

TOWARDS A

GLOBAL ACTION PLAN

FOR HEALTHY LIVES AND
WELL-BEING FOR ALL

Uniting to accelerate progress towards
the health-related SDGs

A joint initiative of:



TOWARDS A
GLOBAL ACTION PLAN
FOR HEALTHY LIVES AND
WELL-BEING FOR ALL

Uniting to accelerate progress towards
the health-related SDGs

WHO/DCO/2018.3

© World Health Organization 2018

Some rights reserved.

This work is available under the CC BY-NC-SA 3.0 IGO licence.

Photo credits:

Cover - Pan American Health Organization

p. 6 - WHO Afghanistan/Rada Akbar

P. 11 - Global Fund to Fight AIDS, Tuberculosis and Malaria

p. 16 - Pan American Health Organization

p. 21 - WHO/Lorenzo Pezzoli

p. 22 - WHO/Mehak Sethi

p. 27 - WHO/Panos Pictures/Atul Loke

p. 28 - WHO

p. 31 - Pan American Health Organization

p. 33 - Pan American Health Organization

p. 36 - Pan American Health Organization

Design and layout: Studio FFFOG

Printed in Switzerland

CONTENTS

Foreword	1
Our commitment to accelerating together	2
1. The case for change—towards a Global Action Plan for Healthy Lives and Well-being for All	4
Leave no one behind: health in the SDG era	6
2. Shared response, shared responsibility for results: a framework for collective action	11
Align	11
Accelerate	19
Account	28
3. Next steps	31



FOREWORD

Since the year 2000, the world has made great progress against several of the leading causes of death and disease. Life expectancy has increased dramatically; infant and maternal mortality have declined; we've turned the tide on the HIV epidemic, malaria deaths have halved – and we could list many more successes.

But progress has been uneven, both between and within countries. There remains a 31-year discrepancy between the countries with the shortest and longest life expectancies. While some countries have made impressive gains, national averages hide the fact that some communities are being left behind.

The Sustainable Development Goals (SDGs) represent an ambitious vision of the healthier, more prosperous, inclusive and resilient world we all want.

But the reality is, we're off track to achieve these ambitious goals by 2030. Fragmentation, duplication and inefficiency are undermining progress. We must therefore recalibrate and amplify our efforts or we will not even come close to reaching many of the health-related targets.

The request from Chancellor Angela Merkel of Germany, President Nana Addo Dankwa Akufo-Addo of Ghana and Prime Minister Erna Solberg of Norway for a Global Action Plan for Healthy Lives and Well-Being, supported by the UN Secretary-General António Guterres, is therefore an important step towards leveraging the enormous reach, experience and expertise of the global health community to accelerate progress towards SDG 3.

As the well-worn African proverb goes, “If you want to go fast, go alone. If you want to go far, go together.”

We are going together. I am very encouraged by the exceptional spirit of cooperation that the health and development organizations have already demonstrated, and by the open and collegial way in which we have started to work.

Together, we are setting new standards for global solidarity and pushing new boundaries.

The global community has never been better prepared to meet the challenges of ensuring healthy lives and well-being for all. And together, we can achieve so much more for countries and the people we serve.

But this is just the beginning. Much of the real work is ahead of us. The success of this plan depends on us all – governments and our many partners in health, from the international level right down to local communities.

I look forward to working with all partners to honour the commitments we have made to ensure healthy lives and promote well-being for everyone, everywhere.



Dr Tedros Adhanom Ghebreyesus
Director-General,
World Health Organization

OUR COMMITMENT TO ACCELERATING TOGETHER

The Sustainable Development Goals are within our reach. In our relentless pursuit of these goals and a healthier and more prosperous humanity, we are coming together to leverage the full potential of the multilateral system and to more effectively support the countries and people we serve.

Recent achievements in improving health for billions of people inspire us, and signal that the global community, including global actors, can do even more.

In that spirit, we welcome the request from Chancellor Angela Merkel of Germany, President Nana Addo Dankwa Akufo-Addo of Ghana, and Prime Minister Erna Solberg of Norway, with support from United Nations Secretary-General António Guterres, to develop a “Global Action Plan for Healthy Lives and Well-being for All.”

In line with calls across the international community, this initiative challenges us to innovate, to be agile and to continuously enhance the way we work together in assisting countries with the people-centred financing, capacity-strengthening, advocacy, legal and policy frameworks, research, knowledge, and data required to be successful.

This first phase in the development of the Global Action Plan marks the beginning of a comprehensive effort to maximize our collective value proposition. In it we commit to **align** our joined-up efforts with country priorities and needs, to **accelerate** progress by leveraging new

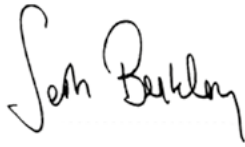
ways of working together and unlocking innovative approaches, and **account** for our contribution to progress in a more transparent and engaging way.

To do so, we will build on existing coordination efforts and collaboration in countries. We will further leverage the capacities of the larger multilateral system, including the United Nations system with its country presence, and support the Secretary-General's reform efforts to make the system fit-for-purpose to implement the 2030 Agenda.

We will expand and refine this work to propel us forward in our collective contribution as global health and development organizations. In doing so, we will continue to partner with other institutions and sectors and explore pragmatic solutions to maximizing collective impact.

Healthy lives and well-being for all at all ages cannot be achieved without the full commitment of governments, and participation of all stakeholders, including civil society, the private sector, academia, and other international, national, and local institutions, that influence health and well-being.

We are fully committed to do everything we can – together.



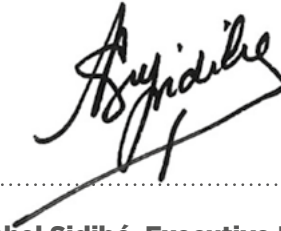
Seth Berkley, CEO
Gavi, the Vaccine Alliance



Mariam Claeson, Director
Global Financing Facility



Peter Sands, Executive Director
*Global Fund to Fight AIDS,
Tuberculosis and Malaria*



Michel Sidibé, Executive Director
UNAIDS



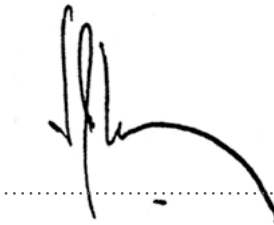
Achim Steiner, Administrator
UNDP



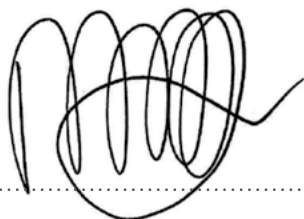
Natalia Kanem, Executive Director
UNFPA



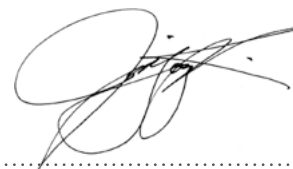
Henrietta Fore, Executive Director
UNICEF



Lelio Marmora, Executive Director
Unitaid



Phumzile Mlambo-Ngcuka
Executive Director *UN Women*



Jim Kim, President
World Bank Group



Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

1. THE CASE FOR CHANGE— TOWARDS A GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

This Global Action Plan represents an historic commitment to advancing collective action and accelerating progress towards the SDGs. Coordinated by the World Health Organization, the Plan unites the work of 11 leading global organizations active in health. More organizations are expected to join the plan; the World Food Programme has committed already and will be fully engaged as we enter phase two. The final plan will be delivered in September 2019 at the United Nations General Assembly.

The plan builds on growing commitment among global actors to improve coordination on health, in a field that has long been a source of innovation and impact. Global health has set new standards for global solidarity, international cooperation and the centrality of human rights to sustainable development. Global health has forged new ways to leverage the power of civil society and the private sector and generated innovative modalities and powerful technologies to address complex global health issues. Rapid improvements in health have been won by fusing activism, political leadership, science and innovation, domestic and international investment, and accountability for results.

Coordination initiatives are enhancing efficiency and impact, from the Joint

United Nations Programme on HIV/AIDS, to the H6,¹ the colocation of several agencies at the Geneva Global Health Campus² and UHC2030.³ The ambition of the Global Action Plan transcends such coordination initiatives—while connecting and building upon them. In its final form, the Global Action Plan will influence how our organizations operate at all levels, and all aspects of our work, including how we collectively prioritize, invest, programme, measure progress and hold ourselves accountable.

The first phase of the plan unites organizations under a common aim and establishes an action framework. It presents progress in identifying areas where common approaches and actions will add value and increase impact at country level. It commits to a strategic and inclusive process for the development of the full Plan.

This first step is focused on actions that our organizations can take now. This focus allows us to support countries more rapidly and efficiently. Sufficient acceleration and sustainable progress however will rely on country-led multi-stakeholder action, including with bilateral partners and other financing agencies.

¹ The H6 Partnership unites the technical capacities of UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank Group in supporting countries to implement the Every Woman, Every Child Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. An independent evaluation of the H6 Joint Programme in 10 countries in sub-Saharan Africa (2011-2016) concluded that it has contributed to strengthening health systems and expanding access to quality services in underserved and hard to reach communities, while deepening coordination and increasing the volume and coherence of technical support, policy engagement, advocacy and resources.

² The Geneva-based Global Health Campus brings several global health actors, including the Global Fund to Fight AIDS, TB and Malaria, Gavi, Unitaid, Roll Back Malaria and the StopTB Partnership, under one roof. Housing these organizations together is resulting in major cost savings while fostering collaboration and communication.

³ UHC2030 promotes collaboration in countries and globally on health system strengthening for universal health coverage.



The plan is organized under three strategic approaches. Across these approaches, we aim to work better together to accelerate impact in countries, while advancing country ownership, aligning around country plans, and enhancing learning among countries and our organizations:

- **Align:** We will align programmatic, financing and operational policies, approaches and methodologies where it can enhance efficiency and effectiveness. Greater alignment can improve effectiveness on a number of common priorities—such as gender equality and reproductive, maternal, newborn, child and adolescent health (RMNCAH). Simple gains are also being made by harmonizing some human resource policies across agencies and in countries, and by sharing information on country investments, country capacity assessments and planned missions.
- **Accelerate:** We are identifying where we can accelerate progress. We are scaling up collective action approaches for key cross-cutting “accelerators”—through knowledge sharing and

innovation, overcoming bottlenecks and collectively pushing the boundaries of what we can accomplish.

- **Account:** We are enhancing our joint accountability for delivering collective results for people. Together we are developing common midpoint milestones for the health-related SDG targets to inform continuous learning and enable us to recalibrate our actions to ensure the SDGs are met.



This Global Action Plan

represents an historic commitment to advancing collective action and accelerating progress towards the SDGs.

Leave no one behind: health in the SDG era

SDGs reinforce health as a political priority and set an ambitious agenda

The 2030 Agenda for Sustainable Development has reinforced global health as a political priority. Healthy populations are critical to sustainable development—to ending poverty, promoting peaceful and inclusive societies, and protecting the environment. Health is also an outcome and indicator of progress that reflects the success of many goals and the 2030 Agenda as a whole.

Inspired by significant achievements in global health, the SDGs support our ambition to complete the “unfinished business” of the Millennium Development Goals and to address a new set of global health priorities. SDG 3—to “ensure healthy lives and promote well-being for all at all ages”—contains 13 targets. Ensuring comprehensive primary health care, based on the principles of equity, access and quality, will be integral to achieving SDG 3, including the transformative aim of universal health coverage (UHC).

The inclusion of UHC in the SDGs presents an opportunity to promote a comprehensive and coherent approach to health, focusing on health systems strengthening, including at the community level. UHC realizes the principle that all individuals and communities should have access to quality essential health services without suffering financial hardship. UHC cuts across all health targets and contributes to economic productivity, social stability and sustainable development—and to every individual’s right to health, well-being and security.

In total, nearly 50 targets across 14 goals are critical to ensuring health and well-being for all. Emerging global health priorities not explicitly included in the SDGs, including antimicrobial resistance, also demand action.

This broader agenda extends far beyond the capacity of the health sector working alone, as well as the direct mandates of

many of our organizations, demonstrating the need to better support and engage with other sectors to realize the right to health for all people, especially those furthest behind.

Achieving the health-related SDGs will require bold leadership from countries and the engagement of development partners, civil society, academia and the private sector. This Plan reflects our commitment to do our part.

Health gains must be protected, and progress accelerated to reach the SDGs

While the world has made remarkable progress on several fronts in health, many challenges remain. Among them is addressing disparities between people’s health in stable countries and the health of people living in fragile and vulnerable settings, and health disparities within countries. New approaches are especially needed in working with middle-income countries, where more than 70% of the world’s poor people live.

Progress will need to be accelerated—in some cases, quite significantly—to reach the health-related targets of the SDGs by 2030 (see Fig. 1).

For some targets, where significant progress has been achieved, gains must be protected and accelerated to go the “last mile”. In other areas, the pace of progress is not sufficient. In a third set of targets, little or no progress has been made—only with real innovation, new approaches and new sources of leadership will we be able to achieve those targets by 2030.

State of SDG3: snapshot

- Maternal mortality has been reduced by 45% since 1990, but **303 000 women died from complications of pregnancy or childbirth in 2015**. Nearly two-third of these occurred in countries affected by a humanitarian crisis or fragile conditions.

- Under-five mortality has improved dramatically, yet each year **5.6 million children die before reaching their fifth birthday**. Maternal and child malnutrition remain important underlying factors of this excess mortality.
- By the end of 2017, 21.7 million people living with HIV were receiving antiretroviral therapy, an immense increase from just 800 000 in 2003. Yet more than **15 million people are still waiting for treatment**.
- Annual TB deaths have fallen substantially since 2000, from 2.3 to 1.6 million. But there are still **10 million new TB cases each year**, and despite the availability of effective curative treatments, TB is the leading killer from a single infectious agent worldwide.
- After unprecedented global gains in malaria control, progress has stalled owing to a range of challenges, including a lack of sustainable and predictable funding. An estimated **216 million cases of malaria occurred in 2016**, six million more cases than in 2013.
- While the risk of dying prematurely from cardiovascular disease, chronic respiratory disease, diabetes or cancer has decreased since 2000, an estimated 13 million people under the age of 70 still died from these diseases in 2016. Some **71% of all deaths in 2016 were attributable to noncommunicable diseases** (NCDs).
- Nearly **800 000 deaths by suicide** occurred in 2016. Men are 75% more likely than women to die from suicide, which is also the second leading cause of death among young adults after road traffic injuries.
- Globally, more than **one of every three women have experienced either physical or sexual violence** at some point in their life.
- At least **400 million people have no access to basic health services**, and 40% of the world's people lack social protection.
- More than **1.6 billion people or 22% of the global population currently live in fragile settings** where protracted crises, combined with weak national capacity to deliver basic health services, present a significant challenge to global health.

Accelerating progress for all by strengthening collaboration

Accelerating progress across the SDG health-related targets requires strengthening the collective impact of global organizations. The imperative—and opportunity—to do so is reinforced by the UN Secretary-General's reform agenda and upcoming global health fund replenishments.

Momentum is building. Robust investments in global health and development funds—The Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Global Financing Facility and the International Development Association—demonstrate confidence that the sector will continue to deliver significant returns. In partnership with funders, the UN system and multilateral development banks play critical roles in supporting countries to make this money work. They add value through political leadership, expertise, capacity-strengthening and country presence around the world. Initiatives such as Unitaid invest in innovations that make the global health response faster, cheaper and more effective. A special role falls to WHO as the normative and coordinating agency for health within the UN system.

We are committed to transform our ways of working together to achieve better health with available resources.

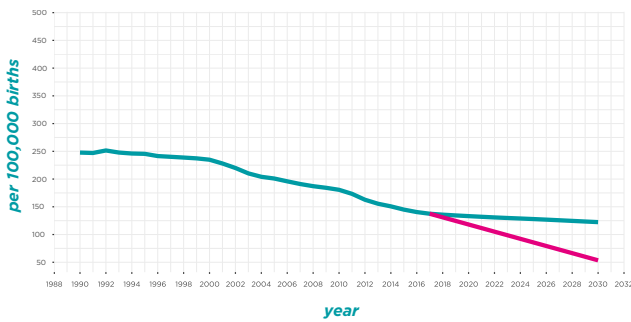
Fig. 1. Are we on track? Illustrative projections of current pace of global progress towards 2030

These charts show past trends of progress against core SDG indicators and two lines into the future: the reference scenario and the trend required to achieve the SDG target. The reference scenario for each indicator shows what is statistically most likely to occur given past trends in each country.

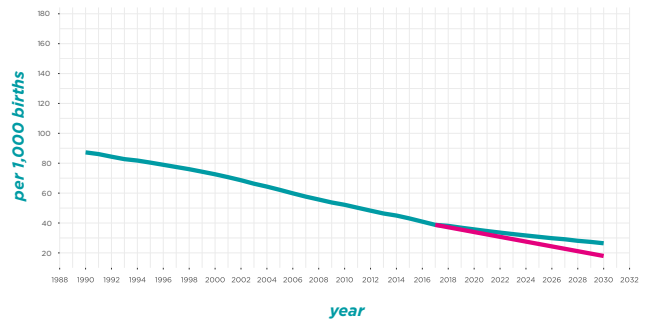
Reference —

SDG Target —

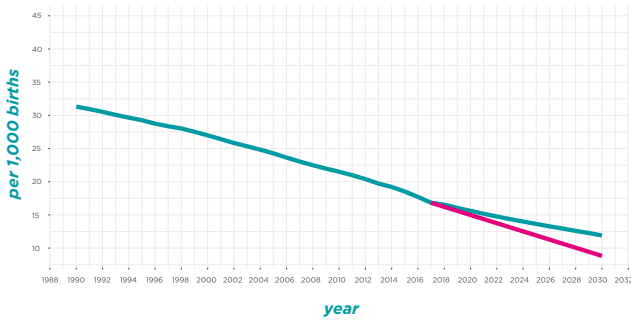
Maternal Mortality Rate, Global



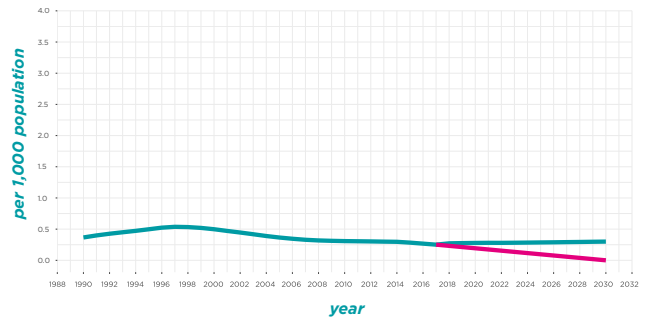
Child mortality Rate, Global



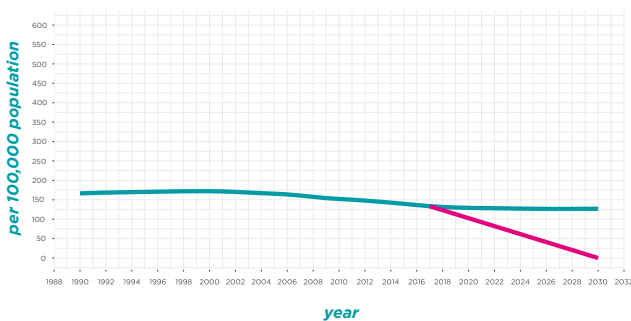
Neonatal Mortality Rate, Global



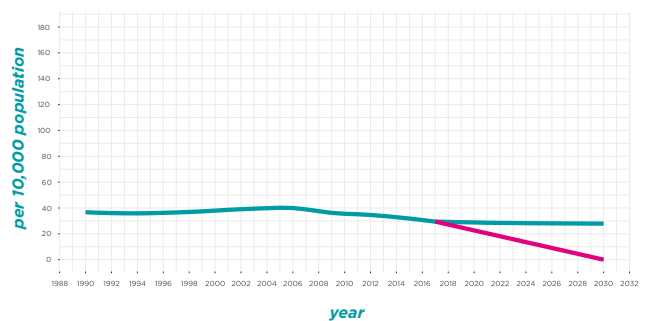
HIV Incidence Rate, Global



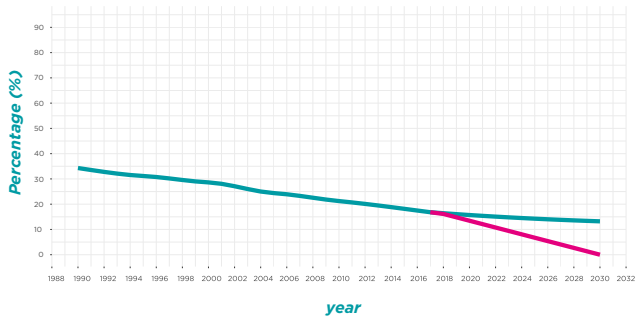
Tuberculosis Incidence Rate, Global



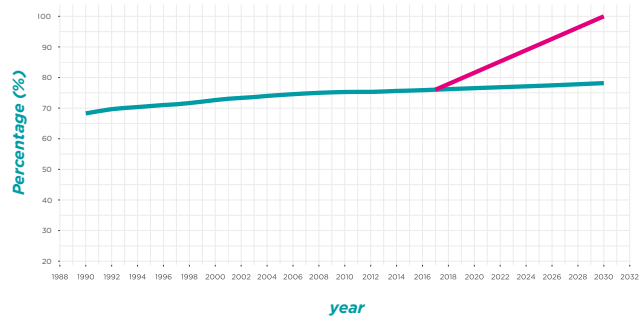
Malaria Incidence Rate, Global



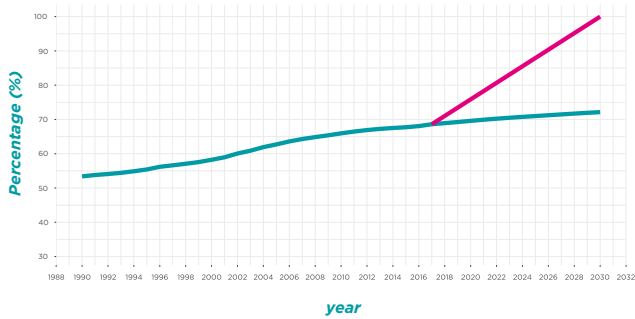
Neglected Tropical Diseases Prevalence, Global



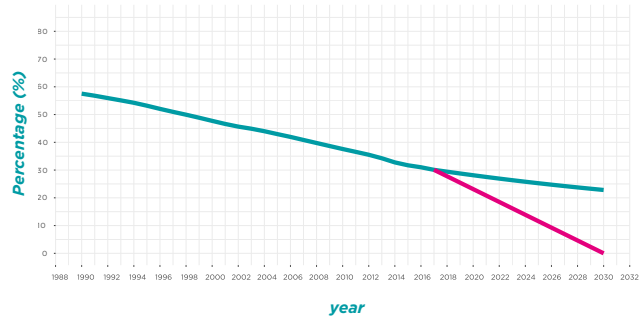
Met Need for Family Planning with Modern Methods, Global



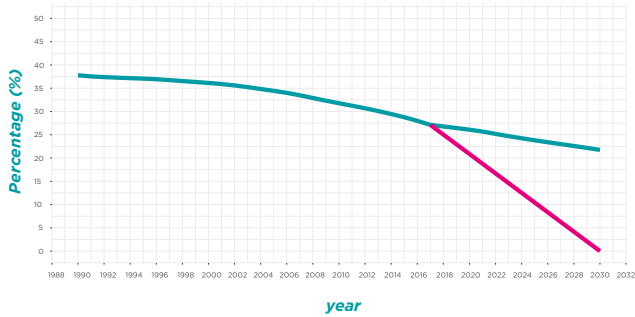
Universal Health Coverage Rate, Global



Use of Unsafe Sanitation, Global



Child Stunting, Global



Footnote to Figure 1: The forecast model, which includes a number of independent drivers, has been selected on the basis of how well it predicts future trends when holding out the last 10 years of data from model development. The reference scenario implicitly assumes that past trends in funding and the pace of technical innovation continue in the future. The reference scenario shown in these graphs is not what will happen but simply what is most likely to happen if trends in past drivers of change continue and the relationships between these drivers and the SDG indicators remain the same in the next 12 years as in the past quarter century. Full details and formal validity tests of this model are available in “Forecasting life expectancy, years of life lost, all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios 2016-2040 for 195 countries and territories.” Lancet, 17 October 2018. The straight line from today to 2030 indicates the gap between these forecasts and what will need to happen to achieve the SDG targets. The graphs are meant to illustrate where we can expect great progress given recent trends and where significant acceleration of effort is needed to achieve the SDG targets. The extent of the gap varies widely across SDG indicators.



2. SHARED RESPONSE, SHARED RESPONSIBILITY FOR RESULTS: A FRAMEWORK FOR COLLECTIVE ACTION

This framework is organized under three strategic approaches: **Align, Accelerate, Account**. We are drawing from best practices in countries in order to add value to ongoing collaborative efforts to drive greater health impact. These actions will be further defined over the coming year.

ALIGN



Building on progress in aligning our contributions to country-led and country-owned plans and harmonizing ways of working, we aim to expand understanding of how our organizations support countries, as well as to identify major gaps. We will collaborate on financing and resource mobilization approaches and strengthen provision of essential global public goods for health to ensure smooth transitions to sustainability. We are streamlining programmatic and operational policies to seize efficiencies and synergies in our work.

OPTIMIZE COLLABORATION ON SDG AREAS OF CONVERGENCE

We are leveraging our comparative advantages and mobilizing partners around breakthrough opportunities for impact in countries. To better understand where and how we collectively and individually support programmes, we have mapped our organizations' areas of work against the SDG health-related targets (Fig. 2). This is being further augmented by mapping the roles and functions of our organizations.

→ How we get there

Develop collective action approaches:

We are developing collective approaches on all major areas of convergence among our organizations, and identifying major bottlenecks, clarifying how we support countries, developing ways to scale up effective interventions, and identifying priorities for collective action and country planning.

Collective approaches on RMNCAH and gender equality are underway—see Boxes 1 and 2 for initial summaries. Additional areas of thematic convergence include HIV/TB/Malaria and Primary Health Care. In recognition of their clear interrelatedness, approaches will be aligned and integrated.

Assess gaps: We will jointly assess gaps in the global health response. Achieving the health-related SDGs will require much more work on emerging health priorities, such as mental health and the impact of air pollution, and the determinants of health, such as girls' education, discrimination and the commercial promotion of unhealthy products and pollution. Global health priorities not explicitly included in SDG targets, such as antimicrobial resistance, are also being mapped. Gaps identified may require engagement beyond the health sector.

Fig. 2. Shared SDG priorities and areas of work: Snapshot of institutional target-by-target mapping

While all SDG 3 and health-related targets have been mapped, this snapshot provides an example of where areas of work converge. Our organizations play different roles on each of these health issues, from financing to norms setting, advocacy and service delivery; additional mapping of functions will contribute to a clearer understanding of how organizations complement each other and identify possible areas of duplication. The full mapping can be found on the WHO website.

SDG Targets	Indicators	WHO	UNAIDS	UNFPA	UNICEF	GAVI	GFF	UNITAID	GFATM	WB	UNDP	UN Women
Goal 3. Ensure healthy lives and promote well-being for all at all ages.												
3.1 Reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	A	B	A	B		A	A	B	B		B
	3.1.2 Proportion of births attended by skilled health personnel	A		A	A		A			B		B
3.2 End preventable deaths of newborns and children under 5 years of age	3.2.1 Under-5 mortality rate	A	B		A	A	A	A	A	B		
	3.2.2 Neonatal mortality rate	A	B	B	A	A	A	A	A	B		
3.3 End epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population	A	A	A	A		B	A	A	B	A	A
	3.3.2 TB incidence per 100,000 population	A	B		B		B	A	A	B	A	
	3.3.3 Malaria incidence per 1,000 population	A			B	B	B	A	A	B	A	
	3.3.4 Hepatitis B incidence per 100,000 population	A			A	A	B		B	B		
	3.3.5 Number of people requiring interventions against neglected tropical diseases	A			B		B	B			B	B

A = Contribution linked to core mandate
B = Indirect contribution

SDG Targets	Indicators	WHO	UNAIDS	UNFPA	UNICEF	GAVI	GFF	UNITAID	GFATM	WB	UNDP	UN Women
Goal 3. Ensure healthy lives and promote well-being for all at all ages.												
3.7 Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age who have their need for family planning satisfied with modern methods	A	B	A			A		B	B		B
	3.7.2 Adolescent birth rate	B	B	A	B		A		B	B		
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services	A	B	A	B	A	A		A	A	A	B
	3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income	A	B	A		A	A		A	A	A	

A = Contribution linked to core mandate
B = Indirect contribution

Box 1. Enhancing collective action on gender equality and the empowerment of women and girls

Gender equality and women's empowerment are essential to progress on health and well-being, health equity and health-related development challenges. Gender inequality and gender-related barriers are determinants of health and health inequities, both independently and intersecting with other determinants of health, including socio-economic status, disability, ethnicity, geography, age, legal identity and migration status, sexual orientation and gender identity. As such, there are opportunities to simultaneously advance multiple SDGs through efforts undertaken both within and beyond the health sector.

Global health funds will work with the UN and other partners to increase investment and activity on gender equality and to address gender-related barriers. Building on existing mandates and plans, and analyses of strategic areas for action, agencies can work better together to accelerate results. Priority areas for consideration include strengthening comprehensive quality health care, including sexual and reproductive services; promoting gender equality through laws and policies; ensuring women's political participation and entrepreneurship; improving access to education; economic empowerment; violence prevention and responses; promoting equitable gender norms, including during adolescence; and designing health interventions to overcome gender-related barriers to access.

UN sustainable development assistance frameworks, as well as existing mechanisms, joint programmes and other collaborative efforts⁴ can serve as the foundation for collective gender transformative action at country level for improved health and development for all.

Box 2. Enhancing collective action on reproductive, maternal, newborn, child and adolescent health (RMNCAH)

Achieving the SDG 3 targets for RMNCAH is a priority area that requires cross-agency collaboration at global and country levels. Government, civil society, the private sector and development partners, within and beyond health, are essential to success. Determinants such as education, gender, nutrition, water, sanitation and hygiene, and human rights are key drivers of health, as is access to quality services and the strength of a country's health system, including primary health care, and communities.

Through this collective approach, we will review how global organizations have collaborated on RMNCAH to date, and what further steps are required to ensure

⁴ These include but are not limited to the: UN System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP); Inter-Agency Network on Women and Gender Equality (IANWGE); Every Women, Every Child Platform; The Spotlight Initiative to Eliminate Violence Against Women and Girls; The Women's Entrepreneurship Financing Initiative (WEFI); The UNFPA/UNICEF Global Programme to Accelerate Action to End Child Marriage; the Joint Programme on Empowering Adolescent Girls and Young Women through Education; UNDP, UNFPA, UNICEF, WHO, World Bank Special Programme on Human Reproduction (HRP); Agenda to end discrimination in healthcare settings.

that RMNCAH targets are met in an effective, efficient and sustainable way. Most organizations work across several functions on RMNCAH, ranging from policy dialogue and financing to service delivery. Each organization adds value through its expertise and focus on specific areas (e.g. HIV, immunization, sexual and reproductive health and rights, and family planning). There are however areas of overlap, such as advocacy, financing, data, demand creation, supply chains and technical assistance.

We will strengthen cooperation in areas of policy coherence, coordination and joint programming; integrated service delivery; aligning demand creation, market shaping and implementation; harmonization of data systems, collection and use. Building on extensive progress in enhancing collaboration, the next phase will ensure that country-level dialogue, collaboration and coordination platforms, including those that engage the H6, the Global Financing Facility and other partners, are further strengthened, prioritizing those countries and populations furthest behind. Specific health interventions that can be rapidly scaled up will also be identified. An increased focus on the determinants of RMNCAH outcomes, integrated service delivery, strengthening countries' capacity, primary health care and community systems, and ensuring sustainable financing will be key.





ALIGN SUSTAINABLE FINANCING APPROACHES, INCLUDING SUPPORT FOR DOMESTIC RESOURCE MOBILIZATION

One of the most effective ways to reach the SDG 3 and health-related targets is to improve the generation, allocation, and use of funds for health. Closer alignment of advocacy and support to countries in mobilizing and efficiently allocating domestic resources for health can reinforce the domestic decision-making process and bring clarity around best buys for health. There is a pressing need to align our efforts to enhance the effectiveness of Development Assistance for Health (DAH) in strengthening domestic resource use and mobilization.

→ How we get there

Align advocacy and support for mobilizing domestic health spending: Building on ongoing initiatives,⁵ organizations are examining opportunities to align advocacy for increased domestic spending on health and getting buy-in from Ministries of Finance on the case for investing more in health. Routine dialogues with Ministries of Finance and development banks on fiscal and public financial management reforms, such as adoption of earmarked taxation on unhealthy products, will be strengthened. (See the Accelerator summary on Sustainable Financing).

Expanding in-country financing dialogues for health involving all key partners and developing joint prioritization frameworks to identify ‘best buys’ will be explored.

ALIGN INVESTMENT CASE APPROACHES

Organizations use different assumptions, modelling and methodologies for the development of investment cases. Aligning approaches will allow all partners to better identify synergies and inform a fuller understanding of how investment cases contribute as a collective whole in accelerating progress towards the health-related SDGs.

→ How we get there

Establish clarity on models and methodologies: We have begun to compare models and methodologies underlying investment cases to better understand and address differences.

Align methodologies: We will develop clear explanations for any differences and move towards greater consensus and alignment of methodologies in the development of investment cases.

Explore options to optimize country investments: In line with country needs and national health plans, we will explore opportunities for greater transparency on investments in countries and identification of gaps; where appropriate and beneficial to countries, this may include the development of country investment cases using standardized methodologies.

⁵ Examples include: the World Bank’s Human Capital Project is working with Ministers of Finance to drive demand for more and better investment in people; the collective principal global financing agencies known as the G4 (Gavi, GFATM, GFF and the WBG) are working to align their investments around country financing strategies; the P4H network aims to align actions of different agencies in support of stronger health financing systems; and the Collaborative Agenda on Health Financing, Fiscal Sustainability, and Public Financial Management, led by WHO with the participation of the WBG, IMF, Global Fund, Gavi, UNICEF and other partners.

ENHANCE ACCESS THROUGH SUPPLY CHAIN MANAGEMENT

To ensure sustained demand-based access to essential health care, quality commodities must be available without disruption and delivered by trained, qualified service providers. This will require engagement strategies at political levels, long-term vision, maintenance of investments and a focus on reaching the 'last mile' i.e. local service delivery points, in clinics and villages.

→ How we get there

Expand and deepen supply chain

collaboration: Building on coordination efforts with global partners and regional and country stakeholders to strengthen supply chain systems, we are enhancing collective action for:

- Quality assurance of medicines, vaccines, diagnostics and prevention tools, including contraceptive commodities, and providing guidance on effective procurement and distribution
- Influencing global markets to maintain innovation, price competitiveness and sustained production
- Improving data-driven, evidence-based, transparent decision-making processes
- Supporting demand-based commodity forecasting and supply planning mechanisms in countries
- Advocating for incremental domestic resource mobilization, coupled with enacting financial and regulatory policies that ensure timely registration, clearance, and distribution of commodities.

HARMONIZE OPERATIONAL POLICIES TO ENHANCE EFFICIENCIES

Significant efficiencies can be realized by further harmonizing and streamlining corporate operational functions and policies among global health organizations. Alignment can also serve to reduce competition for human resources.

→ How we get there

Harmonize operational policies:

Opportunities to enhance cross-agency learning and maximize efficiencies are being examined, including:

- Sharing capacity assessments of grantees
- Collaborating on procurement
- Aligning country investments in human resources and infrastructure
- Aligning funding of public sector staff in countries, salary bands and consultancy rate bands
- Aligning travel costs policies
- Sharing information on planned missions and conducting joint missions where relevant.

ACCELERATE



A number of cross-cutting areas have been identified that merit distinct focus, given their potential to significantly accelerate progress across the SDG 3 health-related targets. These represent common priorities across our organizations, and areas where more innovative, synergistic efforts will increase the pace of progress.

Proposed “accelerators” bring together our resources, expertise and reach on catalytic enablers that will accelerate progress significant to all our mandates and across the SDG agenda.

We have identified an initial set of accelerators based on four criteria (see Box 3). Working papers are being developed to present the central role of accelerators in driving progress towards the health-related SDGs, opportunities and bottlenecks to closer coordination, roles of and implications for relevant organizations and initial frameworks for joint action. Initial summaries of the following accelerators are presented below.

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

Box 3. Accelerator criteria

Criteria for an area of work to be considered an accelerator:

- » **Contribution to speeding up progress:** Potential to increase the pace in reaching the health-related SDGs
- » **Collective and cross-cutting:** Requires cross-agency engagement, while playing an enabling function across several health priorities
- » **Catalytic:** Catalytic and disruptive to the status quo
- » **Country impact:** Relevant to countries and lead to measurable people-centred impact

Accelerator 1: Sustainable financing

One of the most effective ways to reach the SDG 3 targets is to *improve the generation, allocation, and use of funds for health*. Business as usual will not achieve UHC or the broader set of SDG 3 targets.

Global agencies will work together to assist countries in building their capacity to raise adequate and sustainable revenue through pro-poor and pro-health fiscal policy, and to give more priority to health. We will assist in improving the efficiency and equity of health spending, and ensure that key areas, including primary health care and critical public goods (such as epidemic and pandemic preparedness), are adequately funded. Agencies will also work to better align DAH with national priorities, use it to leverage more funds for health, and shape the quality of domestic resources, ultimately increasing the impact of DAH on people's lives.

This accelerator comprises three accelerator drivers and a set of supporting activities to make the drivers work. The drivers will help rapidly improve the amount, sustainability and quality of funds for health and use them better. All activities require countries and external partners to work collaboratively, with countries in the lead.

Accelerator drivers

1. *Support for accelerated fiscal and public financial management reforms in low- and middle-income countries (LMICs)*. This comprises: Establishing routine dialogue with Ministries of Finance, the International Monetary Fund, and the macro-fiscal arms of development banks on fiscal reforms to raise more funds, and intensified support to public financial management and efficiency reforms. Achieving SDG 3 is impossible without increased domestic resources, which requires Ministries of Finance to be convinced of the need to raise more funds rapidly. Support for these reforms is important to ensure that funds are available, allocated efficiently and effectively, and spent to produce the desired results.
2. *Harmonization or development of funding instruments to better leverage additional funds or jointly provide a critical mass of funding to key activities*. Hybrid financing instruments can be expanded, including loan buy-downs. Parallel and pooled funding, such as multi-donor trust funds, are ways of guaranteeing that key priorities obtain the level of financial support needed to ensure rapid progress. Agencies will also support countries to explore whether innovative mechanisms that have been used globally for raising DAH are applicable at country level.
3. *Support to intensified advocacy platforms that generate demand for increased domestic spending on health*. This includes joint support to country advocacy for health spending, such as People's Health Forums and National Health Assemblies.

Driver-supporting activities

Different supporting actions will be needed to ensure that the drivers succeed, including strengthening country capacities in health financing, joint learning and research, and exploring how innovations in the private sector might be applied in health and health financing. It will also be critical to engage with other partners such as bilaterals and NGOs that provide financing or technical support at country level. Better coordination of health financing instruments and technical support across external partners at global and country levels will build on existing mechanisms.

Accelerator 2: Frontline health systems

Primary Health Care (PHC) is key to reaching SDG 3. A basic package of primary care services could prevent more than 3 million deaths among women and children every year. The “frontline” of the PHC system comprises frontline health workers, both community- and facility-based, and other public- or private-sector services or institutions that serve as the first point of entry to the health system near where people live and work.

The frontline accelerator proposes a paradigm shift: re-focusing the government’s primary role from that of sole service supplier towards stewardship of the overall development of the health system and its core functions, particularly those related to information systems, workforce, supply chains/procurement, data and accountability. Social and technological innovation can be further harnessed for service provision, as well as the empowerment of people and communities as co-producers of health and for increased quality and responsiveness. This will require a shift in emphasis and funding, to the highly cost-effective frontline of the health system, building on strong existing services such as immunization. Coordinated partners may assist national governments in producing national roadmaps for frontline health system innovation, building on a new “Roadmap for Community Health” and “Frontline First Evidence Briefs”.



Accelerator 3: Expanding community and civil society engagement

Agenda 2030 recognizes that “responsive, inclusive, participatory and representative decision-making at all levels” is critical to the attainment of the SDGs and that civil society is indispensable to the ‘whole of society approach’ necessary to deliver on the Agenda. Enabling more meaningful engagement from community-led and civil society organizations (CSOs) constitutes a critical catalyst to achieving the health-related SDG targets and ensuring that no one is left behind. This accelerator is aimed at strengthening support to and engagement with CSOs, with implications at institutional, organizational and individual levels.

The draft accelerator, which will be among the key issues for discussion with civil society over the next year, proposes an initial framework with three priorities for coordinated action:

Expanding political space through joint advocacy for political environments to enable CSOs to engage effectively in global health; adopt a set of common principles that recognize the roles and functions of civil society in relation to health.

Increasing resources for civil society capacity; support south-south/south-north networks for knowledge and capacity transfer; review and align funding modalities to facilitate access to resources and; develop sustainable resource mobilization strategies.

Enhancing meaningful CSO engagement for improved institutional governance by pursuing a common framework for engaging CSOs in global organizations’ governing bodies as well as in the development of strategies and plans.



Accelerator 4: Determinants of health

The right to health extends far beyond the health sector. It requires multi-sectoral responses that are grounded in human rights and give due attention to health in all policies, health promotion and primary prevention.

The determinants of health relate to several SDG targets, which form the core work of a range of non-health actors. Yet policies, regulations and actions are compartmentalized across sectors, and institutions give insufficient attention to contradictions and connections. Further, some determinants that are difficult to address receive inadequate attention and/or investment. Often, sufficient cross-sector responses must be facilitated by decisions at the level of heads of state and government and their cabinets.

Three determinants in particular—environmental determinants, commercial determinants, and social determinants—receive insufficient attention yet are individually and collectively a profound threat to global health, including in crisis and humanitarian settings. Discriminatory and punitive laws and policies that fuel exclusion and marginalization and have proven to have negative health outcomes will need to be assessed and reviewed.

This accelerator will detail concrete actions to strengthen multi-sectoral governance, policy and regulatory coherence, investments and joint action on these three determinants of health. It will support actors across health and other areas to regularly engage with each other in structured dialogue, and where appropriate, plan and act jointly, to maximize shared gains and minimize trade-offs. Such joint action is critical for “whole of government” and “whole of society” mobilization for health and well-being and sustainable development.



Accelerator 5: R&D, innovation and access

Achieving the goal of healthy lives and well-being for all can be accelerated through investments in research and innovation, made accessible on an equitable basis. Today, there is a vibrant community of researchers and innovators across the academic and private sector working to develop solutions for health problems, from basic, fundamental science, to new medical products and devices, to system-level and social sciences research.

Many potential solutions that could have significant positive impact on realizing SDG 3 have been successfully tested in the pilot phase. Yet there are often barriers and delays to the adoption of these solutions, sustainably and at scale, in the countries that need them most.

This accelerator will establish effective pathways to enable innovation to scale in a sustainable manner, and to share these innovations across the health sector, with the following objectives:

- *Sustaining investment in new ideas:* the accelerator will identify best practices for research and pipeline coordination, innovation hubs and other routes for generating new knowledge and propositions for health-improving innovation.
- *Ensuring that promising innovations reach those who need them:* organizations will work together to identify promising innovations ready to transition to scale, and participate in partnerships with governments, funders and the private sector to help innovations translate to impact.
- *Optimising the path to scale-up:* the accelerator will look at existing routes to scale (including the role of tools such as technical guidance and innovation marketplaces) and recommend improvements to ensure that barriers are quickly removed.
- *Enabling sustainable scale-up at the country level:* the accelerator will explore how to shift priorities for research and innovation to the country level (particularly in LMICs), with assistance provided to countries to establish local priorities and modalities for bringing innovations to scale and ensuring equitable access.



Accelerator 6: Data and digital health

An unprecedented amount of data will be required to monitor global progress towards and ultimately achieve SDG 3. Current technological innovations that simplify the collection, storage, processing, analysis, use and accessibility of data make meeting this requirement increasingly possible.

Several data accelerators can advance integrated service delivery and health equity while addressing the challenges of poor information, shifting disease burden and data privacy and security.

Cloud-based visual analytics, automation, social media nudges, secure digital identities and unique identifiers will all contribute to achieving SDG 3. Integrated, timely, accurate and complete information helps health workers holistically understand the health of communities and individuals. Data accelerators can extend the reach of health workers, helping them more affordably address the rising prevalence non-communicable diseases and encourage healthy behaviours. Recent data privacy and security innovations ensure that people around the world can safely and securely access life-changing information while contributing to the global body of knowledge, if they so choose.

A proposed agile working group will assess, guide and implement emerging innovations, ensuring all people benefit equitably from the promise of data and digital.

Accelerator 7: Innovative programming in fragile and vulnerable states and for disease outbreak responses

One of the major global health inequities is the disparity between health indicators of people in stable countries versus people living in fragile and vulnerable settings. More than 50% of unmet SDG needs for key target areas, such as maternal and child mortality, as well as more than 80% of major epidemics, occur in fragile and vulnerable settings.

Dedicated plans to address these disparities need to be developed and tailored to the specific geopolitical context, not only to meet health needs, but also to reduce risk and vulnerability. These plans, developed under the leadership of national authorities, will need to include all partners, including the private sector and civil society, and be accompanied by strengthened presence of major humanitarian and development partners.

There is a continuing need to strengthen the humanitarian-development nexus and to overcome long-standing obstacles. “Collective outcomes” have been placed at the centre of the commitment to the New Way of Working, summarized in the Commitment to Action signed by the Secretary-General and 8 UN Principals at the World Humanitarian Summit, and endorsed by the World Bank and the International Organization for Migration. Transcending the humanitarian-development divide by working toward collective outcomes was also widely supported by donors, NGOs, crisis-affected states and others, and received more commitments at the World Humanitarian Summit than any other area. The New Way of Working frames the work of development and humanitarian actors, along with national and local counterparts, in support of collective outcomes that reduce risk and vulnerability and serve as instalments toward the achievement of the SDGs.

In an increasingly connected world, disease outbreaks and epidemics are a growing risk to people’s lives and livelihoods. Recent epidemics caused by the SARS, MERS, Ebola, Chikungunya and Zika viruses show the impact on economies as well as health infrastructures. Enhanced coordination and increased effort are required to improve global health security and mitigate risks, including the rise and spread of antimicrobial resistance, at national, regional and global levels, to prepare for future outbreaks. Effective and independent methods are critical to measure progress and create a shared vision and understanding of the way forward, as recommended by the UN Secretary-General’s Global Health Crises Task Force in 2017.

The Global Preparedness Monitoring Board, established by WHO and the World Bank Group, is an important new mechanism to strengthen collective action for global health security through stringent independent monitoring and regular reporting of preparedness. The methodology and baseline metrics for this monitoring framework will be developed throughout 2018 and 2019.



ACCOUNT



Global organizations active in health recognize the need to enhance joint accountability—to countries and development partners—for maximizing investments and delivering value-for-money and sustainable results for people. We aim to develop a common framework for assessing results to align our understanding of progress and gaps, while striving toward linking investments more closely and strategically to results.

SET COMMON MIDPOINT MILESTONES TO INFORM CONTINUOUS LEARNING AND RECALIBRATION

Global organizations are breaking new ground by setting shared milestones. Milestones will provide a critical checkpoint and common reference to determine where the world stands in 2023 and whether it is on track to reaching the health-related SDG targets by 2030. This information will also enable us to learn and continuously improve our support to countries.

→ How we get there

Analyse baselines, project trends and set milestones: Milestones are being developed for nearly 50 health-related SDG targets across 14 SDGs. Expert cross-agency working groups are being convened to analyse baselines, undertake projection analyses and establish consensus on credible milestones. See Box 4 for elements of initial progress.

Review and diagnose: Milestones will provide a common dashboard and diagnostic tool for global organizations, countries and other partners to understand where concerted, accelerated action may be needed, and to recalibrate our approaches and mobilize coordinated responses. We will establish mechanisms for regular reviews of progress towards the 2023 milestones and discuss their implications for our collaboration.

EXPLORE PLATFORMS FOR TRACKING AND COORDINATING HSS PROGRAMMING AND INVESTMENTS

Significant scale-up of investments in UHC and health systems strengthening (HSS) would benefit from a common framework that aligns programmatic activities and investment categories. Such a framework would provide the basis for understanding the contributions and expenditures of individual actors and enhance strategic coordination. It would support aligning and reducing duplication of various health systems assessments. Progress is already underway. For example, Gavi and the Global Fund are coordinating their country-level engagement and investments to reduce transaction costs and improve predictability of programming and financial tracking for countries.

→ How we get there

Review experience: Building on lessons learned in HSS, we will examine recalibrating previous attempts to better account for and facilitate coordinated country investments in the context of UHC, taking into account the compatibility of strategies (and governance dimensions) of participating institutions.

Analyse value add/country benefit: We will explore the validity of common platforms in facilitating joint programming and tracking of investment support needs related to UHC.

Box 4. Selection of draft 2023 milestones

Milestones are presented here as illustrative and have not been finalized. The relevant SDG target is indicated in parentheses.

- » Reduce the number of stunted children under 5 years of age by 30% (2.2)
- » Halt and begin to reverse the rise in overweight (0–4 years) and obese (5–19 years) children (2.2)
- » Reduce the maternal mortality ratio by 30% (3.1)
- » Reduce preventable deaths of newborns and children under 5 years of age by 30% (3.2)
- » Reduce new HIV infections to fewer than 0.5 million per year, and reduce AIDS-related deaths to fewer than 0.5 million per year (3.3)
- » Reduce tuberculosis incidence to 38 per 100 000 population (3.3)
- » Reduce malaria incidence to less than 25 per 1 000 population (3.3)
- » Reduce premature mortality from NCDs (cardiovascular, cancer, diabetes, or chronic respiratory diseases) by 20% (3.4)
- » Reduce the suicide mortality rate by 15% (3.4)
- » Reduce the number of global deaths from road traffic injuries by 20% (3.6)
- » Increase the proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods to 66% (3.7)
- » Provide coverage of essential health services to 1 billion more people (3.8)
- » Reduce catastrophic health expenditures by 20% (3.8)
- » Reduce prevalence of current tobacco use in persons aged 15 years and older by 25% (3.a)
- » Increase coverage of human papilloma virus vaccine among adolescent girls (9–14 years) to 50% (3.b.1)
- » Better protect 1 billion more people from health emergencies (3.d)
- » Increase the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being to 80% (4.2)
- » Decrease the proportion of ever-partnered women and girls aged 15–49 years subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months from 20% to 15% (5.2)
- » Increase the proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care to 68% (5.6)
- » Provide access to safely managed drinking water services for 1 billion more people (6.1)
- » Decrease the number of children subjected to violence in the past 12 months, including physical and psychological violence by caregivers in the past month, by 20% (16.2)



3. NEXT STEPS

Phase 1 has established the “nucleus” of the Global Action Plan. It seeks to create momentum by committing to an initial set of actions and providing a platform for further dialogue and development.

Over the coming year, further analysis and consultation will be undertaken, without delaying rapid rollout and scale up of several aspects of the plan. A process of political engagement and consultation will begin at the World Health Summit in Berlin (October 2018) and the Global Conference on Primary Health Care in Astana (October 2018) and will continue thereafter.

A roadmap, including engagement with stakeholders, will be developed to finalize the plan.

1

PHASE 1: COMMITMENT AND IMMEDIATE ACTION

All heads of agencies are fully engaged and together establish a common vision, commit to an initial set of actions and define accelerators and milestones. Progress is presented at the World Health Summit (14-16 October 2018) and the Global Conference on Primary Health Care (25-26 October 2018).

2

PHASE 2: DEVELOPMENT AND ITERATION

Through channels at country, regional and global levels, the Plan will be further developed, including through engagement with other stakeholders as appropriate. Development will build on and align with, as much as possible, other meetings, events and processes, such as UN reform and UHC2030.

3

PHASE 3: PLAN IMPLEMENTATION AND MOBILIZING COUNTRIES AND PARTNERS

After the final Global Action Plan is launched, implementation will be fully scaled up. Countries, as well as development partners, civil society, communities, private sector, academia and more, will be mobilized to collectively accelerate progress on health and well-being.



www.who.int