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

Monitoring Framework: May 2021

Approved for piloting

Executive Summary

S1 From its outset, the SDG3 GAP has committed to a rigorous approach to monitoring and evaluation, including to an independent evaluation in 2023. In 2020, the agencies commissioned a Joint Evaluability Assessment, and the management response to that committed to developing a theory of change for the SDG3 GAP and a monitoring framework based on the theory of change. The theory of change has been developed and agreed. This document presents the proposed monitoring framework.

S2 The monitoring framework aims to be able to identify and present credible results of the SDG3 GAP. But, there are challenges in developing such a framework for the SDG3 GAP which is not a conventional development programme but rather describes a way of working. The monitoring framework needs to be able to assess the additionality of enhanced coordination and cooperation among GAP agencies and the contribution that these may have made to enhanced alignment and coordination in countries and to acceleration of health-related SDGs. The challenges associated with these needs are discussed in this document.

S3 Through discussion with representatives of agencies, a number of key principles have been identified. Foremost among these is the need for the framework to be "light touch". Where possible, existing data and data collection systems will be used. Where this is not possible, e.g. the mechanism through which countries can systematically provide feedback on how the agencies collaborate and cooperate, any new mechanisms and tools will be kept as simple as possible.

S4 To use the SDG3 GAP theory of change as the basis for a monitoring framework, the constituent levels have been identified and these are presented in Table S1 along with proposed data sources.

Table S1: Summarized monitoring framework: proposed data sources for each level of the theory of change

TOC level	Country experience	Country perceptions	Agency perceptions	Context monitoring	Process monitoring	Risk monitoring
Goal/impact				✓✓		
Outcomes	✓✓	✓✓	✓	✓		
Outputs	✓	✓	✓✓		✓	
Inputs			✓			
Risks						✓
Assumptions			✓			

Area within red box denotes scope of monitoring framework

S5 In practice, this means the monitoring framework will have three main data sources. First, country experiences will be captured through mapping of countries supported by SDG3 GAP and through in-depth, qualitative, evaluative case studies. Second, country perceptions will be captured through very brief annual questionnaires completed by national governments and civil society. Third agency perceptions will be captured through a short global-level questionnaire completed by each agency and through a very brief country-level questionnaire completed by the agencies together. These three main data sources will be supported by two subsidiary data sources namely context monitoring of health-related SDGs using existing data and some monitoring of SDG3 GAP processes, e.g. functioning of different groups working on the SDG3 GAP. The SDG3 GAP theory of change identifies a number of important risks and a process of risk monitoring is needed. This is considered to be beyond the scope of this monitoring framework.

S6 This draft framework was presented to agency focal points for discussion in their December meeting. Consultative meetings were held with Member States in February 2021 and with civil society representatives in March 2021. This revised version will be presented to focal points and Principals for consideration and approval in April 2021.

Introduction and background

1. The Global Action Plan for Healthy Lives and Well-being for All is not a programme but is a way of working. It is also about changing an ecosystem. In 2015, all United Nations Member States adopted the 2030 Agenda for Sustainable Development which included 17 Sustainable Development Goals (SDGs).[1] There are a number of health-related indicators and targets within the SDGs, particularly within Goal 3, which is to "*ensure healthy lives and promote well-being for all at all ages*".

2. However, although there have been advances in many areas of health, the rate of progress has not been sufficient to meet most Goal 3 and other health-related targets and the COVID-19 pandemic is throwing progress further off track.[2] Acceleration is therefore needed which requires strengthened collaboration, better data, rapid scaling of innovations and greater focus on inequities and primary health care.

3. The Global Action Plan for Healthy Lives and Well-being for All[3] is an historic commitment by 13 global health and development organizations[4] to accelerate progress towards health-related SDG targets. It unites the 12 international organizations under a joint vision to align efforts and increase collective impact, primarily through more effective collaboration between signatories. It complements existing and approved agency-specific strategies and is intended as a framework to support their implementation through catalysing collective action. The first progress report on the SDG3 GAP was published in September 2020.[5]

4. To contribute to the "*account*" commitment within the Global Action Plan, and to respond to Member State demand, there is a need to develop a monitoring framework based on the SDG GAP theory of change and in light of the development of annual progress reports[6] and the foreseen 2023 independent evaluation. In 2020, the independent evaluation offices of the 12 signatory agencies of the SDG3 GAP came together to commission a Joint Evaluability Assessment.[7] This assessment is extremely relevant to the development of a monitoring framework of the SDG3 GAP. It considered shared monitoring arrangements, indicators and milestones as one of six technical elements assessed.

[1] United Nations General Assembly (2015) *Transforming Our World: The 2030 Agenda for Sustainable Development* A/RES/70/1 available on https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E (accessed 26.11.20)
[2] United Nations (2020) *The Sustainable Development Goals Report 2020* available on https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020.pdf (accessed 26.11.20)
[3] WHO (2019) *Stronger Collaboration, Better Health: Global Action Plan for Health Lives and Well-being for All* available on https://apps.who.int/iris/rest/bitstreams/1250381/retrieve (accessed 26.11.20)
[4] Gavi, the Vaccine Alliance; the Global Financing Facility for Women, Children and Adolescents (the GFF); The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund); the International Labour Organization (ILO); the Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Development Fund (UNDP); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF); Unitaid; United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); the World Bank Group; World Food Programme (WFP) and the World Health Organization (WHO).
[5] WHO (2020) *Stronger Collaboration, Better Health: 2020 Progress Report on the Global Action Plan for Health Lives and Well-being for All* available on https://apps.who.int/iris/rest/bitstreams/1298208/retrieve (accessed 26.11.20)
[6] See for example footnote **Error! Bookmark not defined.**
[7] IOD PARC (2020) *Joint Evaluability Assessment of the Global Action Plan for Health Lives and Well-being for All* available on https://www.who.int/docs/default-source/documents/evaluation/sdg-gap-jea---final-report-23-july-2020.pdf?sfvrsn=158d226b_0 (accessed 26.11.20)

Purpose

5. The purpose of the proposed monitoring framework is to contribute to the "account" commitment of the SDG3 GAP. Specifically, it is expected to allow signatory agencies to review progress, learn together and to enhance shared accountability.

6. Consequently, the main audience for the monitoring framework is the 13 signatory agencies, including their leadership and governing bodies. Given that Member States and non-State actors participate in different governing bodies, they form part of the main audience for the monitoring framework. In addition, Member States and non-State actors more broadly form a wider audience for the monitoring framework.

Method

7. This monitoring framework is being developed by the 13 GAP agencies in a participatory and consultative manner. The SDG3 GAP Secretariat developed an initial draft of the framework with consultant support. A number of key documents were identified and reviewed. Full details of these are presented in Annex 1 (p15) with relevant references cited as footnotes throughout the framework. Initial consultations were carried out with a number of key stakeholders including focal points from each agency[8] and leads and co-ordinators from each accelerator group.[9]

8. The initial ideas for a draft framework were presented and discussed with coordinators of the accelerator groups at a virtual meeting on 3rd December 2020. The draft framework was discussed with WHO regional offices and agency focal points in meetings on 11th December 2020. A revised version of the framework was presented and briefly discussed with the primary health care accelerator group and coordinators of the accelerator groups in January 2021. Consultative meetings were held with representatives of Member States on 17 February 2021 and with representatives of civil society on 3 March 2021. Other groups consulted in February included WHO Executive Management and WHO regional offices. It is proposed that the final framework will be discussed and approved by agency focal points and Principals in their meetings in April 2021. Details of stakeholders consulted are contained in Annex 2 (p18).

Principles

9. Nine principles were identified to guide development and design of the monitoring framework:

   i. *Light touch* – multiple respondents emphasized that, given the nature of the SDG3 GAP, any monitoring framework should not be onerous in terms of reporting requirements. Indeed, this principle is articulated in the SDG3 GAP itself which states that "the agencies have sought to avoid creating heavy monitoring and evaluation processes under the Plan that would entail transaction costs better invested in supporting countries". This was adopted as a key principle for design and development of this monitoring framework.

[8] These focal points are widely referred to as "*Sherpas*" and this term is used in the SDG3 GAP document itself. However, the term focal point is also used, particularly in the section on the "*account*" commitment (p43). For this reason, the term "*agency focal point*" is used in this document.
[9] The seven accelerator themes are research and development, innovation and access; data and digital health; primary health care; sustainable financing for health; community and civil society engagement; determinants of health; and innovative programming in fragile and vulnerable settings and for disease outbreak responses. In addition, there is a group on the crosscutting theme of gender equality. There is considerable crossover between leads of accelerator groups and agency focal points.

ii. *Countries at the centre* – while the SDG3 GAP is a global initiative, it is countries that are primarily responsible for progress towards the SDGs. Therefore, the most important benefits of the SDG3 GAP will be seen at country-level. It is therefore important that any monitoring framework for the SDG3 GAP be focused mostly at country level. While it is recognised that the SDG3 GAP is expected to contribute to global goods, these are not the main focus of this monitoring framework given this principle and principle i above. It may be possible to capture substantive contributions to global goods through one or more case studies, e.g. relating to the agreed global and regional-level actions in Annex 2 of the GAP, from p100.

iii. *Mixed methods* – while many monitoring frameworks rely heavily or exclusively on measurement of quantitative indicators, and these have been included where feasible, the nature of the SDG3 GAP means that qualitative assessments are considered to be of equal, if not greater, importance in the approach to monitoring. As a result, both quantitative and qualitative approaches are included within the monitoring framework.

iv. Assess additionality – the SDG3 GAP and its monitoring framework are not concerned with everything done by each of the 13 agencies in relation to the health-related SDGs. Rather, they focus on the additionality of enhanced coordination and cooperation. However, it may be difficult and unproductive, given the nature of the subject matter, to try to define additionality precisely. It is recognized that the SDG3 GAP builds on what went before and that it will increase over time. Monitoring of additionality will largely rely on qualitative methods, e.g. as used in country case studies.

v. *Assess contribution to acceleration* –the SDG3 GAP monitoring framework is not focused on the total or absolute progress by countries towards the health-related SDGs, and the outcome (or intermediate step) of improved alignment and coordination, but on the extent to which that progress has accelerated, i.e. it is a relative measure comparing historic rate of progress with current rate of progress.[10]. As stated clearly in the Joint Evaluability Assessment, "[GAP] effects on final outcomes, i.e. the SDGs, are unlikely to be direct measurable by way of robust attribution analysis… Rather a more feasible expectation is that the partnership's contribution to these end results will be measurable by way of contribution analysis…" Key elements of any such contribution analysis will include consideration of the extent to which the SDG3 GAP may have contributed to observed results and the extent to which other factors may have played a part.

vi. *Theory-based* – the Joint Evaluability Assessment concluded that it was too early to talk about shared monitoring arrangements and it recommended the development of a joint theory of change, which has now been done. The SDG3 GAP monitoring framework has been structured around measuring elements in the theory of change. However, the theory of change is complex so, to remain in line with principle i (above), the monitoring framework is selective, rather than comprehensive, in terms of measuring theory of change elements. The reason why the monitoring framework has been designed to enable theory-based analysis is that, given the complexity of the SDG3 GAP, this represents the most realistic, credible and rigorous way of documenting results to which the GAP may have contributed.

vii. *Participatory design* – given the nature of the SDG3 GAP as a multi-agency agreement, it is important that the monitoring framework was developed in a participatory way across all

[10] At a future measurement point, two countries may have the same rate of progress towards the health-related SDGs. However, previously country "x" had a slower rate of progress while country "y" was progressing at that rate previously. Country "x" has accelerated but country "y" has not.

agencies. This was identified as one of the reasons that the recent Joint Evaluability Assessment was considered successful, in that it included Evaluation Offices from all agencies. Efforts were made to include other stakeholders beyond the 13 agencies in the design process, including Member States and non-State actors.

viii. *Practical* – the monitoring framework needs to be practical and usable. With this in mind, the framework not only identifies what might be measured but also key practical elements such as how this will be done, when and by whom.

ix. *Do no harm* – it is important that implementation of the monitoring framework should not lead to harm. Potentially, harm might occur if monitoring activities undermine trust and cooperation between partners or between partners and countries. Any such activities should be avoided. Similarly, harm could occur if SDG3 GAP were promoted as a programme, project or entity in itself, for example, if an additional SDG3 GAP coordination mechanism was established in country alongside existing coordination mechanisms, e.g. UN country team and development partners forum.

Monitoring Framework

Based on Theory of Change

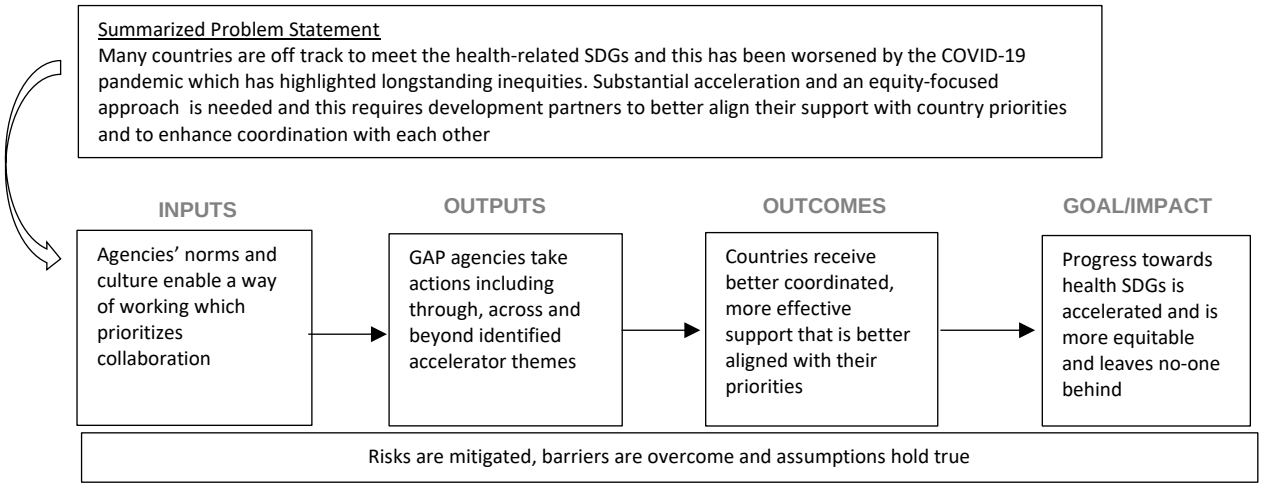
10. The recently-agreed theory of change provides a sound basis for constructing a monitoring framework for the SDG3 GAP. However:

    - While the 13 agencies have agreed the theory of change for the SDG3 GAP, discussions as part of developing this monitoring framework, showed that there are different levels of understanding of and buy-in to the theory of change.

    - The theory of change is fairly complex consisting of one goal, four outcomes, 12 outputs, one overarching theme, four inputs, 19 risks and barriers, and four assumptions. Even allowing for one measurement per element would require 45 measurement points which is likely to be too many given principle i (see paragraph 9.i). In addition, many of the theory of change elements are composite. For example, outcome 1 combines the three different elements of coordination, effectiveness and alignment which may need to be assessed separately.

11. On balance, a simplified "spine" of the theory of change will be helpful as a basis for the monitoring framework and such a "spine" is presented in Figure 1. It should be noted that this "spine" is not intended to replace the agreed theory of change but is simply for the purpose of developing a light touch monitoring framework.

Figure 1: Simplified "*spine*" of the SDG3 GAP theory of change



12. Using such a "*spine*" of the theory of change as the basis for the theory of change allows assessment of each "*level*" of the theory of change rather than each element. The theory of change is considered to have six "*levels*", goal/impact; outcomes; outputs, inputs; risks and barriers; and assumptions. These are considered in turn.

13. This approach does not mean that elements of the theory of change not specifically reflected in the "*spine*" will be overlooked completely. For example, at the outcome level, while the SDG3 GAP monitoring framework might focus on the outcome captured in Figure 1, progress to other outcomes could also be assessed qualitatively through case studies focused on particular accelerator themes.

Goal (or Impact)

14. The expected goal of the SDG3 GAP is accelerated progress towards the health-related SDGs, leaving no-one behind, including in the context of countries' efforts to recover and rebuild from COVID-19. So, the "*what*" of "*what needs to be measured*" is acceleration of progress towards health-related SDGs.[11]

15. It is important to note that this measurement is independent of any assessment of the extent to which the SDG3 GAP may have caused or contributed to any observed acceleration. Given the complexities involved, it is improbable that data could be collected to support (or refute) direct attribution from the SDG3 GAP. Some form of contribution analysis may be possible. However, even if it is not, analysing data on the extent to which progress on the health-related SDGs has accelerated will provide useful contextual understanding.

16. Assessment of acceleration could be done in a number of different ways, for example:

    - Trajectories and milestones - if there is a known trajectory for countries to achieve certain SDG targets, e.g. through having agreed milestone(s), it would be possible to assess whether a country was on track or not to achieve such targets. Given the determination that many countries are not on track to achieve the health-related SDGs, presumably such determinations are, or have been, possible. However, the basis for these is not clear. The SDG3 GAP itself (p45) commits to reporting

[11] In 2019, the GAP agencies mapped out how each agency contributes to health SDGs directly and indirectly.

on a process of setting mid-point milestones for the health-related SDG targets. However, it is unclear if it will be possible to complete this work across agencies. In addition, having one mid-point milestone only would mean that an assessment of whether progress was accelerating or not could only be made once prior to 2030.

- Business as usual models – an alternative approach might be to model what a business as usual approach might be expected to achieve for particular indicators. It would be possible to compare actual performance with the business as usual model with greater than expected performance counted as acceleration.

- Qualitative assessments – while these might be reasonable in specific situations, e.g. in terms of a particular case study, they are unlikely to suffice across the SDG3 GAP as a whole. There is likely to need to be some form of quantitative assessment of the extent to which progress towards health-related SDGs has accelerated.

17. Given that the goal is about acceleration, i.e. going faster, it has a comparative element, i.e. going faster than previously. This means that there needs to be some assessment of baseline and agreement as to when that baseline should be taken. On balance, it is proposed that 2019 should be the baseline year for the SDG3 GAP.

18. There are a number of available data sources for the health-related SDGs. A key source of official data is the UN's SDG indicator database.[12] The key advantage of this data source is that it represents official data accepted by all agencies. It includes all SDG targets and indicators, not just those considered health-related. It will be important to identify an agreed list of health-related SDGs, particularly those elements beyond SDG3.

19. In addition, WHO tracks data through its triple billion dashboard[13] which includes a business as usual projection which could be used to assess whether or not acceleration has occurred. Another advantage of using data from this source is that the triple billions provide a way of aggregating and weighting different health-related SDGs. The main disadvantage of this data source is that this is seen as specific to WHO and may not be accepted by other agencies. In addition, assessing progress towards the triple billions targets might be seen as only assessing progress towards the SDGs indirectly.

20. Another alternate data source would be the SDG index and dashboards produced by the team led by Jeffrey Sachs.[14]. The country profiles in these dashboards contain a number of measures that could be used to assess acceleration of progress to health SDGs. These include:

    - A numerical score for each SDG and a ranking into four groups (0-25, 26-50, 51-75, 76-100)
    - A colour and arrow showing trends for each SDG (decreasing, stagnating, moderately improving and on track)
    - A rating and trend[15] for each indicator

[12] UN Statistics Division (2020) *SDG indicators* available on https://unstats.un.org/sdgs/indicators/database/ (accessed 12.12.20)

[13] WHO (2020) *Triple Billions Dashboard* available on https://www.who.int/data/triple-billion-dashboard (accessed 26.11.20)

[14] Sachs, J., Schmidt-Traub, G., Kroll, C., Lafortune, G., Fuller, G. and Woelm, F. (2020) *The Sustainable Development Goals and COVID-19. Sustainable Development Report 2020*. Cambridge: Cambridge University Press available on https://www.sdgindex.org/ (accessed 26.11.20)

[15] Using the same system as for the SDGs overall

21. The main disadvantage of this data source is that it is not official data that represents the assessment of any of the SDG3 GAP partners. As a result, it may not be possible to use it for monitoring purposes. However, there would be advantages to considering multiple data sources and it is likely that any independent evaluation would do so to ensure triangulation of data where possible.

22. The unit of analysis for this measure would be countries, but there is need to clarify which countries are of interest in this regard. SDG data is reported by all countries so it would be possible to assess this measure in all countries and ultimately this is the intention. However, in the initial stages, particularly for collecting new data, it is proposed to start with those countries where substantive GAP implementation is underway.[16]

23. Given the number of health-related SDG indicators and targets, there needs to be a way of aggregating or analysing results for a particular country. This could be done graphically, numerically or using a combination of the two. Sachs et al produce an aggregate score and a trend arrow for individual SDGs. This has the merit of simplicity and clarity of presentation but it is not official data, the methods used are not immediately clear and this approach would be limited to SDG3, potentially excluding health-related targets and indicators in other SDGs. An alternate approach would be to simply count those indicators where acceleration is occurring and either subtract from those indicators where slowing is occurring or show those as a separate number. This could be done with the Sachs et al data or the UN stats SDG indicator data, assuming that the latter can be analysed to show where acceleration or slowing is occurring. The main problem with this approach would be that it weights all indicators equally and some may be more important than others. One way of resolving this weighting problem is used by WHO to translate data into numbers of people benefiting. However, this approach is that this is seen as specific to WHO and may not be accepted by other agencies.

24. A final issue, which will be relevant to any quantitative metrics introduced into the monitoring framework, is whether targets need to be set for these. It is commonly thought that if there are quantitative metrics, targets are needed. However, while this might be true for conventional projects or programmes, this may not be the case for complex initiatives, such as the SDG3 GAP. So, wherever quantitative metrics are proposed in the monitoring framework, this has been done without setting targets for these.

Outcomes

25. Based on Figure 1, the selected measure at the outcome level is how aligned, effective and coordinated country support from GAP agencies is. Some data is available on this currently, for example, in the monitoring database of the Global Partnership for Effective Development Cooperation (GPEDC).[17] This data relates to ten indicators of the quality of countries' development processes and the extent to which development partners align with these. These latter metrics of alignment are relevant to the GAP, and potentially provide some baseline and trend data, but do not cover coordination, cooperation and collaboration between agencies. Data is also not available for three of the GAP agencies.[18]

[16] These countries are Central African Republic, Côte d'Ivoire, Ghana, Kenya, Malawi, Mali, Nigeria, Niger, South Sudan, Uganda, Zimbabwe, Colombia, Haiti, Jamaica, Djibouti, Egypt, Jordan, Lebanon, Morocco, Pakistan, Somalia, Yemen, Albania, Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine, Myanmar, Nepal, Sri Lanka, Timor-Leste, Lao PDR, Mongolia and Papua New Guinea.
[17] See http://dashboard.effectivecooperation.org/country
[18] The Global Fund, GFF and UNITAID

26. Issues of alignment, coordination, cooperation and collaboration will be further assessed by asking identified stakeholders to rate agencies collectively on each of these on a 1-5 scale (where 1 is the lowest and 5 is the highest). More specific questions will also be asked around common "sticking points" such as alignment to national plans, on-budget financial contributions, coordinated technical assistance plans and use of national monitoring systems. These will be supplemented by qualitative questions on what has gone well in regards to alignment and coordination and what could have gone better.

27. Asking about GAP agencies specifically increases the risk of appearing to promote the SDG3 GAP as a separate programme or entity in its own right and risks conflict with principle ix outlined above (see paragraph 9.ix). Asking about alignment and coordination of development agencies in general avoids that problem, would likely make more sense to country respondents, and makes sense at the outcome level as it fits with the aspiration in the SDG3 GAP (p45) of providing "a foundation for better alignment and coordination across all development partners in health". This is therefore the approach taken in the monitoring framework.

28. Earlier discussion of monitoring frameworks included proposals to ask countries to rate individual GAP agencies in terms of how well they align with national priorities and coordinate with others. Overall, such an approach would be problematic both conceptually and practically. On a conceptual level, it risks agencies feeling they have been "named and shamed" and countries might be reluctant to do this when they value the financial and technical support received. Implementing this approach could run contrary to principle ix outlined above (see paragraph 9.ix). Practically, this approach would multiply the number of questions to be answered by 12 and thus runs contrary to principle i (see paragraph 9.i). For these reasons, the framework does not take this approach.

29. Stakeholder questionnaires will be administered annually. Quantitative or rating questions will remain unchanged, as far as possible, to allow trends to be analysed over time. Changing qualitative questions year on year will allow different issues to be explored without overwhelming respondents with the number of questions (see principle i, paragraph 9.i).

30. As baseline data is not yet available[19], responses to the first questionnaire will provide an initial baseline. The downside of this is that it overlooks progress made from when the SDG3 GAP was conceived/ started. But, advantages are that it excludes (some of) the current COVID-19 period and recognizes that SDG3 GAP initiatives are likely to develop and build up gradually.

31. Questionnaires will be administered to three stakeholder groups – national governments, civil society and development agencies. To aid data triangulation similar core questions will be asked of each stakeholder group. National governments will select who they consider appropriate to complete their response. Ideally, this would be someone senior within the Ministry of Health who would seek to ensure their response considers the perspectives of other government ministries, civil society and sub-national government (where appropriate). Attempts are being made to identify civil society bodies in particular countries that are able to respond to the questionnaire drawing in views of all relevant civil society organisations and bodies. The UN Country Team will be asked to complete the questionnaire in each country ensuring that views of GAP agencies that are not part of the UNCT and other development partners that are not part of GAP are taken into account. Wherever possible, responses should be made using existing coordination structures without creating new GAP-specific mechanisms.

[19] With the exception of secondary data, e.g. from GPEDC.

Outputs

32. Based on Figure 1, the monitoring framework will use progress measures, such as the number of countries providing feedback on the SDG3 GAP, the number of SDG3 GAP groups (principals, focal points, accelerators) meeting regularly and that have agreed workplans, progress in implementing those workplans, accomplishments of those working groups and the number of progress reports and joint communications. These indicators will provide a way of assessing the mechanics of the SDG3 GAP and whether there is a basic level of functioning.

33. In addition, agencies' focal points will be asked to complete a central questionnaire annually. This will include a qualitative assessment and rating of the functioning of the different SDG3 GAP groups including the SDG3 GAP Secretariat.

34. Baseline data is less important at this level as the proposed output measures are SDG3 GAP-specific so the baseline is either zero or not applicable.

Inputs

35. Based on Figure 1, the monitoring framework will seek to assess GAP agencies' norms and culture of collaboration in support of countries through a specific question in the questionnaires directed to agencies globally and in country.

Risks

36. A total of 19 risks and barriers are identified in the theory of change. A fairly standard way of monitoring these would be through a risk matrix which identifies the likelihood of the risk occurring, the impact of the risk occurring and the mitigation measures to be taken. Some risk matrices then repeat the assessment of likelihood and impact after mitigation measures have been taken, i.e. the net risk. However, risk monitoring falls outside the scope of this monitoring framework as this is a governance function. However, this does not mean that the risks should not be monitored. Agency focal points need to decide how best this can be done.

Assumptions

37. Four assumptions are identified in the theory of change. These largely make explicit the assumptions embedded within the causal pathways of the theory of change. With this in mind, and in keeping with principle i (see paragraph 9.i), the framework approaches monitoring of assumptions through output monitoring.

Summarized monitoring framework

38. Table 1 presents a summarized monitoring framework. Rows show levels of the theory of change and the columns show data sources to assess these.

Table 1: Summarized monitoring framework

TOC level	Country experience	Country perceptions	Agency perceptions	Context monitoring	Process monitoring	Risk monitoring
Goal/impact				✓✓		
Outcomes	✓✓	✓✓	✓	✓		
Outputs	✓	✓	✓✓		✓	
Inputs			✓			
Risks						✓
Assumptions			✓			

Area within red box denotes scope of monitoring framework

Monitoring methods

39. The following methods will form part of the SDG3 GAP monitoring framework:

- Country experiences will be assessed mainly through the use of qualitative case studies focused at the outcome level. Guidance on such case studies was produced as part of the process of developing this framework. In addition, there will be a mapping of the number of countries involved in SDG3 GAP in one way or another, e.g. as a focus country for particular accelerator themes.

- Country perceptions will be gathered annually through the use of a simple country questionnaire completed by the national government, e.g. the Ministry of Health with a similar questionnaire directed to national civil society. This will focus on key outcome elements, e.g. alignment and coordination and will include quantitative and qualitative elements.

- Agency perceptions will be gathered annually through the use of a global questionnaire completed by each agency focal point. In addition, agencies in particular countries will be asked to complete a similar questionnaire to the one being completed in country in a coordinated manner, e.g. through the UN country team.

- Context monitoring will focus on seeking to measure progress in terms of acceleration towards the health-related SDGs based on existing, country-reported data.

- Limited process monitoring will be conducted by the SDG3 GAP Secretariat and will focus on the extent to which expected processes within the GAP have been established and are functioning well.

- While there will be a process of risk monitoring, this is beyond the scope of this monitoring framework.

40. The first three of these are anticipated to form the heart of the SDG3 GAP's monitoring framework and these are therefore shown separately in Table 1.

Practical Matters

41. As outlined in principle viii (see paragraph 9.viii), a number of practical elements need to be in place if the SDG3 GAP monitoring framework is to be used in practice. These are briefly outlined here.

- Oversight – there needs to be a group (or groups) responsible for the oversight of the monitoring framework and its implementation. The SDG3 GAP itself (p43) envisages that this would be the meeting of focal points and ultimately agency governing bodies. However, while this is appropriate in an ultimate sense, this framework proposes the establishment of a monitoring working group[20], under the auspices of the focal points, drawing in monitoring expertise from across the different agencies. An initial first task for this group will be reviewing the proposed questionnaires and guidance for their use developed under this framework. Other roles of this group would include:
  - Reviewing emerging monitoring data (at least annually) and advising the agency focal points (and through them agency principals and governing bodies) as to actions and adjustments that might be needed.
  - Working with the monitoring officer in the Secretariat to ensure that the monitoring framework and its component tools are reviewed at least annually and revised as appropriate

- Management – there needs to be someone responsible for day-to-day management of the monitoring framework, e.g. ensuring questionnaires are administered, reports sent, data analysed etc. This could be carried out by a part-time monitoring officer.

- Metrics - Table 2 (overleaf) briefly outlines the proposed metrics at different levels of the theory of change.

- Guidance – simple guidance for each of the questionnaires has been developed as part of this framework. As time goes on, this may be expanded into a monitoring manual for the SDG3 GAP. The audiences for this would be the focal points in each agency, the monitoring working group and the SDG3 GAP Secretariat. It would seek to provide institutional memory for these audiences, e.g. in case of staff turnover. Such a manual could contain detailed descriptions (metadata) for the metrics identified in Table 2, the guidance on questionnaire completion and also the guidance for conducting an evaluative case study.

- Tools –simple data collection tools are needed, e.g. questionnaires. Draft tools are presented in Annex 3 (p21). It is important that any tools are tested prior to use and this will be done by former health officials now working for WHO. Tools also need to be reviewed and revised periodically. It is important to balance the desire to update and revise tools with the loss of ability to analyse trends that results from such changes.

[20] Potential members of this working group are identified in Annex 2 (p19).

Table 2: Proposed metrics in the SDG3 GAP monitoring framework

TOC level	Proposed metric
Goal	Acceleration of equitable progress towards health-related SDG targets
Outcomes	Extent to which development partners/GAP agencies provide support to countries which is (i) aligned to national priorities and (ii) coordinated with others
Outputs	Mapping of countries participating in SDG3 GAP (disaggregated by accelerator themes) Number of countries providing feedback on the collective performance of GAP signatory agencies Extent to which collaboration is embedded within individual GAP agencies Extent to which SDG3 GAP collaborative fora are established, functioning and interacting with each other Extent to which SDG3 GAP Secretariat if functioning effectively Joint annual progress report and other joint communications

- Data collection – primary data will be collected through the questionnaires identified in Annex 3 (p21). Ideally, these questionnaire will be made available online and one option is to do this through the World Health Data Hub.[21]

- Data use – primarily the data generated from this framework will be used to inform SDG3 GAP progress reports. A stakeholder forum will be established to discuss these reports and the data they contain. Individual agencies may use data contained in this reporting for their own reporting processes.

- Reviews, reflections and evaluation – in addition to having a monitoring framework in place and using it to collect and report data, it is important that all forms of data generated are considered and analysed to determine, for example, if course correction is needed. While some of these processes may be continuous and ongoing, e.g. in line with meetings of the monitoring working group and meetings of agency focal points, it would be good to have a more formal, internal annual review process, perhaps in the run up to producing an annual report. Such reviews would complement and feed into external evaluations and reviews that are planned. Based on the recommendations of the Joint Evaluability Assessment, it appears that, in addition to an external evaluation in 2023, there might be an external mid-term review at the end of 2021.

- Timing and timelines – it is expected that this monitoring framework would be agreed and in place by April 2021 with it beginning to be used soon after. Specifically, the first surveys would be expected to take place in 2021 to provide a baseline assessment and potentially initial progress data.

[21] See Data.who.int

Annex 1: Documents Reviewed

Key background documents

Gavi, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, The World Bank, WFP and WHO (2019) *Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All: Shared SDG Priorities and Areas of Work: Institutional Target-by-Target Mapping*

IOD PARC (2020) *Joint Evaluability Assessment of the Global Action Plan for Health Lives and Well-being for All* available on https://www.who.int/docs/default-source/documents/evaluation/sdg-gap-jea---final-report-23-july-2020.pdf?sfvrsn=158d226b_0 (accessed 26.11.20) also a presentation to SDG3 GAP principals group and SDG3 GAP management response

United Nations (2020) *The Sustainable Development Goals Report 2020* available on https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020.pdf (accessed 26.11.20)

United Nations General Assembly (2015) *Transforming Our World: The 2030 Agenda for Sustainable Development* A/RES/70/1 available on https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E (accessed 26.11.20)

WHO (2019) *Thirteenth General Programme of Work: Promote Health, Keep the World Safe, Serve the Vulnerable* available on https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf (accessed 26.11.20)

WHO (2019) *Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All* available on https://apps.who.int/iris/rest/bitstreams/1250381/retrieve (accessed 26.11.20) also a brochure

WHO (2020) *Stronger Collaboration, Better Health: 2020 Progress Report on the Global Action Plan for Healthy Lives and Well-being for All* available on https://apps.who.int/iris/rest/bitstreams/1298208/retrieve (accessed 26.11.20)

Goal

Sachs, J., Schmidt-Traub, G., Kroll, C., Lafortune, G., Fuller, G. and Woelm, F. (2020) *The Sustainable Development Goals and COVID-19. Sustainable Development Report 2020*. Cambridge: Cambridge University Press available on https://www.sdgindex.org/ (accessed 26.11.20)

UN Statistics Division (2020) *SDG indicators* available on https://unstats.un.org/sdgs/indicators/database/ (accessed 12.12.20)

WHO (2020) *Triple Billions Dashboard* available on https://www.who.int/data/triple-billion-dashboard (accessed 26.11.20)

WHO (2020) *Thirteenth General Programme of Work (GPW13): Methods for Impact Measurement*

Other SDG3 GAP documents

Germany, Ghana and Norway (2018) Letter to WHO DG

SDG3 GAP (2020) *Positioning the SDG3 GAP for Country Impact in the COVID-19 Era*

SDG3 GAP (2020) *Overview of GAP Operating Model*

SDG3 GAP (2020) *Monitoring Framework: Draft January 2 2020*

Ramboll (undated) *Monitoring and Evaluation System for the Global Action Plan: Memo*

Accelerator groups

Primary Health Care Accelerator (2020) *Updated to the GAP Principals*

SDG3 GAP (2020) *SDG3 GAP: Equity – Gender, Inclusion and Rights: Leaving No One Behind and Ensuring Health and Well-being for All*

Sustainable Financing for Health Accelerator (2020) *Global Work Plan for Joint Health Financing Activities*

Sustainable Financing for Health Accelerator (2020) *Health Partner Alignment Workshop: Report & Next Steps*

Sustainable Financing for Health Accelerator (2020) *GAP Principals Meeting*

WHO (2020) *Primary Health Care for Universal Health Coverage and the Health-Related Sustainable Development Goals: Draft List of Indicators for Expert Review and Prioritization*

Lessons from similar initiatives

MOPAN (2020) *Multilateral Organization Performance Assessment Network* available on http://www.mopanonline.org/ (accessed 27.11.20)

UHC2030 (2020) *Taking Action for Universal Health Coverage* available on https://www.uhc2030.org/ (accessed 27.11.20) includes material on monitoring under "*accountability*"

UN Women (2017) *United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women): Strategic Plan 2018-2021*including Annex 1 – integrated results and resources framework

Global Partnership for Effective Development Cooperation

GPEDC (2018) *2018 Monitoring Guide for National Coordinators from Participating Governments* available on https://www.effectivecooperation.org/content/2018-monitoring-guide-national-co-ordinators-participating-governments (accessed 27.01.21)

GPEDC (2018) *Technical Companion Document* – available on https://www.effectivecooperation.org/content/technical-companion-document (accessed 27.01.21)

GPEDC (2019) *Making Development Co-operation More Effective: 2019 Progress Report* available on http://www.oecd.org/publications/making-development-co-operation-more-effective-26f2638f-en.htm (accessed 27.01.21)

GPEDC (2021) *Monitoring dashboard* – available on http://dashboard.effectivecooperation.org/viewer (accessed 27.01.21)

World Health Data Hub

Presentation to WHO Executive Management group entitled "*The Home of Health Data*"

Other

Watch the GAP (2019) *Terms of Reference*

Watch the GAP (2020) *A Critical Civil Society Perspective on the Development, Potential Impact and Implementation of the 'Global Action Plan for Health Lives and Well-Being for All'*

Annex 2: People Interviewed

Louise Agersnap, WHO
Sandra Aslund, UNWomen
Lakshmi Narasimhan Balaji, UNICEF
Soyultuya Bayaraa, UNFPA
Shannon Barkley, WHO
Anne-Line Blankenhorn, Unitaid
Michael Borowitz, Global Fund
Susan Brown, Gavi
Ronald Craig Burgess, WHO
Somnath Chatterji, WHO
Santiago Cornejo, Gavi
Nazneen Damji, UNWomen
Cecille Debiolles, Global Fund
Tore Godal, WHO adviser
Ian Grubb, WHO consultant
Dan Hogan, Gavi
Benoit Kalasa, UNFPA
Ross Hamilton Leach, Unitaid
Austin Liu, Gavi
Lizna Makhani, Gavi
Eva Nathanson, Unitaid
JP Nyemazi, WHO
Toomas Palu, World Bank
Luwei Pearson, UNICEF
Amit Prasad, WHO
Bruno Rivalan, GFF
Mirja Sjoblum, GFF
Melissa Sobers, UNAIDS
Tova Tampe, WHO
Pavel Ursu, WHO
Hernan Julio Montenegro von Mühlenbrock, WHO
Marijke Wijnroks, Global Fund
Sylvia Wong, UNFPA

Attendees at Meeting of Accelerator Group Coordinators on 3rd December 2020

Sandra Aslund, Gender
Cecile Debiolles, Sustainable Financing for Health
Andre Griekspoor, Innovative Programming in Fragile and Vulnerable Settings
Mwenya Kasonde, Data and Digital Health
Lizna Makhani, Sustainable Financing for Health
Isadora Quick, GAP Secretariat
Jan Hendrik Schmitz Guinote, GAP Secretariat
Peter Alexander Singer, GAP Secretariat
Roy Small, Determinants of Health
Melissa Sobers, Community and Civil Society Engagement
Tova Tampe, Primary Health Care
Sylvia Wong, Data and Digital Health

Attendees at Meeting with WHO Regional Offices on 11th December 2020

Gerry Eijkemans, PAHO
Ogochukwu Chukwujekwu, WPRO
Ruth Minda Mabry, EMRO
Bettina Maria Menne, EURO
Jeanette Vega Morales, PAHO
Alaka Singh, SEARO
Masahiro Zakoji, SEARO

Attendees at Meeting with Agency Focal Points on 11th December 2020

Shambu Prasad Acharya, WHO
Sandra Aslund, UN Women
Lakshmi Narasimhan Balaji, UNICEF
Anshu Banarjee, WHO
Soyoltuya Bayaraa, UNFPA
Anne-Line Blankenhorn, Unitaid
Susan Brown, Gavi
Annalisa Conte, WFP
Suraya Dalil, WHO
Nazneen Damji, UN Women
Cecile Debiolles, Global Fund
Mandeep Dhaliwal, UNDP
Tore Godal, WHO adviser
Aboucar Kampo, UNICEF
Austin Liu, Gavi
Eva Nathanson, Unitaid
Toomas Palu, World Bank
Luwei Pearson, UNICEF
Ani Shakarishvili, UNAIDS
Roy Small, UNDP
Mirja Sjoblum, GFF
Melissa Sobers, UNAIDS
Benjamin Syme, WFP
Tova Tampe, WHO
Marijke Wijnroks, Global Fund

Members of Primary Health Care Accelerator Group – meeting held on 12 January 2021

Olga Bornemisza, Global Fund
Mickey Chopra, World Bank
Suraya Dalil, WHO
Alex De Jonquières, Gavi
Mandeep Dhaliwal, UNDP
Aboubakar Kampo, UNICEF
Ed Kelley, WHO
Anneka Knutsson, UNFPA
Benjamin Loevinsohn, Global Fund
Hernan Montenegro, WHO
Balaji Lakshmi Narasimhan, UNICEF
Luwei Pearson, UNICEF
Juliette Puret, Gavi
Katja Schemionek, Gavi
Gerard Schmets, WHO
Sagri Singh, UNICEF
Mirja Sjoblom, GFF
Ali Subandoro, GFF
Tova Tampe, WHO

Attendees at Meeting of Accelerator Group Coordinators on 13th January 2021

Sandra Aslund, Gender
Lakshmi Narasimhan Balaji, Primary Health Care
Ronald Craig Burgess, Data and Digital Health
Dianne Dain, Innovation
Cecile Debiolles, Sustainable Financing for Health
Andre Griekspoor, Innovative Programming in Fragile and Vulnerable Settings
Ian Grubb, GAP Consultant
Mwenya Kasonde, Data and Digital Health
Lizna Makhani, Sustainable Financing for Health
Altaf Musani, Innovative Programming in Fragile and Vulnerable Settings
Isadora Quick, GAP Secretariat
Jan Hendrik Schmitz Guinote, GAP Secretariat
Jitender Kumar Sharma, Innovation (consultant)
Peter Alexander Singer, GAP Secretariat
Roy Small, Determinants of Health
Melissa Sobers, Community and Civil Society Engagement
Benjamin Syme, Innovative Programming in Fragile and Vulnerable Settings
Tova Tampe, Primary Health Care

Member States Represented in Consultation on 17th February 2021

Algeria, Australia, Austria, Bosnia and Herzegovina, Botswana, Burkina Faso, Canada, China, Dominican Republic, Estonia, Eswatini, European Commission, France, Germany, India, Italy, Jamaica, Luxembourg, Monaco, Montenegro, Mozambique, Norway, Oman, Pakistan, Panama, Portugal, Republic of Korea, Switzerland, Tunisia, Turkey, UK, Ukraine, USA,

In addition comments were received from monitoring specialists in some agencies including

Taavi Erkkola, UNAIDS
Dan Hogan, Gavi
Ross Leach, Unitaid
Benjamin Syme, World Food Programme
Deborah McWhinney, World Food Programme

It is proposed that these monitoring specialists form the monitoring working group proposed in this framework along with monitoring specialists from other agencies that have been identified including Peter Hansen from GFF and Bernard Tomas from WHO.

Annex 3: Proposed data collection tools

SDG3 GAP Monitoring Framework
Proposed Country Questionnaire: National Government, Civil Society and UNCT

1. (a) How aligned with national plans is the support received from development partners? 1 2 3 4 5

   (b) How well do development partners coordinate their support with each other? 1 2 3 4 5

Please select a score from 1 to 5 where 1 is the lowest and 5 is the highest

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

1. Development partners provide financial support in line with national budget priorities	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
2. Development partners use national monitoring systems and reports	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
3. Development partners coordinate their activities, including having a joint technical assistance plan	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
4. Development partners make use of national coordination mechanisms and do not seek to establish their own parallel mechanisms	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

<u>Questions 5-8 for UNCT only</u>

5. (a) How much is collaboration among country-facing teams across GAP agencies incentivized? 1 2 3 4 5

   (b) How much is collaboration among country-facing teams across GAP agencies institutionalized? 1 2 3 4 5

(c) How well do GAP agencies organizational norms and culture promote collaboration across agencies? 1 2 3 4 5

Please select a score from 1 to 5 where 1 is the lowest and 5 is the highest

6. What have been the main successes in terms of agencies incentivizing and institutionalizing collaboration among country-facing teams?

7. What have been the main challenges in terms of agencies incentivizing and institutionalizing collaboration among country-facing teams?

8. What have been the effects of greater collaboration among agencies on gender equality in health programmes? Specifically how has greater collaboration affected:

   a. Access to gender equality expertise?
   b. Involvement and inclusion of multisectoral stakeholders, such as Ministry of Gender/ Women's Affairs and women's civil society organizations?
   c. The budget allocated to promoting gender equality in health programmes?
   d. The availability of data disaggregated by age and sex?
   e. The equitable rollout of programmes?

<u>Questions 9-11 for civil society and UNCT only</u>

9. How well have international development partners supported the government to involve civil society organizations in health policy discussions? 1 2 3 4 5

Please select a score from 1 to 5 where 1 is the lowest and 5 is the highest

10. What have been the main successes in terms of development partners supporting the government to involve civil society organizations in health policy discussions?

11. What have been the main challenges and bottlenecks in terms of development partners supporting the government to involve civil society organizations in health policy discussions?

SDG3 GAP Monitoring Framework
Proposed Agency Questionnaire

1.	(a) How much is collaboration among country-facing teams across GAP agencies incentivized and institutionalized?	1	2	3	4	5
	(b) How well do GAP agencies organizational norms and culture promote collaboration across agencies?	1	2	3	4	5
	(c) How much is collaboration among country-facing teams agencies incentivized and institutionalized in your agency?	1	2	3	4	5
	(d) How well do your agency's organizational norms and culture promote collaboration across agencies?	1	2	3	4	5

Please select a score from 1 to 5 where 1 is the lowest and 5 is the highest

2. What have been the main successes in terms of agencies incentivizing and institutionalizing collaboration among country-facing teams?

3. What have been the main challenges in terms of agencies incentivizing and institutionalizing collaboration among country-facing teams?

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

(a) Within our agency, all staff job descriptions include explicitly an expectation of collaboration with other agencies	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(b) Within our agency, it is easier to focus on agency priorities than on collaboration with others	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. How well have the following groups functioned

(a) Principals Group	1	2	3	4	5
(b) Sherpas Group	1	2	3	4	5
(c) Secretariat	1	2	3	4	5
(d) Primary Health Care Accelerator	1	2	3	4	5
(e) Sustainable Financing for Health Accelerator	1	2	3	4	5
(f) Innovative Programming in Fragile, Conflict and Violence Settings Accelerator	1	2	3	4	5
(g) Civil Society and Community Engagement Accelerator	1	2	3	4	5

(h) Determinants of Health Accelerator	1	2	3	4	5
(i) Innovation Accelerator	1	2	3	4	5
(j) Data and Digital Health Accelerator	1	2	3	4	5
(k) Gender Working Group	1	2	3	4	5

Please select a score from 1 to 5 where 1 is the lowest and 5 is the highest

6. What have been the main successes in terms of the groups coordinating and leading the SDG3 GAP?

7. What have been the main challenges in terms of the groups coordinating and leading the SDG3 GAP?

8. To what extent are accelerator groups working together? Please identify any good examples and challenges.

9. What have been the effects of greater collaboration among agencies on gender equality in health programmes? Specifically how has greater collaboration affected:

   a. Access to gender equality expertise?
   b. Involvement and inclusion of multiectoral stakeholders, such as Ministry of Gender/ Women's Affairs and women's civil society organizations?
   c. The budget allocated to promoting gender equality in health programmes?
   d. The availability of data disaggregated by age and sex?
   e. The equitable rollout of programmes?

SDG3 GAP Monitoring Framework
Process Indicators to be Tracked by Secretariat

1. Number of countries participating in GAP activities
2. Number of countries providing annual feedback on the collective performance of GAP signatory agencies
3. Frequency of meetings of Principals group, Sherpas group and different accelerator groups
4. Annual workplan for different accelerator groups and implementation progress
5. Annual joint progress report
6. Number and type of joint communications produced relating to the SDG3 GAP