Series of webinars

Stronger Collaboration, Better Health? Watch the GAP!

19/26 October and 2 November 2020

more info [here](#)

Organized by:

Civil Society Advisory Group for the GAP

Hosted by the
#KampalaInitiative
#BeyondAid
Webinar 1:
The GAP and civil society – civil society and the GAP
Monday October 19, 2020
14:00 CET

Organized by:
Civil Society Advisory Group for the GAP

Hosted by the #KampalaInitiative #BeyondAid
Isadora Quick (WHO) and Hendrik Schmitz (WHO) - GAP Secretariat
Melissa Sobers (UNAIDS) and Andy Seale (WHO) - GAP Accelerator on Communities and Civil Society
Roy Small (UNDP) – GAP Accelerator on Determinants of Health
Loyce Pace (Global Health Council) - GAP Civil Society Advisory Group
Thomas Schwarz (MMI) - Watch the GAP task group of the Kampala Initiative
Aminu Magashi Garba (COPASAH)
Today’s webinar!

- Introduction to the GAP
- The GAP’s first progress report
- the GAP’s Accelerator on Community and Civil Society Engagement
Hendrik Schmitz (WHO)

- History of the GAP
- Which gap did the GAP come to fill?
- Thematic areas and institutional set-up
- Expectations of the GAP agencies
GOAL

Accelerate progress towards the health-related SDGs, leaving no one behind, including in the context of countries’ efforts to recover and rebuild from COVID-19, through a partnership of 12 multilateral agencies.
About the SDG3 Global Action Plan

- Unites and commits 12 multilateral health, development and humanitarian agencies
- Collectively, they channel 1/3 of development assistance for health annually
- Under the Plan, the agencies are better aligning their ways of working to provide more streamlined support to countries, moving from complementarity to synergy to achieve the SDGs
- The Plan builds on existing successful collaborations and platforms in countries
SDG3 GAP: launched on 24 September 2019
Based on 4 commitments:

- Engage
- Accelerate
- Align
- Account
7 Accelerator themes & gender equality

• Primary health care
• Sustainable financing for health
• Community & civil society engagement
• Determinants of health
• Innovative programming in fragile & vulnerable settings & for disease outbreak responses
• Research & Development, Innovation and Access
• Data & digital health

→ Cross-cutting commitment to gender equality
# GAP operating model

<table>
<thead>
<tr>
<th>COUNTRY FACING TEAMS</th>
<th>Who</th>
<th>What</th>
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<td>Country/regional representatives of relevant GAP agencies (WHO will support governments in the coordination of country-level activities, leveraging existing UN and other donor coordination arrangements where appropriate).</td>
<td>Engage with countries (Gov’t, CSO, private sector) to identify priorities and plan (development/translation of asks) and implement together.</td>
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| GAP ACCELERATOR WORKING GROUPS | | |
|------------------------------|-------------------------------------------------|
| Technical focal points appointed from each relevant agency (led by 1 or 2 signatory agencies). | Thematic management: support implementation of global/regional level and country level actions (engaging with Gov’t, CSO, private sector). |

| GAP SHERPA GROUP | | |
|------------------|-------------------------------------------------|
| Sherpas (chaired by WHO) | Overall management and decision making, provides strategic guidance, coordinates activities and governance within their agencies, monitors progress, coordinates in their own agencies and contributes to joint reporting. |

| GAP PRINCIPAL GROUP | | |
|---------------------|-------------------------------------------------|
| Principals (chaired by WHO) | Overall governance, sets strategic directions, evaluates progress and reporting, has ultimate decision making. |

| GAP SECRETARIAT | | |
|-----------------|-------------------------------------------------|
| Secretariat (provided by WHO) | Support Principal and Sherpa meetings and facilitate accelerator and country engagement, gather information for reporting and provide overall coordination. |
Success: What do we want to achieve by 2023?

➢ Better coordination among the agencies in their global, regional and in-country processes;
➢ A reduced burden on countries as a result of better aligned operational and financial policies and approaches; and
➢ A focus on purpose-driven collaboration is integrated into the agencies’ organizational cultures
Thomas Schwarz (MMI)

• A critical civil society look at the GAP
Watch the GAP!
Analytical paper, July 2020

Authors
• Myria Koutsoumpa, Wemos, The Netherlands
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The authors are the current members of the “Watch the GAP” task group of the Kampala Initiative

Initial output of team work since the Kampala civil society Workshop in November 2019

www.medicusmundi.org/watch-the-gap
www.medicusmundi.org/kampalainitiative
Watch the GAP!

1. Introduction: What is the GAP and why should we watch it
2. GAP’s relation to country ownership and global health governance
3. GAP and civil society: A bad start, and many open questions
4. The GAP as a normative instrument compared with the track record of the GAP agencies
5. GAP, power relations and determinants of health: Will the GAP make any difference? If yes, for better or for worse?
6. COVID-19: No visible initial progress
7. Conclusion: “Watching the GAP”

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Why to watch the GAP: Global level

- Can the GAP be referred to as a normative instrument to improve ‘aid effectiveness’?
- Does the GAP provide entry points for mainstreaming contentious policies by some of its agencies, like privatization or Public Private Partnerships? Or can the GAP and the related agencies’ commitments be used to address shortcomings of the signatory agencies?
- Questions around the governance of GAP implementation: roles and responsibilities, transparency and accountability, timelines, etc.
- GAP and global health governance: where is the added value of the GAP in global processes?
**Why to watch the GAP: National level**

- How can the global aid system use the GAP to better align with the existing plans, processes, monitoring and reporting structures of aid-recipient countries, without creating parallel donor systems? How is the GAP integrated in existing country-level mechanisms?

- Does the GAP change the power dynamics within the agencies and between the agencies and governments/civil society, or is it rather a practical demonstration of power imbalances in the field of aid?

- How is civil society conceptualized in the GAP? Does the GAP lead to a further “NGO-isation” of civil society? Who benefits? Who is at the table and who is heard? Does the GAP support or disturb national political processes of negotiating health policies between the governments and civil society?
GAP’s relation to country ownership and global health governance

“The agencies recognize that country governments will play the driving role in setting priorities, developing implementation plans and ultimately delivering on the health-related SDG targets. The Global Action Plan focuses on how the agencies can maximize their collective effectiveness as enablers and supporters of countries’ efforts.” (GAP)

- The mantra of country ownership / leadership
- Alignment in support of countries vs. alignment with countries
- Expectations regarding ‘national dialogues’
- “National” ownership and leadership vs. rights language: Examples of gender equity and promotion of civil society
- A “global” action plan and its reference to other existing global frameworks and instruments
Conclusion: Watch the GAP!

“Our conclusion is as little surprising as the GAP itself: it’s all in the doing.

The starting point, the plan itself, is a nice document and valid as such. One of the worst-case scenarios would be if it remains just a piece of ‘virtual’ paper, developed because some authorities wanted to see it, but without real commitment of using it.

The second worst-case scenario would be if the GAP is used to strengthen the power imbalance between the most powerful global actors and the countries and their societies.”
Watch the GAP!

A critical civil society perspective on the development, potential impact and implementation of the ‘Global Action Plan for Healthy Lives and Well-Being for All’

Thank you!
…and, yes:

Watch the GAP!
Isadora Quick (WHO)

• Explanation of the first progress report
• What is reported as progress?
• GAP commitments in relation to the global COVID-19 response
Stronger Collaboration, Better Health

Progress report: key messages

The first progress report of the SDG3 GAP presents early empirical evidence of progress achieved, and challenges faced during “learning-by-doing-approach” since its launch in September 2019.

- GAP agencies have moved from commitment to laying the groundwork for a decade of delivery and action on the health-related SDGs through stronger collaboration.
- Implementation of the GAP is grounded in joint support for countries, builds on existing collaborations and aims to fill gaps in national mechanisms, process and event to accelerate progress.
- Global WG have been established for each of the 7 accelerators and on gender equality.
- The GAP has improved mutual understanding and increased trust, social capital and working relationships among the agencies.
- The GAP has faced a number of challenges to its implementation.
- GAP agencies will continue to work through the accelerators to help countries protect health gains achieved so far, recover from COVID-19 pandemic with more resilient health systems and continue their journey towards achievement of the SDGs.
ENGAGE:
Working with countries to identify priorities and to plan & implement together.
Examples include:

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<th>Primary Health Care</th>
<th>Sustainable financing for Health</th>
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<td>Sri Lanka</td>
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ALIGN:
Harmonizing operational and financial strategies, policies and approaches
- GAP institutionalization
- GAP operating model
- Align with UN reform process, including UNRC
- Align financial and operational policies and approaches to address operational bottlenecks
- Strengthen approaches that promote collaboration

ACCELERATE:
Acting together to support countries in the accelerator themes and on advancing gender equality
- Primary health care
- Sustainable financing
- Communities & civil society
- Determinants of health
- Fragile settings
- Data & digital
- R&D, innovation & access
- Gender equality

ACCOUNT:
Reviewing progress and learning together to enhance shared accountability
- 2020 Progress report
- 2020 evaluability assessment
- 2023 independent evaluation
- Knowledge transfer to SDG6
Thomas Schwarz (MMI)

• A critical civil society look at the progress report
A quick first look at GAP implementation - based on the September 2020 progress report

The GAP as a young instrument
From doing to learning

“The GAP agencies and Secretariat are moving from ‘learning by doing’ towards more robust frameworks for measuring and accounting for progress under the GAP. These will consist of four components: a work-plan for 2020 based on the four GAP commitments; a more formal, systematic monitoring framework to guide reporting from 2021; an evaluability assessment to be published in the third quarter of 2020 in preparation for the independent evaluation of the GAP in 2023; and further work in 2020 to set mid-point milestones for the health-related SDG targets.”

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A quick first look at GAP implementation - based on the September 2020 progress report

“Cultural shift needed”
The GAP agencies as a heterogeneous group

“While many previous initiatives in global health use funding as a lever for collaboration, the GAP is not accompanied by additional funding. Instead it promotes a cultural shift within the existing health architecture towards more purposeful and systematic collaboration among the 12 agencies and with countries. Cultural change is more challenging and takes longer but is ultimately more sustainable and provides value for money on existing resources.” (page iv)
Country engagement as key:
Coherent with narrative, or excuse for a slow start?

“Implementation of the GAP is driven primarily by the signatory agencies’ commitment to engage with countries and provide support in a more coordinated way in one or more of the seven GAP accelerator themes and gender equality, tailored to country demand. Clear priorities for action to accelerate progress towards the health-related SDGs have been identified by around a dozen countries under the auspices of the GAP, with expressions of interest from many more. Country demand for joint support is initially focused on PHC and sustainable financing for health.” (page v)
A quick first look at GAP implementation
- based on the September 2020 progress report

The GAP and Sustainable Health Financing:
More of the same? Back to SWAP?

“The work in Côte d’Ivoire and Ghana has focused on sustainable financing for health. These two case studies illustrate the more detailed mapping and planning undertaken by relevant GAP signatory agencies working with government and other development partners.”
A quick first look at GAP implementation  
- based on the September 2020 progress report

The GAP and Primary Health Care:  
Still the same (misconception)?  
With the financing agencies on board

“In Mali, Pakistan, and Somalia, the focus of collaboration among the agencies is on support for strengthening and scaling up PHC, enabled by sustainable financing for health. All three examples illustrate effective collaboration at national level among the GAP agencies’ country-facing teams and with countries”
A quick first look at GAP implementation
- based on the September 2020 progress report

“Challenges” and blind spots: Sustained cooperation, determinants of health, civil society

“Challenges encountered in GAP implementation include ensuring that the right incentives are in place to sustain and institutionalize collaboration over the long term, and the need for stronger linkages among PHC, sustainable financing for health and the other accelerator areas. The focus of some accelerator areas may have to be revisited, especially in light of COVID-19. More attention is needed to strengthen the engagement of civil society in GAP processes.” (page vii)
A quick first look at GAP implementation
- based on the September 2020 progress report

Covid-19: Disturbing GAP implementation
...at the same time an additional strong push

“To play their part effectively in the response to COVID-19, all actors in the multilateral system, both within and outside the United Nations system, must work together as never before. While the pandemic may delay some planned GAP activities, the signatory agencies will leverage the GAP wherever it makes the most sense to fill gaps in and add value to existing global, regional and national emergency response coordination mechanisms.” (page 44)
Thank you!
…and, yes:
Open conversation
Melissa Sobers (UNAIDS) and Andy Seale (WHO)

- Community and Civil Society Engagement Accelerator of the GAP
- How is civil society and community engagement framed in the Accelerator?
- How is it reported in the progress report?
- What did we learn?
Framing civil society and community engagement – lessons learned

Stronger Collaboration, Better Health

Global Action Plan for Healthy Lives and Well-being for All
Ensuring that communities and civil society receive the support that they need to be meaningfully engaged enables them to bring their lived experience, perspectives and expertise to knowledge generation, policy-making and health responses that are rights-based, accountable and ensure that no one is left behind.
Stronger Collaboration: working group members

**Working Group:** Gavi, Global Fund, GFF, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, WHO and ILO  **Co-leads:** UNAIDS and WHO

**2019 CSO working group participants:** Save the Children; World Vision; MPACT; STOP AIDS UK; GFAN; Frontline AIDS

**2019** – close engagement with the CSEM advisory group
[https://csemonline.net/announcing-the-gap-civil-society-advisory-group-members/](https://csemonline.net/announcing-the-gap-civil-society-advisory-group-members/)
General work-plan; Global mapping of signatory agencies’ engagement policies and practices; Support civil society and community engagement in selected countries in collaboration with the sustainable financing, gender and health determinants accelerators; Maintain liaison with communities, civil society and civil society networks as well as through UHC2030 and its civil society engagement mechanism.

COVID-19
Share guidance and analysis of civil society and community engagement in the response to COVID-19; Establish social media presence for community feedback; Collaborate with UHC2030 and the civil society engagement mechanism to support and extend their analysis and best practices re civil society engagement; Commission a review on successes in and barriers to community engagement in countries; Support stronger engagement of communities and civil society in countries, building on HIV and Ebola experiences.
Strong global engagement in late 2018 and 2019; less so in 2020 – focus shifting to countries and COVID-19

Engagement facilitated both by GAP agencies and through CSOs
Lessons Learned, challenges and next steps

Community of practice established with stronger networks within and across participating organizations

Ensuring efforts amplify and encourage best practice without duplication

Maintaining discrete engagement focus and work-stream while also mainstreaming engagement across the GAP

Key challenges: bandwidth, time and resourcing of dedicated teams; COVID-19; staff turnover

Ongoing civil society and community engagement critical – plans to revive relationships and mechanisms
Success: What do we want to achieve by 2023?

Clear support to broader GAP goals including through:

- Stronger civil society and community engagement demonstrated within and across GAP signatory agencies including through enhanced collaboration and aligned approaches;
- More resources supporting meaningful CSO and community engagement available globally and at country level;
- Health impact and results demonstrating the added value of CSO and community engagement.
The perspective of the Determinants of Health Accelerator

How does it link with the Community and Civil Society Engagement Accelerator?
Aminu Magashi Garba (COPASAH), Myria Koutsoumpa (Wemos) and Loyce Pace (CSAG)

- Experience from civil society engagement at global level
- Experience from civil society engagement at national level
- Civil society engagement “from the inside”
Open conversation
Next Webinar:
The GAP and Sustainable Financing for Health Business as usual?

Organized by:
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Monday October 26, 2020
14:00-15:00 CET
Register here!