



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

(SDG3 GAP)

EVALUATION BRIEF

Purpose

The evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) was conducted to assess how effectively the plan has facilitated collaboration among the 13 signatory agencies to accelerate country progress on health-related SDG targets between September 2019 and June 2024. The evaluation focuses on how well these agencies have worked together to engage countries, align policies and strategies, and plan and implement joint actions, with the goal of enhancing shared accountability and achieving health-related SDGs across 67 countries. It was designed to inform discussions about the future of the GAP among the signatory agencies.

Methods

The evaluation employed a non-experimental, theory-based, utilization-focused approach, using a reconstructed Theory of Change (ToC) to test assumptions and examine pathways to results. Eleven high-level evaluation questions addressed three key criteria: coherence, effectiveness, and sustainability. Mixed data collection methods included a comprehensive review of 150 documents, over 70 remote key informant interviews and seven in-depth country case studies conducted in Ethiopia, Nigeria, Tajikistan, Jordan, Pakistan, Colombia, and Somalia. Ethical standards were observed, and cross-cutting issues like gender, human rights, and accountability to affected populations were factored into the analysis.

Key Findings

Coherence

Early global engagement with GAP signatory agencies was strong, but a lack of clear objectives and collaboration mechanisms hindered coherence. The GAP suffered from uneven ownership across agencies, and country-level engagement was inconsistent, with limited awareness and alignment of the GAP's purpose.

The COVID-19 pandemic further diluted visibility and commitment to the GAP's objectives. While efforts were made to align operational and financial strategies, inter-agency coordination remained insufficient to incentivize meaningful collaboration, especially at the country level.

Effectiveness

Due to low awareness of the GAP at various levels, isolating its specific contributions to progress has been challenging. However, some achievements were noted, particularly in Primary Health Care (PHC) and Sustainable Health Financing (SHF), which emerged as the most active accelerators. Digital health also showed positive traction, driven by the pandemic. Despite efforts in areas like maternal health, under-five mortality, and UHC coverage, progress between 2015 and 2020 was insufficient to meet the targets. Evidence of strengthened country engagement existed, though attribution to the GAP was difficult.

Sustainability

The sustainability of the GAP's efforts is uncertain, given diminished leadership engagement and

resource allocation. However, the evaluation noted that collaboration between international health partners remains crucial. The evaluation also highlighted WHO's catalytic funding to country offices as a successful mechanism for removing barriers and strengthening SDG-related leadership. The short implementation periods and small amounts of funding limited broader impact. Additionally, weaknesses in monitoring and reporting results, coupled with a lack of joint accountability among agencies, posed significant challenges to sustaining momentum.

Conclusions

Coherence

The GAP is well-aligned with broader international health initiatives, but securing inter-agency coherence and country-level engagement has been difficult. The lack of consistent understanding and ownership of the GAP across signatory agencies and in-country counterparts undermined its ability to drive meaningful joint action. Although efforts were made to align strategies, they were insufficient to drive substantial inter-agency cooperation and institutional change.

Effectiveness

While some areas of the GAP, particularly PHC and SHF, have shown promise, there is insufficient evidence that the GAP has directly accelerated progress toward SDG3 targets. Despite concentrated efforts in key areas such as maternal health and NCD mortality, progress remains inadequate, and most countries are not on track to meet SDG3 goals. The evaluation also emphasized the need for improved accountability and measurement of results across the GAP's efforts.

Sustainability

The GAP's sustainability is at risk due to reduced leadership commitment, competing global health priorities, and insufficient funding. However, there remains a strong need for continued collaboration between agencies to address emerging global health challenges. Moving forward, aligning efforts with country-level capacities and priorities will be essential to maintain progress.

Recommendations

Based on the findings, the evaluation presents two potential pathways for the future of the GAP:

1. **Pathway A: Sunset and close out the current GAP within 6-12 months.**
 - **GAP Signatory Agencies:** Conclude the current GAP framework through consultation within three months. Develop a sunseting action plan to wind down working groups and close out activities.
 - **GAP Secretariat:** Facilitate the process by developing a 6-9 month action plan, including key milestones and communication strategies for winding down operations.
2. **Pathway B: Develop a new framework, retaining selected elements of the current GAP.**
 - **GAP Signatory Agencies:** Reduce the number of agencies involved, clearly define roles, and reconfigure accountability mechanisms to focus on measurable outcomes.

Accelerators: Retain successful components like PHC, SHF, and digital health, while recalibrating resources and roles.

Funding: Establish a collaborative catalytic funding mechanism to drive innovation and inter-agency cooperation.

For further information, please contact:
evaluation@who.int

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