

Theory of Change

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GOAL

Accelerate progress towards the health-related SDGs, leaving no one behind, including in the context of countries' efforts to recover and rebuild from COVID-19

- SDGs are achieved by countries. GAP signatory agencies act in support of countries but GAP does not itself achieve the SDGs;
- 59 health-related SDG targets across 14 different goals have been identified by the GAP signatory agencies;
- GAP's success will be measured not by the achievement of the goals per se, but rather through joint support to help countries accelerate progress;
- GAP's success is not linked to any individual agency but to the impact of a more coordinated and joined-up approach to country support;
- Direct attribution of GAP to SDGs is complex. The evaluability assessment recognized that *"the partnership's contribution to these end results will be measurable by way of contribution analysis, as this line of analysis can more meaningfully elucidate shared successes and outstanding gaps in its members' shared support role"*¹;
- While GAP's original goal was to support countries to accelerate progress towards the achievement of the SDGs, COVID-19 has set countries off track to achieve the 2030 Agenda. The agreed goal of the GAP is now to help accelerate progress towards the health-related SDGs including in the context of countries' efforts to recover and rebuild from COVID-19;
- SDG indicators span immediate outputs (ex. number of health workers for 1000 population), to medium- (ex. Vaccination for immunization rate) and long-term outcomes (ex. Child mortality rate);
- The GAP monitoring framework (to be developed) will show how the GAP accelerators contribute to SDG indicators.

¹ Joint Evaluability Assessment of the Global Action Plan for Healthy Lives and Well-being for All, p.15.

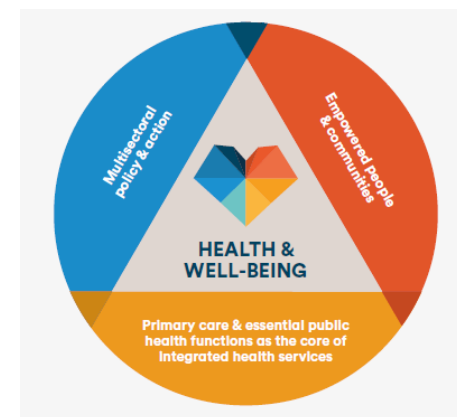
OUTCOMES

Outcome 1: Countries receive better coordinated and more effective support, better aligned with their priorities, from GAP agencies

- Outcome 1 relates to GAP as a platform for sustainable and purposeful collaboration and implementation of the strategic actions identified by the accelerators;
- Implementation of the Global Action Plan will be driven primarily by the agencies' commitment to engage with countries and provide support in a more coordinated way;
- Culture change is needed in the organizations to ensure the sustainability of the GAP approach;
- GAP recognizes that the end goal is not collaboration but better health, and collaboration is the means to this end (hence the “Stronger Collaboration, Better Health” title of the document launched at UNGA 2019). Although the purpose of the Global Action Plan is not to provide or seek additional resources, the Plan will enable better use of existing resources as a result of improved collaboration, recognizing that each agency has its own unique mandate and area of expertise;
- With the COVID-19 pandemic the multilateral system finds itself under particular pressure, but its importance and necessity is ever more clear, in particular to ensure health systems and countries as a whole are able to both respond to and recover from the negative impacts of the pandemic. It is therefore important that collaborations be based on what makes sense in the country context.

Outcome 2: Improved access to more equitable PHC sustainably financed national health plans and priorities, including in fragile settings

- Outcome 2 relates to sustainable financing for health and prioritizing equitable PHC within health system strengthening plans, including in fragile settings. To contribute to better health for people, the agencies need to strengthen their collaboration in the provision of technical and financial support of countries' PHC-oriented health system strengthening plans;
- The declaration of Astana recognizes three key components of PHC, represented in the figure on the right:
 - Primary care and essential public health functions as the core of integrated health services
 - Multisectoral policies and action
 - Empowered people and communities
- All three components are needed to implement PHC-oriented approaches. The first component is reflected in Outcome 1, the second and third components are reflected in Outcome 3. The Declaration of Astana is accompanied by an operational framework which includes scaling up innovation in the health system and the strengthening of national data systems, reflected in outcome 4;



- One prerequisite for improving equitable access to PHC and reaching the health-related SDG targets is to ensure sustainable financing for health, including better generation, allocation, and use of public and pooled funds for health, around three key themes value for money; domestic resource mobilization; and effective development cooperation;
- PHC is especially relevant in fragile settings, where needs are often the highest.

Outcome 3: More equitable and inclusive progress towards health-related SDGs

- Multisectoral action on determinants of health provides a strong link to efforts to achieve the other SDGs and to enable equity-based approaches;
- Community and civil society engagement at all levels is essential to strengthen the linkages to people;
- Gender responsiveness is specifically included in the Outcome 3 but cuts across all outcomes.

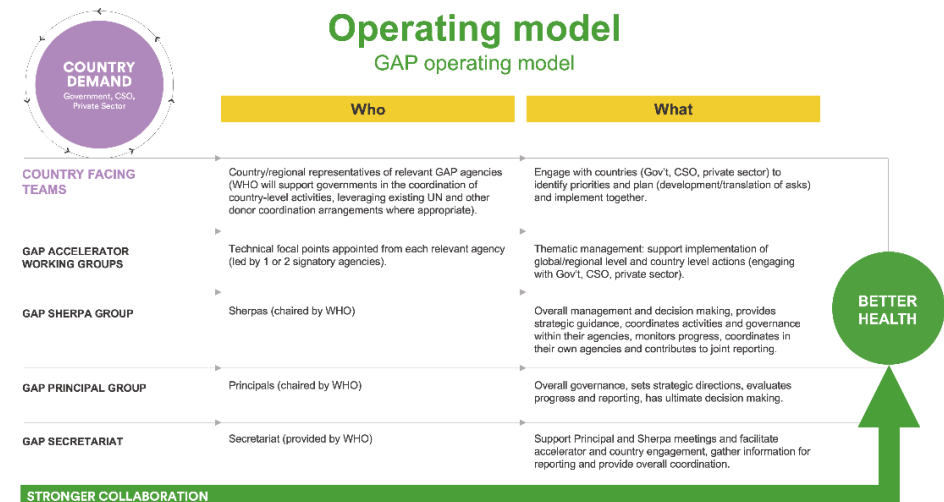
Outcome 4: Improved PHC through enhanced uptake of innovations and availability of timely and reliable health data for decision making

- Stronger data systems are needed to be able to track progress and understand gaps. The delivery approach is linked to the strengthening of national data systems: data helps to identify bottlenecks, the delivery approach helps to solve them;
- Achieving the ambitious targets set out in the 2030 Agenda required the scaling of innovative tools and approaches.

OUTPUTS

OUTPUTS UNDER OUTCOME 1 (READS FROM LEFT TO RIGHT)

- Output 1.a **Country perspectives provided on the collective performance of GAP signatory agencies** relates to the focus on country ownership and leadership. GAP aims to support countries by better aligning behind their national plans and priorities. Entry points for country perspectives on the collective performance of the agencies will include the agencies' governing bodies, comments during public discussion at the World Health Assembly and case studies included in the joint progress report.
- Output 1.b **Collaboration among country- facing teams across GAP agencies incentivized and institutionalized** underscores the strong country focus of the GAP: implementation needs to happen at country level, hence the need to incentivize and reinforce country-level collaboration, strengthen existing country coordination models and support country-facing teams. Different systems, approaches and models need to be aligned based on what makes the most sense in the country context and in accordance with the agencies' mandates: resident and non-resident GAP signatory agencies, links to the UNCT and the RC/HC system, WHO's mandate to lead and coordinate the health aspect of the multilateral support, existing country models such as the GFF country model, the GF's CCM etc.
- Output 1.c **Collaborative fora, including Principals group, Sherpa group and accelerator working groups established and functional** is GAP's operating model (see figure) which shows how the whole system of GAP, across agencies and across all levels, aims to follow country priorities and support country-facing teams.
- Output 1.d **Joint progress report on how implementation of the GAP help countries to accelerate progress towards SDGs in COVID-19 era and other joint communications** relates to joint communication and reporting. The agencies and their leadership are formally accountable only to their respective boards or governing bodies. They will prepare annual joint progress reports to inform and engage Member States and non-state actors, which may be used in appropriate formats to inform their governing bodies, including the World Health Assembly, of progress under the Plan as well as other joint communications.



OUTPUTS UNDER OUTCOME 2 (READS FROM LEFT TO RIGHT)

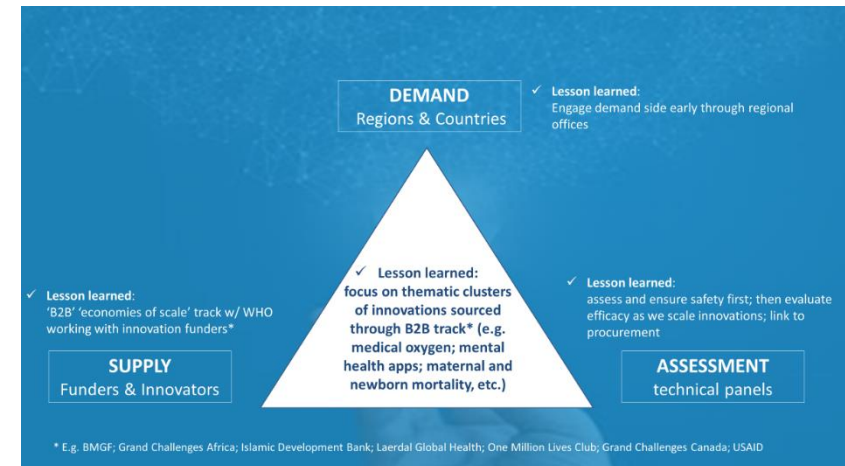
- The three outputs are interlinked and relate to the first component of PHC “Primary care and essential public health functions as the core of integrated health services”. These three outputs need to come together and align in order to ensure successful support to countries’ national health plans and priorities, consistent with the different types of technical assistance provided by the multilateral system.
- Output 2.a **Essential primary care improved and more equitable and public health functions strengthened through joint support of countries by GAP agencies** ensures agencies jointly align their support behind countries PHC plans;
- Output 2.b **Key health financing functions strengthened through joint support of countries by GAP agencies** ensures that national plans are sustainably financed, including through a focus on domestic resource mobilization, value for money and effective development cooperation.
- Output 2.c **Essential primary care and public health functions strengthened and more equitable in fragile settings and during outbreaks though joint support of countries by GAP agencies** - essential public health functions (as outlined in the Declaration of Astana) also include preparedness and response plans. Strengthening these is an essential part of PHC, captured in the third outcome.

OUTPUTS UNDER OUTCOME 3 (READS FROM LEFT TO RIGHT)

- Output 3.a . **Engagement of communities and civil society in health strengthened through joint support by GAP agencies** - Communities and civil society also play a vital role in the health system by delivering services, working as accountability check on the government and its decision making and monitoring progress against nationally agreed targets.
- Output 3.b **Multisectoral action on determinants of health, strengthened through joint support of countries by GAP agencies** - Many SDG health-related targets are not direct delivery functions of the health system and the MoH. These are often under the purview of other sectors and actors and thus related to the stewardship function of the MoH and high-level leadership, captured in the outcome on multisectoral action on determinants of health.
- Output 3.c **Equity, Gender equality and responsiveness and human rights-based approach strengthened across all outcomes through joint support of countries by GAP agencies** - Increased gender equality and the generalization of human rights-based approaches are essential to achieving the health-related SDG targets.

OUTPUTS UNDER OUTCOME 4 (READS FROM LEFT TO RIGHT)

- Output 4.a **Health innovations scaled through joint support of countries by GAP agencies** relates to multilateral support to scaling up innovation, including for PHC, based on country demand and needs (as shown in the figure on the right), and based on lessons learned during the response to the COVID-19 pandemic.
- Output 4.b **Health data systems improved through joint support of countries by GAP agencies** relates to the need to strengthen health data systems in countries. Timely, reliable and actionable data is needed to deliver results at country level, including during the response to COVID-19. Only one third of the countries have a data system in place which allows to keep track of evolution towards the SDGs. Good quality data is essential for planning purposes, as well as to implement the delivery approach, i.e. identify bottlenecks and implement solutions to overcome them. Agencies will work together to strengthen country data and health information systems and to forecast SDG progress incorporating the effect of COVID-19. WHO has developed an impact framework that can serve as a tool to help Member States measure health related SDGs.



CONCLUSION

- COVID-19 has made it more difficult for countries to achieve the SDGs, halting progress and exacerbating existing challenges, vulnerabilities and inequities. Support from the multilateral system is crucial to ensure that countries recover from the pandemic and get back on track to achieve the SDGs by 2030.
- The goal of the GAP is to help accelerate progress towards the health-related SDGs, including in the context of countries' efforts to recover and rebuild from COVID-19 and preparing for other pandemics / health threats. Signatory agencies recognize that direct attribution of GAP to the SDGs and improved health is complex and that a robust contribution analysis, rather than an attribution one, can more meaningfully elucidate shared successes and outstanding gaps in the GAP's shared support role.
- The essence of the GAP and its main goal is captured in the four outcomes included in the Theory of Change. Firstly, GAP provides a platform to strengthen a collaborative approach in support of country health plans and priorities and provides an operating model in support of country-level collaboration work. Secondly, through stronger collaboration among multilateral agencies in providing technical and financial support for countries' PHC plans, including in fragile settings, and in supporting countries on multisectoral action on determinants of health, community and civil society engagement and gender responsiveness as well as on health data and scaling of innovation, GAP implementation will contribute to better health for people.
- The outcomes help align the different accelerators among each other in support of national plans and priorities.
- Gender responsiveness is a key element across the GAP theory of change.