

The Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP)

Analyzing a Second Round of Data Collected from National Governments and Relevant Authorities

Executive Summary

- S1. As part of the monitoring of the SDG3 GAP, national governments and responsible authorities were asked to respond to questions concerning their health coordination environment. This is the second time this is being done, the first was in 2021-22. This document presents analysis of this round of responses making comparisons with the first round where possible. In the first round, 75 focal points were nominated. Of these, 52 (69%) responded. In the second round, 62 focal points were nominated with 37 (60%) responding. Response rates were highest in low-income and lower-middle-income countries. A total of 22 countries submitted responses to both reporting rounds.
- S2. Focal points were asked to respond to a number of agree/disagree statements regarding their health coordination environment. Responses were converted to numerical scores. Overall, there was a slight fall in average score between the two rounds both in responses overall and among those countries that responded in both rounds.
- S3. In addition, focal points were asked to provide narrative responses to a number of qualitative questions including documenting changes from the last round of reporting. Some countries provided clear examples of positive changes that had occurred between the reporting rounds. In addition, analysis of these responses identified a range of good practices that were similar in nature to those identified in the first round of reporting. Challenges were also analyzed in a similar way to the first round identifying factors that were primarily local and those which were primarily related to an agency or agencies.
- S4. Each focal point identified corrective measures needed to improve their health coordination environment. While these clearly vary according to national context, there were some common themes across both reporting rounds including the need to strengthen the coordination capacity of lead ministries and to make progress in four practical areas – coordination mechanisms, planning, financing and monitoring/evaluation/reporting.
- S5. In conclusion, responses are useful to SDG3 GAP agencies by identifying cross-country issues which need to be addressed to improve the health coordination environment. They also show that an improved health coordination environment has tangible effects on health and health programmes. In addition, some countries directly relate improvements in the health coordination environment to SDG3 GAP.
- S6. Quantitative analysis does not show any substantive change in health coordination environment across countries as a whole. This is perhaps to be expected given the relatively short period between the two surveys. In addition, the number of countries who responded in both rounds (22) is relatively small.



57. Responses are likely to be of most use at country level. One distinctive feature of this survey is that it provides national governments opportunity to rate and comment on the extent to which development partners are operating in an aligned and coordinated manner. This is in contrast to the more usual situation where development partners are assessing and commenting on the performance of national governments.

Introduction

1. In line with the [SDG3 GAP 2021 monitoring framework](#), national governments and relevant authorities were asked to provide responses to a short questionnaire on their health coordination environment in 2021/22 and in 2023/24 (see Annex 1). This report presents an analysis of those responses comparing the two rounds of responses. It starts by describing the responses received and then presents analysis of the quantitative and qualitative data collected.

Responses received

2. In October 2021, a circular letter was sent by the World Health Organization (WHO) to all its Member States to inform them about the monitoring framework of the Global Action Plan for Healthy Lives and Wellbeing (SDG3 GAP). Low- and lower-middle income countries were specifically invited to nominate a focal point to fill out the questionnaire to capture country perceptions of collaboration among development partners. The rationale for focusing on low- and lower-middle income countries was that these countries tend to have more active development partner engagement. In the first round, 75 focal points were nominated and were invited to respond to the questionnaire through an online platform managed by the WHO-hosted Secretariat of the SDG3 GAP. Among 55 lower-middle-income settings, 39 (71%) nominated a focal point and among 27 low-income countries 22 (82%) nominated a focal point. In addition, 14 upper-middle- or high-income countries nominated focal points.
3. A similar process was followed in the second round. A total of 62 focal points were nominated. Of the countries and responsible authorities represented by these focal points, most (33, 61%) had participated in the first round. However, 33 countries that nominated a focal point in the first round did not do so in the second round. 29 countries who did not nominate a focal point in the first round¹ did so in the second round. This means that, across the two rounds, at least 95 countries and responsible authorities have nominated focal points.
4. In the first round of the 75 focal points, 61 (81%) were from low- or lower-middle-income settings. In the second round, more than half of focal points (33 of 62, 53%) were from low- or lower-middle income settings. The number of focal points from low-income countries reduced from 22 to 13 while the number from lower-middle-income settings reduced from 39 to 20. The number of focal points from upper-middle or high-income countries went up from 14 to 29.
5. In the first round, 52 of 75 (69%) focal points responded. However, this proportion fell slightly in the second round with 37 of 62 (60%) having responded to date.² In the first round, three quarters of national governments and relevant authorities in low- and lower-middle-income settings that nominated a focal point (46 of 61, 75%) responded. In the second round, this proportion was similar, with 24 of 33 (73%) national governments and responsible authorities in low- and lower-middle-income

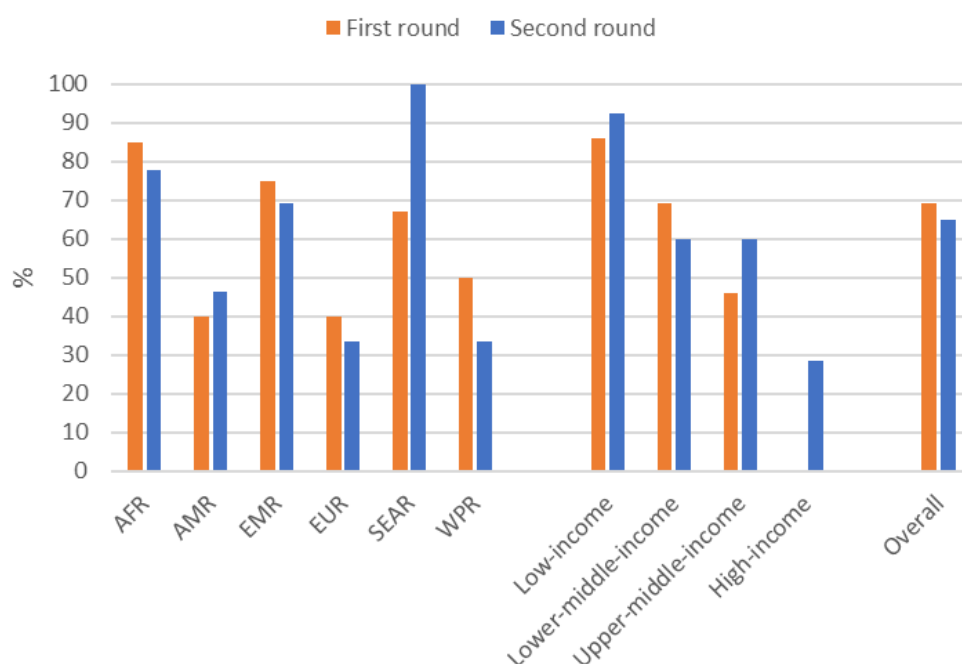
¹ There were eight upper-middle or high-income countries that identified a focal point in the first round that were not specifically identified.

² The questionnaire is still open for further responses.



settings that nominated a focal point responding. In the first round, there were high response rates in AFR (29 of 34, 85%) and EMR (9 of 12, 75%) with modest response rates in SEAR (4 of 6, 67%) and WPR (2 of 4, 50%) and low response rates in AMR (6 of 15, 40%) and EUR (2 of 5, 40%). In the second round, AFR (14 of 18, 78%), EMR (9 of 13, 69%) and SEAR (3 of 3, 100%) had the highest response rates among countries and responsible authorities that had nominated focal points. Other regions were lower (AMR 6 of 13, 46%, EUR 4 of 12, 33% and WPR 1 of 3, 33%). Of all the national governments and relevant authorities that nominated a focal point, response rate was highest among low-income countries (19 of 22, 86% in round 1 and 12 of 13, 92% in round 2), then among lower-middle-income settings (27 of 39, 69% in round 1 and 12 of 20, 60% in round 2) and then among other countries (6 of 14, 43% in round 1 and 13 of 29, 45% in round 2) (see Figure 1).

Figure 1: Percentage of national governments and relevant authorities that nominated a focal point who responded in each of two rounds: Analysis by WHO region, World Bank income group and overall



6. Of the 37 countries responding to the second round questionnaire, 22 had also responded in the first round.
7. In general, the questions appear to have been well understood with very appropriate responses given.

Quantitative analysis

8. In the first round, the questionnaire had six statements to which focal points were asked to respond as to the extent they agreed with each statement. There were two general statements about the health coordination environment followed by four more specific statements. In the second round, the final question was split into two. These statements are shown in Box 1.

Box 1: Statements concerning the health coordination environment to which focal points were asked the extent to which they agreed or disagreed

General

The support received from development partners is well-aligned with national plans
Development partners coordinate well with each other over the support they provide

Specific

Development partners provide financial support in line with national budget priorities
Development partners use national monitoring systems and reports
Development partners coordinate their activities, including having a joint technical assistance plan
Development partners make use of national coordination mechanisms and do not seek to establish their own parallel mechanisms (Round 1 only)
Development partners make use of national coordination mechanisms (Round 2 only)
Development partners do not seek to establish their own parallel mechanisms (Round 2 only)

9. The questionnaire and responses to it have some limitations which need to be kept in mind when reviewing the data collected (see Box 2).

Box 2: Limitations of the questionnaire and responses to it

First, in both rounds, the response rate was less than 100%. In the report of the first round, it was expected that the number of responses would increase with subsequent rounds. However, this did not occur in the second round. There was a reduction in the number of focal point and in the response rate by focal points. Second, the information is self-reported often by a single, albeit senior, representative nominated by the government. The perceptions reported may not fully reflect the perceptions of other actors or the actual situation. However, the cover letter for the second round sought to mitigate this risk by stating *“it should be completed by the most senior, relevant public official/civil servant in health, such as a Permanent Secretary, or their delegate, such as a Director of Planning. The national government should decide who is the most appropriate person to complete the questionnaire. The response needs to be formally endorsed on behalf of the government, for example by a senior representative of the Ministry of Health.”* Caution is needed in making inter-country comparisons as different focal points may have answered questions differently. Similarly, caution is needed in making comparisons between rounds as the same respondent may not have answered on each occasion. Third, the response may be shaped by social desirability bias, namely a reluctance to express views that might lead to less funding or technical support. The degree to which this may be a factor probably varies from respondent to respondent. In addition, it appears it may apply more to the quantitative (agree/disagree) questions as the qualitative responses provide more frank or critical remarks. It is therefore important to consider the qualitative responses alongside the quantitative ones. Given likely desirability bias, ratings and comments that indicate need for improvement become even more compelling.

10. Table 1 shows the responses received in the second round. Colour coding is used as follows – red for strongly disagree, amber for disagree, yellow for neither agree or disagree, light green for agree and dark green for strongly agree. The intention was that focal point assessments in the first round would be used to consider trends over time. The extent to which this was possible so far is limited by the number of countries that have responded in both rounds. However, analysis of those countries is also provided in Table 1.



Table 1: Responses by focal points to statements on health coordination environment in second round of reporting 2023/4 Colour coding – red – strongly disagree, amber – disagree, yellow – neither agree or disagree, light green – agree and dark green – strongly agree. Countries reporting in both rounds in **BOLD CAPITALS**. Arrows indicate the direction of change since the last round of reporting. The number of arrows denotes the extent of that change.

2023/4 Heat Map of responses by governments' focal points to statements on health coordination environment

	Aligned to national plans	Coordinated	\$ aligned to budget	National M&E	Joint TA plan	National coordination mechanisms	No parallel mechanisms
Armenia							
Belize							
Brunei Darussalam							
Bulgaria	↓	↓	↓↓	↔	↔	↔	↓
Cabo Verde	↑↑↑	↑	↔	↔	↑↑↑	↑↑↑	↑↑↑↑
Cameroon							
Côte d'Ivoire	↔	↓	↓	↑	↔	↑	↓
Egypt	↓	↓↓	↓	↓	↓↓	↓↓	↔
Ethiopia	↔	↔	↔	↓	↔	↔	↓
Gambia	↓↓↓	↔	↓↓	↔	↔	↓	↓
Guatemala	↔	↓↓	↔	↔	↓	↓	↓
Haiti	↔	↔	↔	↑	↑	↑	↔
Honduras							
Iraq							
Jamaica							
Jordan							
Liberia	↔	↓	↔	↓↓	↔	↔	↓↓↓
Malawi	↓	↓	↓	↔	↔	↔	↓
Maldives							
Morocco	↔	↔	↑↑	↓	↔	↑	↓
Mozambique	↔	↑↑	↑↑	↑↑↑	↑	↑	↑
Nepal	↔	↓	↔	↔	↑	↔	↔
Oman							
Pakistan	↑	↔	↔	↔	↑	↔	↓
Panama	↓	↔	↔	↓↓	↔	↔	↓
Romania							
Rwanda	↓	↔	↔	↔	↔	↔	↔
Senegal	↔	↔	↔	↔	↔	↑	↑
Sierra Leone	↑↑	↑↑	↑↑	↑↑	↑	↑↑	↑↑
Slovakia							
Sudan							
Syrian Arab Republic	↔	↔	↔	↔	↔	↑	↔
Thailand							
Togo							
Uganda	↔	↔	↔	↓	↔	↓	↔
Yemen	↓	↓	↑	↑↑↑	↓	↑↑↑	↑
Zimbabwe	↔	↔	↑↑	↑	↓	↑↑	↑

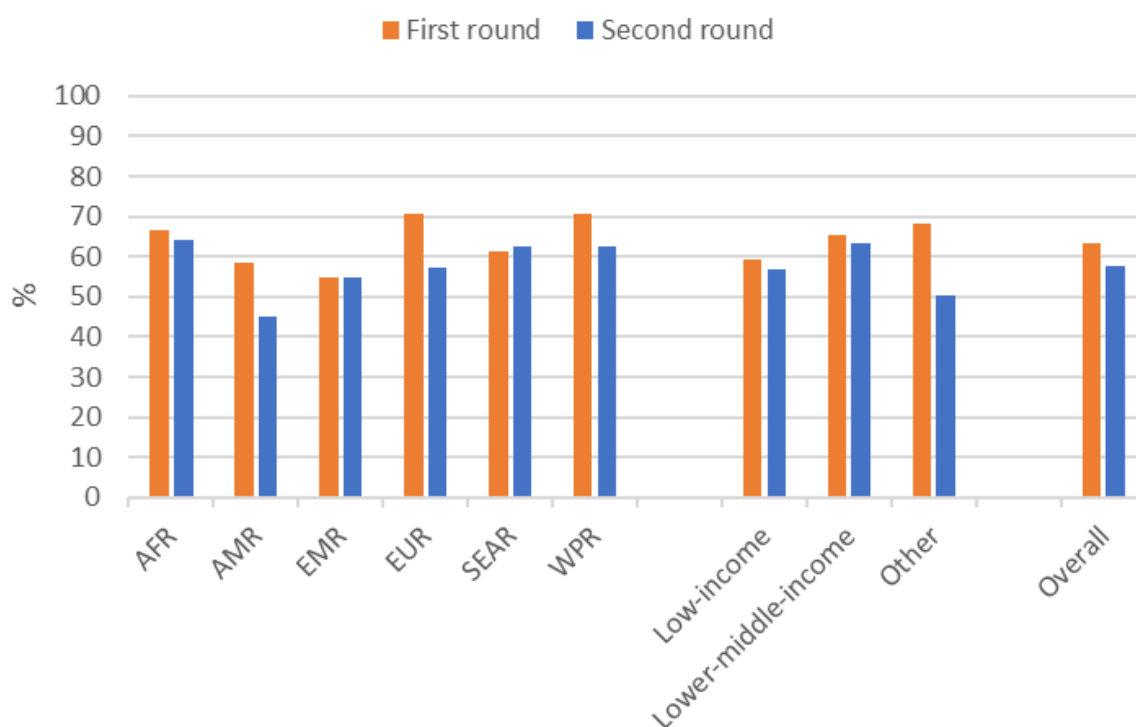
Colour coding ■ Strongly disagree ■ Disagree ■ Neither agree or disagree ■ Agree ■ Strongly agree

Countries reporting in both rounds in **bold**. Arrows indicate the direction of change since the last round of reporting. The number of arrows denotes the extent of that change.



11. In both rounds, scores were calculated by converting to numerical values on the basis of strongly disagree being zero, disagree being one, neither agree or disagree being two, agree being three and strongly agree being four. In the first round, there were six statements, which gave a score out of 24 which was then converted to a percentage. A similar approach was used in the second round.³ In the first round scores ranged from 17-92% and in round 2 from 25-88%.
12. Overall average scores fell slightly from 64% in the first round to 58%⁴ in the second round. Caution is needed in interpreting these figures as the countries and responsible authorities in the two rounds are not the same.⁵ It may be wiser to look at average scores for only the 22 countries that responded in both rounds. These showed a similar but lesser fall from 61% in round 1 to 58% in round 2.⁶
13. Figure 2 shows overall scores for all responses in both rounds. It also analyses scores by WHO region and by income level. In round 1, average scores ranged from 71% for EUR and WPR to 55% for EMR. In round 2, average score ranged from 64% for AFR to 45% for AMR. Caution is needed in interpreting these figures as numbers of responding focal points, except in WHO's African region (AFR) and Eastern Mediterranean region (EMR), are small (0-6).

Figure 2: Percentage score for six questions by WHO region, country income level and overall across two rounds of reporting



³ Three options were considered for this. Scores could be counted for all seven statements with a percentage then calculated by dividing by 28. In effect, this would be giving more weight to what was statement six in Round 1. Alternatives would be to use either responses to the new statement six or the new statement seven. This would leave the weighting as it was in round 1. All three approaches were calculated and these made little difference in practice. In this document, scores have been used based on statements 1-5 and 7.

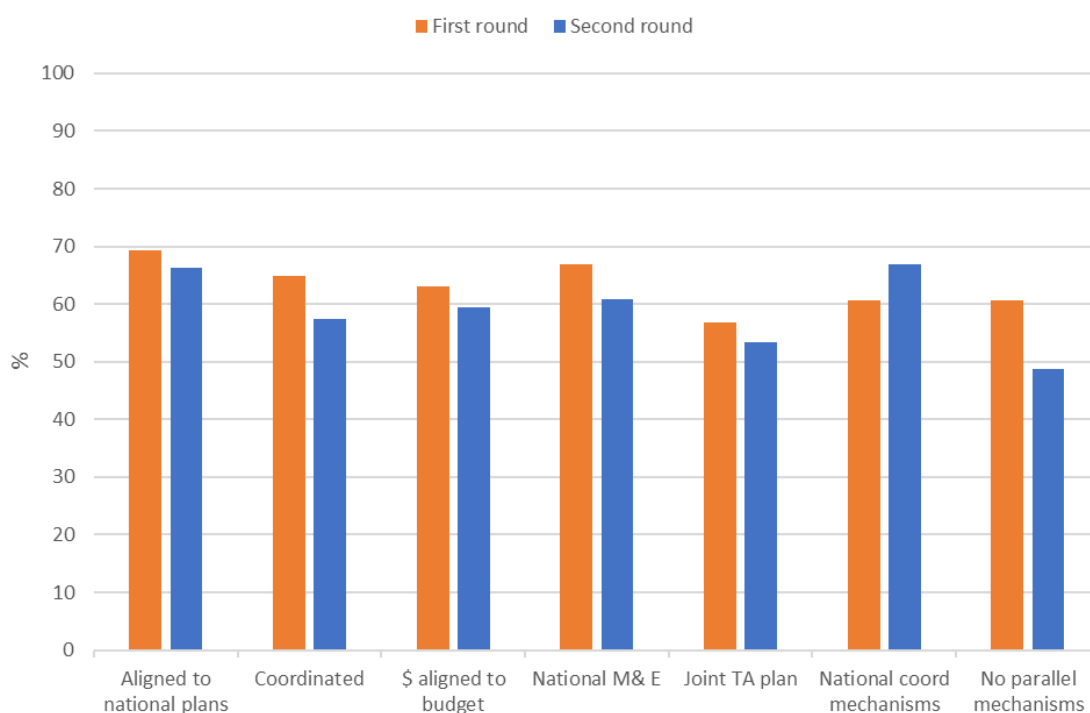
⁴ This figure varied from 58-61% depending on which of the three calculation methods was used.

⁵ In addition, the splitting of statement six means that the calculation methods are not identical.

⁶ The figure for round 2 varied from 58-61% depending on which of the three calculation methods was used.

14. In addition, the countries and responsible authorities that responded in these two rounds are not the same. It is not possible or meaningful to do this sub-analysis only for those countries that responded in both rounds. This is because the numbers were low and only three regions were represented by more than one country.
15. In terms of analysis by income group, in the first round, higher scores were associated with income level. For example, average percentage scores were 59% for low-income countries, 66% for lower-middle-income settings and 68% for upper-middle-income countries. However, this pattern was not seen in round 2.⁷ Caution is needed as the numbers were small particularly in round 2.
16. It is also possible to analyze average scores across all responses by question/statement (see Figure 3). Caution is needed in interpreting this graph as the numbers are small and responders vary over time. It probably makes more sense to conduct this analysis for only those countries that responded in both rounds. This is done in Figure 4. This shows that for almost all questions⁸, there was an increase in score between rounds.⁹ Overall, the number of net category changes across six statements for the 21 countries was -2.¹⁰ This means that, on average, each country made a loss of 0.1 categories across six statements.¹¹ This means there was, on average, little change reported across these 22 countries. This average masks wide variation between countries ranging from -9 to +14.

Figure 3: Average scores for each of the six questions/statements across two rounds of reporting: All responses



⁷ Average scores were 57% for LIC, 63% for LMIC, 50% for UMIC and 59% for HIC.

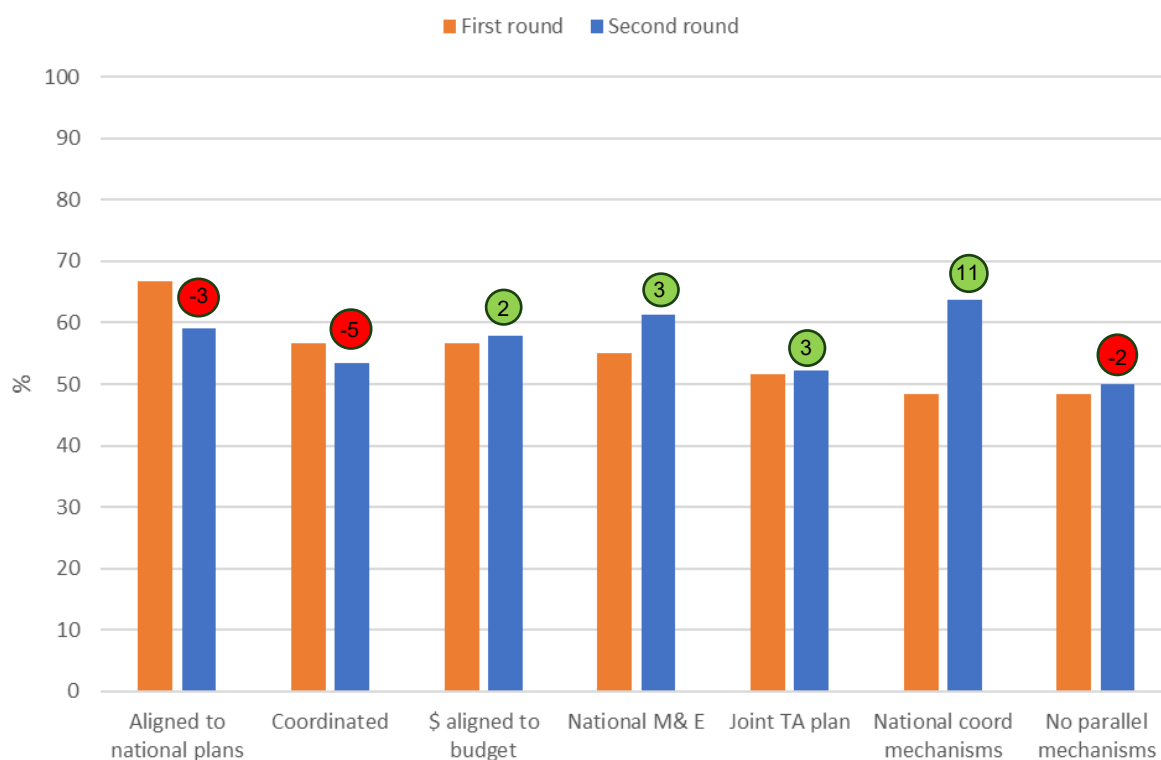
⁸ Except the first two.

⁹ This was seen for both statements in round 2 that replaced question six in round 1. On balance, scores were lower for avoidance of parallel mechanisms than for use of national mechanisms making this a better more differentiating statement. Consideration might be given to dropping the current statement 6 in any future round.

¹⁰ This excludes gains for the current statement six. If that is included, the gains are +9.

¹¹ Where an improvement, e.g. from Neither to Agree is one category gain.

Figure 4: Average scores for each of the six questions/statements across two rounds of reporting: Countries responding in both rounds only (n=22) The number in the circle denotes any movement from the last round of reporting. So, if the grade is the same, e.g. Agree, this is denoted as 0. If there is improvement in one grade, e.g. from Neither to Agree, this is denoted as 1 and if it moved to strongly agree this would be denoted as 2. If there is deterioration of one grade, e.g. from Agree to Neither, this is denoted as -1. This is the same as Table 1 except these numbers are aggregated for 22 countries. So, a score of 22 would mean that, on average, each country had improved by one category.



17. Attempts were made to see if qualitative responses by focal points appeared to match the change in quantitative score in the countries with the three highest and two lowest scores.
18. There appeared to be correlation in two countries with high scores for improvement. Mozambique reported that UN agencies and the Ministry of Health (MoH) signed the [Kaya Kwanga code of conduct](#) in March 2023, establishing alignment with the national priorities of health sector. However, this does not appear to have been new but an updating of a previous agreement. Nevertheless, this agreement establishes a coordination mechanism between the MoH and partners with regular meetings. It also establishes thematic technical working groups and allows implementation of integrated supervision among MoH and partners. The focal point commented that *“there is an improvement on coordination mechanism with the partners. The partners have more interest to join the coordination mechanism. The partners fully participated during the high level of MoH annual coordination meetings in 2023.”*
19. Sierra Leone reported that coordination through coordination meetings, like technical working groups (TWGs) had been their major success in aligning partners' support. During such meetings, the ministry delineated its priorities for the sector. Development partners then committed to support the implementation of those priorities. The focal point also reported that some partners are changing slowly from direct implementation which is considered to weaken government systems and which lowers partner accountability.

20. It was less easy to match qualitative improvements to better quantitative scores in Cabo Verde not least because the focal point did not answer the relevant question. However, the focal point did note that the primary achievement had been the provision of technical assistance and funding without duplication.
21. In general, it was difficult to match declines in quantitative scores with qualitative remarks. Both Egypt and Gambia reported mild positive progress since the last round despite deterioration in scores. Egypt considered that there had been mild improvement in the collaboration and alignment among development partners since the first round. Nevertheless, problems of overlapping funding mechanisms and improper identification of relevant stakeholders remained. Gambia noted that more partners are now implementing through the MOH Project Coordination Unit. However, while the IHP+ compact has been developed and signed, implementation of this remains a challenge. There are inadequate levels of stewardship and continuation of external funding. External funding is not always aligned to country priorities in the context of limited resources.
22. One question which arises is whether reported changes in a particular country reflect actual change in the coordination environment or could be a reporting artefact, for example where different people report in the two different rounds reflecting different perspectives of the same environment. Based on information provided by the SDG3 GAP Secretariat, the focal points were the same in both rounds in 17 of 22 countries. In five countries¹² a new focal point was reported. On average, there was no difference in the level of change reported by countries where the focal point changed as compared to where the focal point remained the same (0.40 vs 0.41 across six statements¹³). However, caution is needed in interpreting these figures as the number of countries in which the focal point changed is low. In addition, there could be variation in people reporting even where the main focal point is unchanged. For example, Bulgaria had the same focal point across both rounds but, in answering question 5 about change between rounds, the respondent stated *"I have not been a part of the previous feedback process"*. Similarly, Zimbabwe had the same focal point but the respondent commented *"not sure of the response the previous time it was responded to"*.

¹² Guatemala, Mozambique, Nepal and Pakistan.

¹³ For this analysis, statement 6 from round 1 was compared with statement 7 from round 2.



Qualitative analysis

23. Focal points were invited to give free text responses to a number of questions. There were some changes in wording between round 1 and 2. In addition, one question was added, see Box 3.

Box 3: Questions asked of focal points to which free text responses could be given. Additions in round 2 are shown in *italics*.

What have been the main successes in terms of development partners aligning their support with national plans and coordinating with each other?

What have been the main challenges *and bottlenecks* in terms of development partners aligning their support with national plans and coordinating with each other?

What corrective measures could be taken to improve alignment by development partners with national plans and coordination with each other?

How has the collaboration and alignment among development partners changed since your government suggested corrective measures through the previous questionnaire?

Is there any information you wish to share with WHO and other multilateral agencies but you do not wish to be made publicly available?

24. These responses have been analyzed as follows:

- Changes since the previous round
- Examples of good practice, including anything specific to SDG3 GAP
- Challenges including local factors, agency factors and other factors
- Specific suggestions for corrective measures.

Changes since the Previous Round

25. In addition to the changes reported above, a number of other countries reported positive changes since the last round of reporting, see Box 4.^{14 15 16}

¹⁴ This included some countries who did not report in round 1. For example, Côte d'Ivoire reported that alignment had improved although challenges remained. In Jordan, the focal point reported that change had happened as the concept and goals became clearer and effort was made to ensure that each partner's contribution was effective. In Slovakia, national authorities actively engage with partners through new coordination platforms at national level, e.g. the Refugee Coordination Forum. This is a platform where ministries meet with national and international actors in the context of Ukraine crisis management. In Sudan, the FMOH had been able to coordinate an annual planning meeting every year for more than five years. This is where all development partners, States and other sectors attend and agree on the national plan, and the support they are going to provide for it. Thailand reported that collaboration and alignment among development partners was continuing. In Togo, it had been possible to create joint work plans which was considered an example of the establishment of sectoral political dialogue frameworks.

¹⁵ Some countries that had reported previously did not respond to this question. In some cases, e.g. Bulgaria and Zimbabwe, this was because of change of focal point and/or not knowing what had been reported before. In other cases, e.g. Morocco, no explanation was given.

¹⁶ In some countries, e.g. Haiti, Pakistan and Uganda, the focal point did answer the question and noted that there was not much change. In Yemen, the answer to this question was more in line with what constructive measures are still needed.



Box 4: Examples of positive changes reported by countries since the last round of reporting

In Ethiopia, the Health Harmonization and Alignment (HHM) guide is under review to allow strong coordination and to alleviate the gaps reported.

In Rwanda, the focal point reported strengthening of the capabilities of technical working groups that unite development partners with government health institutions to discuss advanced health strategies and interventions. These discussions also encompass budget implementation and related challenges, and the performance of health indicators, among other topics.

Senegal reported that the alignment of various partners had greatly improved. Almost all of them were now aligned with country priorities.

In the Syrian Arab Republic, there was joint planning with UN partners and the UNSF was endorsed.

Examples of Good Practice

26. A number of examples of good practice were identified in round 1 and further explored in round 2, see Box 5.

Box 5: Examples of good practice

- Clear principles on which alignment and cooperation can be based
- A formal agreement between government and development partners for how development assistance will be provided
- An operating framework for how development assistance will be provided
- A document, such as a health sector strategic plan, around which development partners can align their support
- Essential health packages as part of a national health plan
- National coordination mechanisms for the health sector
- Planning matters
- Funding matters
- Joint programming
- Monitoring matters
- Reporting
- Relationships matter
- COVID-19 responses were well-coordinated in some settings
- Evidence of impact
- Specific contributions of the SDG3 GAP

Clear principles on which alignment and cooperation can be based

27. The first round of reporting established that it can be helpful to have clear principles, agreed between national government/relevant authority and development partners which form the basis for development cooperation. These may take different forms in different contexts.

A formal agreement between government and development partners for how development assistance will be provided

28. The first round of reporting identified that it can be helpful to have a formal agreement on how development partners and national structures work together to provide development assistance. In some countries, such agreements were referred to as “*compacts*”. In this round of reporting, Gambia reported that an IHP compact had been developed and signed but that there were still implementation challenges. Togo reported that they had tested two memorandums of understanding (compacts) between the government and partners. The first was signed in 2012 to support the implementation of



the National Health Development Plan (PNDS) 2012-2015 and the second to support to the implementation of the PNDS 2017-2022. These memorandums defined the responsibilities of the Government and those of partners in terms of alignment and accountability.

29. In some cases, such agreements may be sector or agency-specific. For example, in their report, Bulgaria noted that the Biennial Collaborative Agreement was a success of the WHO Regional Office for Europe in that it aligned WHO support with the implementation of national health priorities.

An operating framework for how development assistance will be provided

30. In addition to a formal agreement or compact, it can be helpful to have a more detailed framework for how development assistance will be provided in a particular context. In this round of reporting, Côte d'Ivoire reported that an institutional framework had been strengthened by establishing a Cooperation Framework for Sustainable Development. Morocco reported their cooperation framework for sustainable development as a success. As noted above, in Mozambique, UN agencies and the MOH signed the Kaya Kwanga code of conduct in March 2023. The focal point reported that this established alignment with the national priorities of the health sector.

A document, such as a health sector strategic plan, around which development partners can align their support

31. The first round of reporting noted that a central feature of SDG3 GAP was that each country should have its own plan as to how it will achieve the health SDGs. It is expected that GAP agencies and other development partners would then align their support to this plan. In this round of reporting, Armenia reported that development partners are aligning their support with the national plan on universal health coverage and quality of care improvement. Egypt reported that one success had been the development of national health strategic frameworks, strategies and actions plan. In Jamaica, there is reported to be alignment as consultations are held in regards to areas of collaboration that compliment Ministry of Health and Wellness strategic priorities and plans. One specific example is that the UNICEF Country Programme Document is well aligned to the Government of Jamaica's National Development Plan. Romania noted that both a Global Fund-supported TB programme and a World Bank-supported programme to improve universal health coverage demonstrated alignment with national strategic objectives. In some cases, documents may relate to a specific aspect of health, e.g. primary health care as reported by Cameroon in this round.

Essential health packages as part of a national health plan

32. The first round of reporting identified that, in some countries, as part of the development of a national health plan, particular tools may be developed, such as one or more essential health packages. In this round of reporting, Yemen noted a shift to aligning activities with the Minimum Health Services Matrix (MSP).

National coordination mechanisms for the health sector

33. In the first round of reporting, there was a high level of agreement among focal points that effective coordination in the health sector requires a functional coordination mechanism and that this should be led by national government. There was also agreement that this mechanism should be respected and not bypassed or duplicated by development partners. However, such mechanisms varied widely according to context. In some countries, additional coordination mechanisms between one or more development partners were discouraged as they were seen as duplicative while, in others, they were actively encouraged provided that they are seen as part of the overall national, government-led coordination mechanism. In some countries, there may be sub-coordination mechanisms on particular



diseases or thematic areas. In some countries, there may be a stand-alone health coordination mechanism whereas, in others, it may be part of a broader development mechanism. In some countries, particularly those with federal structures, in addition to national coordination mechanisms, there may be similar mechanisms at sub-national level. Examples of health coordination mechanisms reported in this second round are given in Box 6.

34. In this round of reporting, one of the successes noted by Yemen was that development partners had worked on enhancing coordination and cooperation, exchanging information and experiences, and coordinating joint activities and programs. However, they did not specify how this had been done.

Box 6: Examples of successful coordination mechanisms reported in round 2

Côte d'Ivoire reported that institutional framework had been strengthened by establishing a Health Sector Coordination Mechanism. However, the country also reported that such a mechanism was in place in the first round of reporting. It was led by Ministry of Health and referred to as the Health Sector Partners Coordination Mechanism.

In Honduras, the focal point framed description of engagement mechanisms in terms of SDG3 GAP. It was not clear from the description whether these are new, specific GAP mechanisms or whether they fit within other mechanisms.

In Jamaica, agencies coordinate well with each other and the ministry also plays a role in ensuring a certain level of coordination for the support received. Meetings are routinely convened with partners to facilitate collaboration and alignment with Ministry of Health and Wellness priorities. Among UN agencies there exists/existed a coordinating mechanisms that helped in reducing duplication/overlapping interventions. For some interventions involving the World Bank, UNFPA, UNICEF, and PAHO/WHO, the Planning Institute of Jamaica (PIOJ) functions as the national coordination mechanism

In Jordan, a national team has been established with responsibility for the country's third development goal which seems to relate to health. This team includes all parties who contribute to this goal.

Successes in Mozambique were the establishment of a coordination mechanism between the MOH and partners, with regular meetings, and the establishment of thematic technical working groups.

In Pakistan, there are at least two coordination mechanisms at national level. These include the Health Development Partners Forum, which does not include the Ministry of Health, and the Country Platform which is led by the Ministry. Objective of both of these are to ensure synergies with national plans and with each other. This appears to differ from what was reported in the first round which was that development partners had established one unified National Health Sector Coordination Mechanism (NHSCM) and the Ministry of National Health Services had produced Standard Operating Procedures (SOPs) for this.

Romania noted that both a Global Fund-supported TB programme and a World Bank-supported programme to improve universal health coverage demonstrated effective coordination with relevant public health authorities and institutions.

In Sierra Leone, coordination through technical working groups was reported as the major success in aligning partners' support. During such meetings, the Ministry of Health delineates its priorities for the sector. Development partners are usually committed to support the implementation of those priorities.

A key success identified in Zimbabwe was the establishment of a coordination mechanism prescribed by the government.

35. The first round of reporting established that once these principles, frameworks, plans and coordination mechanisms are in place, it is essential they are used in the health sector. This may be in a number of key processes and a few are considered here, namely planning, funding, programming, monitoring and reporting.



Planning matters

36. The first round of reporting identified joint planning between development partners themselves, and particularly between development partners and national government, as an important step in terms of ensuring alignment and coordination. Examples from this round of reporting are given in Box 7.

Box 7: Examples of effective joint planning processes reported in round 2

Belize reported that a success had been development partners developing their plans with local counterparts and ministries.

Ethiopia reported that health sector planning involves active participation from development partners, civil society, and the private sector, promoting alignment.

In Haiti, some partners seek national authorities' involvement in planning.

Jamaica reported that the PAHO biennial work plan is developed in collaboration with the Ministry.

In Liberia, there had been some agencies who had agreed plans with the MOH/government.

In Malawi, in the 2023/24 financial year, the country began operating One Plan, One Budget and One M&E.

In Maldives, the support and engagement of development partners when developing national plans was considered a success. Development partners were reported as supporting well in their respective areas.

In Sudan, the Federal Ministry of Health was able to coordinate an annual planning meeting every year for more than five years. This brought together development partners, States and other sectors. The meeting agrees on the national plan and on the support that will be provided to the Federal Ministry of Health.

In Zimbabwe, a success was the inclusion of development partners at planning meetings.

Funding matters

37. For many low- and middle-income countries, donor financing remains an important source of health funding and this was recognised by some respondents in the first round. How this funding is provided was considered important with focal points expressing preference for a pooled fund, managed by government, which can be used to address national health priorities. Where funding through a pooled fund is not possible, funding provided to support an agreed national budget was appreciated more than funding considered "*off budget*". Some examples of successes with funding are provided in Box 8.



Box 8: Examples of successes with funding reported in round 2

One of the successes in Cabo Verde was provision of funding and technical assistance without duplication.

Cameroon reported a reduction in the wastage in financing for health because of a proper coordination system put together. This system included government, development partners and community and civil society actors. This contrasted with the previous situation where two development partners could sponsor the same activity for the same outcome in the same community.

In Côte d'Ivoire, it was reported that institutional framework had been strengthened by establishing a National Health Financing Platform.

Ethiopia reported that around 54% of external aid is channeled through government systems, enhancing alignment with national plans. In addition, allocation of resources through government financial systems follows the budgeting process, ensuring alignment with national priorities.

In Honduras, progress in harmonizing operational and financial strategies and minimizing duplication was specifically attributed to working on SDG3 GAP.

In Malawi, a multiple donor fund had been created including the UK, Germany and Norway. In the 2023/24 financial year, the country began operating One Plan, One Budget and One M&E.

Oman identified a success as better use of available resources.

Rwanda noted that one success had been optimization of resource utilization.

Joint programming

38. As noted in the first round of reporting, development partners provide financial and technical support to national government and others to implement health programmes. However, in some contexts, some development partners may also implement programmes and, in such cases, there is scope for joint programmes. In this round of reporting, in Haiti, the focal point reported that some partners seek national authorities' involvement in executing programmes. Morocco reported that there were joint programmes for priority themes. The Syrian Arab Republic identified joint work plans as a success.

Monitoring matters

39. In the first round of reporting, focal points described two main types of joint monitoring namely national health (management) information systems and joint monitoring of interventions. For examples of effective joint monitoring mechanisms reported in this second round see Box 9.



Box 9: Examples of effective joint monitoring mechanisms reported in round 2

Ethiopia reported annual health sector performance reviews involving all stakeholders and that these act as a coordination mechanism. Regular joint review processes like the Annual Review Meeting (ARM) and Mid-Term Review (MTR) establish coordination touchpoints, addressing some weaknesses in follow-up. Harmonization of indicators in the health information system has been undertaken to meet stakeholder needs, facilitating coordination in monitoring and evaluation efforts. Furthermore, MoH and all development partners conducted a diagnostic assessment to identify gaps in the alignment and harmonization in areas of one plan, one budget, and one report. This developed a Plan of Action (POA) to address gaps from the government and development partners' sides.

Haiti reported that some partners seek national authorities' involvement in evaluating their support.

In Malawi, in the 2023/24 financial year, the country began operating One Plan, One Budget and One M&E.

One success reported in Mozambique was the implementation of integrated supervision among the MOH and partners.

A success reported by Uganda was having joint review missions with all stakeholders.

In Zimbabwe, a success was the inclusion of development partners at review meetings.

Reporting

40. The first round of reporting identified that reporting is linked to monitoring and where there are joint monitoring systems, it is easier to produce joint reports, reducing the need for parallel reporting to development partners. In this round of reporting, Ethiopia noted that key development partners, such as GAVI, the Global Fund, and World Bank, prefer using national reporting systems over parallel ones. These align with the country's monitoring and evaluation processes. Rwanda noted that accountability had improved. However, they did not specify accountability of whom to whom.

Relationships matter

41. The first round of reporting noted that, while documents, structures and processes are important for effective alignment and coordination, there is a need to build effective, mutually-respectful relationships across development partners and between development partners and national government. In this round of reporting, a success identified by Thailand was the development of strong partnerships.

COVID-19 responses were well-coordinated in some settings

42. The first round of reporting noted that COVID-19 had been extremely challenging. However, development partners did coordinate well in some contexts. In this second round, Senegal noted that, during the COVID crisis, all development partners aligned themselves with the country's new priorities. Thailand identified one of its successes as greater resilience to the "new normal".

Evidence of impact

43. While the purpose of the questionnaire was not to try to document evidence of impact of better alignment and coordination in the sector, some responses did touch on this topic in both rounds. In the second round of reporting, Rwanda observed that one success had been contribution to health impacts. In Yemen, one of the notable successes was completion of oxygen plants and efforts in response to the COVID-19 pandemic. However, this seems to have occurred despite weak alignment with national plans and limited coordination among partners.



Specific health issues

44. In both rounds, responses tended not to speak about specific health issues as the questionnaires did not ask about these explicitly. Possible exceptions in the second round of reporting included:

- Cameroon which reported guides for primary health care as an important contribution to coordination and alignment.
- Honduras reported progress in terms of specific SDG3 GAP accelerator topics including strengthening primary health care, sustainable financing, community engagement, addressing determinants of health, implementing innovative programming, advancing research and development, and enhancing data infrastructure.
- In Jamaica, some projects having multiple partners have established steering committees to ensure greater coordination between all key players. Examples of initiatives considered successful include: Programme of Action for information systems for health (IS4H) which was supported by the IDB, Global Fund and PAHO; Spotlight Initiative with capacity strengthening for Minimal Initial Service Package for Women and Girls in Shelters/Humanitarian Settings which was supported by several UN agencies; IDB and the World Bank developed Jamaica's Strategic Programme for Climate Resilience that supported foundation for Climate Action in Health.
- Romania noted that a grant of \$10m from the Global Fund to address TB in the country improved access to quality services for TB patients by developing and implementing a new TB strategy; by introducing a new model of ambulatory care for TB patients; by establishing TB screening in cross border counties after the start of the Ukraine war; and procurement of GeneXpert equipment and tests for rapid diagnosis; and provision of support services for vulnerable patients through contracting civil society organizations. Also, the pay for performance project developed with the support of the World Bank has contributed to progress towards universal coverage with essential services, by making preventive services available to all citizens regardless of their insured status. Thus, vulnerable groups of the population are entitled to essential preventive services for free. Both examples are relevant for alignment with national strategic objectives and coordination with relevant public health authorities and institutions.
- Slovakia gave the specific example of mental health. A Policy Dialogue on Forensic Psychiatry and Community Psychiatry was held with the support of WHO and participation of Dutch and WHO experts. The exchange of experiences, and the contacts established, became an important basis for progress in reform of psychiatric care in Slovakia in the context of the ongoing mental health reform.

Specific contributions of the SDG3 GAP

45. In both rounds of reporting, it was not the purpose of to ask about specific contributions of the SDG3 GAP. However, in the first round, the focal point from Colombia referred to this without prompting. In this second round of reporting, Honduras framed their description of successes in terms of SDG3 GAP. The focal point noted that the main successes, in terms of development partners aligning their support with national plans and coordinating with each other within the SDG3 GAP framework, encompass robust engagement mechanisms between partners and the country. The MOH had been responsible for accurately sharing the national priorities. Joint actions under seven programmatic themes were considered to have accelerated progress by strengthening primary health care, sustainable financing, community engagement, addressing determinants of health, implementing innovative programming, advancing research and development, and enhancing data infrastructure. With strong leadership from the MOH, and the disposition and availability of development partners, harmonization of operational and financial strategies has helped to minimize duplication.



Adjusted to reflect local, national and global contexts

46. In this round of reporting, Armenia noted that development partners had aligned their support with the health system challenges that are connected with the war with Azerbaijan. Egypt noted that development partners had had a coordinated response in supporting the national response towards a geopolitical crisis.

Community engagement

47. Successes identified in this round of reporting in Yemen included encouraging community participation, strengthening local capacities, and involving them in decision-making processes.

Specific forms of technical assistance

48. In this round of reporting, Brunei Darussalam commented that technical assistance provided through consultancy, including using local expertise, had been useful on important subject matters.

Challenges

49. In this section, challenges identified by focal points are considered in two main groups, those that relate mainly to local context and those that relate mainly to one or more agencies themselves. The section concludes with brief sections on challenges that relate to the interface between agencies and local contexts and those that relate to factors which are external to both the local context and the agencies.

Local factors

Political context

50. The first round of reporting identified that political context may affect the ability to coordinate the health sector. As identified in the first reporting round, there are specific issues related to unstable or conflict-affected contexts. In this reporting round, for example, Sudan noted that almost all partners had frozen their funding following a military coup in October 2021. The Syrian Arab Republic also noted lack of funding due to “*unilateral sanctions*”. There may also be issues specific to humanitarian interventions in contrast to development programmes. Ethiopia reported an absence of clear engagement mechanisms for partners working in humanitarian clusters.
51. Also as identified in the first reporting round, there are specific issues related to federal states. In this reporting round, Ethiopia noted that suboptimal alignment of sub-national plans and lower-level coordination mechanisms poses a hindrance to overall coordination efforts.



Lack of capacity

52. A key challenge, identified by a number of focal points in the first round of reporting related to the capacity of government, in general, and the Ministry of Health in particular to coordinate and manage technical and financial support provided to the health sector. Some examples from the second round of reporting are provided in Box 10.

Box 10: Lack of capacity makes it difficult to coordinate the health sector: Examples from the second reporting round

Ethiopia noted that weak follow-up on joint review recommendations diminished the impact of coordination mechanisms.

Honduras noted that limited institutional capacity and human resources compounded coordination challenges posed by divergent agendas on some topics such as digital transformation and information systems.

Jordan reported that the absence of a national health monitoring and evaluation system is a challenge to alignment and coordination.

Liberia noted that the MOH lacked the level of leadership needed to push partners to align and plan with the MOH/government.

Romania noted that national information systems do not allow the measurement of SDG3 progress in certain areas.

Government bureaucracy

53. The first round of reporting documented some cases where government structures had high levels of bureaucracy and this hampered implementation and coordination. In this second round of reporting, Romania commented that national regulations had meant that they were unable to take advantage of procuring TB medicines through the Global Fund.

Lack of key elements needed for effective coordination

54. In the first reporting round, some cases were identified where countries lack one or more of the key elements identified for effective coordination. In this reporting round, Jamaica reported the absence of a coordination body to allow for greater alignment and coordination of various activities that are being implemented. Maldives noted the absence of a long-term national development plan. Yemen noted that the biggest challenge was the lack of national plans for the SDGs. In addition, the focal point noted that incoherent policies and strategies can make it difficult for partners to align their support with national plans.

Failures of coordination

55. In the first round, responses documented a number of cases of failure of coordination between or within sectors. Box 11 gives some examples from this reporting round.

Lack of a multisectoral approach

56. One issue raised by Cameroon in this round of reporting is that health coverage needs a multisectoral approach. However, other ministries consider these issues are only a problem for the ministry responsible for public health. As a result, there have been many setbacks in health system management.



Box 11: Examples of failures of coordination from the second reporting round

Egypt raised concerns over overlapping activities.

In Ethiopia, coordination effectiveness, notably in mechanisms like the Joint Consultative Forum (JCF) and Joint Core Coordination Committee (JCCC), reportedly declined, impeding joint efforts.

Gambia expressed concern over inadequate levels of stewardship and coordination of external funding.

In Haiti, there are considered to be insufficient coordination mechanisms at all levels.

Maldives reported the absence of a regular a coordination mechanism where all government stakeholders and the development partners can collaborate.

Pakistan noted that the Health Development Partners Forum is currently inactive with no leadership responsibility. The Country Platform had only met once with superficial participation of development partners. The focal point also reported that there is no push to use the Country Platform for evidence-informed decision-making. Rather, project/programme-specific governance mechanisms continue without any synergies.

Also, while Panama reported that several initiatives had been carried out with the participation of health programme and development partners, these had not considered the participation of all actors involved. Panama also expressed concern that issues relating to SDG3, such as indicators, financial resources etc., may not have been fully discussed at the country level with the participation and contribution of all actors involved. As a result, the activities needed may not have been included in budgets of the health regions.

Senegal reported concerns over the regularity of coordination.

Agency factors

Application of principles

57. As noted in the first round of reporting, the principles of aid effectiveness, requiring alignment with national priorities and coordination with other partners, are well-known and not particularly new. One challenge identified in that reporting round relates to partners adhering to these principles.

Agency agendas and mandates

58. In the first round, several focal points expressed concern that some agencies prioritize their own agendas and mandates even when those are not considered a priority by the national government or relevant authority. This can lead to perceptions of things having been decided and imposed by development partners rather than being decided by the national government or relevant authority. This is particularly problematic when funds are earmarked for particular purposes resulting in so-called “vertical programmes”. This was also an issue in the second round of reporting. For some examples, see Box 12.

Coordination between agencies

59. The first round of reporting identified a number of cases where coordination between development partners might not be optimal. In this second reporting round, Haiti noted that coordination by partners with each other remains a major challenge. Jamaica noted that partners primarily coordinate with the Ministry and not with each other. Malawi commented that donors continue to work in silos with their programmes of interest. Yemen reported that poor communication and lack of institutional cooperation hinders information sharing, coordination and consensus building. Zimbabwe noted that programmes may approach multiple partners for support. This support may then be provided by more than one partner without realizing that there is duplication.



Box 12: Some agencies pursue their own agendas and mandates even when those issues have not been prioritized by national governments: Some examples from the second round of reporting.

Armenia noted that partners are more focused on improving their specific engagement mechanisms.

Belize noted that development partners tend to support countries based on their funding alignment rather than on national priorities.

Cabo Verde commented that partners continue to seek predominance of their viewpoints.

Côte d'Ivoire expressed concern about discordance between the interests of development partners and national priorities. The focal point had raised similar issues in the first round of reporting with concerns expressed about agencies imposing directives from their headquarters.

Honduras noted divergent agendas in some specific topics, such as digital transformation and information systems.

In Jamaica, there are rare instances where agencies' work programmes are not in alignment with national perspectives.

Morocco referred to constraints linked to difficulties in prioritizing areas of intervention but did not specify what these were.

The focal point for Sierra Leone considered that it is very difficult, and most times impossible, for partners to fully align with government priorities. Specifically, agencies find it difficult to provide support outside their mandate areas even where it is a ministry priority.

In Yemen, discrepancies in goals and priorities complicate coordination and affect the effectiveness of development efforts.

Geographical distribution of agencies

60. The first round of reporting identified challenges related to how agencies, and their work, are distributed in some settings. In this second reporting round, Mozambique reported inequalities in terms of geographic distribution of partners. The focal point considered that these related to pre-selected provinces rather than the priorities of the country.

Work with third parties

61. In the first round of reporting. Some focal points reported coordination challenges when development partners work through third parties, such as NGOs or other implementing partners, rather than through government. In some cases, these third parties may be another part of national or local government.

Parallel coordination mechanisms

62. The first round of reporting documented that, in some cases, agencies had their own coordination mechanisms which the national government considered duplicated or bypassed their own mechanisms. In this second reporting round, Ethiopia noted that reliance on weak accountability mechanisms by development partners and governments rather than national processes sustains parallel systems. Malawi commented that there are still too many externally-influenced governance arrangements.

Diverse, difficult and bureaucratic administrative procedures

63. In the first round, countries reported that even where principles of aid effectiveness are followed and the required elements are in place, there can be challenges in practice because of the varying administrative requirements of different agencies. In the second round, Cabo Verde commented that partner timelines diverge from those of the Ministry of Health and there is "a little" bureaucracy in fund disbursement. Jamaica reported delays in getting no objections and approvals from agencies. Morocco



noted that partners' different implementation procedures affect the pace of implementation of work plans.

Some forms of technical assistance may be inappropriate

64. The first round of reporting documented that some forms of technical assistance, such as short-term consultancy support, may be considered inappropriate for a particular context but may be all that a particular agency is able to provide at the time.

Planning matters

65. In the first round, there were examples of agencies who developed plans without involving national counterparts. Further examples from the second round of reporting are presented in Box 13.

Box 13: Some agencies develop plans without involving national counterparts: Examples from the second round of reporting.

Brunei Darussalam commented that s,all countries face challenges in developing country-specific plans or programmes.

Côte d'Ivoire raised concerns about this in both reporting rounds noting in the second round that development partners' planning cycles are not aligned with those of the country.

Ethiopia reported inconsistency in development partners sharing multi-year commitments during planning and budgeting. This was considered to obstruct coordination. In addition, there was reported to be weak engagement of channel three partners (USAID and Bill and Melinda Gates Foundation) in the annual resource mapping exercise.

Liberia noted that efforts to ensure joint/integrated annual operational planning had not succeeded very well.

Malawi reported that despite establishing One Plan, One Budget and One M&E, there are still too many programme-specific plans

Oman raised concerns that partners do not always stick to agreed plans.

Slovakia identified common joint strategic planning as one of two main challenges, the other being limited funds.

Togo noted that it was challenging to carry out joint planning as partner and country planning cycles do not coincide.

Funding matters

66. Many examples were provided in the first round of reporting where the way agencies provided funds was considered a challenge. Challenges identified included reluctance or unwillingness to provide money through pooling mechanisms resulting in a shift away from sectoral budget support, providing funding "off budget", requirements for matching or counterpart funding, unpredictability of funding, conditions attached to funding and lack of transparency. While these challenges were substantive, perhaps the bigger challenge was the inadequacy of the financial resources available. This was confirmed in this second round, see Box 14. For examples of challenges relating to how funds are provided, see Box 15.

Supply chain matters

67. The first round of reporting established that the health sector depends on effective supply chains and where these are fragmented and uncoordinated particular problems arise.



Reporting matters

68. The first round of reporting raised various challenges relating to reporting. These included a reluctance of some development partners to share information with other development partners and national government, parallel reporting systems and insufficient focus on collecting and reporting experiences from the field. In this round of reporting, Jamaica noted variability in this area with some partners using ministry reports but others requiring reports in their own format. Senegal raised concerns about the correctness of data reported. Thailand reported a lack of data integration and various data recording systems.

Box 14: Inadequate levels of funding remain challenging: Examples from the second round of reporting.

Honduras noted that an insufficient budget for the health sector poses significant hurdle to effective coordination.

Sierra Leone reported inadequate levels of funds.

Slovakia identified limited funds as one of two main challenges, the other related to common joint strategic planning.

Haiti noted that, in such contexts, partners with high levels of funding are able to plan and support according to their own priorities.

In Jamaica, levels of funding are sometimes lower than needed resulting in partial programme implementation.

Both Sudan and the Syrian Arab Republic noted that funding had been affected because of the political context.

Box 15: Ways in which agencies provide funds can create challenges: Examples from the second round of reporting

Egypt raised concerns about overlapping funding mechanisms.

Ethiopia was concerned that the proportion of external aid bypassing government systems is on the rise, eroding alignment.

Gambia expressed concern over inadequate levels of stewardship and coordination of external funding. There were also concerns that, in the context of limited resources, external funding is not always aligned to national priorities.

Rwanda was concerned that funds are not always available in time to support interventions.

Togo expressed concerns over difficulties in predicting funding levels.

Stakeholder identification

69. In this round of reporting, Egypt raised concern about improper identification of relevant stakeholders.

Factors occurring at the interface between agencies and local contexts

70. The first round of reporting showed that in some cases causes of bureaucratic delay are multifactorial with delays on both the side of the agency and the national government. In such cases, there is a poor fit between agency and national government systems,



External factors

71. In addition, in the first round of reporting, there were external factors, particularly COVID-19, beyond the control of national governments, relevant authorities or agencies, which affected alignment and coordination.

Suggested corrective measures

72. Focal points identified a number of corrective measures to seek to improve alignment and coordination for health. Many of these are context-specific and these are documented in full in [Annex 2](#). Common themes identified in the first round of reporting are illustrated in Box 16.

Box 16: Summary of suggested corrective measures: Nine key points

1. Recognize that processes should be locally-driven. Development partners to act as collaborators and not decisionmakers
2. There is a need to strengthen capacity of lead ministries, particularly the Ministry of Health, to effectively coordinate the health response
3. Have an agreement or compact between national government/relevant authority and development partners as to how development assistance will (and will not) be provided
4. Ensure coordination mechanisms are in place and are used and respected. These need to be appropriate for the context, for example, including sub-national structures in federal states
5. Develop plans with national government/relevant authority and other development partners based on the national or local health strategy
6. Provide pooled funds where possible. Where this is not possible, ensure funds are provided “on budget”. Development partners to make funding as predictable, long-term and unconditional as possible.
7. Use local monitoring systems and conduct joint reviews and evaluations where possible.
8. Allow national government/relevant authority sufficient time to respond to requests
9. Learn lessons from coordination of COVID-19 responses

73. The SDG3 GAP Secretariat have produced an implementation plan for dealing with six recommendations of the 2023 progress report. While this is not explicitly structured around the nine themes identified above, it is relevant to them. Examples include work to:
- Ensure dedicated resources are available to support collaboration at country-level.
 - Promote SDG3 GAP to country-facing teams thus placing greater focus on health coordination at country level. This included the production of a guidance note on how best to integrate SDG3 GAP into operational planning at country level.
 - Test new approaches to coordination at country level.
 - Strengthen civil society and community engagement although progress has been limited.
 - Strengthen incentives to strengthen ownership by and accountability to countries.
74. Since April 2023, the SDG3 GAP Secretariat has employed a country-level partnerships, planning and monitoring expert. Her role is to support the implementation and monitoring of GAP at country-level. There are a number of elements including the provision of capacity building and training for country-level teams.
75. A comparative analysis was conducted across the corrective measures suggested by the 22 countries that responded to both rounds of the survey. There were striking similarities between the issues raised in both rounds meaning that the list presented in Box 16 remains as valid for round 2 as it was for round



1. In some cases, e.g. Morocco, exactly the same corrective measures were requested in round 2 as in round 1.
76. The need to strengthen the capacity of lead ministries was raised in both reporting rounds, particularly in countries affected by conflict, e.g. Yemen. Many countries raised the need for corrective measures in four practical areas – coordination mechanisms, planning, financing and monitoring/evaluation/reporting. Several countries summed this up as “one plan, one budget, one report.”

Conclusions

77. Data and information reported by focal points over these two rounds of reporting are useful to SDG3 GAP agencies in a number of ways. First, they identify cross-country issues which need to be addressed to improve the health coordination environment. Examples include the way funding is provided and the need to use country systems rather than introducing parallel mechanisms.
78. While not the primary purpose of the survey, responses show that an improved health coordination environment has tangible effects on health and health programmes, such as primary health care and mental health, in different countries, see paragraph 44.
79. Some countries directly relate improvements in the health coordination environment to SDG3 GAP. Colombia did this in round one and Honduras in this round, see paragraph 45. Currently, a joint evaluation of SDG3 GAP is underway. Based on review of the evaluation inception report, it seems that that evaluation may be able to contribute evidence of how SDG3 GAP agencies and initiatives of SDG3 GAP have improved collaboration among agencies with effects on identifying priorities, planning, financing etc.
80. Quantitative analysis between the two reporting rounds does not as yet show any substantive change in health coordination environment across countries as a whole although there is substantive change in some individual countries. This is perhaps to be expected given the relatively short period between the two surveys. In addition, the number of countries who responded in both rounds (22) is relatively small.
81. While survey responses can be useful to help steer and inform SDG3 GAP at the global level, they are likely to be of most usefulness at country level as they provide useful governmental insight into the national health coordination environment. One of the distinctive features of this survey is that it provides national governments opportunity to rate and comment on the extent to which development partners are operating in an aligned and coordinated manner. This is in contrast to the more usual situation where development partners are assessing and commenting on the performance of national governments.

The SDG3 GAP Secretariat would like to thank everyone who contributed to this analysis in any way. Particular thanks are due to countries and responsible authorities for nominating focal points for this process and to those focal points for their responses. Thanks are also due to agency staff at all levels who helped facilitate and explain the process and who also provided comments on the analysis.



Annex 1: Questionnaire for National Governments: 2021/22 and 2023/24

Note: questions that were common to both rounds are in black. Those in 2021/22 only are in **blue** and those in 2023/24 only are in **green**

1. To what extent do you agree with the following statement?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The support received from development partners is well-aligned with national plans.					
Development partners coordinate well with each other over the support they provide.					
Development partners provide financial support in line with national budget priorities					
Development partners use national monitoring systems and reports					
Development partners coordinate their activities, including having a joint technical assistance plan					
Development partners make use of national coordination mechanisms and do not seek to establish their own parallel mechanisms					
Development partners make use of national coordination mechanisms					
Development partners do not seek to establish their own parallel mechanisms					
2. What have been the main successes in terms of development partners aligning their support with national plans and coordinating with each other?
3. What have been the main challenges and bottlenecks in terms of development partners aligning their support with national plans and coordinating with each other?
4. What corrective measures could be taken to improve alignment by development partners with national plans and coordination with each other?
5. How has the collaboration and alignment among development partners changed since your government suggested corrective measures through the previous questionnaire? *This question is applicable to governments having provided feedback in 2021/2022
6. Is there any information you wish to share with WHO and other multilateral agencies but you do not wish to be made publicly available? If yes, please share it here.¹⁷

¹⁷ Please note this question was number 5 in the 2021/22 questionnaire

Annex 2: Corrective measures suggested by focal points over two rounds of reporting

Focal point	Suggested corrective measures in 2021/22	Suggested corrective measures in 2023/24
Afghanistan	As mentioned before, it is strongly recommended that all the development partner need to align their technical and financial support to MoPH as was in the past and support MoPH to fulfill its governance and leadership function in an effective manner. Based on the information, the SDG secretariat which was active in the past in the Ministry of Economy is currently inactive which will further put the commitment of the government for implementation of SDGs.	
Armenia		There is a need for further emphasis on such approaches as joint missions, joint communications and closer communication and engagement with UN coordinators, UN country team and other health partners.
Belize		Not completed
Benin	Effort d'alignement des plans de développement aux domaines de concentration des partenaires (genre, équité,) Effort de renforcement de la confiance des partenaires à travers une évaluation Un rapportage régulier, Un partage transparent des différents rapports financiers	
Bhutan	Initiate more dialogues with other development partners. Explore more flexible funds because the area of focus is already identified for project tied funds. In case of WHO PB planning, we are normally not given enough time to hold adequate consultations. WHO must ensure: i) adequate time to prepare the work plans and ii) respect that it is a country-driven process	
Bolivia (Plurinational State of)	Mayor coordinación entre la MAE des MSyD y la Representante de la OIPS en cuanto a la contratación de consultores, sobre la base de las solicitudes de las Direcciones Generales...	
Brunei Darussalam		Consolidation of specific needs of small nations with similar socio-economic development status
Bulgaria	In order to improve the health of the population, a number of strategic documents have been developed with the involvement of different partners (the government, ministries, municipalities, NGOs, the academia, trade unions, business, etc.): National Development Program Bulgaria 2030; National Health Strategy 2021-2030; National Program for Prevention of Chronic Non-Communicable Diseases 2021-2025; National Program for Improving Atmospheric Air Quality 2018-2024; National Air Pollution Control Program 2020-2030; National Mental Health Strategy 2019-2030; National Program for Improving Maternal and Child Health 2021-2030; National Program for Prevention and Control of	I cannot suggest corrective measures. It is very important that the development partners have excellent knowledge about the specific national legislation and context.

Annex 2: Corrective measures suggested by focal points over two rounds of reporting

Focal point	Suggested corrective measures in 2021/22	Suggested corrective measures in 2023/24
	<p>Tuberculosis in the Republic of Bulgaria 2021-2025; National Program for Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria 2021-2025; National Strategy “Vision for Deinstitutionalization of Children in the Republic of Bulgaria” until 2025; Updated National Strategy for Demographic Development of the Population in the Republic of Bulgaria 2012-2030; National Strategy for Active Life of the Elderly in Bulgaria 2019-2030; National Strategy for People with Disabilities 2021 – 2030, etc.;</p> <p>Bulgaria actively cooperates with EU member states and the UN and other partners to achieve the UN Sustainable Development Goals. The country develops productive collaborations with UN agencies, programs, funds and bodies;</p> <p>Bulgaria carries out numerous initiatives to raise awareness of citizens, businesses, institutions at all levels of decision-making;</p> <p>The Council of Ministers has established and operates specialized councils related to the issues of demography, gender equality, economic development, environmental protection and other issues that correspond thematically with the SDGs;</p> <p>A detailed indicative table for the responsibilities of the ministries and institutions for the implementation of the UN Sustainable Development Goals in Bulgaria has been developed;</p> <p>The government maintains good channels of communication with other stakeholders and partners;</p> <p>The National Association of Municipalities in the Republic of Bulgaria assists in directing public funds for the implementation of the UN SDGs, including funding under European funds;</p> <p>Leading Bulgarian universities and institutes at the Bulgarian Academy of Science (BAS) participate in the implementation of the SDGs with scientific discussions and research projects and the introduction and implementation of new programs in various educational degrees;</p> <p>Various business association initiatives have been developed with the aim to create suitable environment for sustainable economic development.</p>	
Burundi	<p>Tous les partenaires au développement devraient d'abors se mettre ensemble pour choisir entre eux une représentation;</p> <p>Les partenaires au développement devraient planifier leurs activités selon les orientation du Gouvernemnet pour que nous puissions savoir qui fait, quoi, où et comment en collaboration avec qui? ;</p> <p>Faire un rapportage à qui de droit</p> <p>Planifier en commun accord avec le Ministère de tutelle</p>	

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Cabo Verde	The corrective measures could be taken based on the challenges of the country's development agenda - PEDS and 2030 Agenda - represent the need to work simultaneously, in an integrated and coordinated way to achieve the stated goals. Special attention is devoted to strengthening respect for human rights, civic participation, integration of gender equality, reduction of the social inequalities and asymmetries at island level, consolidation of democracy, prioritize the against poverty, hunger, AIDS, and discrimination against women and girls, but also promoting creativity, knowhow, and technology based on financial architecture and affordable economic resources from all on any level of social layer and development, crucial to achieve the SDGs.	Planning together. Promoting training in results management, funding according to national development plans, establishing priority with the MoH
Cameroon		<ol style="list-style-type: none"> 1) A multisectoral coordination committee should be put in place with representatives of the other ministries, the development partners and the community and the civil society 2) All the projects that will be sponsored by the development partners should be in line with the country's strategic plan 3) The development partners should sometimes assist us the technicians and senior staff of the ministry of health to do advocacy towards our ministers and government leaders on certain disturbing health issues because some of our leaders respect and believe in them more than in us
Chad	<ol style="list-style-type: none"> a. Ne pas autoriser des projets ou activités planifiées/décidées par les partenaires sans concertation préalable du Ministère concerné ; b. Recadrer les partenaires dans leur rôle de collaborateurs et non de décideurs ; c. Que l'Etat à travers les différents Ministères s'approprient ses prérogatives régaliennes ; d. Refuser les financements des partenaires qui ne s'intègrent pas dans les plans de développement des institutions de l'Etat. 	
Colombia	<ul style="list-style-type: none"> • Incentivar el desarrollo de escenarios de socialización de los resultados e impactos derivados de la gestión colectiva entre las agencias y los actores nacionales, a fin de continuar estimulando el trabajo colaborativo. • Promover acciones de planeación y evaluación participativa que permitan el reconocimiento de las percepciones de los involucrados en la atención integral, así como de los sujetos de atención en salud frente al impacto de las intervenciones y de la gestión de los actores de manera que se convierta en uno de los insumos para la toma de decisiones y el desarrollo de planes de mejoramiento de manera permanente. • Generar procesos de evaluación de la calidad del dato en todos los niveles, a fin de valorar la capacidad de los sistemas de gestión de datos para recolectar, reportar, documentar la información necesaria que dé cuenta de los avances en la gestión y en las metas y compromisos ODS, se requiere información disponible de carácter integral y oportuna 	

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Focal point	Suggested corrective measures in 2021/22	Suggested corrective measures in 2023/24
Comoros	Il serait très souhaitable , d'harmoniser les procédures afin de renforcer la coordination et le suivi évaluation des interventions des différents partenaires	
Congo	Alléger les procédures de décaissement, et supprimer les intermédiations en matière de mise à disposition des fonds.	
Côte d'Ivoire	<ol style="list-style-type: none"> 1. Les actions des partenaires doivent être alignées sur le PDNS. Toutes les parties prenantes doivent participer aux plans d'une partie ou de l'autre. 2. Mutualiser les financements et éviter la fragmentation des financements (SNU, UCP FM, BM, CD2, FE etc.) 3. Renforcer le leadership du Ministère en renforçant les capacités des Structures centrales de coordination, notamment la Direction de la Planification dont le rôle de coordination et suivi de la planification et la coordination de la mise en œuvre du PNDS 4. Renforcer les capacités (structurelle et opérationnelle) des entités de coordination au niveau déconcentré à mettre en œuvre les solutions du PNDS 5. Converger vers un seul plan d'action, un seul plan de suivi évaluation, un seul mécanisme de coordination <ul style="list-style-type: none"> • Tous les Partenaires doivent partager leur plan de travail avec la partie nationale même si des interventions sont menées par eux-mêmes ou leur Partenaires de Mise en œuvre (PMO). • Tous les partenaires doivent partager les rapports de suivi de leur plan de travail. • La redynamisation des cadres de concertations 6. L'allègement des procédures administratives, techniques et financières des partenaires." 	Subordonner le financement de toutes activités à son inclusion préalable dans le plan opérationnel du Ministère
Egypt	Develop an integrated five-year plan with the participation of all donors and relevant ministries	Development partner group (DPG) periodic meeting and every fiscal year to align the national efforts with the DPG efforts , to do better coverage of the expected and foreseen gaps, and the identification of the proper key players and stakeholders
Eritrea	The mechanism of coordination is already created in that the Ministry of Finance and National Development is the government authority who takes the leadership of coordination.	
Eswatini	<p>Most of the corrective measures are required from the Government side, however development partners may also support by:</p> <ul style="list-style-type: none"> - Having regular meetings with the Government high level team, to re-adjust to changes occurring at ministry level or beyond. More structured forums are required. -Having flexibility on the available funding , so that new and urgent issues are managed, other than sticking to original plans. - Focusing special support in leadership and management development. This is lacking on the side of Government teams and it affects the collaboration. 	

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Focal point	Suggested corrective measures in 2021/22	Suggested corrective measures in 2023/24
Ethiopia	<ul style="list-style-type: none"> - Consistent use of the Joint assessment of national health strategies and plans (JANS) approach in the finalization of the national health sector plans. - Use of Joint Review Missions (JRM) to review the national health sector strategic plan performance status on key health indicators at lower levels of structures (regions and woredas) - Regular coordination mechanisms such as JCF, JCCC and TWGs. - Active participation of development partners at the Annual Review Meetings for the health sector. 	<p>Strengthening strategic and annual planning, establishing an accountability matrix for all stakeholders engaged in the health sector</p> <p>Strengthen the country coordination platform that brings together government, DPs, CSOs, and the private sector.</p> <p>Strengthen sub-national-level coordination mechanisms with implementing partners in planning, monitoring, and budgeting processes.</p> <p>Strengthening the implementation of one plan, one budget, and one report principle as per the Health Harmonization and Alignment (HHM) guidelines</p>
Gabon	Pour améliorer l'alignement des partenaires de développement sur les plans nationaux, le Ministère de la Santé a mis en place une plateforme de coordination des partenaires techniques et financiers qui réunit toutes les parties prenantes autour des priorités nationales.	
Gambia	Development partners to create a forum to discuss their plans and the areas they are supporting in order to avoid duplication of activities and allow room for reprogramming to cater for the activities they are not funded by government and any of the development partners.	Government and development partners to have a joint planning cycle/plan
Ghana	We should develop a Universal Health Coverage compact which should be signed off by all development partners.	
Guatemala	Ejecutar acciones que permitan que el Ministerio de Salud Pública y Asistencia Social cuente con los recursos financieros adecuados para dar cumplimiento a los compromisos adquiridos en los ODS, de acuerdo a las prioridades del Ministerio de Salud Pública y Asistencia Social.	
Haiti	<p>Obligation pour les partenaires d'utiliser les plans nationaux et les stratégies définies par le gouvernement national pour leurs interventions</p> <p>Mise en place et suivi de mécanismes de coordination entre les partenaires et le gouvernement local à différents niveaux (national, départemental et local)</p>	<p>Additional support to national health structures (all levels) to set up partners' coordination mechanisms</p> <p>Increased national health budget to strengthen national health authorities' leadership and autonomy (less dependence on partners' support)</p>
Honduras		To improve alignment by development partners with national plans, corrective measures include strengthening governance structures, institutional capacity building for a strong coordination of the funding efforts, harmonizing funding mechanisms, enhancing data systems, promoting partnerships and collaboration, establishing clear communication channels, supporting South-South cooperation, and strengthening monitoring and evaluation mechanisms.
Indonesia	Implementation of work plan discussions with all sub working group and routine coordination with each sub working group in monitoring and evaluation	

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Focal point	Suggested corrective measures in 2021/22	Suggested corrective measures in 2023/24
Jamaica		<p>National resource mobilisation strategy</p> <p>Establishment of Steering Committee/ Coordination Body for International Development Partners</p> <p>Support to strengthening national coordination capacity, such as function performed by PIOJ</p> <p>Timely sharing of priority projects, corporate and operational plans with development partners</p> <p>Discussion among development partners on possibility/availability of funding and technical support for greater alignment with local programmes that require same</p>
Jordan		There is a need for more coordination, distribution of roles, and a monitoring and evaluation system
Lao People's Democratic Republic	<ul style="list-style-type: none"> - More strengthened efforts to implement the Vientiane Declaration with DPs - Single coordination mechanism led by MOH: all DPs should not create their own coordination mechanism. They should follow the national coordination mechanism. - Strengthening development of the joint annual work plan and M&E of it which will lead to better alignment of donors' monitoring and reporting - Improving one door system within MOH to streamline coordination and communication between MOH and different DPs - Improving data management for donors' support in the health sector (e.g. ODAMIS developed by the Ministry of Planning and Investment and better use of health information system such as DHIS2) - Building capacity of both government, partners, and key stakeholders on coordination and communication skills for mutual understanding and better results (For government staff, understanding of aid and development policy/strategy, health care financing, health information management, negotiation and contracting/MOU, and English language are limited). 	
Liberia	We need one coordination mechanism for the sector that brings all actors together to focus on national priorities. Joint planning is needed beyond strategic planning to joint annual sectoral planning, joint implementation, joint monitoring and review facilitate alignment	Strong leadership from the MOH/GOL through improved coordination with all stakeholders and the development of joint medium term and annual operational plan
Madagascar	<ul style="list-style-type: none"> - Aligner le mandat des partenaires de développement sur les priorités nationales - Elaborer un Plan de Travail annuel conjoint entre la partie nationale et les partenaires de développement 	

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Malawi	Proposal to move back to the SWAP arrangement and the implementation of aid coordination principles	The One Plan, One Budget approach is one way. The donors also need to take deliberate steps to align. One key step is to stop the proliferation of strategic plans and converge as much as possible towards a one health sector strategic plan
Maldives		Establishing a mechanism to limit cross collaboration between and among the development partners.
Mali	Renforcement de capacité de la partie gouvernementale dans son rôle de coordination et d'orientation stratégique.	
Mongolia	Working and collaborating jointly with key development/UN partners and stakeholders to support advocacy and compliance with policy and legal reforms and adoption of the UNSDCF to support Government Vision 2050 across all programmes. At the same time focusing more on strengthening multisource surveillance and ensuring set SDG/UHC targets for the country are monitored and actively addressed. This will also require integrating community engagement focusing on strengthening partnerships to reach wider community networks, building capacity of local governance.	
Morocco	Renforcer la complémentarité des interventions des partenaires	Renforcer la complémentarité des interventions des partenaires
Mozambique	<ol style="list-style-type: none"> 1. Integrated approach programs from health facility and community level. 2. Integrated planning and budgeting at all levels. 3. Use health common funds (or similar) to bring together the efforts to meet the MoH strategic goals and SDG3. It also facilitates one plan, one budget and monitoring system aligned with the national systems and tools. 	<p>MoH started to establish the roadmap to develop one plan, one budget and one implementation.</p> <p>Joint planning exercise (MoH and partners) from national, provincial and district level</p>
Namibia	<p>Setting priorities for a given year by the government and agreeing on what development partners should support.</p> <p>It is encouraged that Development Partners attend Development Partners' Forum where priorities are set.</p>	
Nepal	<p>Both the government and the development partners should contribute to all the joint collaborative activities to the best of their capabilities.</p> <p>The parties must prioritize their respective contributions thus giving utmost importance and putting adequate effort to make the end goal successful.</p> <p>Active participation of all the development partners is expected in the ""pool fund"" in order to ensure the predictability of the financial budget support from development partners.</p> <p>Country moved from unitary to federal system of governance, which has created confusion and difficulty to channelize funds to the province and local levels. So, a joint workout modality for fund channelization to province and local level should be enforced.</p>	

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Nicaragua	"Que los asociados se ajusten al plan institucional del MINSA, que contiene las metas de país. Flexibilización de los tramites de no objeción por los financiadores.	
Niger	Le respect de la déclaration de Paris Harmoniser les procédures des partenaires	
Nigeria	Improved resources to ensure that Partners can better align with implementation of the National Plan. Ensuring a critical mass of health workers especially at sub-national levels who are well conversant with their institutional Plans that make up the National Plan, so that they can better work with Partners in implementation. Lastly, co-creation processes in the design and implementation of new interventions or review of existing interventions.	
Oman		Ensure all programs are well coordinated at the ministry HQ level
Pakistan	Agree on NHSCM. A similar mechanism should also be established in all provinces.	Government led National Health Coordination Mechanism (NHCM): (1. Inter-Ministerial Health & Population Council; 2) Country Platform; 3) National Advisory Committee; 4) Technical Working Groups and Task forces). At least GAP partners are expected to use the notified governance mechanism and avoid creating vertical coordination structures.
Panama	Se requiere una asignación estable y una coordinación efectiva entre los representantes de los asociados y las instancias involucradas en el desarrollo de los planes nacionales. Si bien, los Programas, mediante sus Departamentos y Secciones suelen ser objeto de apoyo financiero para acciones específicas, estas no necesariamente van dirigidas al logro de las metas del ODS3, o dichas acciones no se registran como contributarios a las metas definidas. Si las áreas de apoyo y / o colaboración de los asociados hacia los países está definida, es útil su divulgación para impulsar el trabajo conjunto.	Analizar la situación actual de los indicadores de los ODS, planificar acciones para la mejora, evaluación y monitoreo de los resultados. Impulsar los procesos de medición de las desigualdades en salud.
Romania		<ol style="list-style-type: none"> 1. Better communication with national health authorities and technical experts. 2. Development of national partnerships with relevant health stakeholders and actors of the public health system. 3. Better preparation and planning of public health interventions to be implemented in partnership, especially, more consideration to be paid to national circumstances and rules when preparing and planning public health interventions. 4. Better preparation for transfer of results to permanent institutions.

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Focal point	Suggested corrective measures in 2021/22	Suggested corrective measures in 2023/24
Rwanda	<ol style="list-style-type: none"> 1. Consultation and mapping of partners during planning process to leverage on Partners core mission/mandates 2. Establish and strengthen one plan-one budget-one report mechanism for SGD implementation and monitoring 	Development Partners should have or keep a certain level of flexibility to adapt their plans/strategies when there are justifiable changes in the national plans.
Senegal	Faire assurer les lead à l'institution	<p>Improve the regularity of the coordination framework</p> <p>Strengthen the performance collection and evaluation system</p> <p>Monitor and disseminate the work of the various partners</p>
Sierra Leone	Development partners supported the Ministry to have a National Health Summit to come with a workable formula to align with countries priorities with that development partners.	The Ministry should have a comprehensive plan with commitment from partners. The Ministry want to have one plan, one budget, one report and one joint monitoring. Government and development partners to have a joint planning cycle/plan
Slovakia		Creating participatory platforms for joint strategic planning - an example is the MHPSS Committee under the Mental Health Council of the Government of the Slovak Republic, which is being established in the conditions of the Slovak Republic and creates a platform for alignment between the plans, resources and capacities of each partner.
Somalia	<p>Develop a roadmap for strengthening the overall institutional capacity of the government at federal and state level. This could include, but not limited to the training and use of result-based planning and budgeting, health financing, monitoring and evaluation, public financial management, supply chain management and regulatory reforms.</p> <p>Improved coordination with the government and developing a coordinated national plan (namely investment case plan) to ensure alignment and the implementation of the national health priorities.</p> <p>The use of government single treasury system.</p>	
South Sudan	<p>The following corrective measures can be used:</p> <ol style="list-style-type: none"> a. Reviving of the health sector working group coordination meeting b. Establishment of the National Health Account c. Strengthening the DHIS-2 and LMIS as the main reporting channels for all implementing partners d. Build the government capacity to take leadership in governance e. Establishing a joint national health planning system 	
Sri Lanka	With the easing of the COVID 19 situation, the situation will be reverted back to the situation prior to COVID.	
Sudan		Maybe with more coordination meetings and transparency to know which areas each partner is working and which states they are working on.

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Syrian Arab Republic	Certainly, a better coordinating mechanism can serve the issue. A more consultative process with more representation of all needed ministries might serve the process. Or else a dashboard with access to focal points from the ministries can also be useful.	Move early recovery plans and make use of support plans from SDG GAP to the country
Tajikistan	Establish a robust coordination mechanism at the Ministry of Health level, including strengthening the existing DCC health platform. Development of a single tool for mapping health services provided in different health sectors, in order to avoid duplication of activities and further joint coordinated and fruitful collaboration.	
Thailand		There is Government Data Catalog, which consists of 3 parts: agency data account system, monitoring registration, and data account service.
Togo		L'harmonisation des cycles de planification et la redéfinition des missions de certaines agences pourront contribuer à améliorer la situation. Le fait par exemple que certaines agences deviennent des agences d'exécution directe sur le terrain les amène à dérouler leurs propres programmes sur le terrain pose énormément de problème en matière d'alignement des interventions sur les priorités nationales.
Tunisia	Better understand the development partners needs and the regulatory framework and reinforce the capacity building of the people who will be in charge of implementing, monitoring and evaluating the development projects. Promote and encourage collaborations with civil society whenever possible along with the governmental institutions. - Creation of working groups made up of development partners and institutions according to program themes to avoid duplication. It happens that the same theme is treated by several agencies. - Funding must help carry out activities previously included in the ministry's strategic plans	
Uganda	<ul style="list-style-type: none"> • There is need for development partners to disseminate their proposed budgets before the financial year to enable programs plan for utilization. • Joint planning should be emphasized amongst development partners so that they feed directly into sector priorities 	Joint planning and prioritisation
Yemen	Building the capacity of the national institutions in planning and being in the driving seat to lead the planning and coordination process.	<ul style="list-style-type: none"> • Sectoral plans should be developed or sustainable development indicators should be included in existing sectoral plans. • Strengthen open communication, institutional coordination mechanisms, and regular meetings/workshops to exchange information and coordinate efforts. • Support the development of institutional capacities of partners through training, techniques, and knowledge.

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		<ul style="list-style-type: none"> • Regular monitoring and evaluation of alignment with national plans to improve coordination. • The commitment of all partners to cooperate, communicate continuously, and work together for effective coordination and cooperation. • Discipline of partners in adhering to national plans and establishing a coordination mechanism between partners and the government. • Establish a central coordination mechanism to increase efficiency and sustainability of interventions. • Clarity, transparency, and participation with specialists from all sides. • Improve national plans to suit the country's situation, rather than donor preferences. • Establish an effective information exchange system, strengthen institutional cooperation, enhance transparency, and prioritize actions.
Zambia	There is need for development partners to increase basket funding support when buying into health priorities to reduce on transactions cost and duplications and more efforts should be put up in strengthening the public health system so as to build a resilient health system especially in dealing with efficient use of resources.	
Zimbabwe	No sacred cows, all partners must be part of the country coordination mechanisms.	<ol style="list-style-type: none"> 1. Sharing of requests from government departments 2. Increasing frequency of coordination meetings
Occupied Palestinian territory, including east Jerusalem	<p>Strengthen coordination and dialogue between different stakeholders and partners</p> <p>Lessons learned from COVID: strengthen emergency preparedness and coordination during emergencies.</p> <p>Support pooled fund for certain programs / projects. (instead of fragmented funding mechanisms)</p>	