## 20 20 STRONGER COLLABORATION, **BETTER HEALTH:**

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



Stronger collaboration, better health: 2020 progress report on the Global Action Plan for Healthy Lives and Well-being for All

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# Acronyms and abbreviations

| GAP         | Global Action Plan for Healthy Lives and Well-being for All                |
|-------------|--|
| Gavi        | Gavi, the Vaccine Alliance   |
| GFF         | Global Financing Facility for Women, Children and Adolescents              |
| GH5050      | Global Health 50/50  |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria                        |
| РНС         | primary health care  |
| SDGs        | Sustainable Development Goals  |
| UHC         | universal health coverage  |
| UNAIDS      | Joint United Nations Programme on HIV/AIDS                                 |
| UNDP        | United Nations Development Programme                                       |
| UNFPA       | United Nations Population Fund   |
| UNICEF      | United Nations Children's Fund   |
| UN-SWAP     | United Nations Action Plan on Gender Equality and the Empowerment of Women |
| UN Women    | United Nations Entity for Gender Equality and the Empowerment of Women     |
| WFP         | World Food Programme   |
| WHO         | World Health Organization  |

## **Foreword:** Stronger collaboration for better health



The objective of the Global Action Plan (GAP) is to enhance collaboration among 12 international organizations engaged in health, development and humanitarian responses in order to accelerate country progress on the health-related targets of the Sustainable Development Goals (SDGs). The Plan builds on an initial joint commitment made in 2018 and was formally launched in September 2019.

In 2020, the COVID-19 pandemic took hold, and progress towards the SDGs, which was already lagging before the crisis, was set back.

In the face of this global challenge, the GAP is more vital than ever. Action in the GAP's seven accelerator areas, along with a cross-cutting focus on gender equality, is critical for countries to deliver primary health care, improve health equity, and increase resilience in the face of future health threats.

As we prepare for our next phase, we are reviewing what has worked and what we need to do better to deliver on our commitments to support countries in their efforts to meet the SDG health targets. In this way, the GAP serves as a platform for continuous improvement and coherent coordination so that the multilateral system supports countries as effectively as possible to achieve tangible results and impact for people.

We are pleased to present the 2020 Progress Report on the Global Action Plan, which covers the first eight months of implementation. I offer my deep thanks to all of the agencies for their sustained commitment to stronger collaboration for better health.

Cech foll

**Dr Tedros Adhanom Ghebreyesus** Director-General World Health Organization

# Executive summary

Stronger Collaboration, Better Health: The Global Action Plan for Healthy Lives and Well-being for All (the GAP) was launched at the United Nations General Assembly in September 2019. Under the GAP, 12 multilateral agencies engaged in health, development and humanitarian responses committed themselves to more effective collaboration to help countries accelerate progress as part of a decade of action and delivery to achieve the health-related SDGs.

The GAP is ambitious in scope, scale, and the duration of the commitment required. It involves 12 diverse multilateral agencies from within and outside the UN system with varying mandates that collectively address around 50 health-related SDG targets. The timeframe for collaboration among the agencies is logically the same as for the SDGs themselves: through to 2030. There is no alternative to collaboration among multilateral organizations if the SDGs are to be reached and the GAP platform provides a key opportunity to optimize collaboration among the 12 signatories.

While many previous initiatives in global health use funding as a lever for collaboration, the GAP is not accompanied by additional funding. Instead it promotes a cultural shift within the existing health architecture towards more purposeful and systematic collaboration among the 12 agencies and with countries. Cultural change is more challenging and takes longer but is ultimately more sustainable and provides value for money on existing resources.

Since the GAP was launched a year ago, the signatory agencies have intentionally used an entrepreneurial "learning by doing" approach. The pages in this report are like those in a laboratory notebook, presenting early empirical evidence of progress and challenges that the agencies' Principals will review to focus efforts under the GAP on leveraging the greatest collaboration possible to accelerate progress towards reaching the health-related SDGs over the next decade.

In the early implementation phase, the signatory agencies have moved from the four key commitments made in the GAP – *Engage, Accelerate, Align, Account* – to action, and are beginning to lay the groundwork for sustainable impact and demonstrate progress. Building on existing collaborations, the agencies are also committed to leveraging the GAP to fill gaps in and add value to existing global, regional and national coordination mechanisms in the response to the COVID-19 pandemic.

### ENGAGE



### Working with countries to identify priorities and to plan and implement together

Implementation of the GAP is driven primarily by the signatory agencies' commitment to engage with countries and provide support in a more coordinated way in one or more of the seven GAP accelerator themes and gender equality, tailored to country demand. Clear priorities for action to accelerate progress towards the health-related SDGs have been identified by around a dozen countries under the auspices of the GAP, with expressions of interest from many more. Country demand for joint support is initially focused on PHC and sustainable financing for health. While the starting point for country engagement differs by country and accelerator theme, engagement has been made through existing country mechanisms, events or processes and built on existing collaborations and relationships among the agencies, governments, civil society and development partners. In some countries, the agencies have begun to develop work-plans for joint support. Opportunities for joint support under the GAP have been identified in several other countries and discussions are taking place to translate these ideas into concrete actions.

The case studies presented in this report provide a mapping of the signatory agencies' activities in five countries (Côte d'Ivoire, Ghana, Mali, Pakistan and Somalia) in which collaboration under the GAP is most advanced. Going forward, GAP agencies will continue to identify opportunities to strengthen collaboration in countries based on what makes the most sense in the country context and the agencies' mandates and available resources. This work may involve support for countries to recover from the impact of the COVID-19 pandemic and build a bridge from emergency responses to further progress on the health-related SDGs.

### ACCELERATE



Acting together to support countries in the accelerator themes and on advancing gender equality

A global working group has been established for each of the seven GAP accelerator

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