions

Enable more coherent, effective support to countries by aligning approaches and promoting action on public goods in the following areas:

- 1 Strengthen multisectoral coordination mechanisms to undertake joint analysis and planning, risk and needs assessments, monitoring and evaluation to support high-quality health service delivery and jointly resourced emergency preparedness plans.
- 2 Share information on acute humanitarian needs, stakeholders, health and nutrition outcomes and the development context (also at country level), and data on the continuum of care and health, including for migrating and displaced populations.
- 3 Move towards multi-year, flexible programming and financing with less earmarking; expand the availability of contingency financing for emergencies; expand the donor base and use innovative financing mechanisms, such as insurance and various pay-financing mechanisms. These efforts should enhance sustainable, coordinated and flexible financing to improve collective outcomes.

In addition, several Global Action Plan signatories have developed strategies for fragile settings. Multisectoral efforts to learn from, align and scale up these initiatives are essential to advancing progress towards health-related SDG targets, working within the humanitarian architecture. Agencies should map existing partnerships and seek further collaboration with private sector and civil society organizations. Examples of innovative joint programming in fragile and vulnerable settings and in the context of disease outbreaks are described in Box 17. The proposed joint actions for this accelerator theme are listed in Box 18.



3.7 Research and development, innovation and access

Why is this important?

Research and development, and innovation, are needed to accelerate attainment of the health-related SDG targets. They ensure more effective and equitable health systems by making more cost-effective health products available to the populations that need them. This can be in the form of health products (medicines, vaccines, diagnostics and devices), service delivery or operational improvements, finance or some combination. The Global Action Plan presents an opportunity to address key challenges in global research and innovation for health and access, including the following:

Better coordination and alignment of research priorities with the health-related SDG targets: Coordination challenges exist across the system. Even when national research for health agendas exist, government ministries, national research institutions and international funders often have differing priorities, making research less strategic and undermining long-term health outcomes and progress towards the SDGs. The right ecosystem is needed to bring stakeholders together and provide better coordination and alignment of national, regional and international priorities, supported by all actors. Furthermore, acknowledging the existing collaborations between global health partners, the global health architecture must be strengthened to reflect the unique mandates, capacities and capabilities of different global health actors, such as academia, the private sector and product-development partnerships.

Scaling up: Fifteen years ago, a “dry” innovation pipeline was a significant problem in global health. Since then, with over US\$ 1 billion dollars of investment, innovation funders, innovators and public-private partnerships have developed thousands of innovations to tackle various global health challenges. While most of these are still at proof-of-concept stage, some are being brought to scale and a few are at a scale commensurate with the challenge. The systematic scaling up of responses to HIV, tuberculosis and malaria are yet to be replicated across global

National and community voices, in particular from low- and middle-income countries, must be at the core of a well-functioning system of global health research



health and thereby help to “flip the switch” between the push of innovation supply and the pull of innovation demand from countries. Consistency among funders in addressing barriers to access is essential. The agencies could link the mainstream actors focused on universal health coverage with the most promising innovations in the pipeline and build in access considerations such as market-shaping and scale-planning at an earlier stage. Tangible, action-oriented and urgent approaches to strengthening these links and use of existing expertise would accelerate progress at country level.

Shifting the centre of gravity of research and innovation: National and community voices, in particular from low- and middle-income countries, must be at the core of a well-functioning system of global health research and the management of research and innovation platforms. In many larger middle-income countries, such as Brazil, China and South Africa, research systems are receiving increasing national funding; however, most research funding still currently comes from a few governments and philanthropic and private funders who support domestic and international research according to their own agendas. The result is that limited attention is paid to country needs and to gaps in health systems, and many innovations do not move beyond pilot projects. Many countries have no clear national research agenda and when they do, international funders often do not sufficiently respond to their priorities.



Photo credit: WHO Sergey Volkov



Photo credit: UNSPLASH / Drew Hays

Box_19 Proposed joint actions on research and development, innovation and access

Country level-actions

Support countries with aligned, collective action in the following areas:

- 1 Create new country-led forums or support existing ones to accelerate research, access and the scale-up of innovations to achieve the health-related SDG targets.
- 2 Governments and international funders should explore opportunities for co-funding to help drive a shift in the centre of gravity of decision-making to countries and regions.

Global/regional-level actions

Enable more coherent, effective support to countries by aligning approaches and tools and promoting action on public goods in the following areas:

- 1 Develop “global good access practices” for innovation in health, including principles such as impact, affordability, effectiveness, efficiency and equity.
- 2 Establish and maintain an annual global forum to coordinate and accelerate the late stage pipeline of critical medical and health products (including diagnostics, medicines, vaccines and vector control) to inform coordinated action.
- 3 WHO should provide a curated list of innovations that could be brought to scale, based on disease burden addressed, cost-effectiveness, affordability and scalability.

Access must be better integrated into the research and innovation pathway:

Access issues are often considered late in research and development, resulting in delays between development and delivery of innovative products. Equitable, sustainable, affordable access should become a core driving principle at each stage of research and development, and national and international health research agendas should be based on common principles to ensure timely and equitable access to innovations by those who need them.

The proposed joint actions with regard to research and development, innovation and access are listed in Box 19.

Box 20 provides an illustrative example that is not approved, comprehensive, definitive or prioritized of a future curated list of innovations to illustrate how an SDG lens can be applied to innovation and how scaling up innovation requires a focus on concrete examples and not prescriptive policy statements alone.

Box_20 Indicative examples of evidence-based innovations that require collective action to be brought to scale

- 1 SDG 3.1, 3.4:** Point-of-care rapid diagnostic tests combined with mobile health applications that increase access to screening and management of common NCDs, including hypertension (including in pre-eclampsia); a cardio-metabolic panel for cardiovascular disease, and diabetes.
- 2 SDG 3.1** Affordable, heat stable, easy-to-administer packages for prevention and management of post-partum haemorrhage.
- 3 SDG 3.2** “Kangaroo mother care” to prevent neonatal mortality.
- 4 SDG 3.2** Affordable and easy to use neonatal resuscitators⁴⁸.
- 5 SDG 3.2** Appropriate management of diarrhea and pneumonia to complement kangaroo mother care.
- 6 SDG 3.2** Increased access to pulse oximetry, hypothermia and respiratory rate monitoring.
- 7 SDG 3.3** Increased access to high-quality, point-of-care rapid diagnostic tests for HIV self-testing, hepatitis C and malaria to improve data on disease burden, diagnosis and treatment.
- 8 SDG 3.3** Innovative approaches to further scale up malaria chemoprevention, building on lessons learned to date, including seasonal malaria chemoprophylaxis, IPTp and IPTi.
- 9 SDG 3.4** Evidence-based, innovative, scalable, mental health interventions, such as the “friendship bench”, “problem management plus” and other community-based, cost-effective approaches to managing severe mental illness.
- 10 SDG 3.4** Innovative approaches, policies, normative guidance on essential services and interventions for disorders due to alcohol, drugs and addictive behaviours; guidance for protecting populations from harms related to substance use, e.g. the WHO-led SAFER initiative.
- 11 SDG 3.4, 3.7** Innovative approaches to achieving high coverage of human papilloma virus (HPV) vaccine as part of comprehensive cervical cancer prevention strategies in adolescent girls and women, including increasing affordability and evidence to support use of single dose HPV vaccine.
- 12 SDG 3.8:** Assistive products including eyeglasses, hearing aids, and wheelchairs. Due to cost, only 10 per cent of the 1 billion people in need of such products currently have access.
- 13 SDG 3.B:** Heat stable medicines and vaccines to remove the need for cold chain.
- 14 SDG 3.B:** Approaches to needle-free delivery of medicines and vaccines.
- 15 SDG 3.B:** Affordable, secure digital identification systems suitable for resource-limited settings to increase coverage of essential health interventions, including immunization and nutrition (e.g. SCOPE CODA).
- 16 SDG 3.D** Confirmatory polymerase chain reaction (PCR) testing with easy-to-use, cartridge-based, automated PCRs for use in secondary health facilities (e.g. TB, Lassa fever, Ebola, Nipah, MERS and others; gains from better disease burden data, diagnosis and treatment).

⁴⁸ UN Commission on Life-saving Commodities for Women and Children. Commissioners’ Report. New York (NY): United Nations; 2012 (https://www.unicef.org/media/files/N_Commission_Report_September_2012_Final.pdf, accessed 7 August 2019).



3.8 Data and digital health

Why is this important?

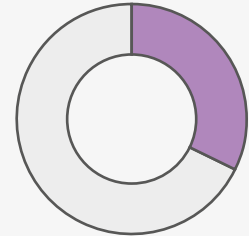
Health data are essential for estimating disease burden and health needs, allocating resources, developing and delivering services, identifying inequities and tracking progress towards the health-related SDG targets. Health data and the lack thereof can also be used as a political tool to discriminate against marginalized populations. Comprehensive health data systems are lacking in many countries; moreover, many are not fully equipped to take advantage of digital tools and the resulting data to address health system challenges. With the necessary foundational e-health building blocks and other considerations in place, digital health innovations can support national and sub-national efforts to optimize performance, set priorities, inform policies, plan resources, deliver care and measure success. Harnessing advances in digital technologies and predictive tools can improve accuracy, timeliness, efficiency and access to data and enhance service delivery and accountability in the health system.

The World Health Statistics 2019 reported that 63 of 194 WHO Member States lack recent primary data for more than half of the health-related SDG indicators, and fewer than half of countries have recent primary data for 40 per cent of indicators.⁴⁹ For many indicators, no recent sex-disaggregated data are available. 11 health-related SDG indicators require cause-of-death data, yet only around half of countries are able to register more than 80% of adult deaths, and less than one third of countries have good-quality data on cause of death.

Data and digital health challenges

Countries face various challenges in collecting and using health data, including data that are disaggregated by sex and other variables. In many countries, considerable data are still collected on paper, jeopardizing accessibility, productivity and security. In addition, most health professionals in low-resource settings struggle with inaccurate and incomplete information and digital systems that inadequately meet their needs. Health information systems often focus on data for monitoring, neglecting other important uses such as point-of-care decision-making, ensuring patient continuity of care, communication of laboratory results and commodity management. Managers with poor data struggle to assess health system performance and make resource allocation decisions with limited information. These neglected elements are critical for ensuring equitable access to high-quality health services and for monitoring and accountability.

There is currently insufficient coordination among international health and development agencies on data and digital systems. Competing priorities,



63 of
194

WHO MEMBER STATES LACK RECENT PRIMARY DATA FOR MANY HEALTH-RELATED SDG INDICATORS

⁴⁹ World health statistics 2019: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2019.

burdensome documentation, duplicated investments and rarely used outputs result in low motivation to collect and use data. In many countries, digital systems and data collection tools developed by various partners, sectors or technology providers are fragmented and unsustainable. Countries may also lack capacity to take advantage of digital tools and use the resulting data to guide decision-making. Investments in digital tools are inadequately driven by end-user needs or too often made without a clearly defined architecture or investment roadmap, leading to systems that do not comply with standards and are incompatible. Multiple data sources are often siloed, and the data produced are not useful for policy development or service delivery.



Digital systems as catalyst

Strengthening national capacity to collect, analyze and act upon health data that is disaggregated by, *inter alia*, age and sex, using digital platforms and technologies, can enable more resilient, people-centred, and responsive health systems and act as a catalyst for accelerating and better monitoring of progress towards the health-related SDG targets. As the global burden of disease shifts to NCDs that require more engagement by health care providers and patients, digital technology can aid decision-making for prevention, screening, diagnostics and management of risk factors and disease. Access to health information and services can be improved through telemedicine, artificial intelligence triage applications, e-learning, support for adherence to medication and more personalized care. Behaviour change and online self-help psychological interventions can be delivered in innovative ways. Supply chain information systems can help to ensure that the right facilities and the right people have the right medicines and commodities at the right time. Digital education, if properly designed and implemented, can strengthen health workforce capacity by delivering education to remote areas and enabling continuous learning for health workers.



Although digital interventions can be applied to mitigate chronic problems in using data at all levels of the health system and fill performance gaps, digital tools that neglect basic e-health building blocks and are not harmonized with the broader digital and health system architecture will not realize their potential at scale.

Inconsistent data privacy, confidentiality and security standards

Millions of existing digital identities are vulnerable to fraud and public exposure of personal information because they are stored in unsecured systems. The growing use of biometric information such as facial recognition, concern about proprietary right to health records, the proliferation of third-party digital health apps, capture of users’ personal data by third-party vendors and recent incidents of medical data breaches all raise significant human rights and ethical concerns, especially for populations who are criminalized and discriminated against. In addition, billions of people do not have a digital identity and are therefore not represented in the electronic data systems used to monitor and improve health service delivery. Health workers, patients, facilities, commodities and health services should be uniquely and securely identified within a system that allows interoperability and efficient data-sharing and use. Moreover, individual-level, digitalized information is necessary for delivering the best health interventions and for ensuring high-quality health services.

Overall, there is limited focus on building sustained country capacity for the development and implementation of data generation, analysis and use, in line with principles and standards. Although sustainable and representative data and digital systems are increasingly required for effective management, service delivery and accountability, using them well requires systematic planning and coordinated investment to ensure that countries derive maximum benefit and achieve self-sufficiency and sustainability.

The proposed joint actions on data and digital health appear in Box 21.



Photo credit: PEXELS / PhotoMIX Ltd

Box_21 Proposed joint actions on data and digital health

Country-level actions

Support countries by aligned, collective action in the following areas:

- 1 Assess gaps in age-, sex- and location-disaggregated data and health information systems and in digital health maturity, including gaps such as lack of trend information, the profiles of health information systems, inventories and architecture or roadmap.
- 2 Strengthen country capacity in the cycle of data generation, disaggregation, analysis, reporting and application to inform policy making and dissemination.
- 3 Support collective, aligned investment plans for data and digital health in countries, including planning for investments in building blocks of data and digital health in order to move towards or strengthen systems with emerging technologies to accelerate improvements in service delivery and public health planning.
- 4 Strengthen country capacity in digital health, especially in leadership, legislation, resources, governance and enabling environments for digital innovation at all levels.

Global/regional-level actions

Enable more coherent, effective support to countries by aligning approaches and tools and providing action on public goods in the following areas:

- 1 Commit to common principles for data and digital health, including the Principles of Digital Development and the Principles of Donor Alignment for Digital Health.
- 2 Standardize data and digital tools and compile, curate and leverage global public goods, for example through a central repository and communities of practice, to accelerate informed and coordinated updating of good practices in data and digital health and interventions that can be delivered digitally.
- 3 Compile a core set of guidance, processes, norms, standards and applications on emerging technologies in data and digital health that hold potential for advancing integrated service delivery, client-level decision-making and improved health systems (e.g. automation, cloud-based data capture and analytics, social media “nudges”, automated conversational agents (“chatbots”), unique identifiers and secure digital identities).

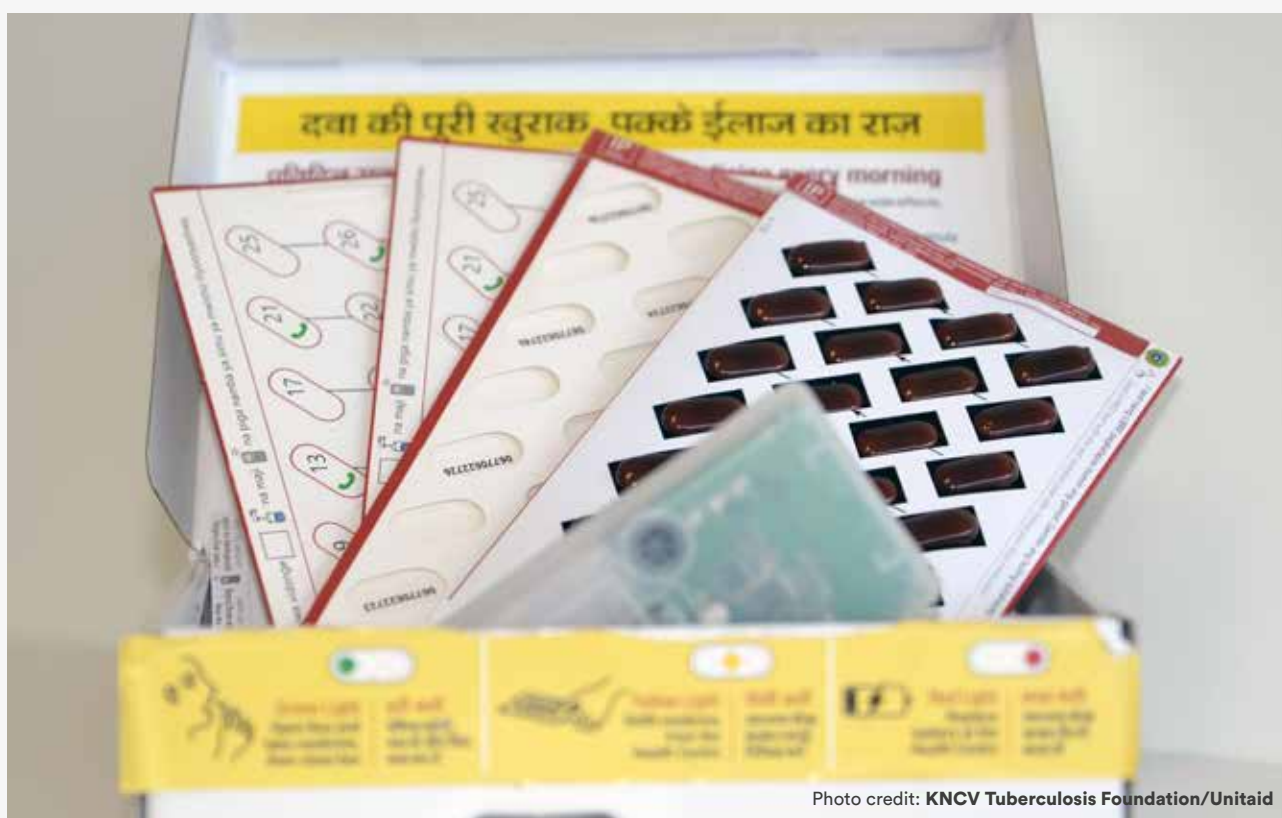


Photo credit: KNCV Tuberculosis Foundation/Unitaid



Boxes 22 and 23 provide examples of steps taken in Ukraine and Nepal, encouraged by development of the Global Action Plan, to strengthen national health systems and accelerate progress towards the health-related SDG targets.

Box_22 Ukraine: Strengthening core health system elements to advance progress on health

In 2016, the Government of Ukraine established a high-level, inter-ministerial working group, chaired by the Ministry of Economic Development and Trade, to coordinate SDG implementation in Ukraine. In recent years, dialogue on the SDGs has become more active in the health sector as the recent health system transformation is addressing the SDGs and targets in a more comprehensive manner. Encouraged by development of the Global Action Plan, a multi-stakeholder policy dialogue on implementation of the health-related SDG goals and targets was organized by the Ministry of Health and WHO in Kiev in May 2019 to raise awareness about the SDGs, the health-related targets and their relevance to current health reforms in Ukraine, highlight health system achievements, work towards health-related SDG targets and health determinants, prioritize the Ministry of Health's activities and discuss potential support that could be provided under the Global Action Plan.

Three main themes emerged from the discussion:

- > **Primary health care:** Access to primary health care should continue to be extended, including preventive services, routine immunizations, prenatal services, HIV and TB treatment and a comprehensive package to address NCDs.
- > **Health financing:** Ukraine has several health strategies and action plans including for NCD control, immunization, blood system reform and other issues. As public expenditure on health is not expected to reach the legislated 5% of gross domestic product, it is difficult to increase the fiscal space to enable full implementation of these strategies.
- > **Data systems:** Ukraine has begun to implement several e-health and digital innovations; however, many of the target indicators for the SDGs require more robust data systems that are not yet centralized at the necessary level.

The importance of working across humanitarian and development sectors was also highlighted.

Five Global Action Plan signatory agencies (WHO, UNAIDS, UNDP, UNICEF and the Global Fund) and the Office of the UN Resident Coordinator in Ukraine participated in a panel discussion on health-related SDG targets and development opportunities in Ukraine. Other agencies were engaged in the dialogue during preparations and follow-up. The three themes that emerged were coordinating action through partnerships to improve health service delivery, monitoring implementation with robust data systems and supporting reforms through sustainable financing. It was agreed that a further policy dialogue closely linked to the high-level inter-ministerial working group on the SDGs would be organized to refine the priorities and specific action points.

Box_23 Nepal: Decentralizing health governance and strengthening primary health care, data and digital health

Nepal's current five-year health strategy aims to ensure that all Nepalis have access to high-quality health care. In the context of Nepal's current process of becoming a federalized country, the country is also decentralizing its health system, and is particularly concerned to ensure that primary health care services are strengthened as part of this process. Key challenges include strengthening the health workforce; minimizing out-of-pocket expenditures; inefficient and inadequate allocation of financing for health; health governance; health information systems; and program monitoring.

Nepali health officials view the Global Action Plan as “a unique opportunity for a new kind of collaboration” that takes advantage of the collective expertise of the agencies and broader stakeholders around key national health priorities. In discussions with several agencies, the Ministry of Health and Population identified strengthening primary health care and data and digital systems as areas where additional expertise and support would be valuable.

The Ministry of Health subsequently convened a working group to develop a national road map under the Global Action Plan. The working group concluded its work in August 2019. The road map describes the legal and policy framework and explains how the work of development partners is being aligned in health. Increasing the quality of care and equity in health as well as accountability are seen as central for an acceleration of progress in Nepal. The road map concludes by identifying sets of key interventions to enhance the quality of PHC services, to strengthen evidence-based decision making, to better respond to determinants of health and enhance the capacity and cooperation among the different levels of government. The road map and the interventions identified in it will form the basis for follow-up discussions to identify concrete implementation steps.



Photo credit: UN / Staton Winter

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4. Getting to 2030

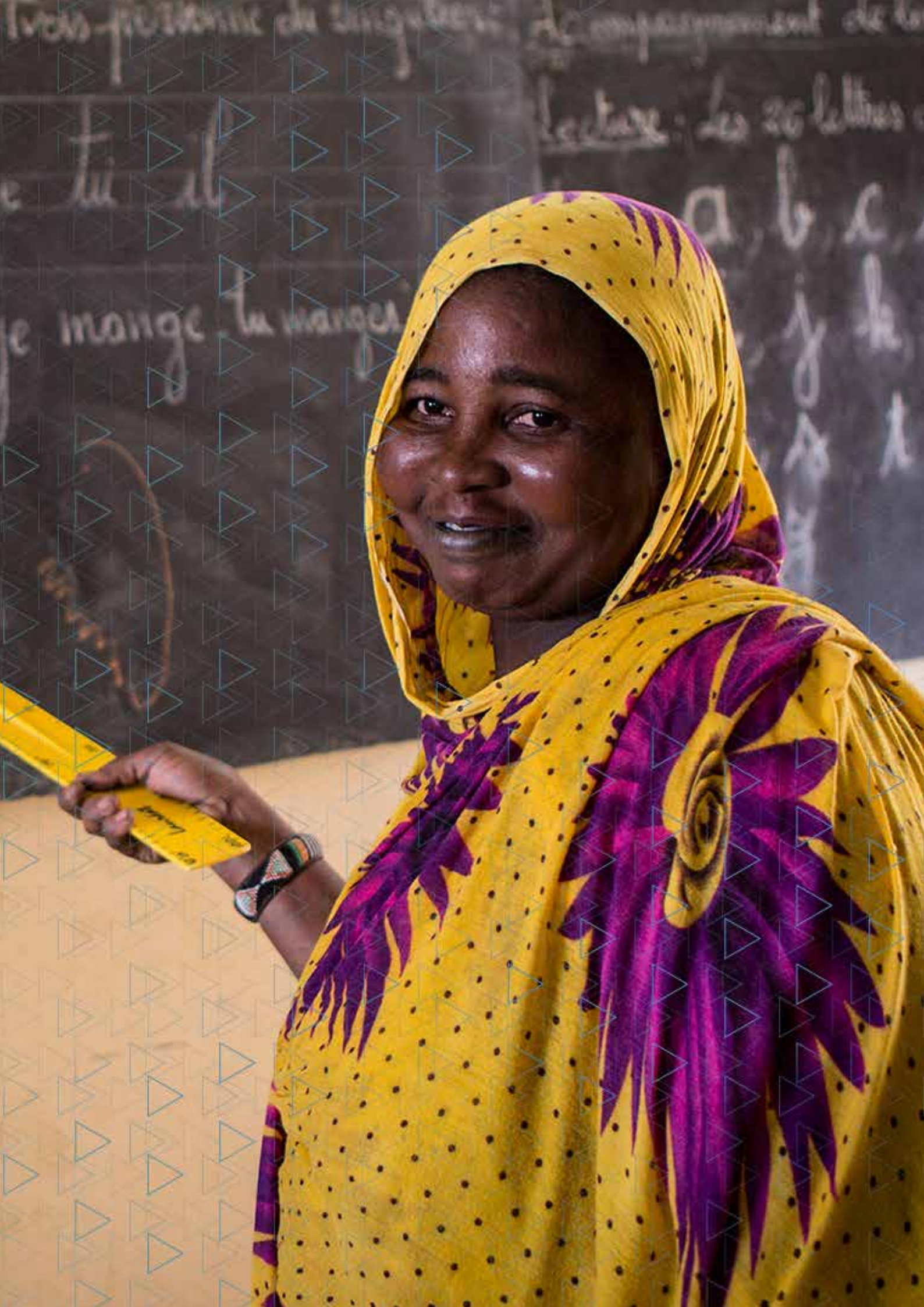
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4.1 Vision for 2030

The 2030 Agenda for Sustainable Development sets out ambitious goals for people and the planet. SDG 3 envisions that everyone enjoys good health and well-being across the life-course. SDG17, in turn, seeks to revitalize the global partnership for sustainable development, complemented by multi-stakeholder collaboration to mobilize and share knowledge, expertise, technology and financial resources and support the achievement of the goals in all countries.

The Global Action Plan supports implementation of the 2030 Agenda by 12 multilateral agencies with significant health responsibilities. It sets out stronger collaborative partnership practices to support country and global/regional actions to accelerate achievement of the health-related SDG targets and indicators in a more systematic, purposeful, transparent and accountable way.

4.2 What we want to achieve by 2023

As the mid-point of the timeframe for the SDGs, 2023 will be a significant year for global health. By that time, countries must have made significant progress if they are to achieve the health-related SDG targets by 2030. A further United Nations High-Level Meeting on Universal Health Coverage will also take place that year. 2023 will therefore represent an important year for the Global Action Plan.

By 2023, the agencies anticipate that the Global Action Plan will have brought about the following three priority changes as intermediate priorities:

- > **Better coordination** among the agencies in their global, regional and in-country processes and better information-sharing and collaboration under the seven accelerator themes, enabling faster and sustainable progress towards health-related SDG targets;
- > **A reduced burden on countries** as a result of better aligned operational and financial policies and approaches among the agencies, with increased evidence of “joined-up” support; and
- > **A focus on purpose-driven collaboration will have become integrated into the agencies’ organizational cultures** encompassing leadership and senior management teams at the global level to country, regional and operational teams.

In support of these changes, by 2023 key stakeholders in global health will see clear evidence of the following:

- **Greater collective alignment among the agencies to support countries and increase impact**
 - Countries are better supported by the agencies aligned with nationally defined needs and priorities; and



- Health, humanitarian and development stakeholders at all levels have more streamlined engagement with the agencies that collectively strengthens country and global systems and delivers global public goods in a more coordinated way, improves health and equity and helps to accelerate progress across the health-related SDG targets.

→ **Accelerated progress on key programmatic themes**

- Stakeholders – including leaders at all levels of government and meaningfully engaged communities and civil society – are mobilized in support of **country-led primary health care** to deliver on the health-related SDG targets and reduce financing gaps and fragmentation, including in fragile settings and for vulnerable populations (where SDG indicators may be least on track), with improved “last mile” supply chain coordination and strengthened human resources and service delivery for health.
- There is increased **policy coherence** across the health-related SDG targets and **sustainable financing** to achieve universal health coverage, coordinated by governments at the highest level, including increased levels of domestic resources, greater prioritization of health investments to maximize allocative efficiency, more co-funding agreements, dependable and innovative financing approaches, and private sector investment;
- Comprehensive, multisectoral strategies to address **determinants of health and rights-based barriers to health** are increasingly designed and implemented to deliver measurable progress for all particularly vulnerable and hard-to-reach populations, fulfilling the 2030 Agenda pledge to leave no one behind and the aspiration to reach the furthest behind first; specifically, investments have increased to advance gender equality, tackle gender-related barriers to health and promote equitable gender norms;
- **Communities and civil society** are increasingly meaningfully engaged at all levels in policy and programme design, governance, service delivery and accountability mechanisms, to ensure the health and well-being of all, particularly of the most marginalized, vulnerable and disadvantaged;
- There is increased collaboration towards collective outcomes for health-related SDG targets across the **humanitarian-development nexus** to reduce need, risk and vulnerability, based on the comparative advantages of the agencies and other actors;
- Collaboration on **data and digital health** has improved, including by strengthening country data and health information systems and optimizing their use to inform decision-making; enhanced data interoperability among the agencies; leveraging data and digital technologies to conduct joint assessments, analyses, planning, programming, procurement and supply management, service delivery and monitoring, while ensuring data security; and

- Coordination in **research, development, innovation and access** has improved, including better coordinated research and development in and for the global South and increased scale-up of and access to innovations that can accelerate progress towards the health-related SDG targets.
- **Better alignment of operational and financial strategies, policies and approaches among the agencies; and**
- **A shared approach among the agencies to ongoing monitoring and reviewing of progress and to learning from successes and challenges in implementation of the Plan.**

4.3 What we have done and learned in the past year

Since October 2018, the agencies have already strengthened their collaboration, including through regular meetings of the principals, their “sherpas” and several technical teams, and consultation with countries and other stakeholders. This cooperation has led to:

- > Increased information sharing among the agencies;
- > Strengthened communities of practice arising from development of the Global Action Plan including the accelerator theme working groups, the operational alignment working group, the investment case approach working group and the 2023 milestones working group; and
- > A joint commitment to a series of actions to be undertaken within the existing and projected resources of the respective agencies.

This initial phase has resulted in a number of lessons for the agencies:

- > The complementarity of agencies can be further strengthened and evolve into synergy through regular discussions and joint action;
- > While there is strong sense of commitment by the senior leadership in the agencies and a collaborative spirit among “sherpas”, all agencies need to socialize the commitments through their organizations and incentivize collaborative behaviour;
- > Countries have already taken advantage of opportunities provided by the Global Action Plan to identify priorities for accelerating progress towards health-related SDG targets and have welcomed engagement with agencies to strengthen their collective support; and
- > As a collective, the agencies can support calls for increased funding to achieve health-related SDG targets, while recognizing the importance of making better use of existing funds through collaborative action with countries and each other and by harmonizing their own policies, strategies and approaches.

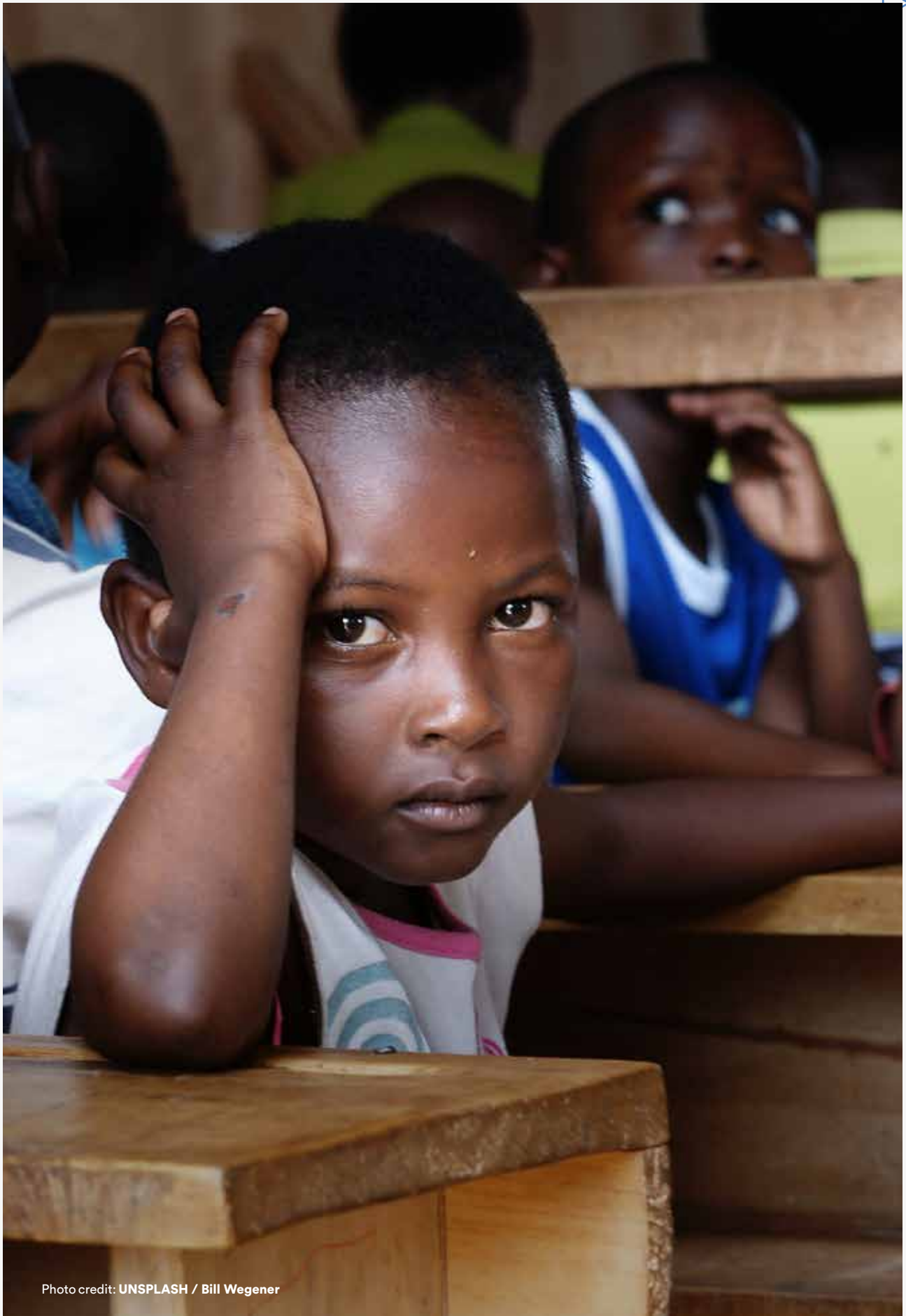


Photo credit: UNSPLASH / Bill Wegener

4.4 What we will do in the next year

Implementation of the Plan will accelerate through 2019 and 2020. The agencies will build on the spirit of collaboration and trust among them to deliver early and tangible gains, build confidence among countries and energize stakeholders. This will include:

- > **Engage:** Continue to jointly engage and deepen collaboration with countries to define priorities and plan joint support;
- > **Accelerate:** Work with countries and each other to begin implementing actions under the accelerator themes, on gender equality and on global public goods at country and global/regional levels;
- > **Align:** Continue aligning operational and financial strategies, policies and approaches in line with their respective mandates and governance mechanisms where this contributes to increased effectiveness, efficiency and impact. Each agency will also work to institutionalize the Global Action Plan's spirit and approaches to collaboration at all levels of the agency; and
- > **Account:** The agencies may report informally to their governing bodies on progress under the Global Action Plan in appropriate formats over the next year. Thereafter, the agencies will prepare annual joint progress reports to inform and engage Member States and non-state actors. These reports may be used in appropriate formats to inform their governing bodies, including the World Health Assembly, of progress under the Plan.





Agencies will scale-up joint action in individual countries, seizing opportunities as they arise, such as national efforts to implement their commitments made in the Declaration of Astana at the 2018 Global Conference on Primary Health Care. In doing so, the agencies recognize the special importance of supporting countries in fragile situations.

In implementing these steps, it is important to consider that the agencies vary considerably in size - ranging from 40 to 17 000 staff - and in their health-related mandates and geographical coverage. For example, not all the signatories work through country offices, and some have programmes only in certain countries. Accordingly, the agencies will undertake the actions under the Plan in line with their respective mandates, comparative advantages and available resources, with a commitment to leveraging them to the fullest extent possible. As part of “learning by doing” under the Global Action Plan, it is critical that the agencies encourage and support each other to make active and sustained contributions.

The 2030 Agenda belongs to everyone. With this Global Action Plan, we, the 12 signatory agencies, commit to making a significant contribution to accelerating progress towards the health-related SDG targets and, in so doing, support the delivery of public goods and sustainable development. To fully achieve the ambition of the 2030 Agenda, we look forward to engaging and working with other stakeholders in countries, and with international organizations, civil society, community and youth organizations, the private sector, academia, faith groups, health workers and others as we strive to achieve our shared goal of healthy lives and well-being for all.



Annex 1.

The 12 Global Action Plan signatory agencies

Gavi, the Vaccine Alliance

Is a public-private partnership committed to saving children's lives and protecting people's health by increasing equitable use of vaccines in lower-income countries. The Vaccine Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry, technical agencies, civil society, the Bill & Melinda Gates Foundation and other private sector partners. Gavi uses innovative finance mechanisms to secure sustainable funding and adequate supply of quality vaccines. Since 2000, Gavi support has helped countries immunize more than 760 million children. This has helped to reduce deaths from vaccine-preventable diseases by more than 60 per cent and played a key role in halving the under-five mortality rate in those countries.

The Global Financing Facility (GFF) for Women, Children and Adolescents

Is a multi-stakeholder partnership that supports efforts to tackle the greatest health and nutrition issues affecting women, children and adolescents in low- and lower-middle-income countries around the world. The GFF supports government-led platforms that bring together key partners to develop a prioritized health plan and mobilize sustainable financing for health and nutrition. The GFF Trust Fund acts as a catalyst for financing, with countries using modest GFF Trust Fund grants to significantly increase their domestic resources alongside World Bank financing, aligned external financing and private sector resources. The GFF partnership is currently working in 36 countries, with the aim of expanding to 50 countries by 2023.

The Global Fund to Fight AIDS, TB and Malaria

Is a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As an international organization, the Global Fund mobilizes and invests more than \$4 billion a year to support programs run by local experts in more than 100 countries. In partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases, the Global Fund is challenging barriers and embracing innovation.

The Joint United Nations Programme on HIV/AIDS (UNAIDS)

Leads and inspires the world to achieve a vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS works for an inclusive, multisectoral response to HIV that is people-centred, integrated in the 2030 Agenda and grounded in a respect for human rights and gender equality, ensuring that people living with and affected by HIV are meaningfully involved in the response. UNAIDS is a unique joint programme that unites the efforts of 11 UN organizations through a common budget and workplan to end AIDS as a public health threat as part of the Sustainable Development Goals. UNAIDS provides the strategic direction, advocacy, coordination, strategic information and technical support needed to catalyse and connect leadership from governments, the private sector and communities to deliver life-saving HIV services.

The United Nations Development Programme (UNDP)

Is one of the world's largest multilateral development agencies, present in over 170 countries and territories and on the frontlines of anticipating, understanding and acting on today's opportunities and risks. The 2030 Agenda, the Sustainable Development Goals and the pledge to leave no one behind provide a holistic blueprint for change – an integrated plan to end poverty, protect the planet and ensure that all people enjoy lasting peace and prosperity. UNDP's role is to help governments and actors throughout society to power and accelerate their progress towards the SDG, while keeping the global vision intact and on track. In this context, UNDP supports countries to address the determinants and development dimensions of health in over 100 countries.

The United Nations Population Fund (UNFPA)

Is the United Nations agency working to deliver universal access to sexual and reproductive health, including voluntary family planning and safe motherhood, and to advance the rights and opportunities of young people. UNFPA also helps countries use population data to anticipate tomorrow's challenges and is present in more than 150 countries and territories. UNFPA works from the international to local level, from providing governments with technical guidance, policy advice, training and support to delivering services and supplies to those who need them most.

The United Nations Children's Fund (UNICEF)

Works with its partners in 190 countries and territories to promote the rights and wellbeing of every child and translate that commitment into practical action. UNICEF takes a life-cycle based approach in all its work, recognizing the particular importance of early childhood development and adolescence. Its programmes focus on the most disadvantaged children, the poorest and most vulnerable, those in fragile contexts, with disabilities, and those affected by rapid urbanization and by environmental degradation. UNICEF works with others to overcome obstacles and give children the best start in life as the strongest foundation for their future. UNICEF has strong partnerships with governments and other organizations at national and sub-national levels. It works to bring practical solutions to children and women at greatest risk and ensure children's survival, growth and development.

Unitaid

Is a global development agency engaged in finding innovative solutions in global health, including new ways to prevent, diagnose and treat diseases more quickly, cheaply and effectively, in low- and middle-income countries. Its work includes funding initiatives to address major diseases such as HIV/AIDS, malaria and tuberculosis, as well as HIV co-infections and co-morbidities such as cervical cancer and hepatitis C, and cross-cutting issues, such as fever management. Its catalytic projects aim to fill the gap between late-stage development of health products and their widespread adoption, allowing countries and major funders to deliver more with less.

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

Is the United Nations entity dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide. UN Women supports UN Member States as they set global standards for achieving gender equality and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life. UN Women also coordinates and promotes the UN system's work on advancing gender equality in all deliberations and agreements linked to the 2030 Agenda. The entity works to position gender equality as fundamental to the Sustainable Development Goals and a more inclusive world.

The World Bank Group

Is one of the world's largest sources of funding and knowledge for developing countries. In line with its global strategy for health, nutrition and population (HNP), the World Bank Group supports countries' efforts to achieve universal health coverage and provide quality, affordable health services to everyone —regardless of their ability to pay— reducing the financial risks associated with ill health and increasing equity. The path to universal health coverage is specific to each country. Whatever the path, the World Bank Group's aim is to help countries build healthier, more equitable societies, as well as to improve their fiscal performance and country competitiveness in order to build human capital, end poverty and boost shared prosperity. The World Bank Group commits about US\$3 billion annually in new funding for health; and is currently managing an active HNP portfolio of \$16.7 billion by IBRD/IDA and over \$1 billion in trust funds.

The World Food Programme (WFP)

Is the leading humanitarian organization saving lives and changing lives, delivering food assistance in emergencies and working with communities to improve nutrition and build resilience. As the international community has committed to end hunger, achieve food security and improved nutrition by 2030, one in nine people worldwide still do not have enough to eat. Food and food-related assistance lie at the heart of the struggle to break the cycle of hunger and poverty. WFP's efforts focus on emergency assistance, relief and rehabilitation, development aid and special operations. Two-thirds of its work is in conflict-affected countries where people are three times more likely to be undernourished than those living in countries without conflict. Every year, WFP assists nearly 90 million people in more than 80 countries.

The World Health Organization (WHO)

Provides global leadership in public health within the United Nations system. Founded in 1948, WHO works to promote health, keep the world safe and serve the vulnerable. Its goal is to ensure that, by 2023, a billion more people have universal health coverage; a billion more people are protected from health emergencies; and a further billion people achieve better health and well-being. WHO hosts the Global Action Plan Secretariat.

Annex 2.

**Summary of proposed
joint actions by
Global Action Plan
signatory agencies by
accelerator theme**



Accelerator theme	Action	No.
Primary health care Country level	1 Support assessment of primary health care capacity, aligning existing agency-level approaches and using a common approach to health systems assessment.	1
	2 Provide tailored and coordinated country support to strengthen health systems for primary health care by generating evidence; country prioritization, planning and budgeting; mobilization of financing and health workforce development to improve coverage and equity, including in fragile and vulnerable settings.	2
	3 Provide assistance to identify who is being left behind and why and prioritize integration with other sectors to influence determinants of health and health outcomes.	3
Primary health care Global/ regional level	1 Collaborate on the three components of primary health care using existing mechanisms, including reframing financial support, where appropriate.	4
	2 Use existing global mechanisms to agree on a framework for monitoring primary health care with improved metrics, including on financing, made available for adaptation and use by countries.	5
	3 Refine and strengthen the capacity of partners to effectively engage, accelerate, align and account in order to advance primary health care through their work at country level using common tools, instruments and approaches.	6
	4 Develop, finalize and scale up “leave no one behind tools” and approaches to promote common United Nations Country Team Guidance.	7
Sustainable financing for health Country level	1 Support countries to mobilize adequate and sustainable revenues through pro-poor and pro-health policies and legislative and regulatory measures, including fiscal measures as appropriate, for achieving the health-related SDG targets, including by enhancing community voices on health financing and dialogue between ministries of health and finance.	8
	2 Ensure that no one is left behind at the country level by improving the efficiency and equity of health spending and incentivizing high-quality health service provision through strategic purchasing, effective allocation of resources and improved public financial management.	9
	3 Provide resources for country dialogue and technical support through jointly funded operations for increased effectiveness and efficiency of development assistance for health, while ensuring that global public goods are adequately funded.	10
Sustainable financing for health Global/ regional level	1 Develop internal strategies to ensure alignment with and accountability to the accelerator agenda.	11
	2 Agree on joint tools for identifying health financing bottlenecks (e.g. through dashboards) and progress (e.g. matrices and indicators) and support joint learning, dissemination and capacity-building initiatives to ensure better alignment on key issues related to health financing.	12
	3 Support global consensus-building and knowledge-sharing among partners to learn from and share past and current support for a country-driven health financing agenda that is consistent with the evidence on “what works and does not work” in making progress towards universal health coverage.	13

Accelerator theme	Action	No.
Civil society and community engagement Country level	1 Jointly advocate for and provide coordinated support to communities and civil society organizations at country level, including through organizational strengthening, to enable and empower them to strategically mobilize around, meaningfully engage in and influence discussions on the development of ambitious multisectoral responses for health and well-being for all, particularly in health coordination and governance and accountability platforms.	14
	2 Strengthen national and sub-national community and civil society coalitions in support of common and cross-cutting health issues and improve alignment of support and funding for community and civil society and improved engagement and coordination, with the aim of joined-up engagement processes and platforms across the health sector.	15
	3 Support countries to develop gender-transformative, equity-oriented, rights-based, people-centred health policies and programmes by enhancing meaningful engagement and inclusive governance and amplifying the voice of communities and civil society in country fora, particularly of disenfranchised and marginalized communities and by jointly leveraging the UN SDG operational guidance on leaving no one behind to align Global Action Plan efforts in countries with wider processes that aim to ensure meaningful engagement.	16
Civil society and community engagement Global/ regional level	1 Undertake joint advocacy and enabling actions – especially with funding partners and countries - to expand the civic space for health and make the case for investments in communities and civil society; collect and share best practices and guidance on the effective engagement of communities and civil society; monitor and evaluate the quality of engagement together with communities and civil society to assess whose voices are heard and their influence in decision-making for better policy and more equitable health outcomes.	17
	2 Strengthen the mechanisms and capacity of the agencies to meaningfully engage communities and civil society at the levels where they operate (country, regional, global) by mapping the civil society engagement mechanisms of the agencies and identifying gaps and opportunities to ensure that disenfranchised and marginalized communities are represented.	18
	3 Build and/or strengthen a virtual platform to empower civil society to mobilize around, engage in and influence discussions on health and well-being for all (for use particularly at country level); and develop alternative tools for those with limited access to the Internet to increase participation and knowledge-sharing among stakeholders who may be financially, socially and/or geographically marginalized.	19
Determinants of health Country level	1 Support the strengthening of multisectoral and multi-stakeholder governance platforms that are inclusive of marginalized voices to address the determinants of health in a holistic manner and disseminate good practices.	20
	2 Strengthen policy, legislative and regulatory measures, including fiscal measures as appropriate, while empowering individuals, civil society and governments to address the determinants of health and establishing or strengthening transparent local accountability mechanisms for health.	21
	3 Support the development of a national investment case to address the determinants of health by action in the different spheres of policy making that have a bearing on health, health inequities, the relationship between health, poverty and socio-economic development, the number of lives that could be saved and the returns on investment.	22
	4 Promote integration of actions to address barriers, the determinants of health and the pledge to leave no one behind in both sector-specific and multisectoral development plans and financing frameworks.	23



Accelerator theme	Action	No.
Determinants of health Global/ regional level	1 Review the agencies' social and environmental standards and practices and agree on best practice to align them with and implement ambitious "green" procurement and waste management practices by 2023, while disseminating lessons and supporting governments to follow similar good practices.	24
	2 Review the agencies' policies for engagement with the private sector to build on good practices for meaningful and effective contributions to national health responses, including through public-private partnerships, in order to achieve the health-related SDG targets, while reviewing code of conduct policies on private sector engagement and managing conflicts of interest between public health and those who develop, market or sell health-harming products, such as the fundamental conflict of interest between the tobacco industry and public health.	25
	3 Review and assess the agencies' policies, programmes, frameworks, budgets and expenditures on gender equality and leaving no one behind, align them with best practices and strengthen them to advance the health and human rights of people left behind.	26
	4 Leverage global platforms to prioritize and jointly act on determinants of health relating to climate change, communicable diseases and NCDs.	27
Innovative programming in fragile and vulnerable settings Country level	1 Strengthen emergency capacity through preparedness actions to reinforce health system capacity to prevent and mitigate the impact of health emergencies and natural disasters.	28
	2 Support countries with fragile settings to better prepare for, prevent, detect and respond to outbreaks, as outlined in the International Health Regulations (2005).	29
	3 Support the development of an essential package of health services in fragile settings (tailored to the country context, available resources and ability to implement), map services to stakeholders responsible for their delivery and develop or strengthen logistics and supply chain partnerships for effective service delivery to "the last mile". On the basis of stakeholder mapping, identify opportunities for integrating service delivery to improve quality and effectiveness, while reducing duplicative or overlapping activities and resource wastage or competition among United Nations organizations and non-governmental organizations.	30
	4 Establish or maintain essential human resources for health governance and management, including a functional payroll to retain health workers during an acute-onset or protracted crisis, and sustain capacity to absorb and utilize domestic and international resources effectively and transparently.	31
Innovative programming in fragile and vulnerable settings Global/ regional level	1 Strengthen multisectoral coordination mechanisms to undertake joint analysis and planning, risk and needs assessments, monitoring and evaluation to support high-quality health service delivery and jointly resourced emergency preparedness plans.	32
	2 Share information on acute humanitarian needs, stakeholders, health and nutrition outcomes and the development context (also at country level), and data on the continuum of care and health, including for migrating and displaced populations.	33
	3 Move towards multi-year, flexible programming and financing with less earmarking; expand the availability of contingency financing for emergencies; expand the donor base and use innovative financing mechanisms, such as insurance and various pay-financing mechanisms. These efforts should enhance sustainable, coordinated and flexible financing to improve collective outcomes.	34

Accelerator theme	Action	No.
R&D, innovation and access Country level	1 Create new country-led forums or support existing ones to accelerate research, access and the scale-up of innovations in support of the health-related SDG targets.	35
	2 Governments and international funders should explore opportunities for co-funding to help drive a shift in the centre of gravity of decision-making to countries and regions.	36
R&D, innovation and access Global/ regional level	1 Develop “global good access practices” for innovation in health, including principles such as impact, affordability, effectiveness, efficiency and equity.	37
	2 Establish and maintain an annual global forum to coordinate and accelerate the late stage pipeline of critical medical and health products (including diagnostics, medicines, vaccines and vector control) to inform coordinated action.	38
	3 WHO should provide a curated list of innovations that could be brought to scale, based on disease burden addressed, cost-effectiveness, affordability and scalability.	39
Data and digital health Country level	1 Assess gaps in age-, sex- and location-disaggregated data and health information systems and in digital health maturity, including gaps such as lack of trend information, the profiles of health information systems, inventories and architecture or roadmap.	40
	2 Strengthen country capacity in the cycle of data generation, disaggregation, analysis, reporting and application to inform policy making and dissemination.	41
	3 Support collective, aligned investment plans for data and digital health in countries, including planning for investments in building blocks of data and digital health in order to move towards or strengthen systems with emerging technologies to accelerate improvements in service delivery and public health planning.	42
	4 Strengthen country capacity in digital health, especially in leadership, legislation, resources, governance and enabling environments for digital innovation at all levels.	43
Data and digital health Global/ regional level	1 Commit to common principles for data and digital health including the Principles of Digital Development and the Principles of Donor Alignment for Digital Health.	44
	2 Standardize data and digital tools and compile, curate and leverage global public goods, for example through a central repository and communities of practice, to accelerate informed and coordinated updating of good practices in data and digital health and interventions that can be delivered digitally.	45
	3 Compile a core set of guidance, processes, norms, standards and applications on emerging technologies in data and digital health that hold potential for advancing integrated service delivery, client-level decision-making and improved health systems (e.g. automation, cloud-based data capture and analytics, social media “nudges”, automated conversational agents (“chatbots”), unique identifiers and secure digital identities).	46



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