UHC2030 STEERING COMMITTEE

6th Session – 10-11 December 2019

Albert Borschette Conference Centre

European Commission

Rue Froissart 36, Brussels

Session 3 – Moving together to ensure country impact

For Information ☐ **For Review & Advice** ☒ **For Approval** ☐

Session 3 – Moving together to ensure country impact

Introduction:

This paper has been prepared to inform the discussion of the Steering Committee during Session 3 – Moving together to ensure country impact. It provides an overview of issues for discussion and proposals for UHC2030's role and contribution. The session will shape how UHC2030 and its members can better contribute to impact in countries, with particular emphasis on key asks 5 (invest more and better) and 6 (move together).

Session objectives:

- Understand issues faced by countries, and partners' approaches to help address them.
- Understand role of global platform(s) in creating the enabling environment for more effective implementation in countries.
- Agree UHC2030's role as a champion of good practice and accountability platform, and specific areas of work to take forward.

For Steering Committee consideration:

The session will review priorities faced by countries, relevant ongoing approaches to implementation in countries, and how global approaches can help create the enabling environment for effective support in countries. The SC will be asked to guide UHC2030's role, with a proposed focus on accountability and championing good practice.

3.1 Country UHC needs and roles of different partners in countries.

- What are the key issues faced by countries, especially for coordination of UHC support?
- Examples of relevant activities/approaches UHC2030 members are implementing in countries.
- For information: *From Whom to Whom* data resource on external assistance for health, and what the data tells us.

3.2 Promoting global approaches that create an enabling environment for effective country support

- Recap on UHC2030's mandate, the Global Compact principles, and '7 behaviours'.
- Hear how different UHC2030 members/constituencies use different platforms (UHC2030, GAP, etc) to take forward these and related commitments – including a deep dive on Health Financing collaboration (GAP financing accelerator, P4H).
- Guide UHC2030's role in accountability and championing good practice:
  - Promoting the Global Compact principles;
  - Providing a platform for countries to feed back on partners' performance, including through new scorecards (learning from IHP+ experience), and elevating key issues;
  - Offer to support high-level strategic dialogue on health systems support among senior decision-makers from donor organisations;
  - Delivering on collaborative approaches to address HSS bottlenecks, and refreshing relevant country tools (e.g. JANS and joint review approaches).
- Promote how UHC2030 and the GAP can be mutually reinforcing for shared objectives and priorities, and how GAP agencies promote and take these forward through their roles in both UHC2030 and the GAP.

Background information:

3.1 Country UHC needs and roles of different partners in countries

3.1.1 – Hearing from Countries

Consultations with countries at the World Health Assembly (May 2019) and UHC Partnership countries meeting (June 2019) confirmed that coordination and partners' ways of working remain priorities for many countries. These issues were also raised at the recent WHO Africa Forum for health systems strengthening (November 2019), and have been raised in country dialogues for the SDG3 Global Action Plan. Key issues relevant to UHC2030 include how to:

- Align coordination and policy dialogue with nationally led planning processes;
- Build shared understanding and political and technical vision for UHC;
- Support ministries of health to both coordinate partners and adapt relevant tools and guidance for implementation in specific country contexts;
- Build political commitment, and strengthen accountability mechanisms and processes;
- Identify and translate relevant messages and actions from global advocacy and initiatives (e.g. UHC2030, SDG3 Global Action Plan);
- Agree joint, contextualised approaches and indicators to track progress and feed back on how partners work together and with countries.

The Steering Committee meeting will provide further opportunity for countries to express their priorities with respect to coordination and how partners collaborate.

3.1.2 – An example of country level implementation to help address these issues: WHO's support through the UHC Partnership

The Universal Health Coverage Partnership (UHC-P) is WHO's flexible programme of multi-donor support that promotes UHC by fostering policy dialogue (on strategic planning and health systems governance and financing) and enabling effective development cooperation in countries. It includes a strong emphasis on primary health care being central to moving towards UHC.

UHC-P started in 2011 and has progressively expanded to support 115 countries in all 6 WHO regions. It aims to i) build country capacity and reinforce the leadership of the Ministry of Health to build resilient, effective and sustainable health systems, and ii) bridge the gap between global commitments and country implementation and serve as a country-level resource for UHC2030.

UHC-P supports Ministries of Health with health systems technical assistance and/or seed money for catalytic activities (see Annex 1 for examples). Key features include flexibility (bottom up approach), results focus, seeking to be catalytic, and leveraging domestic resources. The Ministry of Health, WHO Country Office and partners work together at country level to determine priorities.

UHC-P works closely with other UHC2030-related health systems networks and platforms (e.g. Health Data Collaborative, Health Governance Collaborative, P4H). UHC-P also includes collaboration with Unicef and others (including through the GAP PHC accelerator) to strengthen collective support to countries for PHC reforms and implementation. UHC-P's flexible approach means that support can include helping ministries of health to strengthen partner coordination.

UHC-P also supports collaboration with UHC2030 partners on global goods that support country implementation and learning. For example, WHO is developing a Handbook on Social Participation for UHC, bringing new evidence from country experiences. To advise on its development, WHO and UHC2030 jointly convened a Technical Network with a range of experts from governments, civil society, community representatives, and academia.

UHC-P is supported by the European Union, the Grand Duchy of Luxembourg, Japan, Ireland, France and United Kingdom. In total this amounts to approximately US$50 million per year. UHC-

P support has contributed to over 900 million people benefiting from interventions that increasingly relate to community level, people-centred, integrated primary health care.

3.1.3 – Data on external support for health – *From Whom to Whom*

From Whom to Whom? is WHO's data resource on official development assistance for health. On UHC Day (12 December) a new *From Whom to Whom* website will go live that visualises data on Official Development Assistance (ODA) for health and provide evidence on the volumes, trends and purposes of external assistance in specific country contexts. Annex 2 shows example visualisations this new resource can generate.

These visualisations will support increased transparency of health aid allocation, alignment to national priorities, and collaboration across health, development and humanitarian agencies that support countries. It is therefore a vital resource for UHC2030's work on how partners can work together more effectively in support of UHC goals. It will also complement the data and documents in the 'nationalplanningcycles.org' database for country planning, governance, aid effectiveness and support towards UHC.

For further information:
- UHC-P website, www.uhcpartnership.net
- UHC-P 'Stories from the field': https://uhcpartnership.net/reports/
- UHC-P annual report: https://uhcpartnership.net/wp-content/uploads/2019/10/UHC-annual-report-2018_WEB-spreads.pdf
- WHO-hosted Country Planning Cycle database: www.nationalplanningcycles.org

3.2 Promoting global approaches that create an enabling environment for effective country support

3.2.1 – Global commitments: UHC2030 Global compact and the 7 behaviours

The Global Compact, signed by all members of UHC2030, includes five guiding principles:

i. Leaving no one behind: a commitment to equity, non-discrimination and a rights-based approach;
ii. Transparency and accountability for results;
iii. Evidence-based national health strategies and leadership, with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery;
iv. Making health systems everybody's business – with engagement of citizens, communities, civil society and private sector;
v. International cooperation based on mutual learning across countries regardless of development status and progress in achieving and sustaining UHC, and development effectiveness principles.

UHC2030 continues to promote the 7 behaviours for health development effectiveness:

i. Provide well-coordinated technical assistance;
ii. Support a single national health strategy;
iii. Record all funds for health in the national budget;
iv. Harmonise and align with national financial management systems;
v. Harmonise and align with national procurement and supply systems;
vi. Use one information and accountability platform;
vii. Support south-to-south and triangular cooperation.

Together these principles and behaviours remain the guiding benchmarks for effective health collaboration, and feature prominently in the SDG3 Global Action Plan (see below).

3.2.2 – Agreeing UHC2030's role

→ Facilitating countries' feedback on partner/agency behaviours

From 2009 to 2016, IHP+ Results produced five rounds of monitoring on effective development cooperation behaviours in the health sector. The fifth round included 30 countries. An example country scorecard is at Annex 2.

There remains a need to track progress on the Global Compact principles and the 7 behaviours. Several countries and partners have requested i) a lighter touch data collection process that countries can use to provide feedback on agency performance/behaviours (e.g. to generate more streamlined scorecards) and ii) a platform for discussing key findings and promoting renewed commitment and action to adhere to the '7 behaviours'.

We therefore seek Steering Committee feedback on whether UHC2030 should relaunch a scorecard mechanism to strengthen accountability for how all partners work together towards UHC in countries, and how to make this most effective. Learning from the IHP+ Results experience, this would be based on nimble (e.g. electronic or phone app-based) data collection rather than intensive consultant inputs. With Steering Committee approval we would work up a more detailed proposal. Such a mechanism could also contribute to monitoring of commitments in the SDG3 Global Action Plan (see below).

→ Strategic dialogue for health systems donor decision-makers

At the recent (October 2019) meeting of the UHC Partnership multi-donor coordination committee (a programme governance/oversight body for UHC-P donors), a proposal was made by the United Kingdom representative for a specific dialogue that brings together major international funders of health systems strengthening efforts to collectively review and coordinate their support more strategically. The UHC-P meeting participants were broadly supportive of this proposal, while noting that:

i. The added value would depend on convening senior decision-makers with the authority to directly influence funding allocations and organizations' overall approaches;
ii. There would be a need for some background analytical and secretariat support to facilitate and inform discussions by senior decision-makers;
iii. Such a dialogue, which might take place on an annual or semi-annual basis, should ideally build on an existing platform or process within the global health architecture.

This was discussed also at the recent EU member states health experts meeting. There was feedback that strategic dialogue could add value but that it would be critical not to establish any new platforms or architecture around it.

The Steering Committee is therefore invited to comment on whether, in principle, UHC2030 should promote a high-level dialogue among health systems funders, and/or offer to play a supporting role in convening it and/or providing related secretariat support and background information/analysis.

→ Collaborative approaches to address health systems bottlenecks

As described in the Progress Update to the Steering Committee [UHC2030/SC6/2019/05.Rev1], multi-stakeholder working groups in UHC2030 are developing and delivering products on sustainability and transition, public financial management, health systems performance assessments, private sector enagement, and UHC in fragile settings. The 2020 workplan and results framework [UHC2030/SC6/2019/11.Rev1] set out how the Core Team will work with UHC2030 partners to ensure these are promoted and used effectively and contribute to country impact.

For example, we are finalizing a new harmonized approach to health systems performance assessment and developing plans for its use in countries, promoting joint policy and advocacy messages on public financial management with countries, and integrating the sustainability and transition principles with the SDG3 GAP Sustainable Financing accelerator and with CSOs on social accountability for UHC. We plan also (in collaboration with UHC-P and relevant GAP accelerators) to review and update guidance and tools for effective multi-stakeholder coordination towards PHC and UHC – for example the Joint Assessment of National Strategies and other joint planning/review tools.

→ SDG3 Global Action Plan and UHC2030

The Global Action Plan sets out the 'collective commitment by 12 agencies to strengthen their collaboration in support of countries' and represents a 'more purposeful, systematic, transparent and accountable collaboration' to accelerate progress.

UHC2030 contributed to the GAP through dialogue with the GAP Secretariat, inputs to GAP Sherpa meetings, responses to consultations, and collaboration with agencies in specific GAP accelerators (PHC, sustainable financing, civil society and communities). A CSEM sub-group provided advisory inputs from civil society.

The GAP includes an explicit re-commitment by the agencies to key principles of development effectiveness, including the 7 behaviours and UHC2030 Global Compact principles. The GAP will 'build on the history of coordination efforts and leverage existing platforms', and implementation will be aligned with existing in-country processes and national planning cycles.

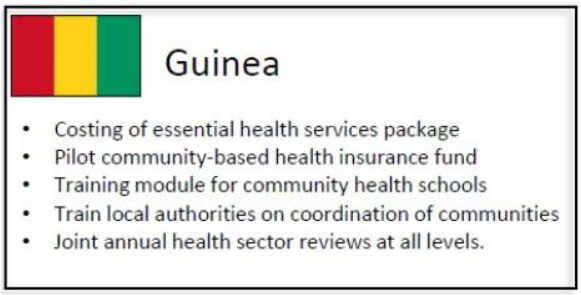
UHC2030 continues to have a role in relevant GAP accelerators; opportunities for collaboration on specific actions in GAP accelerators are listed in Annex 4.

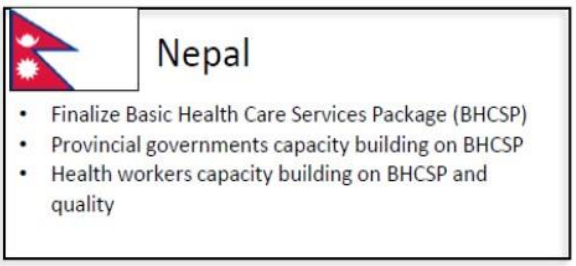
Steering Committee discussions will provide an opportunity for GAP agencies to outline how they will use the GAP to strengthen collaboration and "walk the talk" on the UHC2030 Global Compact principles and 7 behaviours. There will be explicit discussion of how agencies are making use of both UHC2030 and the GAP, and where they see linkages, and of how all constituencies would like to see UHC2030 engage with the GAP in support of shared objectives.

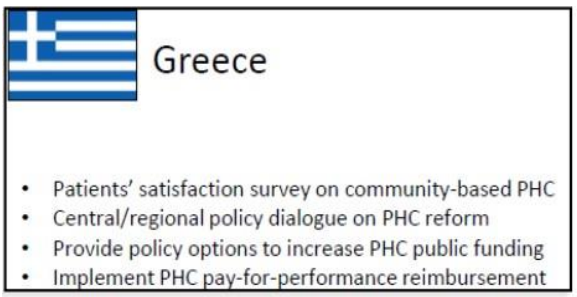
The proposed UHC2030 scorecards, and platform UHC2030 offers for strategic discussions, could also serve as an accountability mechanism for all partners including GAP agencies.

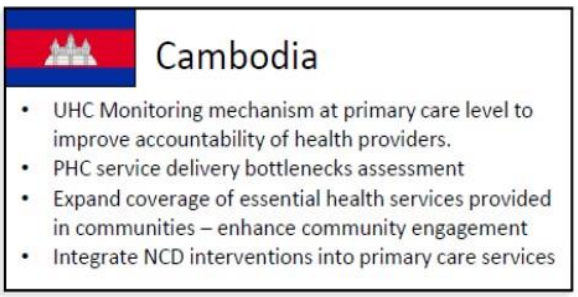
For further information:
- UHC2030 Global Compact: https://www.uhc2030.org/our-mission/global-compact/
- HSS Coordination and the 7 behaviours: https://www.uhc2030.org/what-we-do/coordination-of-health-system-strengthening/
- IHP+ Results, 2016 monitoring round: https://www.uhc2030.org/what-we-do/accountability/2016-monitoring-round/
- SDG3 Global Action Plan: https://www.who.int/sdg/global-action-plan

Annex 1 – Examples of UHC-Partnership support to countries

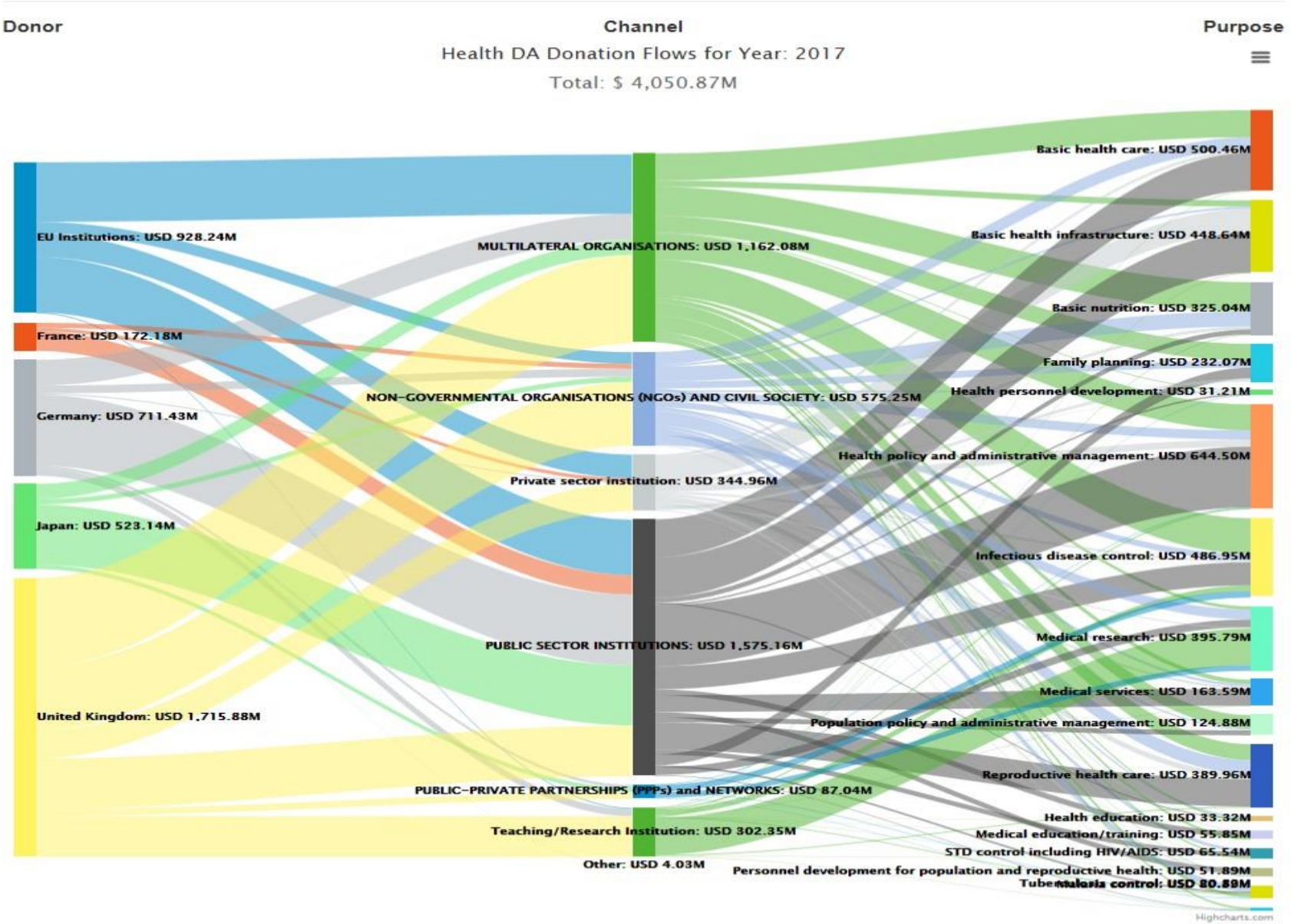


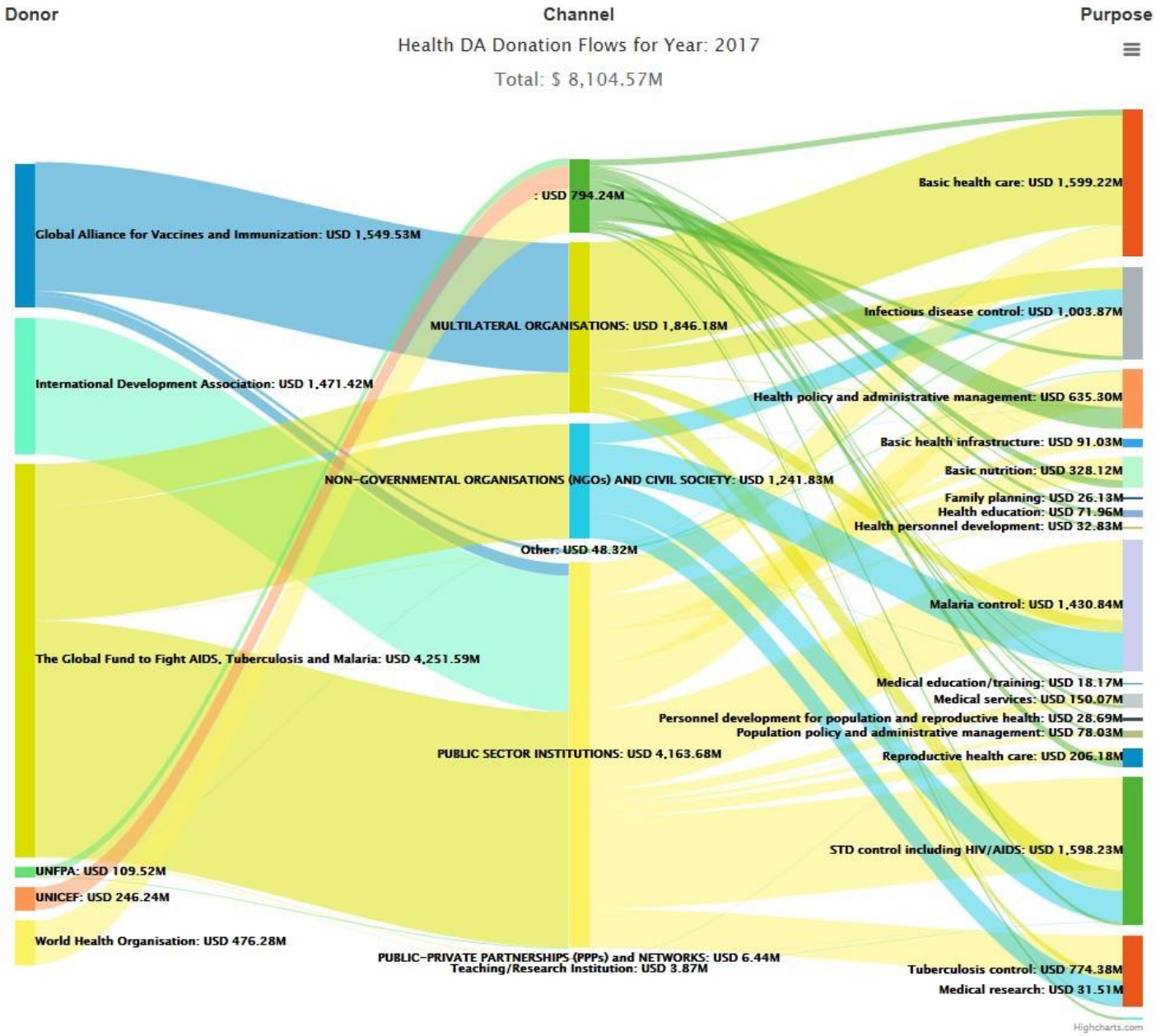






Annex 2 – Indicative data visualisations, *From Whom to Whom*

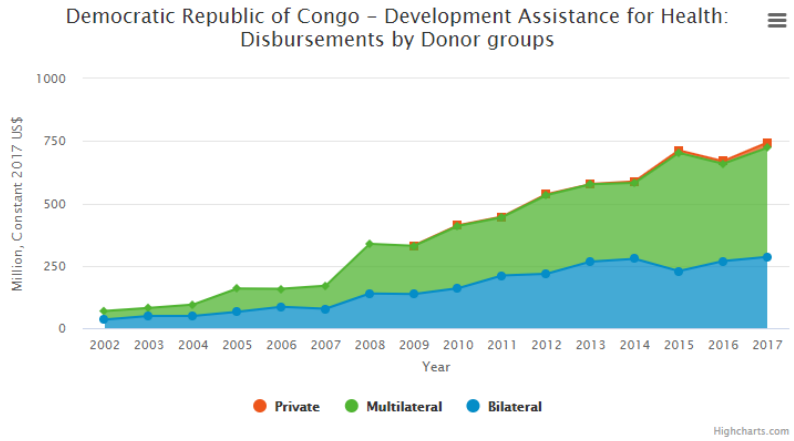



Donor
Channel
Purpose
Health DA Donation Flows for Year: 2017
Total: $ 8,104.57M
Global Alliance for Vaccines and Immunization: USD 1,549.53M
International Development Association: USD 1,471.42M
The Global Fund to Fight AIDS, Tuberculosis and Malaria: USD 4,251.59M
UNFPA: USD 109.52M
UNICEF: USD 246.24M
World Health Organisation: USD 476.28M
: USD 794.24M
MULTILATERAL ORGANISATIONS: USD 1,846.18M
NON-GOVERNMENTAL ORGANISATIONS (NGOs) AND CIVIL SOCIETY: USD 1,241.83M
Other: USD 48.32M
PUBLIC SECTOR INSTITUTIONS: USD 4,163.68M
PUBLIC-PRIVATE PARTNERSHIPS (PPPs) and NETWORKS: USD 6.44M
Teaching/Research Institution: USD 3.87M
Basic health care: USD 1,599.22M
Infectious disease control: USD 1,003.87M
Health policy and administrative management: USD 635.30M
Basic health infrastructure: USD 91.03M
Basic nutrition: USD 328.12M
Family planning: USD 26.13M
Health education: USD 71.96M
Health personnel development: USD 32.83M
Malaria control: USD 1,430.84M
Medical education/training: USD 18.17M
Medical services: USD 150.07M
Personnel development for population and reproductive health: USD 28.69M
Population policy and administrative management: USD 78.03M
Reproductive health care: USD 206.18M
STD control including HIV/AIDS: USD 1,598.23M
Tuberculosis control: USD 774.38M
Medical research: USD 31.51M
Highcharts.com

Donor Groups

This is the subtitle for this chart.....

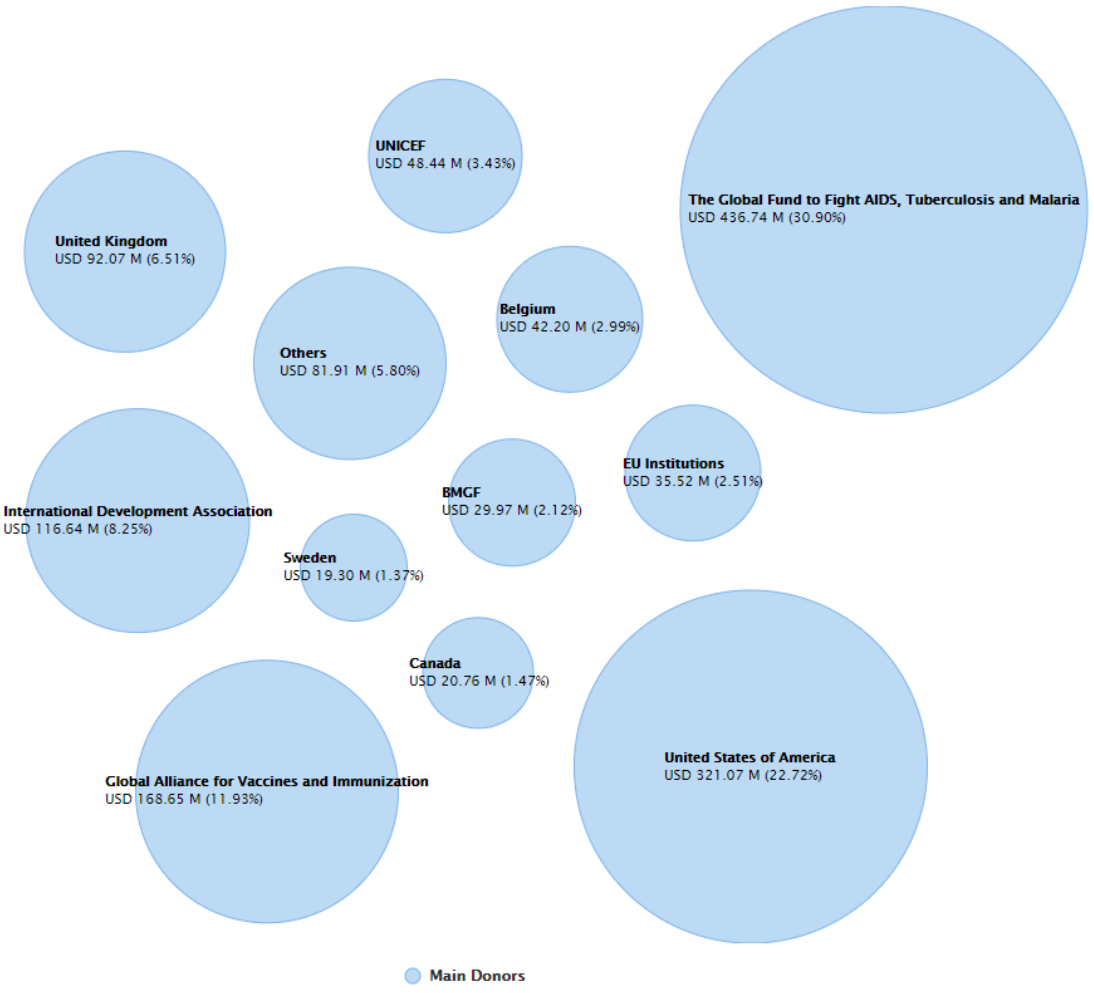
About this chart

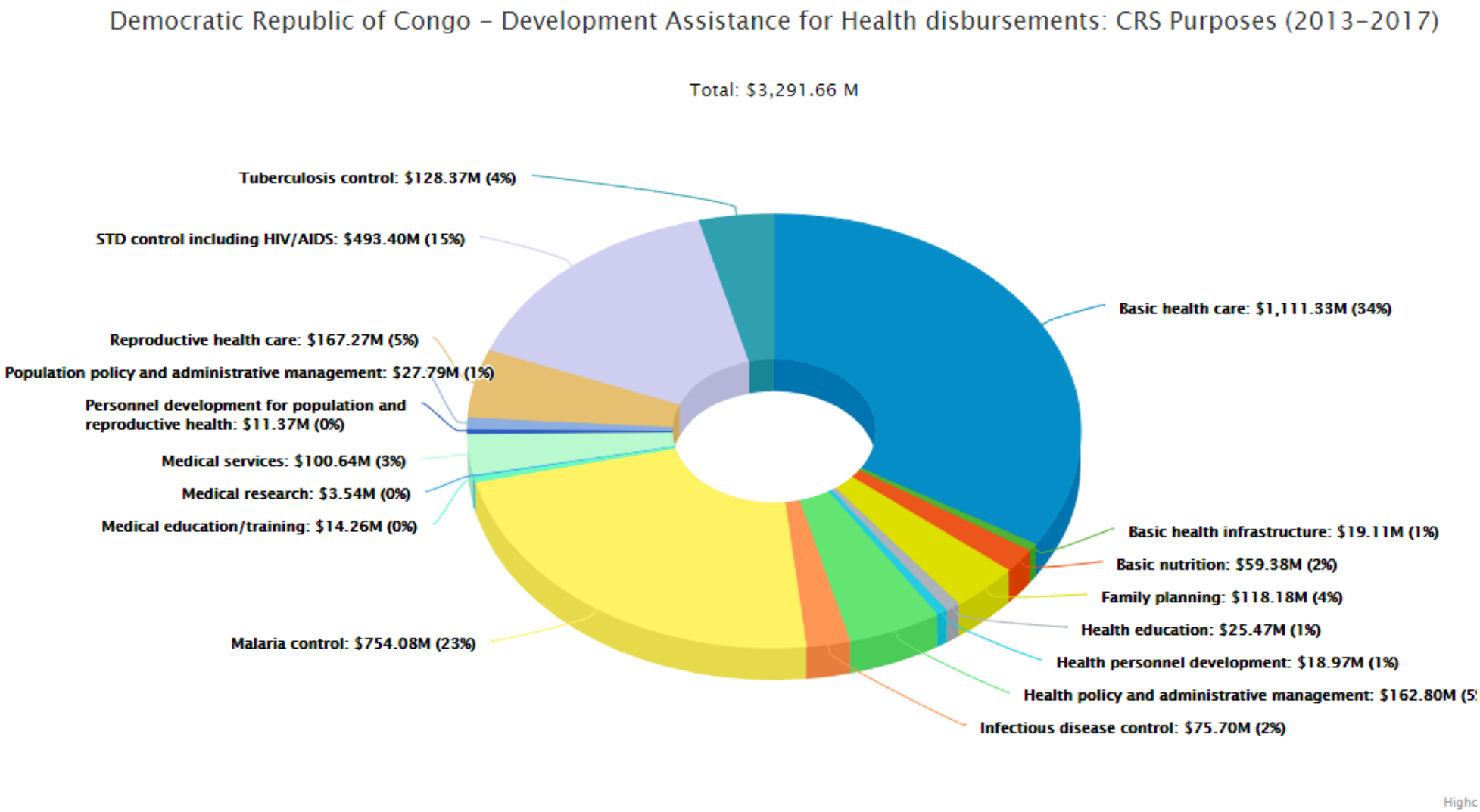


Top 10 Multilaterals (2002-2017)

Donor	USD Millions
The Global Fund to Fight AIDS, Tuberculosis and Malaria	1,361.75
International Development Association	751.67
Global Alliance for Vaccines and Immunization	699.10
EU Institutions	284.31
UNICEF	209.39
UNFPA	101.33
AfDF	33.81
World Health Organisation	16.01
UNAIDS	13.18
Arab Bank for Economic Development in Africa	2.31

Democratic Republic of Congo – Development Assistance for Health – Main Donors, Disbursements (2016 – 2017)




Democratic Republic of Congo – Development Assistance for Health disbursements: CRS Purposes (2013–2017)
Total: $3,291.66 M
Tuberculosis control: $128.37M (4%)
STD control including HIV/AIDS: $493.40M (15%)
Reproductive health care: $167.27M (5%)
Population policy and administrative management: $27.79M (1%)
Personnel development for population and reproductive health: $11.37M (0%)
Medical services: $100.64M (3%)
Medical research: $3.54M (0%)
Medical education/training: $14.26M (0%)
Malaria control: $754.08M (23%)
Basic health care: $1,111.33M (34%)
Basic health infrastructure: $19.11M (1%)
Basic nutrition: $59.38M (2%)
Family planning: $118.18M (4%)
Health education: $25.47M (1%)
Health personnel development: $18.97M (1%)
Health policy and administrative management: $162.80M (5
Infectious disease control: $75.70M (2%)
Highc

Annex 3 – Example IHP+ Results Scorecard (from 2016 monitoring round)

ZAMBIA

2016 IHP+ MONITORING ROUND
National performance review

HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (10 DPs out of 19 participated), civil society organisations (10 CSOs participated) and private sector representatives (9 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

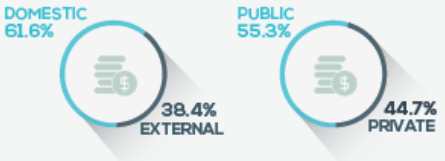
Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/zambia.

NATIONAL HEALTH EXPENDITURE

Total health expenditure per capita **$85.85**

Sources of national health expenditure



Source: WHO, National Health Accounts 2014

COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY

PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy

100% of participating DPs confirm they align their support with the national (or sub-national /sector) Health Sector Strategy.

Was the national health sector plan jointly assessed? ✓

DPs	56%	
CSOs		✓
PS		✗

Stakeholders that supported the joint assessment

While several DPs participated in the Mid-Term Review (MTR) of the NHSP only CHAZ participated from the CSOs and no PS was involved. There is need for a JANS.

MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists? ✗

0% of participating DPs only use national health sector indicators to monitor their support.

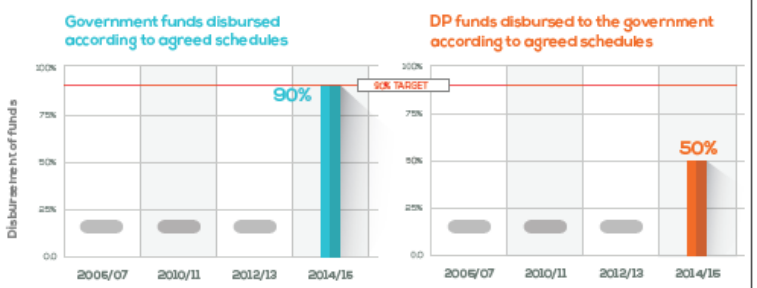
67% of participating DPs confirm they participated in the mutual accountability processes

Some DPs took the national HMIS as the MA tool. However, most of them use agency project/program specific indicators, considered more robust.

COMMITMENT

TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR

HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE



Predictability of funds for the future

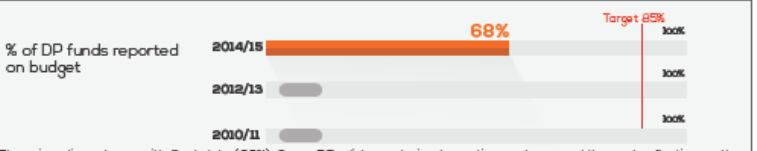
Rolling 3 year budget or Mid-Term Expenditure Framework in place:

2005/07	2010/11	2012/13	2014/2015
—	—	—	?

67% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

The DPs decide which component of the NHSP would support, inform govt about the budget and disburse through several models (project, etc.).

HEALTH AID IS ON BUDGET



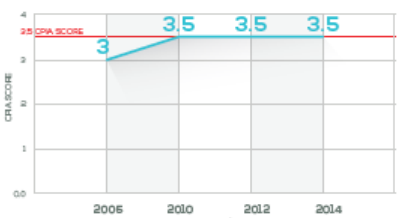
There is a discordance with Govt data (22%). Some DPs disburse to implementing partners and thus not reflecting on the national budget.

COMMITMENT

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

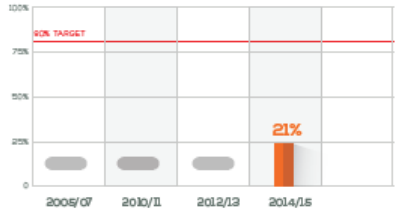
PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Are PFM systems of sufficiently good quality?



Source: Word Bank, CPIA data 2014

Percentage of DP funds using PFM systems



75% 75% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

DPs have very little confidence in the PFM and thus reluctant to channel funds through it.

PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

A government plan for national procurement and supply exist ? ✓

38% 38% of participating DPs use the national procurement and supply systems.

75% 75% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

Most DPs consider the national procurement and supply system very inefficient and thus prefer utilising their own system.

TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

An agreed national TA plan exists? ✗

22% 22% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation? SOMETIMES

63% 63% of participating DPs support South-South cooperation.

While most DPs are willing to render TA, govt has not been proactive in utilising this assistance.

COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

CIVIL SOCIETY ORGANISATIONS ENGAGEMENT

What space does the **government** provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)

✓	Government consults CSOs in the design, implementation or monitoring of national health policies	70%	70% of CSOs confirm they are consulted
✓	Government provides financial resources	25%	25% of CSOs receive financial resources
✗	Government provides training support	11%	11% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by **development partners**? (Sources: DP qualitative surveys and CSO online survey)

100%	100% of DPs consult CSOs when developing their cooperation programme	67%	67% of CSO's confirm they are consulted
67%	67% of DPs provide financial resources	44%	44% of CSO's receive financial resources
44%	44% of DPs provide technical assistance	56%	56% of CSO's receive technical assistance

PRIVATE SECTOR ENGAGEMENT

- The PS has resources that may benefit govt systems and processes and thus are worth the consultation and collaboration.
- The government includes the private sector in health policy processes but in a rather selective way, depending on the activity, as the PS is not considered to be aligned with national priorities.
- There is need for more transparent mechanisms to show govt uptake of PS proposals on important issues by effective feedback.
- Some International partners consult the PS on their implementation of health sector programs, mostly for consultations on proposed activities. They also ensure participation of PS at technical fora.
- The legal and regulatory environment is conductive for the PS to organise and present their views but there is the need to grant a platform for better communication to contribute to the health policy.

ihp+ results

http:// www.ihpplusresults.net/zambia

Annex 4 – GAP accelerator actions, with potential opportunities for UHC2030 to contribute highlighted

[Table of actions copied from Global Action Plan - https://www.who.int/sdg/global-action-plan]

Accelerator theme	Action	No.
Primary health care Country level	1 Support assessment of primary health care capacity, aligning existing agency-level approaches and using a common approach to health systems assessment.	1
	2 Provide tailored and coordinated country support to strengthen health systems for primary health care by generating evidence; country prioritization, planning and budgeting; mobilization of financing and health workforce development to improve coverage and equity, including in fragile and vulnerable settings.	2
	3 Provide assistance to identify who is being left behind and why and prioritize integration with other sectors to influence determinants of health and health outcomes.	3
Primary health care Global/ regional level	1 Collaborate on the three components of primary health care using existing mechanisms, including reframing financial support, where appropriate.	4
	2 Use existing global mechanisms to agree on a framework for monitoring primary health care with improved metrics, including on financing, made available for adaptation and use by countries.	5
	3 Refine and strengthen the capacity of partners to effectively engage, accelerate, align and account in order to advance primary health care through their work at country level using common tools, instruments and approaches.	6
	4 Develop, finalize and scale up "leave no one behind tools" and approaches to promote common United Nations Country Team Guidance.	7
Sustainable financing for health Country level	1 Support countries to mobilize adequate and sustainable revenues through pro-poor and pro-health policies and legislative and regulatory measures, including fiscal measures as appropriate, for achieving the health-related SDG targets, including by enhancing community voices on health financing and dialogue between ministries of health and finance.	8
	2 Ensure that no one is left behind at the country level by improving the efficiency and equity of health spending and incentivizing high-quality health service provision through strategic purchasing, effective allocation of resources and improved public financial management.	9
	3 Provide resources for country dialogue and technical support through jointly funded operations for increased effectiveness and efficiency of development assistance for health, while ensuring that global public goods are adequately funded.	10
Sustainable financing for health Global/ regional level	1 Develop internal strategies to ensure alignment with and accountability to the accelerator agenda.	11
	2 Agree on joint tools for identifying health financing bottlenecks (e.g. through dashboards) and progress (e.g. matrices and indicators) and support joint learning, dissemination and capacity-building initiatives to ensure better alignment on key issues related to health financing.	12
	3 Support global consensus-building and knowledge-sharing among partners to learn from and share past and current support for a country-driven health financing agenda that is consistent with the evidence on "what works and does not work" in making progress towards universal health coverage.	13

Accelerator theme		Action	No.
Civil society and community engagement Country level	1	Jointly advocate for and provide coordinated support to communities and civil society organizations at country level, including through organizational strengthening, to enable and empower them to strategically mobilize around, meaningfully engage in and influence discussions on the development of ambitious multisectoral responses for health and well-being for all, particularly in health coordination and governance and accountability platforms.	14
	2	Strengthen national and sub-national community and civil society coalitions in support of common and cross-cutting health issues and improve alignment of support and funding for community and civil society and improved engagement and coordination, with the aim of joined-up engagement processes and platforms across the health sector.	15
	3	Support countries to develop gender-transformative, equity-oriented, rights-based, people-centred health policies and programmes by enhancing meaningful engagement and inclusive governance and amplifying the voice of communities and civil society in country fora, particularly of disenfranchised and marginalized communities and by jointly leveraging the UN SDG operational guidance on leaving no one behind to align Global Action Plan efforts in countries with wider processes that aim to ensure meaningful engagement.	16
Civil society and community engagement Global/ regional level	1	Undertake joint advocacy and enabling actions – especially with funding partners and countries - to expand the civic space for health and make the case for investments in communities and civil society; collect and share best practices and guidance on the effective engagement of communities and civil society; monitor and evaluate the quality of engagement together with communities and civil society to assess whose voices are heard and their influence in decision-making for better policy and more equitable health outcomes.	17
	2	Strengthen the mechanisms and capacity of the agencies to meaningfully engage communities and civil society at the levels where they operate (country, regional, global) by mapping the civil society engagement mechanisms of the agencies and identifying gaps and opportunities to ensure that disenfranchised and marginalized communities are represented.	18
	3	Build and/or strengthen a virtual platform to empower civil society to mobilize around, engage in and influence discussions on health and well-being for all (for use particularly at country level); and develop alternative tools for those with limited access to the Internet to increase participation and knowledge-sharing among stakeholders who may be financially, socially and/or geographically marginalized.	19
Determinants of health Country level	1	Support the strengthening of multisectoral and multi-stakeholder governance platforms that are inclusive of marginalized voices to address the determinants of health in a holistic manner and disseminate good practices.	20
	2	Strengthen policy, legislative and regulatory measures, including fiscal measures as appropriate, while empowering individuals, civil society and governments to address the determinants of health and establishing or strengthening transparent local accountability mechanisms for health.	21
	3	Support the development of a national investment case to address the determinants of health by action in the different spheres of policy making that have a bearing on health, health inequities, the relationship between health, poverty and socio-economic development, the number of lives that could be saved and the returns on investment.	22
	4	Promote integration of actions to address barriers, the determinants of health and the pledge to leave no one behind in both sector-specific and multisectoral development plans and financing frameworks.	23

Accelerator theme		Action	No.
Determinants of health Global/ regional level	1	Review the agencies' social and environmental standards and practices and agree on best practice to align them with and implement ambitious "green" procurement and waste management practices by 2023, while disseminating lessons and supporting governments to follow similar good practices.	24
	2	Review the agencies' policies for engagement with the private sector to build on good practices for meaningful and effective contributions to national health responses, including through public-private partnerships, in order to achieve the health-related SDG targets, while reviewing code of conduct policies on private sector engagement and managing conflicts of interest between public health and those who develop, market or sell health-harming products, such as the fundamental conflict of interest between the tobacco industry and public health.	25
	3	Review and assess the agencies' policies, programmes, frameworks, budgets and expenditures on gender equality and leaving no one behind, align them with best practices and strengthen them to advance the health and human rights of people left behind.	26
	4	Leverage global platforms to prioritize and jointly act on determinants of health relating to climate change, communicable diseases and NCDs.	27
Innovative programming in fragile and vulnerable settings Country level	1	Strengthen emergency capacity through preparedness actions to reinforce health system capacity to prevent and mitigate the impact of health emergencies and natural disasters.	28
	2	Support countries with fragile settings to better prepare for, prevent, detect and respond to outbreaks, as outlined in the International Health Regulations (2005).	29
	3	Support the development of an essential package of health services in fragile settings (tailored to the country context, available resources and ability to implement), map services to stakeholders responsible for their delivery and develop or strengthen logistics and supply chain partnerships for effective service delivery to "the last mile". On the basis of stakeholder mapping, identify opportunities for integrating service delivery to improve quality and effectiveness, while reducing duplicative or overlapping activities and resource wastage or competition among United Nations organizations and non-governmental organizations.	30
	4	Establish or maintain essential human resources for health governance and management, including a functional payroll to retain health workers during an acute-onset or protracted crisis, and sustain capacity to absorb and utilize domestic and international resources effectively and transparently.	31
Innovative programming in fragile and vulnerable settings Global/ regional level	1	Strengthen multisectoral coordination mechanisms to undertake joint analysis and planning, risk and needs assessments, monitoring and evaluation to support high-quality health service delivery and jointly resourced emergency preparedness plans.	32
	2	Share information on acute humanitarian needs, stakeholders, health and nutrition outcomes and the development context (also at country level), and data on the continuum of care and health, including for migrating and displaced populations.	33
	3	Move towards multi-year, flexible programming and financing with less earmarking; expand the availability of contingency financing for emergencies; expand the donor base and use innovative financing mechanisms, such as insurance and various pay-financing mechanisms. These efforts should enhance sustainable, coordinated and flexible financing to improve collective outcomes.	34

Accelerator theme		Action	No.
R&D, innovation and access Country level	1	Create new country-led forums or support existing ones to accelerate research, access and the scale-up of innovations in support of the health-related SDG targets.	35
	2	Governments and international funders should explore opportunities for co-funding to help drive a shift in the centre of gravity of decision-making to countries and regions.	36
R&D, innovation and access Global/ regional level	1	Develop "global good access practices" for innovation in health, including principles such as impact, affordability, effectiveness, efficiency and equity.	37
	2	Establish and maintain an annual global forum to coordinate and accelerate the late stage pipeline of critical medical and health products (including diagnostics, medicines, vaccines and vector control) to inform coordinated action.	38
	3	WHO should provide a curated list of innovations that could be brought to scale, based on disease burden addressed, cost-effectiveness, affordability and scalability.	39
Data and digital health Country level	1	Assess gaps in age-, sex- and location-disaggregated data and health information systems and in digital health maturity, including gaps such as lack of trend information, the profiles of health information systems, inventories and architecture or roadmap.	40
	2	Strengthen country capacity in the cycle of data generation, disaggregation, analysis, reporting and application to inform policy making and dissemination.	41
	3	Support collective, aligned investment plans for data and digital health in countries, including planning for investments in building blocks of data and digital health in order to move towards or strengthen systems with emerging technologies to accelerate improvements in service delivery and public health planning.	42
	4	Strengthen country capacity in digital health, especially in leadership, legislation, resources, governance and enabling environments for digital innovation at all levels.	43
Data and digital health Global/ regional level	1	Commit to common principles for data and digital health including the Principles of Digital Development and the Principles of Donor Alignment for Digital Health.	44
	2	Standardize data and digital tools and compile, curate and leverage global public goods, for example through a central repository and communities of practice, to accelerate informed and coordinated updating of good practices in data and digital health and interventions that can be delivered digitally.	45
	3	Compile a core set of guidance, processes, norms, standards and applications on emerging technologies in data and digital health that hold potential for advancing integrated service delivery, client-level decision-making and improved health systems (e.g. automation, cloud-based data capture and analytics, social media "nudges", automated conversational agents ("chatbots"), unique identifiers and secure digital identities).	46