



TOWARDS A

# GLOBAL ACTION PLAN

FOR HEALTHY  
LIVES AND WELL-  
BEING FOR ALL

**NON-STATE ACTOR  
CONSULTATION  
30 APRIL 2019**

# About the day

- Interpretation, breaks, WIFI
- Meeting report
- Livestreaming and way to engage throughout the day
- Live survey tool – [mentimeter.com](https://www.mentimeter.com) or Mentimeter App

# Session 1. Background and expectations

## **Moderators:**

Loyce Pace, Global Health Council

Kate Thompson, Global Fund to Fight AIDS, Tuberculosis and Malaria

# What we're hoping to achieve today

- Provide a **space to share** perspectives and updates on the Global Action Plan (GAP) focus and processes
- Leverage the diversity of perspectives and experiences in the room to generate **creative solutions** on the plans and actions of three GAP accelerators
- Build support and **strategies for meaningful civil society and community engagement** in achieving the health-related SDGs

# Global Action Plan Civil Society Advisory Group

**Dure Samin Akram**, Chairperson and founding member of Health Education and Literacy Program

**Fabian Cataldo**, Senior Advocacy Adviser, International Planned Parenthood Federation

**Aminu Magashi Garba**, Founder and Coordinator of Africa Health Budget Network

**Justin Koonin**, President of ACON

**Angela Nguku**, Executive Director, White Ribbon Alliance Kenya

**Alan Jarandilla Nuñez**, Co-Director of Policy and Advocacy, International Youth Alliance For Family Planning

**Loyce Pace**, President and Executive Director, Global Health Council

**Ngoueko Marie Solange**, President and Executive Director, Public Health International Consulting Center

# Session 1. Background and expectations

**Presenter:**

Ranieri Guerra

Assistant Director-General

WHO Lead for UN high level meeting on UHC

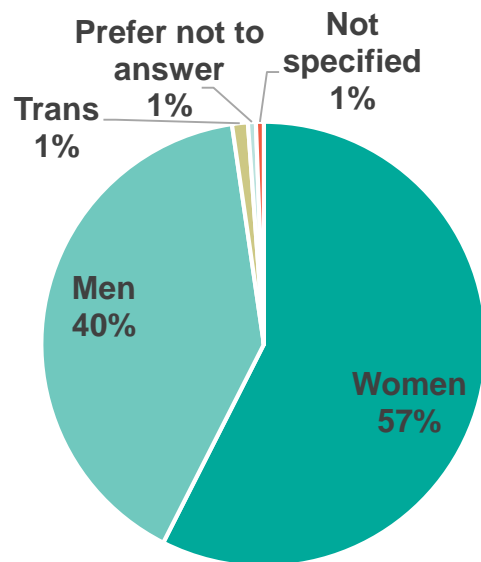
World Health Organization

# Consultation participation

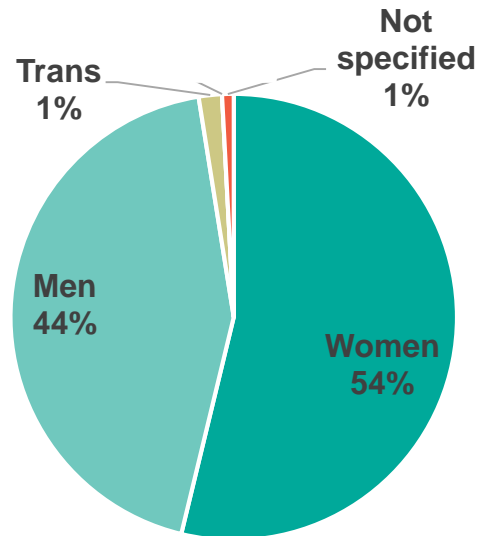
- Call for expressions through variety of channels, including:
  - CSEM GAP Advisory Group + all CSEM reps to all accelerators + CSEM listserv
  - Gavi constituencies, Women Deliver, IOGT, NCD Alliance
  - UNAIDS social media
- 150 expressions of interest
- Selection Committee of 7 members from GHOs and CS sought balance e.g. geography, gender, health issue
- 100 organizations and 27 countries represented today

# Consultation participation: gender

## All Applicants



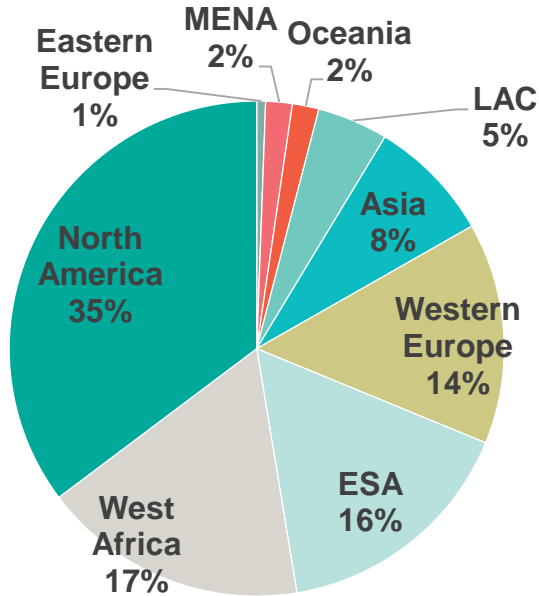
## Invited Applicants



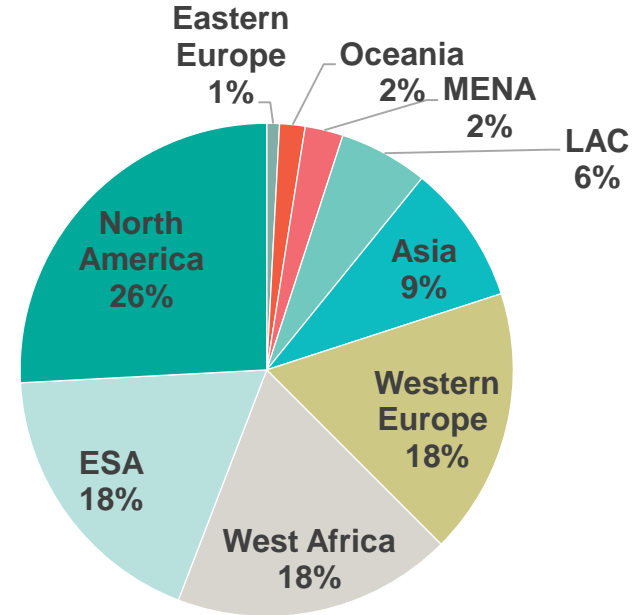


# Consultation participation: region (workplace)

## All Applicants



## Invited Applicants



# Session 2. Global Action Plan and Accelerator 3: Introduction and discussion

**Presenter:**

Isadora Quick, Global Action Plan Secretariat

# Presentation

Short **overview** of/reorientation to the *Global Action Plan for Healthy Lives and Well-being for All*:

- Rationale
- Signatories
- Three key elements: align, accelerate, account
- The Plan's development stages
- Sources of information

# Why a Global Action Plan? Why now?

The world is **off-track to achieve the health-related SDGs by 2030**

Progress has been made yet it has been **uneven and too many people are still being left behind**

**Business as usual will not be enough**

# The Global Action Plan : **joint initiative** of **12** global health and development agencies **committed** to advance **collective action** and **accelerate progress** towards the health-related SDGs

A joint initiative of:



Empowered lives.  
Resilient nations.



# Align, accelerate and account

*“We commit to **align** our joined-up efforts with country priorities and needs, to **accelerate** progress by leveraging new ways of working together and unlocking innovative approaches, and **account** for our contribution to progress in a more transparent and engaging way.”*



**Align:** We will align programmatic, financing and operational policies, approaches and methodologies where it can enhance efficiency and effectiveness.



**Accelerate:** We are identifying where we can accelerate progress. We are scaling up collective action approaches for key cross-cutting “accelerators”



**Account:** We are enhancing our joint accountability for delivering collective results for people.

Strengthened  
support to  
national  
actors to drive  
SDG  
acceleration

Accelerated  
progress  
towards the  
health-related  
SDGs



# ALIGN

We aim to work closer together to strengthen our individual and mutual impact and help countries accelerate progress

- Align and coordinate our work better to country needs and priorities
- Align to reduce fragmentation, duplication and inefficiencies, and seize opportunities for synergies through
  - Aligning investment case approaches
  - Harmonizing operational policies
  - Jointly develop platform for tracking programming and investments in health system strengthening
  - Increase supply chain management coordination



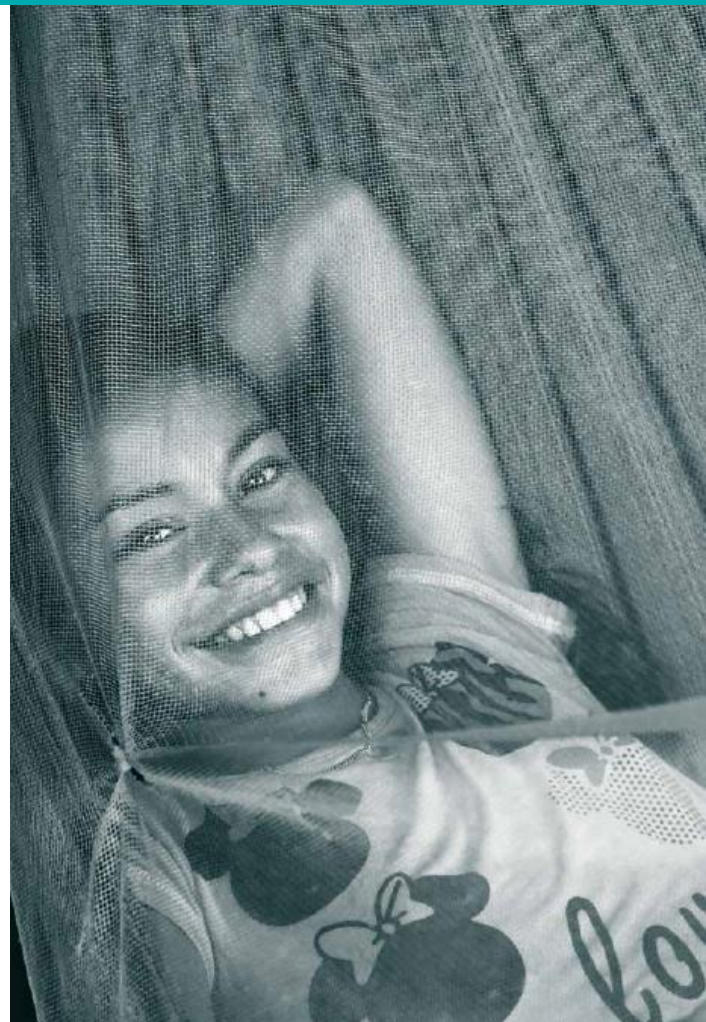


## ACCELERATE

We have identified 7 cross-cutting areas where more innovative, synergistic efforts can significantly accelerate progress towards the health-related SDGs.

1. Sustainable financing
2. Primary Health Care
3. Community and civil society engagement
4. Determinants of health
5. R&D, innovation and access
6. Data and digital health
7. Innovative programming in fragile and vulnerable states and for disease outbreak response

For each of the accelerator areas, a set of **concrete, collective actions at global, regional and country levels** will be identified. These actions, to be implemented primarily by the 12 signatories will enhance their ways of working in support of country acceleration.







# ACCOUNT

We aim to develop a common framework for assessing results and linking investments more closely to results.

- Set common midpoint 2023 milestones for nearly 50 health-related targets across 14 SDGs
- These milestones will provide a critical checkpoint to measure progress and recalibrate where needed.
- Develop an accountability framework to hold signatory agencies accountable for the collective actions they committed to undertake jointly



# PHASE 2: THREE MAIN OUTPUTS

1


Make it concrete: Global-level engagement  
Develop collective actions to Align, Accelerate, Account

2

Make it relevant: stakeholder dialogues  
Tailor and drive actions at regional and country level

3

Build momentum: High-level political engagement  
Generate additional commitments to enable acceleration



Global Action  
Plan for  
Healthy Lives  
and Well-  
being for all

FOR MORE INFORMATION

[www.who.int/sdg/global-action-plan](http://www.who.int/sdg/global-action-plan)

A joint initiative of:



# Opportunities for inputs

Global convenings	Virtual contributions
Africa Health Agenda International Conference	CSEM survey
UHC Multi-stakeholder Meeting	GHC webinar
World Health Assembly	Secretariat comments
Women Deliver conference	
G20	

\*In addition to the opportunities above, staff and the advisory group have encouraged governments to host **country consultations**.

While input is welcome on phase 2, staff and advisors envision an expansion of contributions and engagement for phase 3, implementation of the plan.

# What civil society can do

- Identify stakeholders from various advocacy networks to participate in GAP planning and implementation activities in 2019 and beyond.
- Encourage and engage in ongoing in-person and online consultations at the global and national level to better understand various opportunities for an optimal coordination of global health initiatives.
- Assist monitoring and evaluation of GAP objectives and progress toward “concrete, collective actions” identified by the secretariat.

# What governments can do

- Commit to country-level consultations that incorporate civil society voices and ensure everyone understands the goals and value of coordinating across multiple global health initiatives or organizations.
- Implement recommendations offered by the secretariat later this year to facilitate cooperation between existing vertical programs and the leverage of related resources toward jointly agreed SDG goals.
- **Additional asks from communities & CSOs?**

# Session 3. Optimizing Civic Space for Health in Countries

## **Presenters:**

Andy Seale, WHO

Dheepa Rajan, WHO

## **Discussant:**

Alan Jarandilla Nunez, International Youth Alliance for Family Planning, Bolivia

Lyndal Rowlands, CIVICUS

# Accelerator 3

## Communities and civil society

**Working Group led by:** UNAIDS and WHO

**GAP Agencies:** UNDP, Global Fund, GFF, UNFPA, Unitaid

**Civil Society Reps:**

Mike Podmore, StopAIDS

Tara Brace John, Save the Children UK

George Ayala, MPact

Maureen Murenga, The Global Fund and TB Alliance boards

Revanta Dharmarajah, Frontline AIDS

Fiona Uellendahl, World Vision

Eliana Monteforte, MSH

Charlotte Kristiansson, Unitaid



# Working Group on Accelerator 3 (WG)

## Ways of working

- Met five times since end of January
- Included four interim representatives from civil society as well as UHC CSEM coordinator
- Now includes seven civil society representatives

## Consultations

- WG included questions in CSEM survey to inform global health initiatives in 2019

## Ongoing communication with CS and communities

- Regular meetings between CSEM Advisory Group and A3 WG members

# The Accelerator 3 Working Group has proposed actions guided by draft common standards organized around two overlapping areas for impact:

Strengthening how global health organizations support increased meaningful engagement of communities and civil society in health discourse and action **in countries**;

Strengthening how global health organizations meaningfully engage with communities and civil society in their own **institutions** and through cross-organizational collaboration.

**Session 3**

**Session 4**  
(including review of standards)



How can global health organizations support increased meaningful engagement of communities and civil society **in health discourse and action in countries?**

# Areas of focus to expand civic space

**Leveraging synergies across existing country initiatives** for optimally coordinated, integrated, connected and sustainable health responses and ensure they are informed by communities and civil society

**Jointly advocating for increased investment in communities and civil society** with the aim of influencing better health outcomes at country level, including through shared publications that clearly make the case for increased engagement and investment

# What have we already heard?

A Civil Society Task Team convened in 2018 generated recommendations for WHO, civil society organizations and Member States to strengthen community and civil society engagement - recommendations could be applied to all Global Action Plan signatories:

- Leverage relationships and expand networks
- Ensure joint responsibility for training and capacity building – needs to be two-way
- Work through existing CSO platforms and mechanisms including UHC2030, the Partnership for Maternal, Newborn & Child Health, Global Fund Country Coordinating Mechanisms, Gavi CSO platforms and others

# Collaborating to make the case for engagement

Joint advocacy on expanding civic space and enabling political environments for communities and CSOs to engage effectively in all health arenas

Good practice on community and CSO engagement and representation in the health sector jointly developed, shared, disseminated and promoted

Joint publications produced making the case for investing in communities and civil society

# Case Study: Social Participation for UHC

A participatory initiative is underway to develop a Handbook on Social Participation for Universal Health Coverage (UHC) which aims to provide options into *how, concretely*, governments can:

- better engage with people, communities, and civil society; and
- ensure an enabling environment for people, communities, and civil society to give their best and most useful input, in a constructive and mutually beneficial way.

Insights from the evidence generated in the handbook development process will be presented at a UNGA side event in September 2019  
(handbook launch target: UHC Day Dec. 2019)

# Political and social context is critical

*Window of opportunity*

**Thailand:** National Health Assembly created during a broader movement of reform

**Tunisia:** Societal Dialogue for Health - post-revolution dynamic led to recognition of an acute need for reform

**Iran:** Public voice and participatory governance in the health sector late '90s government more liberal and open to a strong civil society

**France:** Series of scandals in the early '90s strengthening patient rights



# Institutionalizing large scale population engagement

*Legal frameworks can facilitate institutionalization*

**Thailand:** National Health Act 2007

**Tunisia:** Societal Dialogue still susceptible to political will

**Iran:** No formal legal framework for National Health Assembly...only 1 has taken place in 2017

**France:** Kouchner law 2002 – increased the voice of patients in health-related decisions

# Enabling environment: emerging lessons from countries

- Always consider power dynamics → ‘leave no one behind’ might mean targeted engagement strategies for the vulnerable & marginalized
- Feed back results to the population
- Communication strategy is a factor of success – engage with media, parliamentarians, etc
- Build capacity of *all stakeholders* for dialogue
- Plan for the long term -- develop strategies to address participation fatigue
- Change agents and champions play a crucial role in setting up and maintaining participatory approaches



# STATE OF CIVIL SOCIETY REPORT 2019

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## THE YEAR IN REVIEW



Lyndal Rowlands  
CIVICUS

<https://www.civicus.org/index.php/state-of-civil-society-report-2019>

# Optimizing Civic Space for Health in Countries

**Discussant:**

Alan Jarandilla Nunez, International Youth Alliance for Family Planning, Bolivia

# Discussion

- How can global health organizations strengthen the capacity of **national authorities** to meaningfully engage communities and civil society?
- How can global health organizations strengthen the capacity of Member States, civil society and community partners for more meaningful and fruitful engagement?
- Which recommendations emerging from the UHC multi-stakeholder hearing session 3 (multi-sectoral and multi-stakeholder action and investments for UHC) are relevant to global health organizations?
- What existing platforms or initiatives could be further evolved?

# **Session 4. Strengthening how global health organizations meaningfully engage communities and civil society**

**Aditi Sharma, Frontline AIDS**

**Kent Buse, UNAIDS**

# Proposed common standards for Global Action Plan signatories

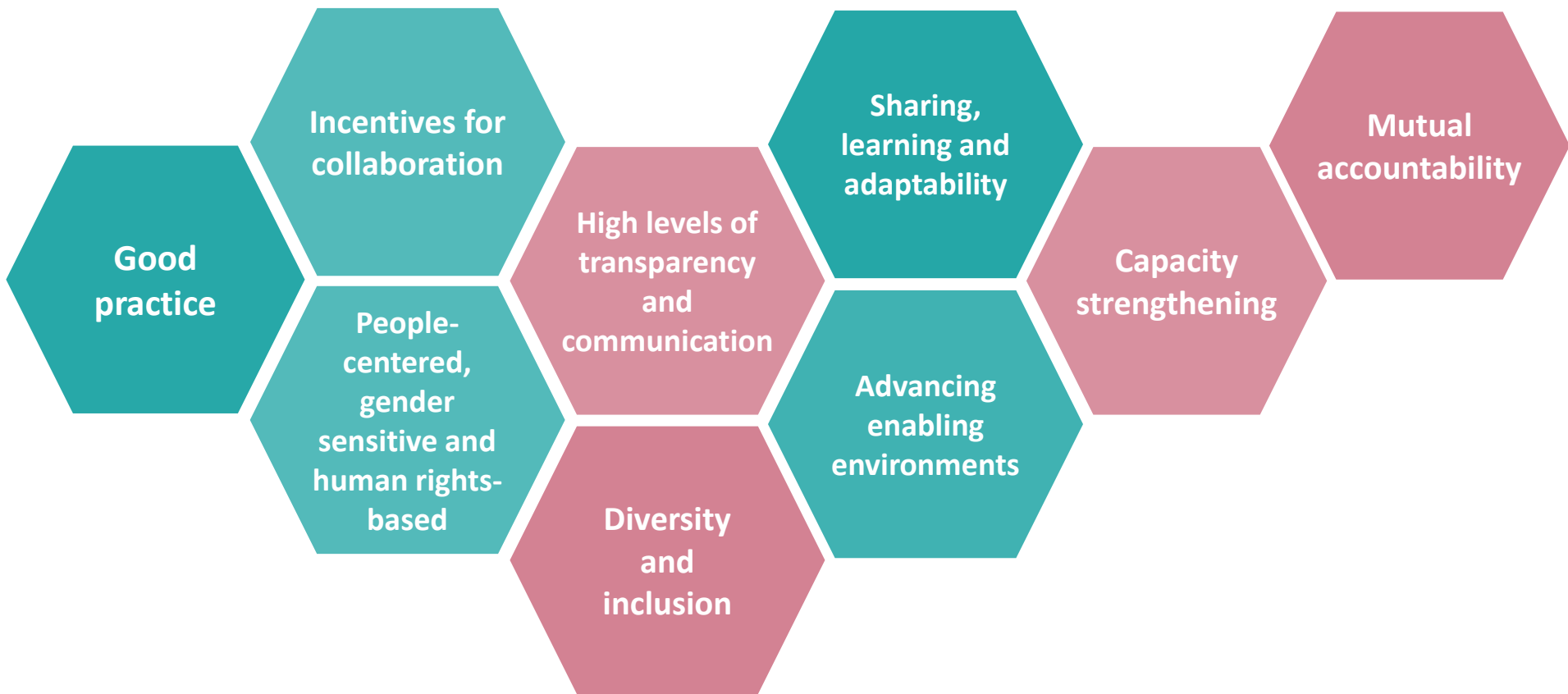
## **Reflect:**

- Shared commitment to work more closely and effectively with communities and CSOs to accelerate action towards SDGs
- Unique role to optimize opportunities for communities and civil society to participate in national and multisectoral processes

## **Recognize:**

- Need to minimize transaction costs & prevent unnecessary costs

# Proposed common standards

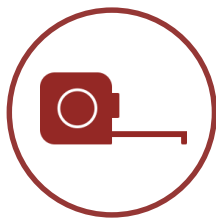




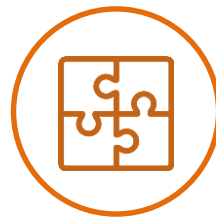
# Criteria: proposed joint actions of Accelerator 3



**Add value and build on  
existing initiatives**



**Measurable**



**Collective GAP  
action**



**Country & people-  
centered**



**Deliver impact**

# Proposed joint actions

- 1:** Support enhanced meaningful community and civil society engagement through **institutional engagement and governance mechanisms**, including at country level.
- 2:** Create a **virtual platform** to help users navigate health initiatives, connect to tools and resources, and promote cross organisational learning.
- 3:** 1) Support and convene communities and CSOs more systematically in policy dialogue, planning and delivery in **countries**; and 2) protect and expand civic space.
- 4: Monitor and track** engagement with communities and civil society and report jointly on progress.

# Strengthening how global health organizations meaningfully engage communities and civil society

**Discussant:**

**Fabian Cataldo, IPPF, UK**

# Discussion

- What actions can global health organizations take to facilitate strengthened meaningful engagement of communities and civil society in achieving the health-related SDGs? *Tables 1, 2, 3*
- How could common standards help strengthen the contributions of civil society and communities to achieving the health-related SDGs? *Tables 4, 5, 6*
- What existing platforms could be evolved to support information sharing, networking and collaboration? *Tables 7, 8, 9*
- How can global health organizations work more effectively with communities to ensure that the SDG focus on leaving no one behind is further institutionalized? *Tables 10, 11, 12*

# Accelerator 4

## Determinants of health

Led by: UNDP and UN Women  
WG: UNAIDS, WHO, UNFPA, UNICEF  
CS support: Women Deliver

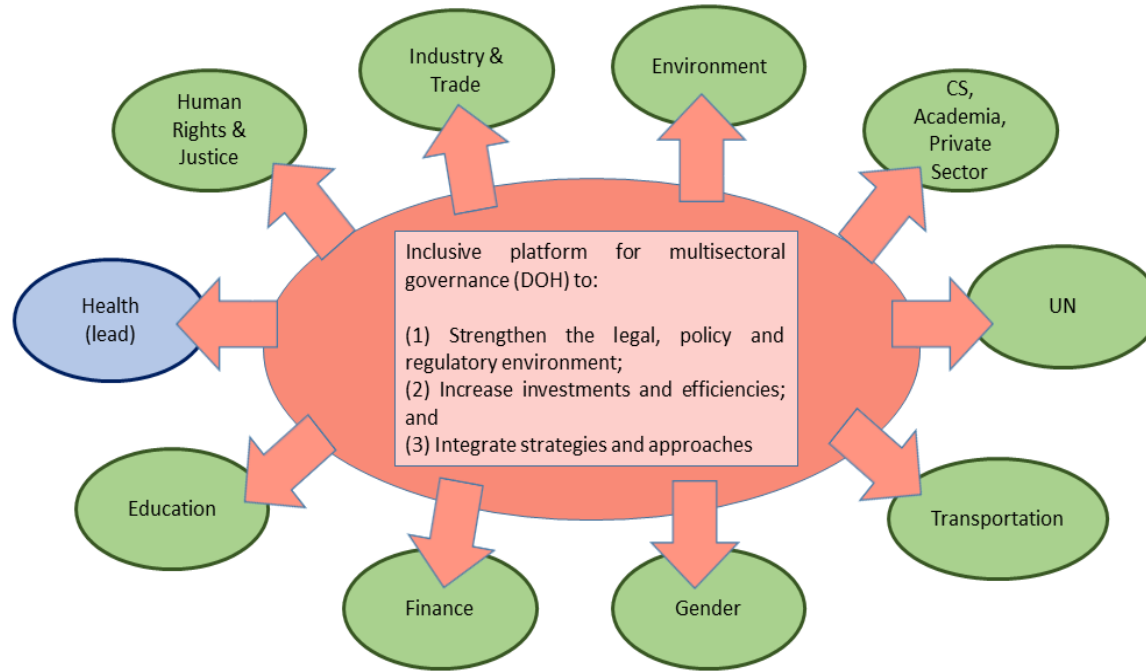
# Problem and opportunity

- Advancing health and well-being requires multi-stakeholder, multi-sectoral responses that are grounded in human rights and gender equality.
- The present governance, financing, and architecture of the global health approach is not fully suited for adequately addressing determinants of health, jeopardizing progress on SDG 3, related SDGs and the pledge to leave no one behind.
- The SDG 3 Action Plan can advance a new paradigm that explicitly addresses determinants of health that receive inadequate attention, and through collective-action and policy coherence, result in better health outcomes for all.

# Scope

- **Environmental determinants**
  - The built and natural environment
  - Climate change-related
- **Structural determinants**
  - Poverty and economic inequalities, discrimination, gender inequalities
- **Commercial determinants**
  - Health-harming private sector practices including industry interference

# How





# Examples of joint action

Environmental determinants	<ul style="list-style-type: none"><li>• Ensure that economic and social policy responses to climate change, air pollution, and environmental degradation take into account health outcomes and equity</li><li>• Develop and implement integrated strategies to address growing demands for nutritious food within environmental limits</li></ul>
Structural determinants	<ul style="list-style-type: none"><li>• Commit to and sustainably finance universal access to WASH to improve health, education, and livelihoods</li><li>• Address gender biases in society by creating and enforcing laws and policies that promote gender equality, address gender-based violence and outlaw discrimination on the basis of sex, sexual orientation and gender identity</li><li>• Develop and finance policies and programmes that close gaps in education and skills, and that support women's empowerment</li></ul>
Commercial determinants	<ul style="list-style-type: none"><li>• Establish and enforce national regulatory frameworks for health-harming products and processes and better protect public policy from vested commercial interests</li><li>• Strengthen legal, policy and regulatory frameworks for increasing access to medicines and health technologies</li><li>• Strengthen public and private sector leadership in reducing carbon emissions</li></ul>

# Discussion

- Are the three overarching areas identified (environmental, structural, and commercial determinants) the right ones to help to maximize the collective impact of GHOs on health-related SDGs?
- What specific 'action areas' would you propose for:
  - 1) strengthening legal, policy, and regulatory environments
  - 2) increasing investments and efficiencies
  - 3) integrating strategies and approaches.Are any missing?
- Can you provide some examples of how communities and civil society engage successfully with GHOs on determinants? What help ensure sustainability of impact?

# Session 6. Accelerator on Primary Health Care

**David Hipgrave, UNICEF**

**Jerome Pfaffmann, UNICEF**

# Session 7. Reflections, wrap up & next steps

# Reflections from the Advisory Group

- Dure Samin Akram, Health Education, Literacy Programme
- Angela Nguku, White Ribbon Alliance, Kenya
- Aminu Garba, Africa Health Budget Network, Nigeria
- Marie Solange Ngoueko, Public Health International Consulting Center, Cameroon
- Justin Koonin, ACON, Australia and UHC2030 CSEM