REPORT

PUBLIC DISCUSSION ON THE 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

I. OVERVIEW

As part of a series of multi-stakeholder consultations at country and global levels, signatory agencies of the Global Action Plan for Healthy Lives and Well-being for All hosted a global virtual public discussion from 17 June–2 July 2019. The public discussion sought to elicit feedback from all interested stakeholders on working versions of the Global Action Plan outline and accelerator papers in order to inform the finalization of the Plan. The discussion was prompted by requests from member states, civil society and the private sector for additional opportunities for engagement in the development of the Global Action Plan.

II. ABOUT THE GLOBAL ACTION PLAN

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 SDGs. 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 12 signatory agencies are Gavi, Global Financing Facility, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank, World Food Programme, and the World Health Organization.

The Global Action Plan describes how the 12 signatory agencies are adopting new ways of working, building on existing successful collaborations, and jointly aligning their support around countries' national plans and strategies to accelerate progress towards the health-related SDGs. Although referred to as a Global Plan, its true value will be realized through coordinated support, action and progress in countries.

As part of the Global Action Plan, seven "accelerator" themes have been developed. Accelerator themes represent catalytic opportunities for signatory agencies to collectively better leverage their resources, expertise, reach and capacities in areas that cut across their mandates and in which joint action could support countries to accelerate progress towards the health-related SDGs.

The final Global Action Plan will be presented during the United Nations General Assembly in September 2019.

III. CONSULTATIVE PROCESS TO DEVELOP THE GLOBAL ACTION PLAN

Signatory agencies undertook a series of multi-stakeholder consultations at country and global level to inform the development of the Global Action Plan. To ensure that country priorities and needs are the key drivers in identifying the collective actions undertaken by the 12 agencies, several country consultations were held.

At the global level, briefings and consultations included:

- ○ Informal briefing during the Commission on the Status of Women (22 March)
- ○ Non-State Actor Consultation on the Global Action Plan (30 April)
- ○ High-level Technical Briefing during the 72nd World Health Assembly (20 May)
- ○ Full day of interactive presentations on the Global Action Plan during the 72nd World Health Assembly (22 May)
- ○ Briefings for Member State at WHO

A Civil Society Advisory Group further facilitated the engagement of the broadest possible representation of communities and civil society in the development and implementation of the Global Action Plan. Among other engagements, members hosted a side-event during the 72nd World Health Assembly on Community and Civil Society Engagement for the Global Action Plan (Hosted by Global Health Council, United Nations Foundation, Women Deliver).

Each accelerator theme was developed following extensive formal and informal engagement with expert representatives from governments, civil society, research institutes and the private sector. Some accelerator lead agencies have convened multi-stakeholder working groups, which were engaged in conceptualization, priority-setting, drafting and validation.

IV. ABOUT THE PUBLIC DISCUSSION: DISSEMINATION & RESULTS

The public discussion invited feedback from all interested parties on the draft outline of the Global Action Plan and seven draft papers on the accelerator themes. These were described as working papers, subject to change, and did not necessarily reflect the views of the 12 signatory agencies.

The announcement of the consultation was disseminated through the following channels:

- Posted online on WHO's SDG GAP website;
- All agency leads were notified via email;
- Shared with SDG GAP Communication focal points of the 12 signatory agencies for dissemination e.g. via social media, website and newsletters;
- Shared with all WHO country offices;
- Shared with the Civil Society Engagement Mechanism for UHC2030, which has approximately 350 NGO members from 70 countries;
- Widely promoted on Twitter.

The consultation was open for 16 days. In total, 105 organizations and individuals submitted feedback. To promote transparency, all submissions have been published online.

In terms of sectoral engagement, the largest proportion of participants represented NGOs (50%), followed by the private sector (14%) and Member States (8%) (See Figure 1). People submitting on an individual basis accounted for 19%.

Hundreds of pages of feedback were received. Feedback ranged from a single paragraph to 20 pages. The majority of submissions covered more than one thematic area (General/Outline and/or Accelerators 1-7; see Figure 2). General feedback or feedback on the Outline accounted for nearly one-third of submissions. Accelerator 4 (Determinants of Health) garnered the largest amount of feedback among the accelerator themes – much of which was driven by private sector concerns.

Figure 1. Number of organizations/individuals participating by sector (of 105 total)
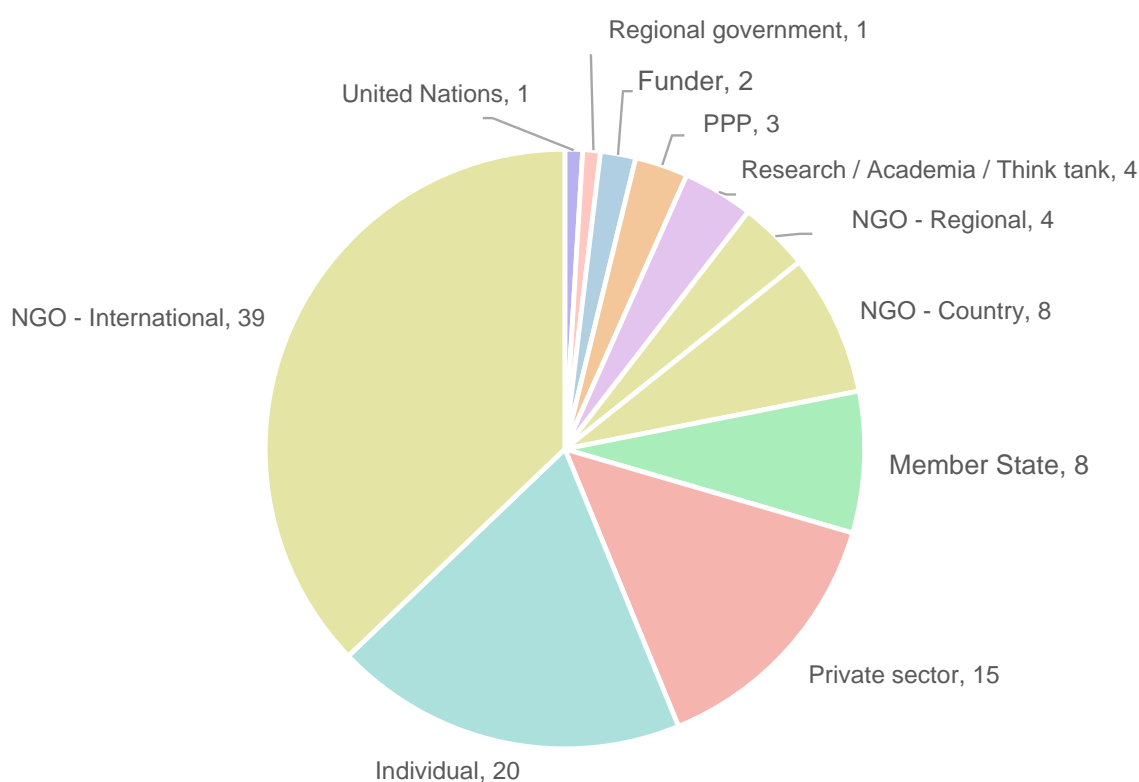
NGO - International	39	37%	NGO - Regional	4	4%
Individual	20	19%	Public-private partnership (PPP)	3	3%
Private sector	15	14%	Funder	2	2%
NGO - Country	8	8%	United Nations	1	1%
Member State	8	8%	Regional government	1	1%
Research / Academia / Think tank	4	4%	**Total**	**105**	

Figure 2. Number of substantive submissions, by General/Outline or Accelerator 1-7

Note: Some organizations submitted several submissions. The total number of submissions is therefore much higher than the number of organizations submitting.
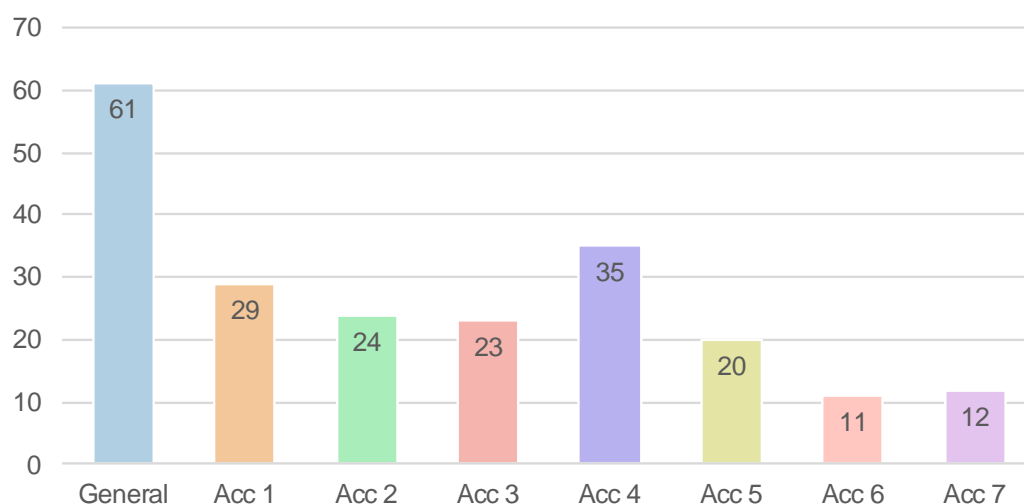
General/Outline	61	28%
Acc 1 – Sustainable financing	29	13%
Acc 2 – Primary Health Care	24	11%
Acc 3 – Communities and civil society	23	11%
Acc 4 – Determinants of health	36	16%
Acc 5 – R&D, innovation and access	20	9%
Acc 6 – Data and digital health	11	5%
Acc 7 – Innovative programming in fragile and vulnerable states	12	6%

Each submission received was reviewed and collated by the Global Action Plan Secretariat. Original submissions and an analysis of feedback were shared with all agency and accelerator theme leads, to facilitate their consideration and incorporation in the final Global Action Plan.

Annex 1 contains the original discussion questions and guidelines to support engagement in the public discussion.

V. FEEDBACK IN DEPTH

The following summary includes comments that were repeated in numerous submissions as well as inputs that provided overarching and actionable suggestions to revise the working papers. The summary does not include all feedback received but seeks to provide an overview of the scope of inputs.

General/Outline (61 submissions)

Recurring messages:

- Broad support for the AAAA framework.

- Some concerns regarding Account that an accountability framework entirely focused on SDG-related outcomes would be insufficient to hold signatory agencies accountable, collectively and individually. The need for robust approaches to monitoring progress and holding agencies accountable for commitments related to ways of working was raised in feedback on several accelerator themes.

- Some suggestions to present a clear approach to country engagement and ways of working, enhancing accountability and reducing fragmentation in country – including a suggestion to host regular dialogue with government partners through a single-entry point/cooperation pathway for all accelerator themes.

- Several submissions encouraged linkages between accelerator themes to be better highlighted and leveraged, as well as a more consistent format and action orientation. Accelerator theme-specific feedback highlighted that the cross-cutting nature of many of the accelerator themes should be better emphasized – especially for PHC and civil society engagement.

- Clearer links between the GAP and the UN reform agenda at country level were requested.

- Several suggestions across accelerator themes to more closely link actions to existing global norms, declarations and action plans, and build on existing platforms.

- Strong support among NGOs that seven IHP+ behaviors for aid effectiveness underpin GAP. Encouraged signatories to revive discussions around a pooled funding mechanism to support civil society engagement.

- One bloc of feedback raised serious concerns about content and process: 1) GAP goes beyond objective of improving coordination and contains prescriptive policy recommendations directed at Member States, and as such 2) urge further review and approval process with Member States. (This is largely related to language in Accelerator theme 4 on determinants of health).

- Some NGO submissions further raised concerns about the late stage of the consultation and incomplete papers.

Elements missing/inadequate:

- **Gender equality:** Repeated support for an accelerator on gender equality, or at least adopting a gender lens and coherent approach to pursuing SDG 5 targets across GAP and all existing accelerator themes. Agencies were further challenged to ensure a robust mechanism for engaging women and girls in health system decision-making.

- **Human resources for health:** Repeated support for an accelerator theme on the health workforce, or at minimum greater attention in the text. Aligning signatories' in-country health workforce strategies and practices seen as a major opportunity of the GAP.

- **Health promotion:** Some feedback saw a major opportunity of GAP to facilitate a long-overdue pivot to prevention and health promotion.

- **One Health:** Raised repeatedly as a thematic priority, as well as an example of successful joint working – 'SDG 3 cannot be achieved without promoting the health of animals, plants and ecosystems.'

- More emphasis across papers on **health equity, engaging young people, mental health, SRHR, aging and health, nutrition (SDG2), NCDs and obesity.**

- Engagement of the **private sector.**

Examples of successful joint collaborations shared:

- WHO-UNDP Joint Programme on strengthening and integrating national policies and programmes addressing gender-based violence, harmful use of alcohol and infectious diseases

- P4H Network

- NCD Task Force joint programming mission with Mongolia

- National Supply Chain Integration Project in Nigeria

- Health Data Collaborative

Accelerator theme 1 – Sustainable Financing (29 submissions)

- "Quality of the paper is impressive."

- Urged to explore more country modalities that enhance coordination and alignment and incentivize domestic resource mobilization; enhance support for regulation, priority-setting and strategic purchasing; strengthen focus on OOP expenditure.

- Major point of contention: taxes

  - Same MS/Industry bloc that raised concerns about policy recommendations and process expressed concern over Driver 1 on 'scaling up taxes on products and processes harmful to health… and global action against tax avoidance'. Argument: 1) No sound evidence that such food taxes lead to a healthier diet; 2) No clear definition of "health-harming"; 3) Tax avoidance unrelated to health financing.

  - Some submissions were in favor of alcohol taxation as an effective tool for health promotion.

  - Several NGOs encouraged more emphasis on broader progressive tax systems for public funding of health, and on wealth, corporate and income tax as well as urgent international action to end tax avoidance and evasion (SDG 17) and to restructure LMIC debts.

- Support for accelerator theme to be more concrete and ambitious in relation to global solidarity – including call to meet 0.7% commitment.

- Feedback on role of IMF: Include IMF as a partner and describe how to leverage IMF and WB macro-economic support to counties; versus including explicit recommendations to reform IMF.

- Support for P4H as platform for GAP: Repeated reference to P4H Network, and whether some proposed drivers and related activities can be undertaken by P4H.

Accelerator theme 2 – Primary Health Care (24 submissions)

- "This accelerator is well-positioned to have a significant impact at country level if fully implemented."

- Calls for more emphasis on quality of PHC, which includes interpersonal dynamics between providers and patients.

- Expand on need to take a multi-level approach to shift from "poorly integrated hospital-centric" services to delivering PHC at all levels with proper referrals, while still addressing performance, efficiency and quality issues at hospital level.

- Some requests for more clarity on division of labour: References to a monitoring framework, a workplan and a progress report – but not clear who will drive development and how they will be used. Clearer roles and responsibilities should be outlined based on comparative advantage versus collective joint action.

- Strong encouragement to ensure that metrics include the numbers, density and distribution of the cadres of health workers most relevant to PHC.

- Urge revisiting to ensure language is consistent with WHO and other agency policies and resolutions.

Elements to be included/strengthened:

- How agencies will advance equity in a collective manner

- How accelerator will work with other key ministries, including Finance, to ensure sustainable financing for PHC; role of private sector; out-of-pocket expenditure

- Challenge of the global shortage of health workforce

- Civil society and communities – link to accelerator and role of communities in PHC

- Gendered dimensions of care (UN Women should be part of accelerator theme)

- Additional elements to be reflected: urban health; mental health; disability; services throughout life course, including in older age; palliative care

Accelerator theme 3 – Community and civil society engagement (23 submissions)

- Suggestions to include more on organizational capacity strengthening, including fundraising capacity, financial management, leadership and human resources; engagement with local health authorities and democratic accountability.

- Suggestions to include more on the how, including related to:

- ○ Creating joint/single engagement processes and platforms

- ○ Engaging and balancing legitimate inputs from interest groups such as media, private sector, patient groups and professional associations.

● Continued support for pooled funding, including for national civil society to work on UHC and reduce fragmentation of civil society, e.g. SUN Movement Pooled Fund.

● In relation to virtual platform, community platforms and more broadly, need to further develop how to accelerate participation and knowledge-sharing with remote and isolated (financially, socially, and geographically) groups.

● Support for clear, participatory accountability mechanism that measures signatories' engagement with communities and civil society, and how people's perspectives are incorporated into mechanisms and outputs.

- ○ Concern flagged that engagement however should be monitored by civil society themselves, rather than agencies.

● Request for more clarity / outline of the estimated resources required.

● Further consider including: Contributions of private sector in all its diversity; FBOs; youth as actors, not only beneficiaries; commitment to removing barriers to participation for people with disabilities.

Accelerator theme 4 – Determinants of Health (36 submissions)

● Appreciation in several submissions for the environmental, commercial and structural framework.

● Accelerator theme raised particular concerns among private sector industry groups and a few Member States. Shared concerns included:

- ○ Use of "commercial determinants of health" terminology - goes beyond Member State-approved language in global frameworks including UN Political Declaration on NCDs

- ○ Adversarial tone: e.g. "pervasive lobbying," "industry interference in policymaking", and "health harming practices"

- ○ Taxes on sugar - rejected during Political Declaration on NCDs negotiations

- ○ New policy suggestions have not been considered by governing bodies including around climate change, enforcing regulations related to reducing carbon emissions, fossil fuel use and agriculture.

● Other submissions from some Member States and NGOs however supported use of "commercial determinants" and "health-harming products" and a clearer role for signatories in addressing them, as well as encouraging clearer mention of conflicts of interest and safeguarding against them.

● Some consensus that more evidence of relationship between determinants and health outcomes is necessary. More links to existing related norms and frameworks as well as to existing national SDG plans would be welcome.

- Concern raised that paper is largely definitional, unclear what action will follow.
- Repeated suggestions to enhance emphasis on importance of whole-of-Government approach / 'Health in All Policies' approach.

Additional elements to consider including:

- Occupational health
- Nutrition / SDG2
- Health promotion
- Environmental determinants & proximity to animals – see comment on One Health under General
- Taking an intersectional lens to mental health as it is impacted by structural barriers
- Disability - incorporate commitments under United Nations Disability Inclusion Strategy
- Stigma and discrimination, including within the health system.

Accelerator theme 5 - R&D, innovation and access (20 submissions)

- Strong support from numerous PPPs and NGOs for the vision of the accelerator theme.
- Repeated recommendations to enhance focus on local expertise, ownership and capacity strengthening, creating enabling environment for LMIC participation in the innovation ecosystem, and pursuit of equitable collaborative relationships.
- Mechanisms to close the gap between the innovation pipeline and national authorities/decision-makers would be extremely powerful to drive further investment in the transition to scale of innovations.
- Repeated support for explicit inclusion of other types of research and innovation to support equity and access, including implementation science and operational research, systems research, intelligent integration of services, and process, organizational and marketing innovation.
- Endorsement of the need to reinforce the WHO Global Observatory on Health R&D to serve as list of innovations but need for stronger efforts to disseminate evidence and control for risk that it becomes a bottleneck.
- Signatory agencies should not only coordinate action at national level to scale up innovations like medical products but also share a common agenda of global health R&D priorities and coordinate efforts.
- Urge greater support for open science and R&D monitoring and transparency.
- Concern raised that accelerator theme largely omits role of the private sector; at a minimum private sector should participate in forums described in Actions 2 and 3; similarly, civil society should participate in the annual global forum.
- Additional actors to involve: regional bodies incl AUDA, SADC, NEPAD, WAHO and regulatory bodies; PDPs.

- Build upon earlier joint efforts on scaling innovations including International Development Innovation Alliance, Every Woman Every Child Innovation Marketplace, Million Lives Club.

Accelerator theme 6 – Data and digital health (11 submissions)

- Support for aims to move towards domestic system development, data use and ownership, as well as towards digital ecosystems that link users and developers dynamically and putting into practice various digital principles.

- Recommendations to enhance language around what agencies will do differently to bring together their collective efforts and investments
    - Comment that actions are largely sensible but do not differ substantially from previous analyses under CoIA and the Health Data Collaborative
    - Unclear how proposed actions will contribute to strengthening health systems.

- Suggestion to include action to support building strong policy and regulatory environments.

- Suggestion to align with the report of the UN Secretary-General's High-Level Panel on Digital Cooperation and add references to literature and other sources of evidence.

Accelerator theme 7 - Innovative programming in fragile and vulnerable states and for disease outbreak responses (12 submissions)

- Agencies urged to increasingly collaborate in a coherent and organized way with local civil society organisations and private sector, and ensure voice or representation of health program beneficiaries/conflict affected/vulnerable communities.

- Accelerator theme may try to cover too many issues, e.g. challenges and opportunities of fragile countries and those with refugees and/or in conflict, should be addressed through separate strategies. At the same time, suggestion to put more emphasis on natural disasters.

- Suggestion to build upon the principles set out in existing texts including the DAC Recommendation on the humanitarian-development-peace nexus, fragile states principles, humanitarian principles; need to commit to working with other health actors and within humanitarian architecture.

- Agencies should aim for joint resourced emergency preparedness plans that identify roles and responsibilities.

- Additional elements to consider: health systems strengthening; quality health services; sexual and gender-based violence; mental health and NCD services; continuum of care for people who are on moving from place to place; training and supporting beneficiaries around self-care.

- Potential partners: PANDORA-ID-NET and ALERRT multidisciplinary consortia in African countries.

● Example of approach to coordinated financing during outbreaks: 2018 EDCTP launched an emergency funding initiative in response to the Ebola virus diseases outbreak in DRC. Managed to give within one month the go-ahead to 5 projects conducted by 24 institutions in Africa and Europe.

VI.   RESPONDING TO FEEDBACK IN THE GLOBAL ACTION PLAN

Feedback elicited through the public discussion was taken into account in the development of the Global Action Plan.

Feedback on the outline of the Plan informed the approach to a number of key areas, including:

- Significantly expanding on how agencies will engage, plan and implement together with countries under the GAP;

- Elevating and mainstreaming gender equality as a cross-cutting priority;

- Delineating how the GAP will contribute to strengthening a whole-of-government approach to improving health and well-being and support the active engagement of communities, civil society and the private sector;

- Clarifying that the GAP supports implementation of policies to which agencies' governing bodies are already committed, as opposed to proposing new policy recommendations;

- Expanding reference to how the GAP will build on and reinforce a range of existing platforms and processes, including elaboration on how implementation will complement ongoing United Nations Development System reform;

- Enhancing linkages between accelerator themes, recognizing that the actions they present should be seen as a menu of potential areas of collaboration on which country-level action will draw, based on country context, priorities and capacity;

- Establishing a clear vision of priority changes that the GAP will deliver by 2023, and;

- Specifying how agencies will be held accountable for commitments made, including through a process of reporting, reviewing and learning.

Feedback specific to accelerator themes was shared with accelerator theme leads to inform finalization of the text for each theme. The feedback will also inform the future joint work of agencies in these thematic areas and the translation of commitments into concrete actions at country, regional and global level.

Annex 1. Questions and guidelines

The following questions are proposed as a guide to respondents.

General comments on the Global Action Plan:

1. What do you see as the key opportunities offered by *The Global Action Plan for Healthy Lives and Well-being for All?*

2. Which previous collaborations across the signatory agencies have proven to be effective in accelerating impact in countries and could be recommended as good practice / for scaling-up?

Comments on the accelerator discussion papers:

1. Regarding the paper, do you have suggestions for improvement, to further leverage the potential of closer collaboration and alignment between the 12 organizations?

2. Regarding the proposed actions, do you have suggestions for improvement to more effectively provide joint support to countries to accelerate progress towards the health-related SDGs?

3. Is your institution involved in, or planning, an initiative to support countries accelerate progress toward the health-related SDG targets that could align with the accelerator actions described?

Please note the following guidelines when providing feedback:

- Please provide your feedback in writing, either in the body of an email, or in a separate document sent as an email attachment. Comments inserted directly into the PDFs of the outline or accelerator papers will not be accepted.

- Include the full name, title and affiliation (e.g. representing a Member State, or an organization, or in an individual capacity) of the person providing feedback.

- Include the title of either (a) the accelerator discussion paper(s) on which you are submitting comments and/or (b) general comments in the subject line of your email response.

- Please ensure that your feedback is high level, action-orientated, precise, feasible and related to the specific issues raised in the accelerator papers. Feedback should not exceed one page per accelerator paper/outline.

- The Global Action Plan Secretariat is not able to consider feedback that does not contribute directly to the Global Action Plan and its goals of greater alignment across the 12 signatory organizations in support of the achievement of the health-related SDGs by countries, e.g. feedback focused on an individual agency or its mandate.

- The Global Action Plan Secretariat will not respond to individual comments directly. However, all comments will be taken into consideration during the drafting of the final Global Action Plan.