World Health Organization

EXECUTIVE SUMMARY

Joint Evaluation of the Global Action Plan for Healthy Lives and Well-being for all

(SDG3-GAP)

Gavi · Global Financing Facility · International Labour Organization · The Global Fund · UNAIDS · UNDP · UNFPA · unicef · Unitaid · UN Women · World Bank Group · World Food Programme · World Health Organization

Executive Summary

BACKGROUND

1. The Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP; GAP) has its origin in the 2018 initiative by heads of state (German, Norway, Ghana) to strengthen interagency collaboration to accelerate progress on the health-related targets, set against the background of the resolution adopted by the United Nations General Assembly in 2015 entitled "Transforming our world: the 2030 Agenda for Sustainable Development". That call was echoed in the G20 Osaka Leaders' Declaration, which urged more effective collaboration between international organizations. It is within this context that the GAP was developed.

EVALUATION OBJECTIVE, PURPOSE AND SCOPE

2. The objective of this evaluation is to assess the coherence, effectiveness and sustainability of the GAP collaboration efforts – at the country, regional and global levels – in accelerating country progress on the health-related SDG targets. The evaluation may be used to inform discussions amongst agency principals regarding the future of the GAP.

3. The evaluation assesses the extent to which signatory agencies have strengthened their collaboration to:

    a. engage with countries better to identify priorities;
    b. jointly plan and implement;
    c. harmonize operational and financial strategies; policies and approaches;
    d. review progress and learn together to enhance shared accountability; and,
    e. accelerate progress in countries through joint actions on the health-related SDGs.

4. The temporal scope of this evaluation is the period September 2019 to June 2024. It includes global, regional and country perspectives from GAP signatory agencies' country offices or country focal points, regional offices, UN country team and headquarters, as well as the participation of Member States, government counterparts, other major partners and civil society and other implementing partners. The geographic scope of the evaluation spans 67 countries where the GAP approach has been applied.

METHODOLOGY

5. The evaluation team employed a non-experimental, theory-based, utilization-focused approach, utilizing a reconstructed theory of change (ToC) and 11 high-level evaluation questions (EQs) structured around three evaluation criteria to interrogate expected changes and possible contributions of the GAP (contribution analysis) to that change – the "how" and "why". Stakeholders were consulted to understand their perspectives on a series of agreed hypotheses that test the GAP intervention logic or causal pathways identified within the ToC, as well as the assumptions underpinning the expected results.

6. Mixed methods of data collection were used (remote interviews, country studies, a survey and a document review) to ensure triangulation of evidence and "traceability" from findings to conclusions to recommendations.

7. A comprehensive document review of core GAP documents, annual and progress reports, signatory agency strategies, GAP accelerator documents, national development plans and country case study documentation was undertaken, combined with over 70 remote key informant interviews (KIIs) with signatory agency principals, GAP focal points, accelerator members, other signatory agency staff (e.g. regional, Monitoring & Evaluating (M&E), partnerships) and donors. A country-facing survey instrument was deployed, though response rates were low when disaggregated based on familiarity with the GAP. Seven country studies were undertaken, five physical and two remote, with 120+ KIIs conducted at the country level.

8. The evaluation adhered to ethical standards; where applicable, relevant cross-cutting issues of gender, human rights and disability, humanitarian principles, protection, and accountability to affected populations in design, data collection and analysis were considered.

9. Several methodological challenges were encountered and mitigated, including timing and sequencing challenges; limitations to stakeholder engagement and availability; representative regional participation in the country studies; slow survey response rates; and some data paucity issues. These were mitigated by extending out the data collection phase to provide a greater range of opportunities to engage; pragmatic selection of country studies based on agencies' willingness and ability to host, which was endorsed with evaluation management; engagement of the evaluation reference and management group counterparts to identify stakeholders and secure participation; and ongoing WHO support in sourcing documentation, data points and up-to-date financial information.

KEY FINDINGS

Coherence

Understanding and ownership of the SDG3 GAP

10. There was early buy-in and engagement with the GAP from principals in the signatory agencies at a global level, from its outset. However, the objectives of the GAP and associated interagency collaboration mechanisms have not been sufficiently defined to support a coherent and shared understanding. As a result, there have been divergent and inconsistent interpretations of and approaches to GAP implementation across signatory agencies, particularly at country level.

11. There have been uneven levels of ownership of the GAP between signatory agencies and at different levels of their organizations, as well as limited awareness of the GAP by country governments and national partner stakeholders, resulting from a lack of common understanding of GAP purpose and approach, combined with poor contextualization at a country level.

12. With the advent of COVID-19 early in the life cycle of the GAP and other emerging global priorities and commitments since, as well as concerns regarding the GAP's efficacy, the visibility and seniority of ownership and engagement of the GAP has diminished.

Coherence of operational and financial policies, strategies and approaches

13. While there has been a range of activities to improve the level of coherence of operational and financial strategies, policies and approaches, overall, the level of interagency alignment of these remains insufficient to incentivize meaningful interagency change which improves

coordination, drives efficiencies, and avoids duplication, or supports the strengthening of health collaboration mechanisms.

14. There is evidence of a progressive alignment of signatory agencies' strategies and policies with national priorities and plans and an increase in countries' ownership of health coordination mechanisms, though it is not directly attributable to the GAP.

15. The GAP is compatible and provides continuity with a number of previous international health partnerships, having built on their work, leveraged previous efforts and investment and learned lessons from these initiatives. However, the GAP, like its predecessors, has struggled to influence or sufficiently catalyze change on systemic issues affecting coordination such as political leadership, ownership, governance and funding.

16. There has been a lack of external incentives that reinforce organizational cooperation at a country level, which has limited collaboration and hindered progress.

Effectiveness

GAP's achievement of intended objectives and results

17. Given the lack of awareness and ownership of the GAP reported by respondents from countries and GAP signatory agencies, it has been challenging to isolate specific results that the GAP has achieved. The GAP's contribution to alignment and joined-up support to countries has taken place among multiple other initiatives on alignment, including by the GAP agencies themselves.

18. The evaluation finds some evidence that strengthened engagement with countries to determine priorities exists, with signatory agencies engaging in a range of coordination mechanisms chaired or co-chaired by national counterparts, although these are not necessarily attributable to the GAP.

19. The achievement or non-achievement of SDG3 targets cannot be attributed directly to the GAP. The evaluation notes that maternal health, under-five mortality, risk of dying from the main noncommunicable diseases, universal health coverage, TB, HIV and vaccine are critical components of areas where GAP signatory agencies have concentrated resources and efforts. However, the evaluation team finds that while there have been some improvements in these areas between 2015 and 2020, they have generally not been sufficient to meet the set targets. Among the 69 countries noted in the 2024 Progress report where the GAP is being implemented, none have achieved or are on track to achieving SDG3 targets.

GAP accelerators

20. The accelerator groups were envisaged as the key mechanism for GAP signatory agencies to drive collaboration with working groups established at headquarters levels, with communities of practice created to share good practices and plan joint country level initiatives. Out of the seven accelerators, two have been most prominent and active: the Primary Health Care (PHC) and Sustainable Financing for Health (SFH) accelerators. Data and Digital Health has also shown positive signs of traction. COVID-19 amplified the focus on PHC and financing, necessitating signatory agencies and other partners to collaborate and coordinate to deliver a robust response.

Gender equality and responsiveness, equity and inclusiveness

21. Gender equality, health equity and inclusiveness are significant topics in the mandates of all GAP signatory agencies and emphasized from the

outset of the GAP. There has been a gender equality working group tasked with integrating a gender equality lens across all accelerators, which was merged in 2021 with the determinants of health and civil society and community engagement accelerators to form the equity cluster. While there were initial activities conducted by the gender working group, the equity cluster can best be described as dormant. This dormancy is attributed to a lack of dedicated human and financial resources among signatory agencies and the high turn-over of focal point staff, as well as a lack of focus on gender within country coordination mechanisms.

22. From the outset of the GAP, engagement with civil society and communities has been weak. Civil society actors and community-based organizations were not included as key stakeholders in the GAP's design or engaged routinely as key stakeholders. The civil society accelerator group was described as having never really gathered momentum and being largely defunct. Its integration into the equity cluster, in 2021, has not served to revitalize the work planned under this accelerator.

Economic and timely delivery of results

23. The evaluation found variations in the economic and timely delivery of results amongst GAP signatory agencies and across countries, including positive examples of how joint efforts involving GAP agencies have led to improved resource optimization, faster response times and innovative financing solutions. The evaluation notes, however, that these are not always linked directly to the GAP. There was evidence to suggest that providing pooled funds where possible would help improve coordination.

24. Regarding timeliness of results, the evaluation team finds that coordinated efforts among agencies enabled faster mobilization of resources and personnel during emergencies at the country and global level throughout the period of implementation, with COVID-19 as the most significant example through, for example, the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Basket Fund.

25. Catalytic funding for GAP activities was supported by the Norwegian Agency for Development Cooperation (NORAD) and the German Federal Ministry of Health (Bundesministerium für Gesundheit, BMG). From 2018 to date, total expenditure on the GAP was US$ 11.9 million. Of this, USS$ 4.8 million was expensed at headquarters (with staff costs of USS$ 3.1 million). Progress reports indicate that the catalytic funding provided has in general been successful in helping to catalyze collaboration at the country level through removing blockages, strengthening WHO leadership capacity on SDG3 related work and contributing to a more level playing field. They also show that countries receiving catalytic funding to cover the upfront costs of closer collaboration have been able to leverage and realize gains through increased synergies and efficiencies and stronger partner networks. The high flexibility of the funding is a core strength; the relatively low amounts per country office and the short period of implementation were seen as weaknesses.

Monitoring of GAP results

26. The evaluation team finds a number of weaknesses regarding how GAP results are measured, including that workplans for GAP focal points or accelerator working groups have not been systematically developed; meetings and actions not minuted; efforts to align indicators across agencies not completed; weaknesses in the monitoring framework not eradicated; results overclaimed; country questionnaires assessed subjectively and country team and civil society perspectives not routinely gathered.

27. Joint accountability for GAP results has been highlighted as a major weakness, notwithstanding the positive action taken to

develop an appropriate ToC and efforts to strengthen the existing M&E framework, as recommended by the Joint Evaluability Assessment (JEA).

28. WHO is the only signatory agency to have any specific results embedded within its results framework pertaining to the GAP; more generally, six of the 13 agencies have specific results around coordination and/or partnership in their results frameworks. While many of the agencies have indicators relevant to the GAP accelerators, these are not framed in terms of a collective effort.

Sustainability

Sustainability of SDG3 GAP outcomes

29. The context and appetite for globally led initiatives have changed considerably since the GAP's inception, with a primacy on locally led development/ localization seemingly absent from GAP implementation. Given the findings drawn from examining coherence and effectiveness, it is unlikely that any momentum from the GAP can be sustained in the medium- to long-term, though there is recognition of the ongoing need for and relevance of international health partnerships.

30. The evaluation team finds that the potential for sustainability increases where political ownership and strong national capacity and vision to coordinate agencies through costed operational sectoral plans exist and where agencies can position themselves based on their comparative advantage.

Recovery from the negative impacts of the COVID-19 pandemic

31. The GAP had just begun to function when COVID-19 started, and while the pandemic represented a unique opportunity to use the GAP as a platform for increased collaboration, this did not fully materialize. There were examples of strong collaboration and coordination in response to the pandemic in the spirit of the GAP but given the level of awareness and engagement of those involved with the GAP, it is more plausible that this was driven by necessity and context, rather than by the GAP. While there were examples of increased collaboration during the pandemic, this momentum has been somewhat lost since in a return to business as usual with few lessons learned from the experiences of coordinating and collaborating during the pandemic.

KEY CONCLUSIONS

Coherence

32. The evaluation team conclude that, at a global level, the GAP demonstrates compatibility and coherence with current and previous international health partnerships and initiatives, providing evidence of alignment, continuity and opportunities to leverage previous efforts and investments.

33. However, despite early buy-in and engagement with the GAP from principals within the signatory agencies, it has proven more challenging to secure interagency coherence and country engagement.

34. Recognizing that the presence of the signatory agencies varies significantly at country level, with their ability to contribute evenly at this level varying as a result, the evaluation team concludes that GAP efforts to better engage with countries to identify priorities and plan and implement together have not been successful. Engagement at a country level to ensure that the GAP considered both country context and existing coordination mechanisms has been undermined by uneven and often low levels of understanding and ownership of the GAP within and amongst the signatory agencies. This was evident across the organizational levels, with a notably limited

awareness and ownership at the country level. This is amplified by weak levels of understanding and ownership in country government counterparts and national partners.

35. The evaluation concludes that there a range of activities has been carried out to improve the level of alignment of operational and financial strategies, policies and approaches supporting countries in their pursuit of efficiency increases and burden reduction on countries overall. However, the level of alignment remains insufficient to incentivize meaningful institutional change which improves coordination, drives efficiencies and avoids duplication. Where GAP signatory agencies have pursued better use of existing resources (technical, financial and human), this is not primarily driven by the GAP. Other key drivers identified include ongoing UN Development System reform and the maturing of United Nations Country Teams (UNCTs) and United Nations Sustainability Development Cooperation Frameworks (UNSDCF), as well as context. There is a lack of consistent evidence from the evaluation country studies that the GAP has incentivized increases in joint planning and implementation.

Effectiveness

36. The evaluation team asserts that there is insufficient evidence to confidently conclude that the GAP has achieved, or is expected to achieve, its intended objectives and results to accelerate progress towards the SDG3 targets. However, neither has progress towards these targets been overtly hindered by the GAP.

37. While there is some evidence of strengthened engagement with countries to determine priorities and of good practices identified within the PHC, Sustainable Health Financing and Digital Health Accelerators (which have been the most effective and impactful across the seven themes), there is limited evidence to support the claim that the GAP has directly accelerated progress and helped agencies to support countries towards achieving the SDG3 targets, with a predominance of major and significant challenges still faced by countries in achieving these goals.

38. The evaluation concludes that in relation to SDG3 targets there has been some improvement from 2015 to 2020 in maternal health, under-five mortality, risk of dying from the main NCDs, UHC coverage, TB, HIV and vaccine as critical components of areas where GAP signatory agencies have engaged through focused efforts and concentrated resources. However, this has generally not been sufficient to meet the set targets. Among the 69 countries noted in the 2024 Progress report where the GAP is being implemented, none have achieved or are on track to achieving SDG3.

39. There has been a lack of joint accountability for GAP results and inadequacies in how results have been monitored and reported. The evaluation team concludes that weaknesses remain in how GAP accounts for its results, reviews progress and learns to enhance its shared accountability (including how results are measured), that workplans for GAP focal points or accelerator working groups have not been systematically or consistently developed, that efforts to align indicators across agencies were not completed and that weaknesses in the monitoring framework persist.

40. The evaluation concludes that joint accountability for GAP results remains a weakness, notwithstanding the positive action taken to develop a ToC and efforts to strengthen the existing M&E framework, as recommended by the JEA. WHO is the only signatory agency to have any specific results embedded within its results framework pertaining to the GAP; more generally, six of the 13 agencies have specific results around coordination and/or partnership in their results frameworks. While many of the agencies have indicators relevant to the GAP

accelerators, these are not framed in terms of a collective effort.

Sustainability

41. The evaluation team concludes that it is unlikely that any of the observed GAP outcomes will be sustained in either the medium- or long-term, given the decline in signatory agency leadership commitment and engagement, competing priorities and the significantly reduced allocation of resources for GAP activities. It is also important to place the sustainability of the GAP and its outcomes within the broader contexts of both the current landscape for global health and the operating environment for each country, where few countries are on-track to reach SDG3 targets. While there was increased coordination and collaboration during the COVID-19 pandemic, this was largely driven by necessity and context. Momentum has not been maintained and lesson learning from the experience has not yet been sufficiently embedded in approaches to coordination and collaboration.

42. The evaluation team concludes that there has been a range of factors affecting implementation efficacy and effectiveness, including diminishing leadership engagement and visibility at an organizational and principal level since 2019. Furthermore, while government ownership of health-related coordination/collaboration was considered essential at the design stage for the GAP to progress and for results to be achieved at a country level, a lack of political-level engagement with the GAP has hindered progress of health collaborations. The objectives of the GAP and interagency collaboration mechanisms have not been sufficiently defined, leading to divergence in interpretation and approach from the very start.

43. The evaluation team further finds weak mutual accountability between signatory agencies, as noted above, with a lack of GAP outcome indicators comprehensively embedded within signatory agencies results frameworks. While there has been a degree of alignment of signatory agencies' operational/ financial strategies and policies, the approaches, behaviours and enabling factors have been insufficient to drive efficiencies and avoid duplication in strengthening health collaborations. There has been a lack of external incentives that reinforce organizational cooperation at a country level, which has limited collaboration and hindered progress. Existing country-level incentives have neither sufficiently reinforced collaboration nor strengthened existing country coordination models and supported country-facing teams; nor have new incentives been introduced. There is growing fatigue with global partnerships at a country level. Addressing these challenges will be critically important in any pathway forward.

44. In sum, the evaluation team concludes that there remains compelling evidence of the continued relevance and need for strengthened collaboration and better coordination and mutual accountability amongst multilateral agencies and that the need to strengthen governance, accountability, collaboration

and coordination for impact on health has only grown since the GAP was created. The evaluation team recognizes that this evaluation comes at a challenging time for health architecture and financing and that reinvigorating multilateralism will be a priority of the Summit of the Future as agencies consider their responses to the fact that SDG 3, like Agenda 2030 broadly, is off track.

45. Overall, though, the evaluation team concludes that there is comprehensive evidence to support the need for a fundamental pivot away from current GAP implementation modality towards other approaches.

RECOMMENDATIONS

46. Based on the evidence of need and conclusions on implementation efficacy, the evaluation team identifies two plausible pathways forward. Both are guided by the evidence and both carry benefits, trade-offs and risks that signatory agencies should consider in developing the management response to this evaluation.

Pathway A: Sunset/close-out the current GAP within a six- to twelve-month period
GAP Signatory agencies – Within the next three months, agencies decide through consultation and then state a shared consensus that sunset and close-out of the current GAP framework is in the collective best interest.

GAP Secretariat – Based on the decision of signatory agencies, the Secretariat will develop a sunsetting and close-out action plan for six to nine months, detailing key activities, reporting milestones and the communications plan to wind down GAP working groups as well as engagement with country and regional focal points and partners.

GAP focal points –GAP Secretariat and existing GAP focal points in signatory agencies will coordinate to develop joint communications to inform.

Pathway B: developing a new framework that retains selected GAP elements.

Signatory agencies – Within the next three months, agencies decide through consultation and then state a shared consensus that the development of a new framework which retains selected elements of the current GAP framework, is in the collective best interest.

GAP signatory agencies – reconfigure the number and composition of signatory agencies, reducing the agencies involved and clearly establishing respective roles and responsibilities in the new framework's development and implementation.

GAP signatory agencies – reconceptualize accountability to develop a strengthened accountability and results framework, with clear division of labour and commitment across agencies to measure and report contribution and collaboration jointly through the new framework.

GAP signatory agencies – reconceptualize and repurpose existing accelerators, focused on the PHC and SHF accelerators and the H6 partnership as 'stand-alone' initiatives.

GAP signatory agencies – redevelop and replenish collaborative catalytic funding, for example, through catalytic funding from pooled resources.

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