

“Watch the GAP” is a task group of the Kampala Initiative

Terms of Reference

Watch the GAP! A critical civil society perspective on the “Global Action Plan for Healthy Lives and Well-Being for All”

1. The Global Action Plan (GAP)
2. GAP signatories and governance
3. Why to watch the GAP? Starting Point
4. Task Group “Watch the GAP”



In September 2019, 12 multilateral agencies launched the “Global Action Plan for Healthy Lives and Well-being for All” (GAP)¹ as a joint plan “to better support countries over the next 10 years to accelerate progress towards the health-related Sustainable Development Goals.” At a civil society workshop on “How to advance cooperation and solidarity within and beyond aid” that took place in Kampala on 15-16 November 2019 and concluded with the launch of the “Kampala Initiative”, the GAP case was dealt with by one of the thematic working groups. In its assessment of the GAP, the group agreed that various aspects of the Global Action Plan, its making and implementation deserve civil society attention, and finally decided to launch a “Watch the GAP” task group in view of providing a critical civil society perspective on the Global Action Plan.

1. The Global Action Plan (GAP)

On 24 September 2019, at a side event to the UN High-Level Meeting on Universal Health Coverage, 12 multilateral health, development and humanitarian agencies launched a joint plan “to better support countries over the next 10 years to accelerate progress towards the health-related Sustainable Development Goals (SDGs).”

Developed over 18 months, the “Global Action Plan for Healthy Lives and Well-being for All” (GAP) outlines how these agencies will “collaborate to be more efficient and provide more streamlined support to countries to deliver universal health coverage and achieve the health-related SDG targets.”

¹ GAP website with full information: <https://www.who.int/sgd/global-action-plan>

GAP Brochure: <https://www.who.int/docs/default-source/documents/global-action-plan-brochure.pdf>

Full document: <https://apps.who.int/iris/rest/bitstreams/1250381/retrieve>

Video: <https://www.youtube.com/watch?v=cAU7rI8NM9o&feature=youtu.be>

Under the GAP, the 12 agencies make four specific, core commitments: 1) To engage with countries better to identify priorities and plan and implement together; 2) To accelerate progress in countries through joint action under specific accelerator themes and on gender equality and the delivery of global public goods; 3) To align in support of countries by harmonizing operational and financial strategies, policies and approaches; and 4) To account, by reviewing progress and learning together to enhance shared accountability.

The seven “accelerator themes” in the Global Action Plan are:

- 1) Primary health care
- 2) Sustainable financing for health
- 3) Community and civil society engagement
- 4) Determinants of health
- 5) Innovative programming in fragile and vulnerable settings and for disease outbreak responses
- 6) Research and development, innovation and access
- 7) Data and digital health.

The accelerator themes represent catalytic opportunities for the signatory agencies to collectively better leverage existing resources, expertise, reach and capacities in areas that are common challenges in many countries and cut across the agencies’ mandates.

2. GAP signatories and governance

The 12 signatory agencies to the GAP are: Gavi, The GFF, the Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, UNITAID, UN Women, World Bank Group, WFP and WHO. The GAP was signed by the heads of these organizations.

Every organization has nominated a “Sherpa” as key representative in the GAP process. The names of these Sherpas are not publicly available, but can be requested at the GAP Secretariat.

At a national level, “consistent with the principle of national ownership, countries will coordinate the agencies’ joint work at country level and ensure that the work takes into account the country context and existing coordination mechanisms and that the work is focused on agreed actions.”

At the global level, the work of the agencies’ Sherpa group is coordinated by the Global Action Plan Secretariat, which is hosted by WHO.

Global-level work under specific accelerator themes may be coordinated by one or more of the signatory agencies acting as accelerator theme co-leads.

During the making of the GAP, a “Civil Society Advisory Group” (CSAG) was set up and hosted within the UHC2030 Civil Society Engagement Mechanism (CSEM) and acted as (informal?) entry point for interested civil society organizations to the GAP process. Currently the CSAG is reconsidering its role and mandate.

3. Why to watch the GAP? Starting points

During the making of the GAP (2018-19), civil society organization criticized shortcomings of the process, in particular related to transparency and representation. After the launch of the GAP, there has been no public analysis of the GAP and its implications.²

At the civil society workshop on “How to advance cooperation and solidarity within and beyond aid” that took place in Kampala, on 15-16 November 2019 to launch the Kampala Initiative, the “GAP case” was dealt with by the thematic working group on “Aid distorting national Health Policies, Systems and Processes”.

The case was introduced to the group as follows: “The GAP has the potential to further strengthen the power of the big actors and distort national processes, structures and policies. The development of the GAP also shows the challenge of representation of civil society in global processes and the divergence of positions and interests within civil society.”

In its assessment of the case, the group agreed that various aspects of the GAP, its making and implementation deserve civil society attention:

At a global level

- The process of the development of the GAP as an example of global health governance (various civil society comments available; process already well documented)
- The product/document itself, its narrative and ambitions, as a practical demonstration of power imbalances and power dynamics in the field of aid.
- Governance issues of GAP implementation (roles and responsibilities, transparency and accountability, timelines, etc.)
- GAP and global health governance, e.g. where is the added value of GAP in the global processes especially in inter- and intra-coordination of the intergovernmental agencies?
- Does the GAP provide entry points for mainstreaming questionable policies by some of the engaged agencies (e.g. privatization, Public Private Partnerships?) And/or can the GAP be referred to as a normative instrument to improve “aid effectiveness”? Best practices contributing to health equity, mutual learning?
- Engagement of civil society institutions (CSAG?) and related issues of governance and power imbalance within civil society
- Is it a duplication of the existing global health strategies, ie the SDG3 or rather a tandem that support the achievement of the agenda by 2030?

² The making of a “Global Action Plan for healthy lives and well-being for all”: We are still not amused... Blog by Thomas Schwarz, June 2019, <http://g2h2.org/posts/still-not-amused/>

Dr Tedros responds to the GAP Civil Society Advisory Group, May 2019
<https://csemonline.net/dr-tedros-responds-to-the-gap-civil-society-advisory-group/>

Accelerating the SDG3 Global Action Plan. Maike Voss, Robert Marten and Daniel Gulati in BMJ, September 2019
<https://gh.bmj.com/content/4/5/e001930>

At a national level

- Country ownership as lip service? Or how is it implemented?
- Accountability?
- (How) is the GAP integrated in existing mechanisms?
- How can aid systems through GAP align with the existing plans, processes, monitoring and reporting structures of the aid recipient countries without creating parallel donor systems?
- Does the GAP change the power balance dynamics within the agencies and between the agencies and government/civil society
- Can the GAP and the related commitments of the agencies be used for addressing shortcomings of a signatory agency?
- GAP and NGOs, civil society organizations and communities: How is civil society conceptualized in the GAP? Does the GAP lead to a further “NGOization” of civil society? Who benefits? Who is at the table? Who is heard?
- Does the GAP rather support or disturb national political processes of negotiating health policies between the Government and civil society

4. “Watch the GAP” Task Group

At the civil society workshop in Kampala, the working group dealing with the GAP case concluded to launch, as part of the Kampala Initiative and for an initial period of two years (2020-21), a “Watch the GAP” Task Group.

Agreed tasks

- Critically analyse the “Global Action Plan for Healthy Lives and Well-Being for all” and follow its implementation and its political and practical implications from a civil society perspective, allowing debate and dissent.
- Inform civil society and an interested audience about the GAP (webinars, publications).
- Provide a platform for sharing and strategizing among civil society institutions following the GAP at national level (in various countries) and global level.
- To achieve these tasks: Interact with GAP representatives at all levels without claiming to “represent civil society”.

Agreed initial set of activities / expected results

- “Watch the GAP” task group is set up and launched
- Key target groups are informed about “Watch the GAP”, leading into interaction
- A GAP analytical paper is prepared and published
- GAP implementation is watched and commented at national and global level

See initial work plan adopted by the task group on 2 December 2019.

Task group governance and tools

- The task group is an informal group set up within the overall structure of the Kampala Initiative, with a small core team coordinating its activities, facilitating group work, providing an entry point for newcomers, informally representing the team towards external institutions and reporting on its activities to the task group members and a broader audience.
- Interested civil society colleagues (institutions and individuals) are welcome to join the task group if they endorse the group’s tasks as outlined above and commit to engage actively in the group’s work. A list of task group members will be administered by the core team.
- All publications related to the task group shall either be based on a broader drafting and endorsement process and published with the list of endorsing organizations/individuals or published by individual task group members in their name only and, if adequate, referring to their membership in the group. Nobody is entitled to formally speak in the name of the group and its members.
- The group will set up a dedicated website (as sub-page of the Kampala Initiative), a Google group (for internal communication), and a Google folder (for shared documents). Further governance instruments and tools will be developed as needed.

Initial core team of the task group

- Labila Sumayah Musoke Women’s Health and Justice Initiative, Uganda
- Moses Mulumba, CEHURD, Uganda
- Michael Ssemakula, HURIC / PHM Uganda
- Myria Koutsoumpa, Wemos, The Netherlands
- Thomas Schwarz, Medicus Mundi International Network, Switzerland

Contact

Kampala secretariat
Michael Ssemakula
michaelssemakula5@gmail.com

Geneva secretariat
Thomas Schwarz
schwarz@medicusmundi.org

Websites

<https://www.medicusmundi.org/watch-the-gap>
<https://www.medicusmundi.org/kampalainitiative/>

These Terms of Reference were adopted, together with an initial work plan, by the initial core team of the “Watch the GAP” task group on 2 December 2019, as a starting point for our work,.