DEEP DIVE

UHC-P and SDG3 GAP PHC Accelerators – collaborating for results

The SDG3 Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP), which was launched in September 2019 at the United Nations General Assembly, is a collaboration of 13 leading humanitarian, development and health agencies to support countries to accelerate progress towards the health-related SDGs. Since its inception, 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 and processes to achieve its aims.

The partnership is organized around four key commitments – Engage, Accelerate, Align and Account:

- **ENGAGE:** Working with countries to identify priorities and to plan and implement together.

- **ACCELERATE:** Acting together to support countries in the accelerator themes and on advancing gender equality.

- **ALIGN:** Harmonizing operational and financial strategies, policies and approaches.

- **ACCOUNT:** Reviewing progress and learning together to enhance shared accountability.

There are seven accelerator areas, each with a global working group, in addition to a working group on gender equality. The seven accelerators are: primary health care (PHC); sustainable financing for health (SFH); civil society and community engagement; determinants of health; research and development, innovation and access; data and digital health; and innovative programming in fragile and vulnerable settings and for disease outbreak responses. GAP agencies work through these accelerators to help countries protect health gains achieved so far, recover from the COVID-19 pandemic with more resilient health systems, and continue their journey towards achievement of the SDGs. The SDG3 GAP serves as a valuable, long-term improvement platform for collaboration among 13 agencies in the multilateral system. The Primary Health Care Accelerator (PHC-A) – co-led by WHO's Special Programme on Primary Health Care (which also hosts the UHC-P) and the United Nations Children's Fund (UNICEF) – is working to ensure country support around implementation of PHC as a crucial pathway towards the road to recovery from the COVID-19 pandemic.

The guiding principles for country collaboration under the SDG3 GAP PHC-A are in line with the core principles of the UHC-P, namely, collaboration that is built on country ownership, using a bottom-up approach, and based on tailored support plans responding to national contexts and priorities.

In order to implement the work of the PHC-A, a consultative process was followed through preliminary engagement with regions. Such initial consultations during the first year of the GAP implementation highlighted the need for mainstreaming PHC, integration with the UHC-P JWT, and requirements for additional funding. A review with regions was carried out in May 2019, in which a selection process was proposed and countries were asked to submit workplans building on their country strategy papers. The criteria for country prioritization and countries selected for initial inclusion in the GAP PHC-A are outlined in Fig. 9.

How the SDG3 GAP PHC-A and the UHC-P are linked in practice

There are currently four main mechanisms through which the SDG3 GAP and the UHC-P are linked:

- **Focal points:** UHC-P policy advisors, as well as the technical and managerial counterparts for the UHC-P, are the main focal points in-country for GAP PHC-A intensified support. Building on the extensive work over several years developed by WHO and bringing in many of the GAP partners, the JWT for UHC has a strong relationship with GAP agencies. The UHC-P works in an integrated manner with the Special Programme for PHC to boost PHC efforts at country level, focusing on country support alongside a number of GAP accelerators, including the PHC-A, SFH Accelerator and innovative programming in fragile and vulnerable settings and for disease outbreak responses.

- **Planning:** One of the primary ways in which the country-level work of the UHC-P and SDG3 GAP come together is through the planning processes. Intensified PHC support through the SDG3 GAP platform is in line with national priorities and follows national planning cycles. To that end, the planning elements of the PHC-A and workplans of PHC-intensified support are built on the existing country support plans and UHC-P plans.

- **Funding:** As noted in Fig. 9, the PHC-A currently focuses on intensified support in 13 countries, using additional funding from the German Federal Ministry for Economic Cooperation and Development that complements UHC-P funding. The list of countries is continuously reviewed and updated as requests for support are received. In some countries, there is additional support for PHC implementation under the UHC-P. One example of a country receiving additional funding for PHC-intensified support is South Sudan, and this involves a larger team to support the Ministry of Health, with a focus on training, equipment, essential package of services, etc. More details on the work of the PHC-A in South Sudan (see DEEP DIVE: PHC-Intensified Support in Fragile, Conflict-affected and Vulnerable Countries) and other intensified-support countries can be found in the 2021 SDG3 GAP Progress Report.[15]

- **Monitoring:** Countries receiving intensified PHC support through the SDG3 GAP platform participate in the regular live monitoring mechanism of the UHC-P. In this way, the UHC-P and SDG3 GAP PHC-A monitoring activities are integrated to jointly review progress on supported activities and engage in regular dialogue related to the activities included in the country support plans.

Fig. 9. Initial selection of intensified-support countries under the SDG3 GAP PHC-A

Criteria for prioritization
- Strong government buy-in and leadership.
- Key health outcomes and major disease control indicators lagging.
- New investment opportunities through rational budgeting cycles or partners' investments.
- Countries facing protracted conflicts, fragile situations and frequent public health emergencies.
- Multiple agencies/partnerships actively supporting.

WHO Region	Number of countries	Countries selected to initiate phased roll-out
African Region	6	Central African Republic, Ghana, Malawi, Mali, North East Nigeria*, South Sudan*
Eastern Mediterranean Region	3	Egypt, Pakistan, Somalia*
European Region	1	Ukraine*
Region of the Americas/ Pan American Health Organization	1	Haiti*
South-East Asia Region	1	Sri Lanka
Western Pacific Region	1	Papua New Guinea

* Fragile, conflict-affected and vulnerable settings.

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15 2021 progress report on the Global Action Plan for Healthy Lives and Well-being for All. Geneva: World Health Organization; 2021 (https://www.who.int/initiatives/sdg3-global-action-plan/progress-reports/2021, accessed 6 September 2021).

Country examples of linkages between UHC-P and SDG3 GAP

Mali: Mali has been receiving intensified PHC support under the SDG3 GAP PHC-A over the last year. Building on long-term technical assistance through the UHC-P, both the SDG3 GAP and the UHC-P have worked in a collaborative manner in support of the implementation of the Mali Action Plan, which was established in 2019. Pillar 1 of the Mali Action Plan focuses on PHC, with an emphasis on building a national cadre of community health workers, rehabilitation and digitization of community health centres, and establishing a PHC Centre of Excellence, among other actions.

Somalia: Support for PHC on the road to UHC has been prioritized in Somalia through both the UHC-P and the SDG3 GAP. During a high-level mission on PHC for UHC in January 2020, collaboration between the two platforms supported the roll-out of an essential package of health services, mapping of health services delivery and human resources for UHC, and identification of mechanisms to leverage the humanitarian-development nexus to improve service delivery.

Added value of the SDG3 GAP to the ongoing work of the UHC-P and JWT

JWT focal points are instrumental to ensuring complementary and good collaboration of technical and financial support for PHC at country level. This effort is further supported through the GAP platform, which aims to continuously improve alignment, decrease transaction costs and increase efficiency among partners in the UHC-P and JWT, as well as other multilateral agencies. As shown in Fig. 10, the GAP platform also emphasizes coordination across accelerators, especially at country level, and this is key to ensuring long-term impact. In the context of COVID-19 response and recovery, the GAP presents an opportunity to leverage and align partner organizations around a single PHC support roadmap for long-term systems strengthening and resilience.

Fig. 10. Value proposition of intensified PHC support through the SDG3 GAP

Development partners' intensified PHC implementation support: Value Proposition

- Enhanced visibility and advocacy for PHC
- Increased technical and financial support for PHC
- Better monitoring and supporting of progress on PHC
- Improved access to best practices and knowledge on PHC
- Improved alignment of partner organizations around a single PHC support roadmap
- Decreased transaction costs and increased efficiency of investments on PHC by partner organizations