Global Action Plan (GAP) For Healthy Lives and Well-Being for All

Consultation with Non-State Actors on GAP and its 'Accelerators' on Community & Civil Society Engagement, Determinants of Health and Primary Health Care

Meeting report

Meeting date: 30 April 2019, New York

Supporting documentation (available at https://www.who.int/sdg/global-action-plan/accelerator-discussion-frames)

- Consultation Programme
- Accelerator 3 Discussion Paper
- Presentations (slides)

The Global Action Plan (GAP) aims to harmonize and strengthen collective action among its signatories to provide better and more coherent support to countries to achieve the health-related SDG targets. Signatories include Gavi, Global Financing Facility, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Food Programme, WHO and World Bank. The consultation provided a key opportunity for participants to inform the development of a number of 'Accelerator' chapters of the GAP.

Topline messages arising from consultation

- Communities, civil society and governments have different ideas about how the GAP will contribute to the health-related SDGs and request greater clarity on the GAP's vision and scope. All stakeholders in health should be better informed and engaged in the GAP's development. Participants called for stronger communication to increase awareness and understanding of the GAP, and generally, more harmonized, common tools to facilitate information sharing between global health organizations and communities and civil society.
- Participants urged signatories to ensure meaningful engagement of communities and civil society in the development and implementation of all aspects of the Plan, at global and particularly at country level.
- Global health organizations should ramp up advocacy for increased prioritization of and funding for health as a precondition for development, as well as for expanded civic space and community and civil society engagement in health governance at country level.
- Participants urged GAP signatories to increase resources to support engagement of communities and civil society in country, regional and global bodies and processes, and to align separate funding streams for civil society engagement for more efficient and rational allocation of funding and to move support out of thematic silos.
- Capacity needs to be strengthened and the bandwidth increased of headquarters, country and regional offices to engage meaningfully with communities and civil society. Capacity is perceived as stronger at global level, but weaker at country levels of the same organizations.
- An accountability mechanism for GAP signatories' engagement with communities and civil society needs to be developed. Signatories should transparently report on their engagement, and ensure a participatory approach to monitoring progress on commitments in the GAP.

About the consultation

Community and civil society representatives from nearly 100 organizations and all regions of the world met on April 30th to contribute to the development of the Global Action Plan for Healthy Lives and Well-Being for All (GAP). The GAP is a joint initiative of 12 global health and development agencies committed to advancing collective action and accelerating progress towards the health-related Sustainable Development Goals (SDGs).

Convened by UNAIDS and the World Health Organization (WHO), the day-long interactive meeting provided a space to share updates on the GAP, promote strategies for meaningful community and civil society engagement in achieving the SDGs, and leverage the diversity of perspectives to generate concrete actions for global health organizations to improve the way they work together. The consultation immediately followed the UN General Assembly Multi-stakeholder Hearing for the High-level Meeting on Universal Health Coverage (UHC).

The consultation focused on three aspects of the GAP: community and civil society engagement (GAP Accelerator 3), determinants of health (GAP Accelerator 4) and primary health care (GAP Accelerator 2). Each thematic session dedicated a segment to discussions at tables (seating 8-10 participants) structured around a set of questions (see Consultation Programme). Participants shared the outcomes of their discussions at tables in plenary as well as in writing. *See Annex 5 for full list of participants.*

A Discussion Paper on Accelerator 3 was shared one week in advance of the consultation, which outlined early thinking on actions discussed by the Accelerator 3 Working Group (See Annex 1 for composition) to be considered by global health organizations to strengthen meaningful engagement with communities and civil society. The paper also proposed a set of draft common standards to guide global health organizations' engagement with communities and civil society.

To promote participation and transparency in the development of this consultation report, a draft version was shared with all participants and posted online. Those interested were invited to send any responses in writing within a ten-day timeframe. This final report reflects those additional inputs received.

Session 1. Background and expectations

The event's moderators, Kate Thomson of the Global Fund and Loyce Pace of the Global Health Council, kicked off the event by sharing their expectations for the day. They expressed their hope that the consultation will be a starting off point for a series of conversations about the GAP and the role of communities and civil society in moving it forward.

The moderators introduced the GAP Civil Society Advisory Group (see Annex 2), whose primary role is to facilitate the engagement of the broadest possible representation of communities and civil society in the development and implementation of the GAP.

Dr Ranieri Guerra, WHO Assistant Director General leading preparations for the UN High-Level Meeting on UHC, highlighted a number of events on the horizon. He urged participants to take a strategic approach to joining up efforts and pressing Member States to commit to action. He shared several priorities arising from the UHC hearing, including:

- Positioning partnership as a leading issue, and the need to promote partnerships that are as inclusive as possible to break stakeholders out of their silos;
- Moving beyond the traditional health sector to address challenges of access, discrimination and the determinants of health – some constituencies have been leading this charge, particularly youth;
- Identifying innovative, proactive means to deliver health services – outside of the formal health infrastructure – that are able to reach people where they need them most, especially those groups being left behind;
- Recognizing that UHC is a means, not an end, and the need for an impact framework to understand the pathway to progress, especially on the tough issues such as migrants, commercial determinants of health and domestic public financing for health.

Laetitia Bosio (UNAIDS) presented the process to identify consultation participants, emphasizing the efforts of the Accelerator 3 Working Group to promote inclusion and balance to the greatest extent possible (See Annex 3 for methodology).

The moderators then asked participants about their expectations for the day (Fig. 1). Participants were encouraged to respond through a live online survey tool.

Fig. 1 Participant survey results

Session 2. Global Action Plan and Accelerator 3: introduction and discussion

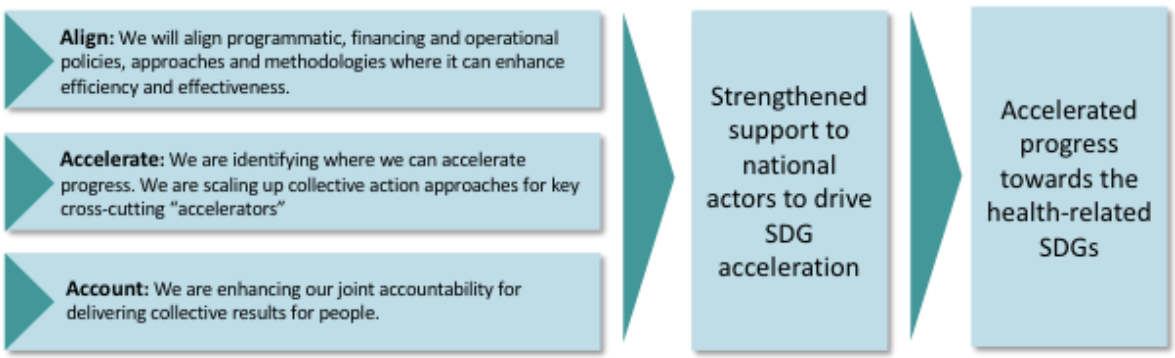
At the start of Session 2, Isadora Quick (GAP Secretariat) provided an overview of the GAP's origin, purpose, vision and progress.

The GAP was borne of the recognition that the world is off track to achieve the ambitious targets of the 2030 Agenda for Sustainable Development. Though significant progress has been made, it has been uneven and too many people are still being left behind.

While all global health organizations are seeking solutions to expand partnerships and accelerate progress towards the SDGs, the GAP aims to ***harmonize and strengthen their collective action to provide better and more coherent support to countries.*** The 12 signatories to the GAP include Gavi, the Global Financing Facility, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, the World Food Programme, WHO and the World Bank.

The first phase of the GAP (delivered in October 2018) committed organizations to **align** joined-up efforts with country priorities and needs, to **accelerate** progress by leveraging new ways of working together and unlocking innovative approaches, and to **account** for their contribution to progress more transparently (Fig. 2).

Fig. 2 GAP Framework: Align, accelerate, account



Accelerators are being developed to guide multi-stakeholder engagement and concrete, country-relevant action at global, regional and country level. As a starting point, discussion frames were developed for each of the seven accelerators, which explore opportunities and bottlenecks to closer coordination and initial frameworks for joint action.

The full Global Action Plan will be presented at the UN General Assembly in September 2019, marking the transition into the implementation phase.

Loyce Pace, co-moderator, urged the GAP Secretariat to ensure adequate space for community and civil society engagement during the final development stages and implementation of the Plan. She encouraged participants to:

- Identify stakeholders from various advocacy networks to participate in GAP planning and implementation activities in 2019 and beyond;

- Encourage and engage in ongoing consultations at the global and national level to better understand opportunities for coordination of global health initiatives;
- Assist monitoring and evaluation of GAP objectives and progress toward “concrete, collective actions” identified by the Secretariat.

An open discussion session followed in which participants raised a number of concerns, including how the GAP would be able to redress power and resource imbalances between global health organizations and countries rather than further reinforce them; how to ensure conversations of harmonization and community and civil society engagement are taking place at the country level, where they are especially needed; and whether there would be any additional resources available to support enhanced community and civil society engagement.

In responding to the points raised, Kent Buse (UNAIDS/Accelerator 3 co-Lead) recognized that the expansive title of the report may have created false expectations – and that the GAP’s aim was primarily around harmonization. But he also encouraged participants to see the “glass as half full,” and an opportunity for systemic change in how global health organizations collectively engage with and support communities and civil societies.

“The Global Action Plan provides an opportunity for global health organizations to more systematically engage with communities and civil society – and to do so in a more coherent way. Whether we succeed or fail is in part dependent on how hard we are pushed. We need civil society to push global health organizations and our boards to act differently.”

Kent Buse, UNAIDS

Justin Koonin of ACON and GAP Advisory Group Co-Chair responded that while the Advisory Group had been composed to be as diverse as possible it does not claim to represent all views and constituencies. He reiterated its role to facilitate engagement, rather than directly represent the interests and concerns of communities and civil society. He urged participants to communicate with the Advisory Group about how they would like the content of the Plan to evolve, share ideas on ensuring community and civil society engagement and creating a platform to share perspectives on opportunities and challenges moving forward.

Sessions 3 & 4. Accelerator 3: Communities and Civil Society

In its final form, Accelerator 3 will present a set of concrete actions that organizations commit to undertaking in a more harmonized manner, aimed at expanding meaningful engagement of communities and civil society to achieve the health-related SDGs in countries.

In advance of the consultation, the Accelerator 3 Working Group shared a set of draft actions and draft common standards (see Discussion Paper). These actions and standards contribute to 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.

At the start of Session 3, Andy Seale (WHO/Accelerator 3 co-Lead) recognized that the work of Accelerator 3 takes forward a number of existing initiatives and builds upon deep experience. Recently, for example, a Civil Society Task Team convened in 2018 made several recommendations to WHO, civil society organizations and Member States to strengthen community and civil society engagement. These included to:

- 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.

"The commitment from 12 global health organizations to strengthen collaboration for enhanced meaningful engagement with communities and civil society is a clear opportunity. Our challenge now is to take that commitment to country action and impact with guidance from, and in partnership with, communities and civil society colleagues."

Andy Seale, WHO

Dheepa Rajan (WHO) presented an ongoing initiative that can also inform Accelerator 3. A participatory initiative is underway to develop a Handbook on Social Participation for 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.

The Handbook will be launched on UHC Day in December 2019.

Aditi Sharma (Frontline AIDS) addressed the consultation and posed a number of questions to spark reflection and debate. How can we expand spaces at country level to include marginalized and discriminated communities in health spaces and conversations? Is it fair that, despite domestic financing accounting for the majority of health spending in countries, we still see heavy power imbalances in global governance bodies?

"Civil society must be the conscience of the Global Action Plan and UHC2030. We need to seize this opportunity to be very specific in recommendations to global health organizations to be fit for purpose in this new era."

Aditi Sharma, Frontline AIDS

Kent Buse (UNAIDS) presented the draft actions and standards for global health organizations' engagement proposed in the Discussion Paper. He urged participants, in their discussion and recommendations, to seek balance between ambition and pragmatism. He challenged participants to push for a limited number of concrete measurable actions with both near- and longer-term implications.

Lyndal Rowlands (CIVICUS) shared evidence that freedom of peaceful association, assembly and expression is under serious attack in 111 countries – despite such freedoms being reflected in SDG Target 16.10. Often, civic space restrictions target marginalized and vulnerable groups, and the civil society who defend them, including refugees, LGTBQI+ communities, and indigenous environmental defenders. While global health organizations can help address these trends, they may sometimes reinforce them.

Kate Thomson, co-moderator, prompted table discussions by reminding participants that the 12 signatories are a diverse set of actors with unique ways of working and engaging community and civil society. What actions could the Accelerator put forward to global health organizations that could add value through their collective action and deliver impact in countries? *See Annex 4 for additional participant feedback via Mentimeter.*

Discussion feedback: general reflections

- Familiarity with the Global Action Plan among stakeholders is low. There were calls for better communication materials and messaging to help alleviate confusion. Countries, communities, civil society and governments need to be better informed and engaged in the process of developing the Plan.
- Global health organizations should ramp up advocacy for increased prioritization of and funding (and fiscal space) for health as a precondition for development, as well as community and civil society engagement in health budget allocations at country level.
- Health funding has been traditionally siloed – into HIV, sexual health, etc. But moving forward in the SDG era, civil society will need to defracture current approaches for more comprehensive, joined-up action to meet people's complex, holistic health needs. Civil society organizations themselves have a responsibility to get out of their own programmatic silos to deliver a cohesive, comprehensive message to global health organizations to work together to serve communities.
- Global health organizations have variable capacity and records in terms of working with communities and civil society. Poorer performers need to learn from best practices, which have often been established by other global health organizations.

"As civil society, it is our role to lead consultations on the issues of civil society engagement in our countries. We don't need to wait for resources to do it – let us start our own conversations now to take this critical agenda forward."

Aminu Garba, Africa Health Budget Network

Discussion feedback: Standards for global health organization engagement of communities and civil society (see Discussion Paper)

- While a set of community and civil society engagement principles would be welcome (although one participant objected), concerns were expressed about articulating them as "standards" which would require a normative process among what are very diverse global health organizations. It was recommended that the standards be further developed including through reframing them as "engagement principles" that would be more clearly linked to actions and intended outcome/impact.
- Global health organizations need to develop individual and joint strategies and follow a roadmap on how to translate "leaving no one behind" from theory to practice.
- Clear lines of accountability need to be developed: how will global health organizations manage enforcement and redress? Concretely, what happens if a global health organization doesn't follow the principles/standards?
- Capacity needs to be strengthened and the bandwidth increased of headquarters, country and regional offices to engage meaningfully with communities and civil society. Capacity is perceived as stronger at global level, but much weaker at country levels of the same organizations.

"Civil society influence is inherently linked to its capacity for evidence-informed advocacy – how civil society accesses, understands and mobilizes around evidence. We look to global health organizations to step up their support of civil society advocacy."

Fabian Cataldo, International Planned Parenthood Federation

Discussion feedback: Reflections on / additions to draft Accelerator 3 actions

- **Develop common understanding** between the 12 agencies of who is left behind in different country contexts. Develop data systems for collecting data we don't have and share and communicate on data we do have.
- **Support civil society** to undertake data-driven advocacy, including by investing in collecting disaggregated data on disadvantaged communities and collaborating with national partners to ensure transparent data and reporting.
- **Incentivize engagement in countries** – Carrot: Quantify the value of community and civil society engagement and use to advocate for investment by governments. Stick: Make funding to countries conditional on listening to beneficiaries needs and monitoring and reporting on engagement indicators.
- **Make funding available** – Global health organizations should increase and align funding for community and civil society meaningful engagement in Accelerator 3,

enhance and strengthen links between global and regional civil society engagement and advocacy mechanisms, and expand national civil society platforms.

- **Clarify accountability for change** – Global health organizations to develop clear engagement strategies and work plans and measurement and evaluation approach.
    - Global health organizations should transparently report on civil society 'markers' (engagement with CSOs, funding, etc.).
    - Communities and civil society should be engaged in monitoring commitments in the GAP and holding governments accountable through alternative reports.
- **Address bias in civil society engagement mechanisms** – Who is governing and leading? How to build bridges across languages/activities/countries/regions? Do international NGOs have disproportionate access and influence? What kind of low-tech survey tools can enhance reach to be more inclusive?

Discussion: GAP development and next steps

- All GAP accelerators should deliberately engage communities and civil society, with clear opportunities and expectations of how civil society will contribute. Engagement should be uniform across all accelerators.
- Global health organizations to undertake an audit of existing engagement mechanisms and processes (to avoid reinventing the wheel).
- Global health organizations to document, share evidence and develop best practice guidelines for effective CSO engagement and multi-stakeholder platforms that deliver impact, including evidence of what works beyond the health sector.
- Unpacking the incentive systems that influence the process and behavior of global health organizations to ensure that GHOs serve the health needs of the most marginalized and excluded communities.

"This consultation provides an important opportunity to raise the concerns of affected communities and push for engagement with global health organizations at all levels. Too often, country, regional and global offices of the same organizations have vastly different capacities to engage civil society – which results in affected communities unable to access decision-makers, capacity building and resources in countries."

Julian Kerboghossian, Former Board Chair of Y+, Board Member of GNP+

Session 5. Accelerator on Determinants of Health

Natalia Linou (UNDP) and Nazneen Damji (UN Women) introduced participants to Accelerator 4 on Determinants of Health. The Accelerator 4 Working Group has identified three key determinant areas – environmental, structural, and commercial – to address as critical to achieving SDG 3 and health-related targets.

Yet, as the speakers remarked, the present governance, financing, and architecture of the global health approach is not suited to adequately address these determinants, jeopardizing progress on the health-related SDGs and the pledge to leave no one behind.

As sensitive, complex and politically challenging issues, global health organizations have shown variable progress in assuming leadership to tackle the determinants of health – which has perpetuated a significant gap in global health. Together however, bolder action could be possible. The Global Action Plan presents an important opportunity to embed addressing determinants of health in the global health approach and stimulate collective action and policy coherence.

Fig. 3 Participant survey results

The speakers stressed that this Accelerator was in the early stages of development. Communities and civil society play a key role, as actors on the front line, in understanding and addressing determinants and their inputs will be essential to the further development of Accelerator 4. In turning to the discussion segment, UNDP and UN Women pressed participants to identify concrete solutions around addressing commercial, environmental and structural determinants of health.

After breaking for discussion, three groups shared the outcomes of their discussions on each determinant (commercial, environmental and structural).

Commercial determinants: Participants raised the fundamental question of how to redress the power and information imbalance between provider and patient, including by strengthening consumer groups. The challenge of regulating the use of data to manipulate choices was raised. The experience of the Framework Convention on Tobacco Control needs to be built upon – could the movement to regulate unhealthy products be further strengthened by bringing different constituencies together such as unhealthy food, alcohol and tobacco? Access to quality, affordable, tolerated medicines was also raised as a commercial determinant of health, and how global health organizations facilitate access to these technologies and move them quickly to people who need them.

The call was made to strengthen public-private partnerships with proven impact in improving people's health, recognizing that the private sector can play a positive role in promoting

health – but that transparency and accountability of the role of private sector actors in contributing to UHC was essential.

Environmental determinants: Participants outlined the broad elements of this determinant – from workers' rights and occupational health issues to indigenous communities, climate change and extractive industries. They pressed for integrated strategies, while recognizing that action in promoting health can have unintended costs in other areas, such as waste and pollution. Participants challenged global health organizations to establish environmental standards around procurement, waste and regulatory controls.

Structural determinants: Participants pressed global health organizations to support communities and civil society in strengthening its advocacy, including through more resources and contributing to more enabling environments. Poverty was recognized as an overarching determinant – linked to gender discrimination and the underrepresentation of other marginalized groups. The capacity of health and community workers on the frontline needs to be expanded, including through strengthening rights literacy. The capacity of global health organizations in meaningful engaging civil society in decision-making also needs to be strengthened. Finally, the need for disaggregated data was raised as essential to making invisible people visible, and to provide the foundation for evidence-informed advocacy to reach excluded groups.

"The determinants of health are cross-cutting. For meaningful change, we must make sure that action to address determinants of health is integrated across the entire Global Action Plan. Civil society can play an active role in ensuring that these complex factors that underpin health—those that are sometimes the hardest to change—are incorporated in the work of global health organizations. These issues are too fundamental to be siloed or an afterthought."

Courtney Carson, Women Deliver

Session 6. Accelerator on Primary Health Care

David Hipgrave and Jerome Pfaffman (UNICEF) presented the final thematic session on primary health care (PHC), sharing updates on progress since the Global Conference on PHC in Astana (October 2018) in bringing together UN, multilateral and bilateral agencies, foundations and other agencies seeking to harmonize efforts and collaborate in supporting countries to implement PHC.

UNICEF further presented work in progress to identify countries with whom to develop and roll out PHC Support Plans, which will bring together the contributions to national objectives and operational gaps on PHC of each agency active at country level. A single framework of metrics and measurements will be agreed between government and partners, including measures of PHC progress and action. Investment cases will be aligned to support PHC priorities and more coherent financing plans that consider investment from government and all contributing agencies.

UNICEF recognized the clear role of communities and civil society in strengthening PHC. Inadequate investments in capacity-building at country and local level, particularly compared to available resources at the global level, was recognized as a major obstacle to meaningful engagement. The centralization of health-related decision-making in capitals was recognized as a further barrier to engagement of communities.

Messages arising from plenary discussion segment

- Barriers to engagement at country level are greater than at global level. In some countries, the only access to policy makers is through donor-driven/donor-financed fora. Community and civil society participation is not being institutionalized in country systems.
- Data, monitoring and literacy around participation and what it means in practice is a gap.
- Communities should be driving the health agenda, especially when it comes to PHC. What we assume as health care experts is important to people is not necessarily representative of what people actually want and need. A clearer understanding of people's priorities is only possible through direct and standardized engagement with communities.
- The question is not how communities and civil society can support global health organizations in helping governments to establish PHC – but how global health organizations can support governments to better engage civil society to push for PHC at community level.
- We need a radical departure from this discussion – all countries are struggling to deliver health care. As we embark on the conversation about how to fix broken health systems, we need innovative ideas. How do we move towards a franker conversation about what needs to change?

"Civil society is leading innovative work to deliver primary health care in communities, and global health organizations need to be more effective in capturing and scaling up this innovation. The upcoming G7 provides a key opportunity to push this agenda and secure more resources for civil society leadership for health."

Dure Samin Akram, Health Education and Literacy Program

The co-moderator Loyce Pace closed the session with a provocative question: do we need to entirely dismantle the global health system – a top-heavy and post-colonial system – do we move the clutter aside and start over to clear the way for grassroots movements to bring new solutions? The premise of the Global Action Plan is that the ways of working need to change – how can we ensure it is fit to do so?

Closing session

In the closing session, Advisory Group members shared their final reflections. They emphasized the need to glean concrete actions from consultation discussions to recommend to global health organizations and encouraged community and civil society groups to take conversations forward by hosting consultations in their own countries. They thanked

participants for understanding that the Advisory Group remains a fledgling group – one that will continue to grow and push global health organizations for more opportunities and resources for engagement.

"A number of our agencies were set up to be transformative and to address a number of challenges in global health. The GAP is an opportunity to collectively make a strong case for health – most critically at the country level. At a time when health and civic space is under threat, global health organizations and civil society need to embrace what unites us and make the case together."

Katri Bertram, Global Financing Facility

In closing, Andy Seale (WHO) reiterated that the 12 signatories were committed to building on the initial GAP framework agreed in 2018 to ensure that the final Plan, which will be shared with the Office of the UN Secretary-General in July 2019, includes concrete and measurable actions. He urged participants to regularly visit the GAP website where documents and updates will continue to be posted, and committed the GAP Secretariat to strengthening communication about the initiative. In terms of immediate next steps, Accelerator Working Groups will submit draft chapters on each Accelerator to the GAP Secretariat in mid-May and sessions on the GAP will be held in and around the 72nd World Health Assembly.

For their part, the Advisory Group will be preparing a joint statement to encourage the heads of GAP signatory agencies to enhance engagement with communities and civil society in the context of the GAP and more broadly.

Fig 4. Participant survey results

Annex 1. Accelerator 3 Working Group

Working Group membership

Led by: Kent Buse, UNAIDS and Andy Seale, WHO

GAP Agencies:

- Katri Bertram, GFF
- Ludo Bok, UNDP
- Laetitia Bosio, UNAIDS
- Jenny Greaney, UNFPA
- Charlotte Kristiansson, UNITAID
- Laurel Sprague, UNAIDS
- Kate Thomson, Global Fund

Civil Society:

- George Ayala, MPact
- Revanta Dharmarajah/Aditi Sharma, Frontline AIDS
- Tara Brace John, Save the Children UK
- Maureen Murenga, The Global Fund and TB Alliance boards
- Mike Podmore, StopAIDS
- Fiona Uellendahl, World Vision

CSEM for UHC 2030 Coordinator: Eliana Monteforte, Management Sciences for Health

The Working Group for Accelerator 3 remains open to all GAP agencies. The Working Group also includes members of Civil Society who expressed interest in and were selected through a CSEM-led process. The Working Group has met virtually on a regular basis since January 2019 to identify key actions to be implemented by the 12 signatories to further harmonize the way they engage with communities and civil society.

Annex 2. Global Action Plan Civil Society Advisory Group

In February 2019, the Civil Society Engagement Mechanism (CSEM) for UHC2030[1] established a GAP Civil Society Advisory Group composed of eight diverse representatives following an open call and selection process led by a multi-stakeholder committee. The Group's initial responsibilities include to:

- Oversee design and implementation of virtual and face-to-face community and civil society consultation processes for the GAP
- Consolidate, publish and disseminate civil society inputs to the GAP
- Provide oversight of and facilitating the engagement of civil society in all GAP processes
- Serve as a liaison to WHO and other partners as part of its oversight role
- Establish small working groups for each accelerator and/or different types of engagement.

Advisory Group members

- Dure Samin Akram, Chairperson and founding member of Health Education and Literacy Program
- Fabian Cataldo, Senior Advocacy Adviser, International Planned Parenthood Federation
- Justin Koonin, President of ACON
- Aminu Magashi Garba, Founder and Coordinator of Africa Health Budget Network
- 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

[1]CSEM is the civil society arm of the UHC2030 movement. The CSEM has the following structure:

- Three CSO representatives to the UHC2030 Steering Committee from global, national and grassroots organizations
- A global CSO advisory group, linking global and local inputs and providing technical guidance
- A secretariat, hosted by a CSO with two full-time staff to implement the workplan and ensure coordination and communication across the structures
- National groups, with focal points from existing CSO health platforms
- Regional focal points, to support national groups and promote exchange across countries.

More information here: https://www.uhc2030.org/what-we-do/civil-society-engagement/

Annex 3. Consultation participation: outreach and selection methodology

The Accelerator 3 Working Group (see Annex 1 for composition) led outreach and preparation of the meeting. In late March, the Working Group put out a call for expressions of interest to participate through a variety of channels, including:

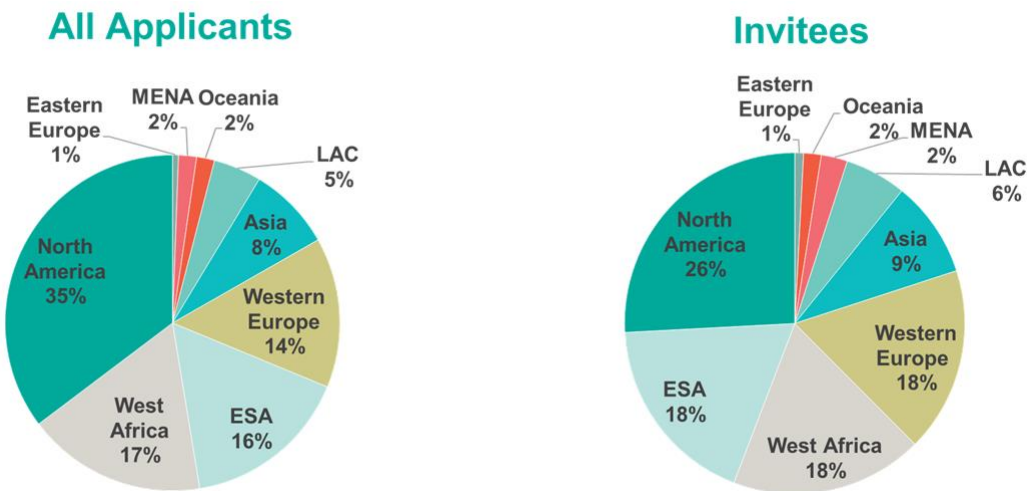
- UHC2030 Civil Society Engagement Mechanism (CSEM) GAP Advisory Group
- Circulation through CSEM's listserv (https://www.uhc2030.org/news-events/uhc2030-events/)
- Gavi constituencies list
- Women Deliver, IOGT, NCD Alliance and a number of individual orgs
- UNAIDS' Twitter and added to UNAIDS Civil Society Dialogue Space Facebook page

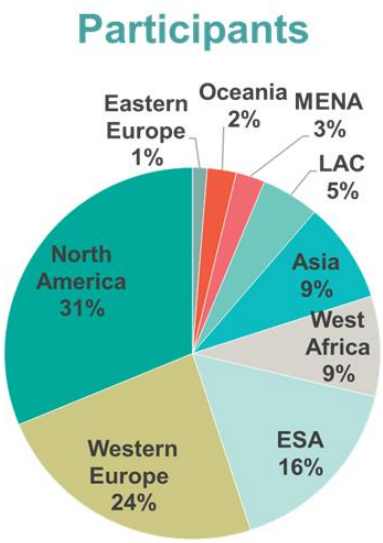
The Working Group received approximately 150 expressions of interest. A selection committee, composed of civil society and three GAP agencies, selected participants with the primary objective of promoting a balance of: geography; gender; sectoral representation; thematic focus/health issue of interest; and affected population group.

The consultation was held immediately following the UHC Civil Society Hearing in an effort to strengthen the links between the two events as well as to reduce travel-related costs. As a result, however, of the event being held in the US and limited travel-related resources, consultation participation skewed towards North America and Western Europe.

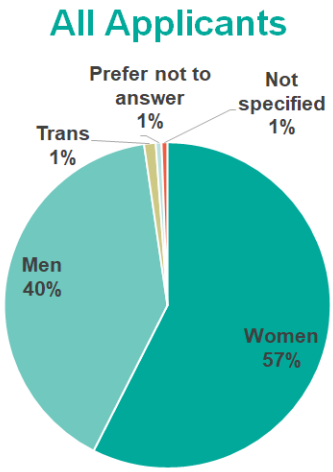
Fig. Composition of open call applicants, selection committee decisions on invitations and participants on the day

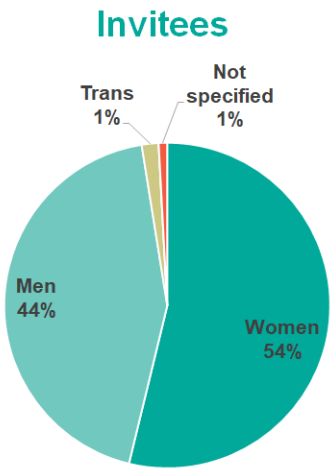
Region (workplace)

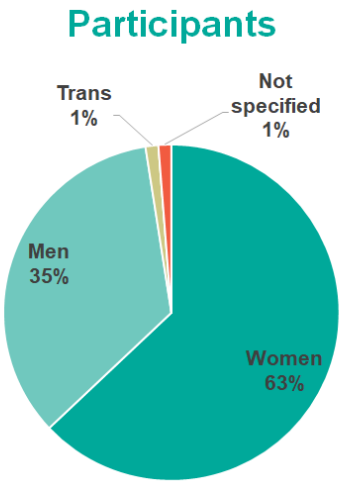



Participants
Eastern Europe 1%
Oceania 2%
MENA 3%
LAC 5%
Asia 9%
West Africa 9%
ESA 16%
Western Europe 24%
North America 31%

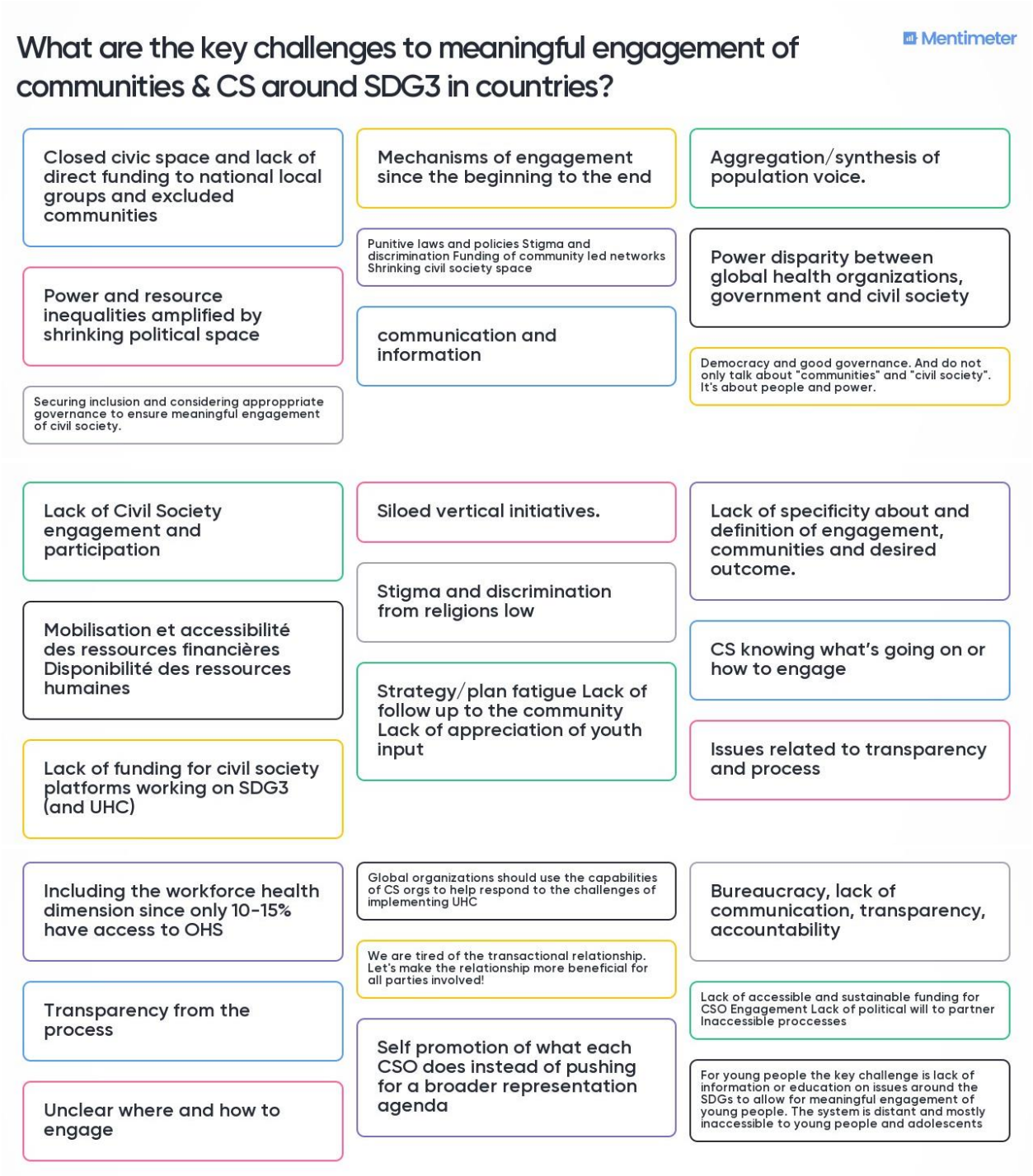
Gender

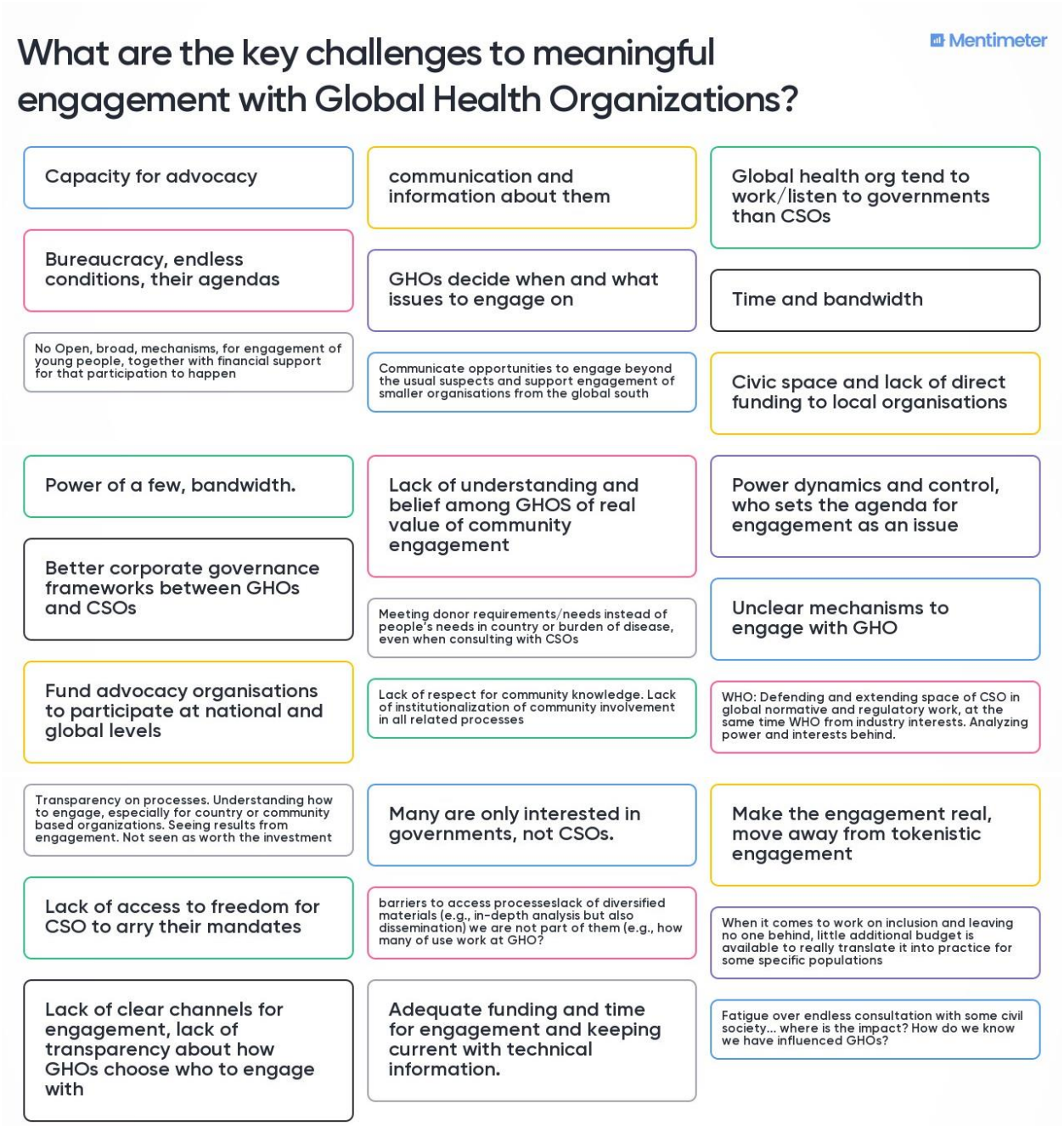

All Applicants
Prefer not to answer 1%
Not specified 1%
Trans 1%
Men 40%
Women 57%

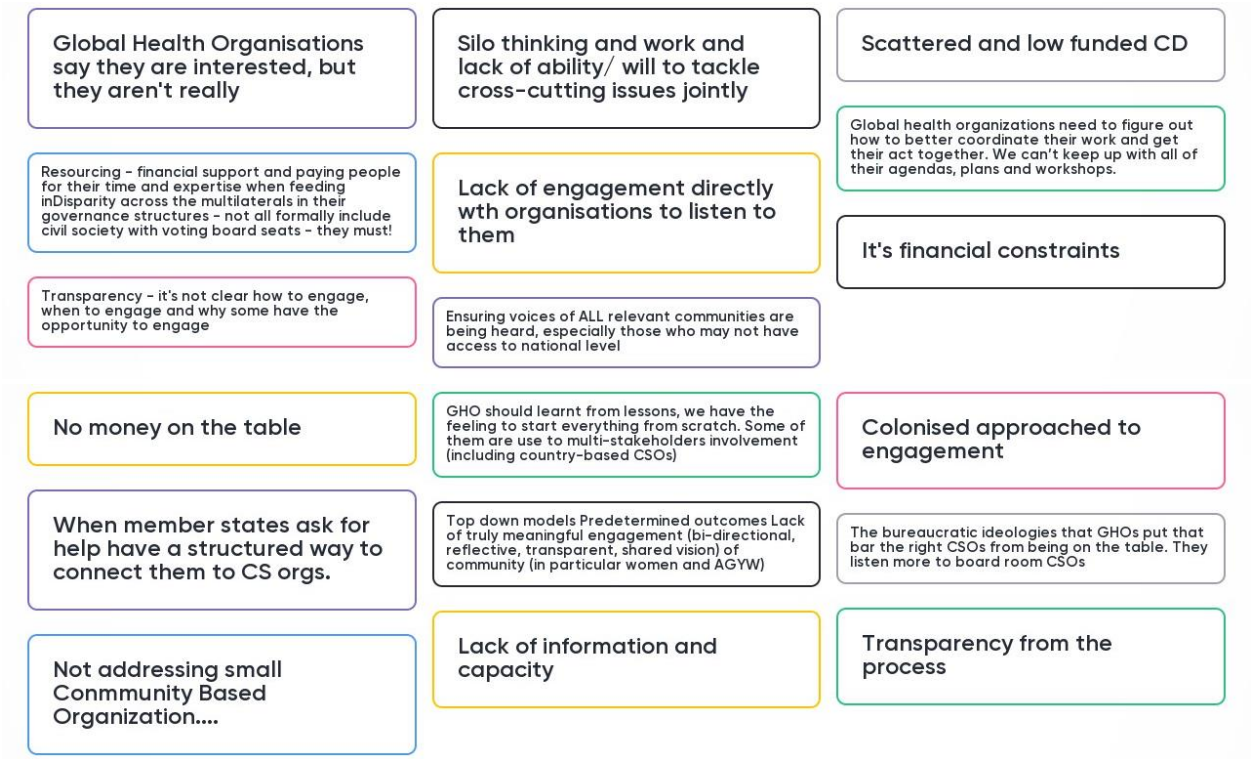

Invitees
Trans 1%
Not specified 1%
Men 44%
Women 54%


Participants
Trans 1%
Not specified 1%
Men 35%
Women 63%

Annex 4. Consultation participant survey results: meaningful engagement of civil society




What are the key challenges to meaningful engagement with Global Health Organizations?
Mentimeter
Capacity for advocacy
communication and information about them
Global health org tend to work/listen to governments than CSOs
Bureaucracy, endless conditions, their agendas
GHOs decide when and what issues to engage on
Time and bandwidth
No Open, broad, mechanisms, for engagement of young people, together with financial support for that participation to happen
Communicate opportunities to engage beyond the usual suspects and support engagement of smaller organisations from the global south
Civic space and lack of direct funding to local organisations
Power of a few, bandwidth.
Lack of understanding and belief among GHOS of real value of community engagement
Power dynamics and control, who sets the agenda for engagement as an issue
Better corporate governance frameworks between GHOs and CSOs
Meeting donor requirements/needs instead of people's needs in country or burden of disease, even when consulting with CSOs
Unclear mechanisms to engage with GHO
Fund advocacy organisations to participate at national and global levels
Lack of respect for community knowledge. Lack of institutionalization of community involvement in all related processes
WHO: Defending and extending space of CSO in global normative and regulatory work, at the same time WHO from industry interests. Analyzing power and interests behind.
Transparency on processes. Understanding how to engage, especially for country or community based organizations. Seeing results from engagement. Not seen as worth the investment
Many are only interested in governments, not CSOs.
Make the engagement real, move away from tokenistic engagement
Lack of access to freedom for CSO to arry their mandates
barriers to access processeslack of diversified materials (e.g., in-depth analysis but also dissemination) we are not part of them (e.g., how many of use work at GHO?
When it comes to work on inclusion and leaving no one behind, little additional budget is available to really translate it into practice for some specific populations
Lack of clear channels for engagement, lack of transparency about how GHOs choose who to engage with
Adequate funding and time for engagement and keeping current with technical information.
Fatigue over endless consultation with some civil society... where is the impact? How do we know we have influenced GHOs?


Global Health Organisations say they are interested, but they aren't really
Silo thinking and work and lack of ability/ will to tackle cross-cutting issues jointly
Scattered and low funded CD
Global health organizations need to figure out how to better coordinate their work and get their act together. We can't keep up with all of their agendas, plans and workshops.
Resourcing - financial support and paying people for their time and expertise when feeding inDisparity across the multilaterals in their governance structures - not all formally include civil society with voting board seats - they must!
Lack of engagement directly wth organisations to listen to them
It's financial constraints
Transparency - it's not clear how to engage, when to engage and why some have the opportunity to engage
Ensuring voices of ALL relevant communities are being heard, especially those who may not have access to national level
No money on the table
GHO should learnt from lessons, we have the feeling to start everything from scratch. Some of them are use to multi-stakeholders involvement (including country-based CSOs)
Colonised approached to engagement
When member states ask for help have a structured way to connect them to CS orgs.
Top down models Predetermined outcomes Lack of truly meaningful engagement (bi-directional, reflective, transparent, shared vision) of community (in particular women and AGYW)
The bureaucratic ideologies that GHOs put that bar the right CSOs from being on the table. They listen more to board room CSOs
Not addressing small Conmmunity Based Organization....
Lack of information and capacity
Transparency from the process

Annex 5. List of participants

Aditi Sharma	Frontline AIDS
Alan Jarandilla Nunez	International Youth Alliance for Family Planning
Alessandra Aresu	Humanity & Inclusion (HI, formerly Handicap International)
Alexandra Volgina	Global Network of People Living with HIV/AIDS (GNP+)
Aminu Magashi Garba	Africa Health Budget Network
Amos Mwale	Centre For Reproductive Health and Education
Amy Boldosser-Boesch	Management Sciences for Health/CSEM Secretariat
Angela Nguku	White Ribbon Alliance Kenya
Ann Keeling	Women in Global Health
Audrey Nosenga	Frontline AIDS (READY to Lead programme)
Babajide Onanuga	Motus Health Initiative
Baby Rivona Nasution	Global Network of People Living with HIV/AIDS (GNP+)
Boluwatife Oluwafunmilola Lola-Dare	CHESTRAD Global
Caitlin Pley	Women in Global Health
Charles Nelson	Malaria Consortium
Chhavi Bhandari	The George Institute for Global Health
Courtney Carson	Women Deliver
Dan Irvine	World Vision International
David Barr	The Fremont Center
David Faulmann	The Fred Hollows Foundation
David Subeliani	Eurasian Network of People Who Use Drugs, International Network of People Who Use Drugs
Dembele Bintou Keita	ARCAD-SIDA Mali
Diana Vaca	America Heart Association
Dumiso Gatsha	Success Capital Organisation, African Queer Youth Initiative & International Youth Alliance for Family Planning
Dure Samin Akram	Health, Education and Literacy Programme
Durhane Wong-Rieger	Rare Diseases International
Ebony Johnson	ATHENA Network
Elaine Green	HelpAge International
Eleanor Blomstrom	International Women's Health Coalition
Elie Ballan	The Arab Foundation for Freedoms and Equality (M-Coalition)
Elisha Kor	Network of Sex Work Project
Elizabeth Ivanovich	RBM Partnership to End Malaria/UN Foundation
Emma Feeny	The George Institute for Global Health
Emma Mulhern	Sightsavers
Estelle Tiphonnet	Coalition Plus
Fabian Cataldo	International Planned Parenthood Federation
Fumie Griego	International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
Giorgio Alberto Franyuti Kelly	Medical IMPACT
Grace Kamau	African Sex Workers Alliance
Jackie Boucher	Children's HeartLink

Jennifer Vaughan	STOPAIDS
Judy Chang	International Network of People Who Use Drugs
Julian Kerboghossian	Y+: Global Network of Young People Living with HIV
Julien Lafleur	International Food & Beverage Alliance
Justin Koonin	AIDS Council of New South Wales (ACON)
Kate Dodson	United Nations Foundation
Kate Husselby	Action for Global Health
Katherine Loatman	International Council of Beverages Associations
Kathleen Campana	Speak Up Africa d/b/a The Access Challenge
Kenly Sikwese	African Community Advisory Board (AfroCAB)
Kiran Patel	NCD Child/American Academy of Pediatrics
Leslie Rae Ferat	Framework Convention Alliance for Tobacco Control
Lindokuhle Sibiya	Diabetes Eswatini Organization
Loretta Wong	AIDS Healthcare Foundation
Loyce Pace	Global Health Council
Lucy Wanjiku	Sauti Skika
Lyndal Rowlands	CIVICUS
Magatte Mbodj	Alliance Nationale des Communautés pour la Santé (ANCS- Sénégal)
Marianne Haslegrave	Commonwealth Medical Trust (Commat)
Marie Solange Ngoueko	Public Health International Consulting Center
Marsha A. Martin	Global Network of Black People working in HIV
Matthew Robinson	PATH
Maurro Cabral Grinspan	GATE
Meirinda Sebayang	Jaringan Indonesia Positif
Michael K. Coomber	Liberia Immunization Platform (LIP)
Millicent Sethaile	SRHR Africa Trust
Mohan Sundararaj	MPact Global Action for Gay Men's Health and Rights
Nicole Felice Lopez	Montaña de Luz
Niluka Perera	Global Fund Advocates Network - Asia Pacific (GFAN AP)
Patricia Teresa Nudi Orawo	Kisumu Medical and Education Trust (KMET)
Priya Kanayson	NCD Alliance
Raoul Fransen	International Civil Society Support
Richard Guma Peter	Organization for People’s Empowerment and Needs (OPEN)
Robert Pezzolesi	IOGT International
Roopa Dhatt	Women in Global Health
Rowena Tasker	Union for International Cancer Control (UICC)
Samuel Matsikure	An LGBTI Association in Zimbabwe (GALZ)
Sarah Lindsay	Living Goods
Sergio Iavicoli	International Commission on Occupational Health
Simon Wright	Save the Children
Stephen R. Connor	Worldwide Hospice Palliative Care Alliance
Tanvi Monga	Ipas
Tengku Surya Mihari	Gaya Warna Lentera Indonesia (GWL-Ina)
Thomas Schwarz	Medicus Mundi International - Network Health for All (MMI)

Vicky T. Okine	Alliance for Reproductive Health Rights
Thoko Elphick-Pooley	Uniting to Combat NTDs
GAP Agencies & Secretariat	
Andy Seale	World Health Organization (WHO)
David Hipgrave	United Nations Children's Fund (UNICEF)
Dheepa Rajan	World Health Organization (WHO)
Douglas Webb	World Food Programme (WFP)
Gavin Reid	Global Fund to Fight AIDS, Tuberculosis and Malaria
Hamzah Zekrya	Gavi, The Vaccine Alliance
Isadora Quick	World Health Organization (WHO), Global Action Plan Secretariat
Jennie Greaney	United Nations Population Fund (UNFPA)
Jeremie Pfaffman	United Nations Children's Fund (UNICEF)
Kate Thomson	Global Fund to Fight AIDS, Tuberculosis and Malaria
Katri Bertram	Global Financing Facility (GFF)
Kent Buse	Joint United Nations Programme on HIV/AIDS (UNAIDS)
Laetitia Bosio	Joint United Nations Programme on HIV/AIDS (UNAIDS)
Laurel Sprague	Joint United Nations Programme on HIV/AIDS (UNAIDS)
Ludo Bok	United Nations Development Program (UNDP)
Mandeep Dhaliwal	United Nations Development Program (UNDP)
Natalia Linou	United Nations Development Program (UNDP)
Nazneen Damji	UN Women
Rafael Obregon	United Nations Children's Fund (UNICEF)
Ranieri Guerra	World Health Organization (WHO)
Sonja Tanaka	Accelerator 3 Working Group
Virginia Macdonald	World Health Organization (WHO)