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Joint evaluability assessment of the Global Action Plan for Healthy Lives and Well-being for All

Summary**

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The core aim of the joint evaluability assessment of the Global Action Plan for Healthy Lives and Well-being for All (GAP) was to determine, as systematically and objectively as possible, the present state of evaluability of the GAP, with a view to carrying out an evaluation in 2023, and to foster early learning among the signatory agencies and thus help to improve coordination, collaboration and overall management towards results. With this early learning-focused goal in view, the assessment was conceived as a rapid diagnostic of essential strategic elements (i.e., those crucial to the successful functioning of the partnership) and technical elements (i.e., those needed to meaningfully evaluate the GAP). The diagnostic examined the degree to which these elements were in place. The assessment also considered how well the principle of filling gaps by using existing coordination mechanisms rather than creating new ones had been fulfilled.

Overall, the assessment found that 12 strategic elements and two of the six technical elements were in place, but in need of improvement. None of the elements were deemed to be “fully in place and working well”. As a consequence, the assessment concluded that the GAP did not yet have the requisite elements in place to be meaningfully evaluated as to whether it had succeeded in its ambitious effort.

* [E/ICEF/2022/1](#).

** The evaluation report summary is being circulated in all official languages. The full report is available in English from the UNICEF Evaluation Office website (see annex).

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The assessment recommended that the partners jointly revisit the purpose and shared objectives of the GAP to clarify how the plan is intended to operate and add value to what is already in place. On the basis of the revisited agreement, the partners should develop an appropriate theory of change and strengthen the existing monitoring and evaluation framework, including through the development of indicators. The assessment also recommended that the partners map out agreed activities and review the overall resourcing of GAP activities as well as decisions on roles, scope and priorities. Additional recommendations of the assessment focused on making the GAP more accountable, strengthening the work of the accelerator working groups and mapping out steps towards the 2023 evaluation.

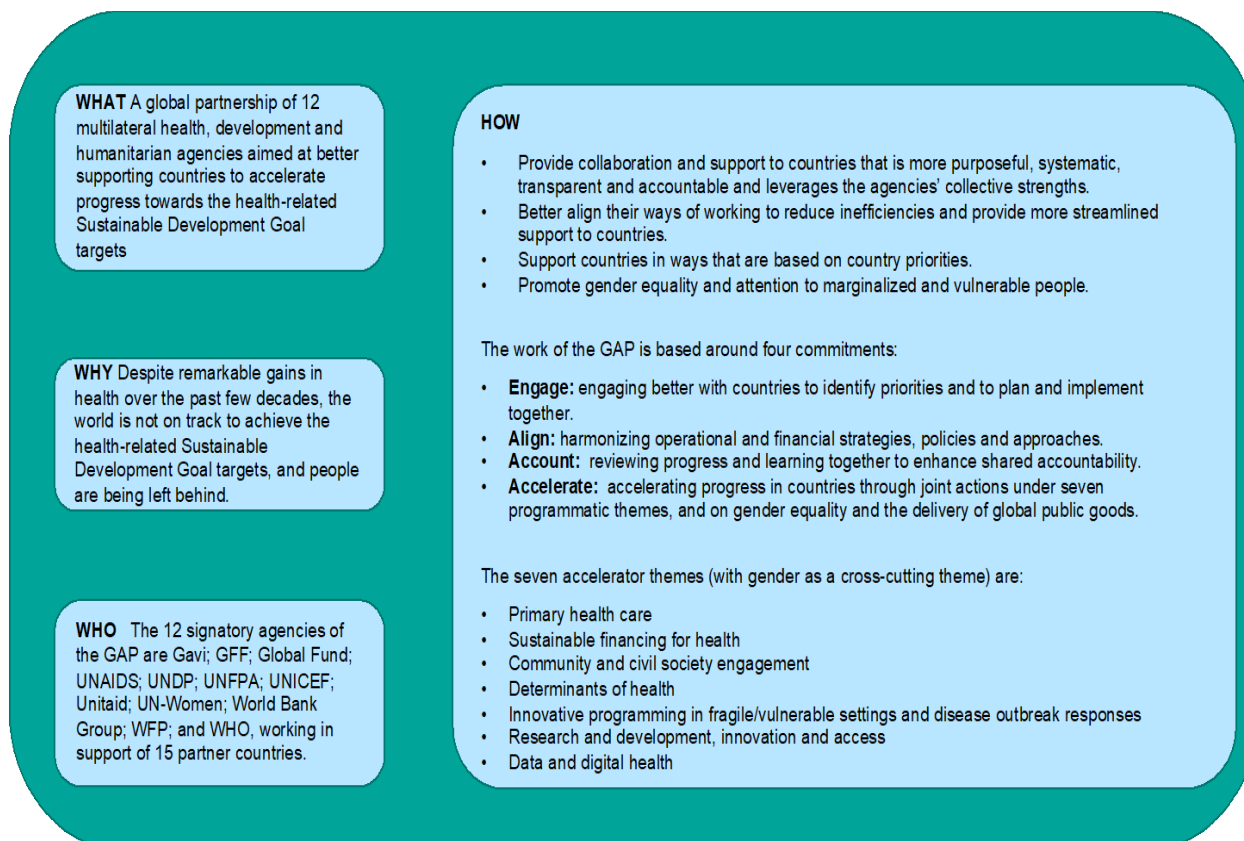
The elements of a decision for consideration by the Executive Board are set out in section VII.

I. Introduction

1. Sustainable Development Goal 3 – ensure healthy lives and promote well-being for all at all ages – is critical to achieving progress on the 2030 Agenda for Sustainable Development. Because health is an integral part of human capital and a precondition for as well as a driver and an outcome of sustainable development, Goal 3 is linked to approximately 50 health-related targets across the Goals and the pledge to leave no one behind. The overall objective of the Global Action Plan for Healthy Lives and Well-being for All (GAP) is to enhance collaboration among 12 global organizations engaged in health, development and humanitarian responses to accelerate country progress on the health-related Sustainable Development Goal targets. The GAP is primarily intended to be strategic, but provides some operational detail to guide implementation, while also allowing flexibility for adjustment based on regular reviews of progress and learning from experience.

2. Countries are at the forefront of efforts to achieve the health-related Sustainable Development Goal targets. The 12 signatory agencies also play important roles in the global health architecture and together they channel nearly one-third of all development assistance for health. Several also play important roles in supporting countries to raise domestic resources for health and attract public and private sector investment and engagement. The commitments made by the participating agencies in the GAP provide a unique opportunity to more effectively leverage the agencies' respective comparative advantages and joint capacity. Figure I provides a visual overview of the GAP partnership.

Figure I
Overview of the Global Action Plan for Healthy Lives and Well-being for All



Source: Joint evaluability assessment report authors, based on Global Action Plan for Healthy Lives and Well-being for All (GAP) documents.

Abbreviations: Gavi = Gavi, the Vaccine Alliance; GFF = Global Financing Facility for Women, Children and Adolescents; Global Fund = Global Fund to Fight AIDS, Tuberculosis and Malaria; UNAIDS = Joint United Nations Programme on HIV/AIDS; UNDP = United Nations Development Programme; UNFPA = United Nations Population Fund; UNICEF = United Nations Children's Fund; Unitaid = International Drug Purchase Facility; UN-Women = United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women); WFP = World Food Programme; and WHO = World Health Organization.

3. The GAP is still in its early implementation phase, which includes a “learning by doing” approach. It is organized around four key themes: engage, accelerate, align and account. The four themes lay the groundwork for achieving sustainable impact and demonstrating progress.

4. The GAP is intended to strengthen and improve collaboration with countries and among the 12 signatories by leveraging their collective strength and, building on existing mechanisms, including country platforms for achieving the Sustainable Development Goals and the ongoing process of reform of the United Nations development system. Given its ambitious aims and the broad-based and formidable profile of its membership, it is plausible to expect that the GAP partnership can achieve significant change, under the right conditions.

5. Against this backdrop, the coronavirus disease 2019 (COVID-19) pandemic has served as a clarion call for enhanced partnerships more broadly, with GAP signatory agencies considering how they can add value at various levels in the response. The GAP partnership is also considering how it can add value to the longer-term agenda

of strengthening health systems in the aftermath of the pandemic and learning from the experience about what is needed for effective partnerships in health.

6. The joint evaluability assessment of the GAP was commissioned and managed by a 12-member steering group comprising representatives of the independent evaluation offices of all 12 signatory agencies of the GAP.¹ UNICEF was an active member of the steering group.

7. The decision to commission the assessment was in recognition of the fact that a complex multi-stakeholder partnership, such as the one brought together to implement the GAP, bears significant intrinsic risk and that it is therefore essential to identify early on any significant gaps in the preconditions for success. It was further recognized that this type of early assessment would help to improve the chances that the health-related Sustainable Development Goal targets are met by 2030, while providing indications around the frameworks and measurements that would need to be in place to demonstrate progress and learn from the experience along the way.

8. The core aim of the assessment was to determine, as systematically and objectively as possible, the present state of evaluability of the GAP and to foster early learning among the signatory agencies, and thus help to improve coordination, collaboration and overall management towards results. By identifying concrete ways to improve the evaluability of the GAP, the ultimate aim of the exercise – in the spirit of the “learning by doing” approach explicitly embraced by the GAP partners – was to help the signatory agencies to maximize the likelihood of the partnership’s success in supporting countries to achieve the ambitious goals of the health-related Sustainable Development Goal targets.

9. With this early learning-focused goal in view, the assessment was conceived as a rapid diagnostic to ascertain which strategic and technical elements were or were not in place that were essential to allowing the partners to establish, through future monitoring and evaluation efforts, what was or was not able to be achieved and why. The assessment also considered how well the principle of filling gaps by using existing coordination mechanisms rather than creating new ones had been fulfilled.

II. Evaluation approach: scope and methodology

10. The joint evaluability assessment focused on three overarching evaluability questions, namely:

(a) To what extent does the GAP partnership have the requisite strategic elements in place to manage effectively towards results in the years ahead and maximize the likelihood that the partnership will succeed in achieving its members’ shared objectives?

(b) To what extent does the GAP partnership have the requisite technical elements in place to credibly demonstrate such results in future evaluations?

(c) Which specific strategic and technical elements are (i) in place and well-positioned to help the partnership achieve maximum success; (ii) in place, but require

¹ The 12 signatory agencies are: Gavi, the Vaccine Alliance; Global Financing Facility for Women, Children and Adolescents; Global Fund to Fight AIDS, Tuberculosis and Malaria; International Drug Purchase Facility; Joint United Nations Programme on HIV/AIDS; United Nations Development Programme; United Nations Population Fund; United Nations Children’s Fund; United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women); World Bank Group; World Food Programme; and World Health Organization.

strengthening (and how); and (iii) absent (and thus should be put in place) in order to set the partnership on the correct course at this early stage?

11. The strategic elements examined in this assessment were broadly conceptualized as those crucial to the functioning of the partnership itself. These elements are detailed in table 1.

Table 1
Strategic elements

SE1	Common understanding of the Global Action Plan for Healthy Lives and Well-being for All (GAP) as a partnership
SE2	Clarity and sufficiency of the operating model
SE3	Promotion of cross-institutional collaboration by leadership
SE4	Decision-making platforms and procedures
SE5	Resources for GAP delivery
SE6	GAP country engagement
SE7	Changes in agency work because of the GAP
SE8	GAP processes and architecture
SE9	Agency capability mapping (labour division, roles, responsibilities and accountabilities)
SE10	Institutional alignment
SE11	Elements to support effective communication
SE12	Incentive for collaborative behaviours

Abbreviation: Strategic element = SE.

12. The technical elements were conceptualized as those needing to be in place in order to meaningfully evaluate the GAP. These elements are set out in table 2.

Table 2
Technical elements

TE1	Theory of change
TE2	Shared monitoring arrangements, indicators and milestones
TE3	Shared data and information systems
TE4	Joint programming opportunities
TE5	Financial and operational strategy and policy alignment
TE6	Mapping and understanding of steps towards the 2023 evaluation of the Global Action Plan for Healthy Lives and Well-being for All

Abbreviation: Technical element = TE.

13. The fact that this early diagnostic exercise was an evaluability assessment should not be taken to mean that it was narrowly focused on evaluation issues. On the contrary, its main focus was first and foremost on the strategic elements. At the same time, in keeping with contemporary results-based management tenets, it approached the technical and strategic elements not as distinct, mutually exclusive tracks but rather as complementary lines of inquiry: for example, without a clear theory of change (a technical element) it is unlikely that a shared understanding of the precise objectives of the GAP among all key stakeholders (a strategic element) would be possible. Conversely, without clear processes and architecture for organizing the GAP (a strategic element) it is unlikely that effective and innovative mechanisms for sharing data and knowledge (a technical element) would be possible.

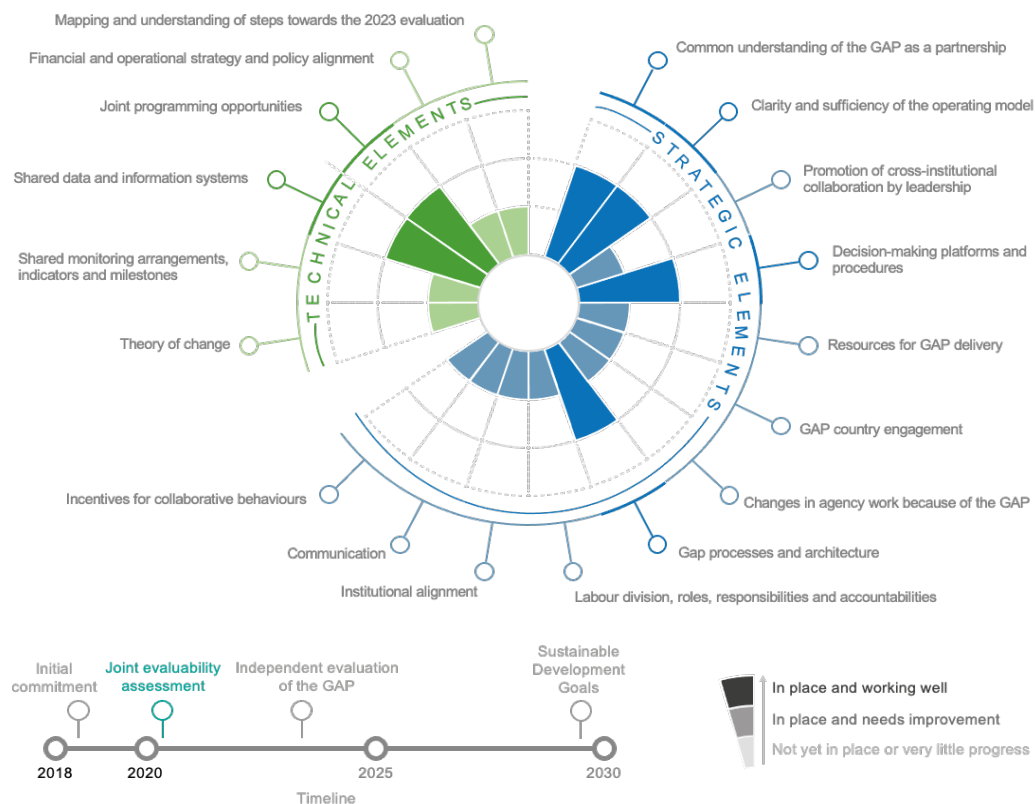
14. The main assessment instrument was an inquiry matrix intended to unpack and operationalize the three main areas of inquiry. Evidence was gathered through a combination of a document review, key informant interviews, and a small number of direct observations of working group meetings. The sampling frame was consistently applied across all 12 signatory agencies for requisitioning documents and approaching stakeholders for interviews.

III. Key findings of the joint evaluability assessment

15. This section presents the key findings of the joint evaluability assessment in line with the assessment's objectives.

16. Overall, the assessment found that 4 of the 12 strategic elements and two of the six technical elements were in place and in need of improvement. None of the elements were deemed to be "fully in place and working well". As a consequence, the assessment determined that the GAP did not yet have the requisite elements in place to be meaningfully evaluated on whether it had succeeded in its ambitious effort. Figure II provides a visual summary of this overarching finding.

Figure II
Status of strategic and technical elements



17. Even considering the relatively early stage of the partnership, this overall finding is sobering. The GAP partnership can best be summarized as a work in progress. It was clear from the interviews and document review that a vast amount of work had gone into the early stages of building the architecture and processes of the GAP, but that this work was not yet complete.

18. The positive developments include, inter alia, a collaborative and collegial overall approach in the Sherpa group,² the establishment of work plans and the effective role of the GAP secretariat in supporting this work, the positive role of the Sherpa group itself in leading the GAP and the significant progress in two of the accelerator groups (primary health care and sustainable financing for health). The case studies described in the latest GAP progress report illustrate concrete examples of what has been achieved so far, including the engagement at the country level in the respective countries.

19. The shortcomings might partly reflect the early timing of the assessment, coupled with the size and complexity of the partnership. They are also common across the signatory agencies, as evidenced in the partnership-related evaluations reviewed in the present analysis. Nonetheless, the early nature of the evaluability exercise presented a rare opportunity to discuss and reflect on the achievements of the

² The Sherpas are the most senior leaders of each signatory agency of the Global Action Plan for Healthy Lives and Well-being for All designated by their respective principals to lead their organizations' engagement in the partnership.

partnership at the formative stage. It also provided a timely opportunity to correct course in those areas requiring attention before problems become entrenched.

20. The main gaps revolved around three overall themes, namely: operationalizing the GAP, accountabilities and resourcing.

A. Operationalizing the Global Action Plan for Healthy Lives and Well-being for All

21. The first theme centres on the need for agreement around how to operationalize the GAP and make it concrete. The assessment found broad agreement in principle on the need for a more effective partnership and for accelerated progress on and support for the GAP. Significant effort has been devoted to developing a narrative setting out how the GAP will achieve its ambitious goals. However, this narrative has not been fully articulated to ensure clarity for all involved on precisely how the GAP should operate in practice – beyond the aspirational level – and how it can add value to what is already in place. The narrative does not lead to a clear set of concrete, targeted actions that the partnership can take to complement activities already under way across the wider landscape.

22. Specifically, there is a tension that needs to be addressed, rooted in two very different perspectives. On the one hand, some stakeholders are acutely aware of the limited time remaining to achieve Sustainable Development Goal targets and thus they view the GAP as a way to proactively leverage and accelerate change. This perspective sees the GAP as a wake-up call on the Goals, giving the Sherpa group a mandate to be directive and requiring risk-taking, innovation and drive. For these stakeholders, the GAP can and should drive decisions that lead to real change.

23. Other stakeholders see the GAP as playing an enabling role, that is, a means of facilitating and improving existing partnerships, with a view to strengthening those interactions, but not duplicating them. This perspective emphasizes the fact that countries lead the process and that progress can be achieved only at the speed at which they are willing to go. This speed, these stakeholders acknowledge, varies by country context and is not something the GAP can determine. This perspective also recognizes that the mandates of the partner organizations are very different from one another and that significant decisions on resources and results must be taken within each one's particular governance structures. In the view of these stakeholders, confusion around decision-making and governance would result if the GAP were to begin making decisions about what each agency should be doing and by when.

24. It was not for the assessment to determine which of these perspectives was correct or more closely aligned with the spirit of the GAP. This question is for the partners themselves to decide.

25. Discussions with the Sherpa group on the final draft of the assessment emphasized that the two perspectives need not be seen as contradictory. At the same time, the discussions confirmed that the GAP is indeed intended to play an enabling role, and underlined the importance of national ownership as one of the most critical factors for success. This raises two key questions, namely:

(a) How will the GAP, through an enabling approach, achieve its primary objective of supporting countries to accelerate progress towards the Sustainable Development Goals, and what specifically would this look like?

(b) How will the GAP signatories know if the plan has made a difference and is succeeding in this enabling approach?

26. Linked to this, a key technical finding was that a fully-specified theory of change had not yet been established, although the assessment team understood that a theory of change had been discussed and that those discussions had informed the high-level narrative in the GAP agreement itself.³ Without the clarity of thought that a theory of change contributes, it will be difficult for the partners to determine the best way forward. How this might be addressed, together with strengthening the monitoring and evaluation framework for the GAP, is further discussed in section V.

B. Accountabilities

27. The assessment found a distinct lack of clear accountabilities (and incentives) in the GAP partnership to ensure timely follow-up and actions once decisions are taken. Staff are accountable through their line managers within their agencies. Accountability regarding the GAP commitments therefore depends upon the level of prioritization of given areas of work by the various agencies and the willingness to devote human resources to the partnership. For example, clarity on accountabilities is easier for a smaller agency that works exclusively on health than for an agency for which health is one among many objectives and where the chain of command cuts across several levels. In addition, there are important differences in management culture among the agencies.

28. Despite these challenges, there is clearly a high level of commitment and dedication to the work of the GAP among many of those involved. The existing incentives seem to be ensuring at least some progress and provide a foundation on which to build.

C. Resourcing

29. The GAP has only a small central secretariat function. Beyond this, the partnership relies on the assumption that the individuals representing their agencies will support the GAP alongside their many other responsibilities by attending meetings and working on follow-up in their spare time. The ambition of scope and concept of the GAP is not in line with how it has been resourced, specifically in terms of staff time. The GAP secretariat is consistently viewed as working well, but it can achieve only so much within its current resource constraints. Related to this, in some agencies the health-related Sustainable Development Goals are but one set of targets among many being pursued, and the staffing available to work on the GAP is much more limited. Effective partnership, especially engaging with partner countries, requires considerable time and effort in moving from the global to the country level.

30. Discussions with the Sherpa group have pointed to the need for realism regarding the move to the country level given the overall resource constraints of the agencies. This suggests that the realignment of resources and work plans in response to the findings of the assessment would have to be achieved through much greater clarity on the scope and ambition of the GAP and what each working group is expected to deliver as well as on managing expectations.

³ Discussions with the GAP secretariat on the draft assessment report highlighted that considerable thinking had gone into how the GAP would operate but attempts at producing a fully-fledged theory of change had run into difficulty. While recognizing this as a significant challenge, the view of the assessment team was that this could in fact focus attention on the areas of the GAP that needed to be clarified and strengthened and help to unblock progress on other areas, such as the indicators, and identifying priority activities at the country level, which are crucial for the next phase.

D. Strategic elements

1. Common understanding of the Global Action Plan for Healthy Lives and Well-being for All as a partnership

31. While there was broad agreement on the concept of the GAP and why it is needed, expectations around its specific role varied widely among the partners. Moving from the global level to concrete actions at the country level was also a challenge. Mechanisms for collaborating around the GAP are largely absent at the country level and efforts to develop such mechanisms face the risk of duplicating existing platforms. The benefit of bringing together agencies with differing mandates was most pronounced between the technical and funding organizations.

2. Clarity and sufficiency of the operating model

32. Recent work to further visualize and elaborate on the operating model are welcome steps towards clarifying roles and responsibilities within the GAP. However, it was not clear to the staff members interviewed for the assessment how roles and responsibilities were being assigned, and the working arrangements between levels need to be clarified. In addition, the resourcing aspect is not yet clear. The interviews revealed that the lack of resources makes it challenging for some organizations to deliver on GAP commitments, resulting in a disconnect between expectations and reality. While the GAP secretariat was found to play an important and appreciated role in convening, coordinating and disseminating information between partners, there was significant variability in the progress of and coherence among the different accelerators. While some accelerators were able to benefit from considerable experience in joint ways of working, others were new to this model of partnership and were still finding their identity within the GAP.

3. Promotion of cross-institutional collaboration by leadership

33. The assessment found that there were large differences in how deeply the various organizations' leadership was engaged in the GAP, with stronger engagement on the part of some partners than others. At the same time, the support of an organization's leadership or management was in itself not sufficient to encourage joint work across the 12 signatories. The assessment found that there were still important barriers to joint work, such as institutional boundaries, differences between agency operations and the additional transactional costs of coordination. Early confusion around the dual role of the World Health Organization (WHO) as convener and partner appeared to have been addressed, and the role of WHO in creating a collaborative approach in the Sherpa group was strongly appreciated.

4. Decision-making platforms and procedures

34. Overall, the consensus-driven decision-making process was seen as a positive aspect of the partnership. However, it was noted that this could lead to somewhat lengthy decision-making processes and a relatively cautious approach, in contrast to the ambitious acceleration- and action-oriented objectives of the GAP. In addition, the specific reasons behind decisions were not always clear and the documentation of those decisions was inadequate. The assessment found that platforms for decision-making were in place, but while the Sherpas convened regularly, the accelerator groups did not. Interviews highlighted different levels of commitment and a lack of clarity around roles and responsibilities within these groups. Interviews and

documents also showed that a platform for bridging processes from the global to the country level did not exist and very limited human resources were available to support that transition.

5. Resources for the delivery of the Global Action Plan for Healthy Lives and Well-being for All

35. The assessment found significant human resource constraints in relation to the GAP at all levels – globally, at the country level and within individual agencies – and staff members interviewed noted that this was a source of considerable frustration. Resources allocated to the GAP secretariat and at the country level did not reflect the importance of the GAP. Interviews also highlighted the difficulty of setting up joint funding in a partnership arrangement such as the GAP.

6. Country engagement

36. Overall, the assessment found that the GAP was not yet very visible at the country level. In part, this reflected capacity constraints: agency staff at the country level often found it difficult to engage given competing priorities. Interviews and documents showcased that the GAP had led to a more holistic approach to the agencies' joint work in certain countries. The draft GAP progress report states that clear priorities for action have been identified in about a dozen countries and opportunities for joint support in several other countries, and that discussions are under way to translate the ideas into concrete joint actions under the different accelerator themes. Overall, however, the added value that the GAP can offer on a wider scale at the country level is not yet clear.

7. Changes in agency work because of the Global Action Plan for Healthy Lives and Well-being for All

37. Interviewees reported that the GAP provided an opportunity to work more closely with other agencies and that it had allowed some initiatives to draw on global expertise more easily. However, behaviour change is hard both to instigate and to assess and there is no evidence as yet that the agencies have changed their behaviour due to the GAP. To date, joint work and progress are often based more on personal relationships than established systems. Despite the lack of evidence of behaviour change, there are examples of good practices on which the GAP can draw, including the experience of the four funding agencies (Gavi, the Vaccine Alliance; Global Financing Facility for Women, Children and Adolescents; Global Fund to Fight AIDS, Tuberculosis and Malaria; and World Bank Group).

8. Processes and architecture

38. The processes and architecture for organizing the GAP had been developed, but were not necessarily functioning. Interviews revealed that while there was a general lack of consensus on how processes or working groups should proceed, there was also the sentiment that the GAP should avoid becoming too process-heavy. There were some examples of good practices found throughout the GAP, with some accelerator groups functioning particularly well.

9. Agency capability mapping

39. The assessment found little coherence between the approaches of the various partners and there was as yet no clear division of labour. Interviews indicated that it

was not clear to some organizations what was expected of them relative to other partners, and there was no documentary evidence setting out the approach of any individual agency. Efforts to map the capacities of the agencies were seen as resource-heavy and it was difficult to make the results useful. Interviewees nevertheless expressed optimism that the finalization of the work plans and the subsequent tracking of activities would help to delineate the division of labour.

10. Institutional alignment

40. The assessment found major differences in structure and partnering modalities across the 12 signatories. Differences between funding and non-funding agencies and between agencies with a country presence and those without were particularly apparent. Some partnership modalities between agencies have, however, been clarified via memorandums of understanding and the GAP has supported the acceleration of funding alignment and co-financing support between the agencies.

11. Elements to support effective communication

41. The assessment found wide disparities in how the GAP was being communicated within the signatory agencies. While some agencies had been using town hall meetings to inform staff about the GAP and some individuals had been using their function within the GAP to facilitate information dissemination, other agencies had yet to communicate such information internally.

12. Incentives for collaborative behaviours

42. Specific incentives to support collaboration within the GAP were hard to identify, while the role of management-driven direction was shown to be important in practice. Evidence suggested that for some agencies, engagement was driven not so much by external incentives but by the fact that internal performance management and management directives required it. Incentives for the 12 signatory agencies to engage with the GAP were found to be largely implicit rather than explicit, which lessened the likelihood of changed behaviours. Interviewees expressed frustration about their organization's volunteer-based approach to the GAP, with staff members often working long nights and weekends to make progress on GAP-related work.

E. Technical elements

1. Theory of change

43. Other than the narrative in the main GAP document, which is useful but quite broad, a well-documented theory of change does not yet exist, nor is there a logic model, impact pathway or any other means of establishing the shared goals of the partnership and the ways in which the partners will achieve these goals. There is, however, common agreement on the potential value of having a theory of change or related framework in place. Interviewees noted that a theory of change could work to temper the extremely high expectations for the GAP and to set the limits of what might be possible within the partnership approach. Despite of the lack of a formal theory of change, there have been some discussions on the mechanisms by which the GAP is intended to deliver results, notably within the accelerator groups.

2. Shared monitoring arrangements, indicators and milestones

44. The GAP is still in the stage of work plan development and indicators have yet to be defined; as such, the partnership is not yet able to share data to monitor progress against the accelerator actions. Much remains to be clarified. For example, it is not clear if accelerator working groups are planning to develop indicators to monitor GAP progress nor where each agency's monitoring at the level of the Sustainable Development Goals stops and GAP-level monitoring begins.

3. Shared data and information systems

45. To date, the GAP secretariat has collated information and disseminated it via email. Individual agencies also use the networks set up by the GAP to share information via email with each other directly. However, the GAP secretariat is developing a SharePoint system to share data and information among GAP partners, and there are several other innovative arrangements in place for sharing information and knowledge on lessons learned. Interviewees expressed appreciation for the learning exercises conducted to date, including the country case studies, the progress report and the joint evaluability assessment. There is also demand for a knowledge-sharing platform that includes meeting minutes from all GAP levels to ensure communication and the sharing of information across the partnership.

4. Joint programming opportunities

46. Some signatories have systems in place to support joint programming for the GAP. For example, the investment case mechanism of the Global Financing Facility for Women, Children and Adolescents acts as a joint planning and co-financing platform for in-country programming. Initiatives are in development to systematically incorporate a gender lens into joint programming. Interviewees reported that a gender focal point had been assigned to each of the accelerators. In response to COVID-19, the gender working group was also planning to work on a joint document on gender issues to support signatories at the country level.

5. Financial and operational strategy and policy alignment

47. Although there has been progress on memorandums of understanding, the level of alignment of financial and operational strategies and policies within or driven by the GAP itself is limited.

6. Mapping and understanding of steps towards the 2023 evaluation of the Global Action Plan for Healthy Lives and Well-being for All

48. There was not yet wide understanding of how the GAP would be evaluated and what was required for such evaluation to work. Interviews revealed a common expectation that the joint evaluability assessment would feed into the planning of the 2023 evaluation. However, interviewees seemed uncertain of the intended steps towards evaluation, possibly because the discussion was being handled at a different level by the independent evaluation units of the signatories.

IV. Role of the Global Action Plan for Healthy Lives and Well-being for All following the COVID-19 pandemic

49. The COVID-19 pandemic occurred while the joint evaluability assessment was under way. As noted above, the pandemic provided an opportunity for all health partnerships to critically examine their value added and to ensure their effective functioning, with a view to systems strengthening. While there was a great deal of enthusiasm for this within the GAP, there was a need to be very specific on where the GAP could add value. It is obviously not a suitable vehicle for all aspects of pandemic response.

50. In fact, there was deep scepticism from some interviewees around the extent to which the GAP could add value to the immediate response to the pandemic. There was nevertheless a clear recognition that the pandemic provided a major opportunity to learn about the ways in which the international system for global health responded in a collaborative manner. The GAP could also play a useful role in understanding and supporting countries in managing the long-term systemic effects of the pandemic. This would include planning with countries around how to mitigate the longer-term impact on areas of the health system not directly involved in contributing to the response, but which have been affected by the pandemic.

51. Taking stock in relation to the COVID-19 pandemic would fit naturally with the broader process of revisiting how the GAP was intended to operate. This is timely, as it would mark the end of the process and architecture development phase and of learning by doing and the beginning of a more fully developed implementation phase.

V. Steps towards making the Global Action Plan for Healthy Lives and Well-being for All more evaluable

52. Two key steps towards making the GAP evaluable are to develop an appropriate theory of change and to strengthen the existing monitoring and evaluation framework, including through the establishment of indicators.

A. Theory of change

53. The theory of change should set out the intended pathways of change and assumptions in some detail. If the GAP is about enabling and supporting through countries, the theory of change is somewhat more difficult to develop, as it is about a set of ways of working at the global level and how they relate to enabling activities at the country level, in a supporting role. Useful steps could include:

(a) Drawing on relevant examples of theories of change of initiatives that share some of the features of the GAP partnership, developed by the GAP signatories and others. The programme theory developed for the evaluation of the Paris Declaration may be useful;

(b) Building on elements already developed by the GAP, such as the operating model, the work plans and the overarching narrative of the GAP;

(c) Developing a clearer view on what factors at the country level are accelerating or impeding progress on the health-related Sustainable Development Goals (these will vary greatly by country context);

(d) Undertaking detailed work on pathways of change and key assumptions to identify regarding the ways in which the partnership can provide targeted support and leverage change.

B. Monitoring and evaluation framework

54. The existing GAP monitoring and evaluation framework sets out actions, responsibilities and timelines under each of the accelerator themes. This is important for the establishment of a clear set of processes and accountabilities for tracking progress, but focuses mainly on inputs and activities.

55. To look more towards intended outcomes, an entry point would be the intermediate outputs and outcomes already considered under the “account” theme. These include: (a) better coordination among agency processes at all levels; (b) better information-sharing under “accelerate” themes; (c) reduced burden on countries; and (d) socialization/change in agency culture.

56. Measuring these elements directly is a challenge, but specific, measurable, achievable, realistic and time-bound (SMART) indicators could be developed and, in the process, specific feedback sought from countries on whether and how the GAP was adding value.

57. Given the supporting role of the GAP, its effects at the outcome level, i.e., towards the Sustainable Development Goals, are unlikely to be directly measurable by way of robust attribution analysis, nor would such analysis be particularly helpful to the partners in improving their collaborative work. A more feasible expectation is that the partnership’s contribution to these end results will be measurable by way of contribution analysis, which can more meaningfully elucidate shared successes and outstanding gaps. Expectations be carefully managed. Essentially, the GAP partners need to assume that by supporting countries, improving coordination and reducing burdens, the collective effort of reaching the Goals will be enhanced. Using case-study examples will help to support this plausible assumption. Meanwhile, the GAP can certainly be focused on measuring progress towards selected intermediate outcomes.

VI. Recommendations

58. The recommendations developed through the joint evaluability assessment are targeted collectively to the signatory agencies with a view to eliciting a joint management response and associated action plan. The recommendations are aimed at addressing the most critical gaps identified in the GAP partnership, with a view to helping the partners to achieve greater coordination, clarity of purpose and success moving forward.

59. The following six recommendations were discussed and refined in consultation with the GAP Sherpas and the GAP secretariat to ensure that they were as specific and operationally useful as possible.

60. The intended sequence for follow-up on the recommendations should start with the implementation of recommendation 1, which is critical for providing the framework and platform through which to take forward the other recommendations.

61. It is also suggested that the partners take a holistic approach, considering the strategic and technical elements collectively rather than piecemeal, in responding to the broader themes identified in the assessment.

62. **Recommendation 1:** Jointly review and revisit the purpose and shared objectives of the GAP to clarify how the plan is intended to operate and add value to what is already in place. This would allow agreement on such specific questions as:

(a) Where the GAP is intended to be positioned on the spectrum between enabling change (in a facilitating role) and driving change (in a highly visible, accountable and attributable way by leveraging the collective resources of the 12 signatories);

(b) How the GAP will work at the country level, given the importance of country ownership and engagement, including how that work will build on what already exists and how it will respond to the differing contexts and capabilities in each country;

(c) How the purpose and objectives of the partnership might be revisited in light of the COVID-19 pandemic.

63. **Recommendation 2:** Based on the discussion outlined in recommendation 1, articulate a clear and detailed theory of change corresponding to the agreed way forward, including:

(a) Detailed assumptions on factors that can accelerate progress towards the health-related Sustainable Development Goals;

(b) How the GAP mechanism can impact those factors through its role in supporting countries.

64. **Recommendation 3:** Make the GAP more concrete and accountable by:

(a) Accelerating progress on mapping out the agreed activities for the GAP partners;

(b) Restarting the process on indicator development;

(c) Strengthening accountability through the consistent involvement of senior leaders across all 12 agencies and following through into work plans and staff time allocations.

65. **Recommendation 4:** Review the overall resourcing of the GAP activities alongside decisions on scope, role and priorities to achieve a better balance between the resources the GAP signatories can feasibly bring to the partnership in the current environment and the priorities for work to be taken forward. This review and its outcomes would be aimed at:

(a) Getting beyond “volunteerism” for the staff members who are leading GAP work in the signatory agencies;

(b) Providing support to each working group in a realistic way;

(c) Providing support to the partners to move the focus of the GAP to the country level.

66. **Recommendation 5:** Revisit the linkages among the accelerator working groups to help them to effectively support each other, while clarifying what is realistically expected from each group within the overall approach and scope of work agreed from discussions in follow-up to recommendation 1.

67. **Recommendation 6:** Map out the steps to the 2023 evaluation and ensure they are well understood⁴ as well as agreed with the steering group of the 12 signatory agencies' evaluation offices and should include:

(a) A clear process for following up on the recommendations of the present assessment, including a management response to be developed and tracked by the Sherpa group;

(b) Ensuring that the technical aspects of evaluability are addressed following agreement on purpose, shared objectives and a theory of change (in accordance with recommendations 1 and 2) and that the specific gaps identified in the monitoring and evaluation framework are addressed;

(c) Undertaking a midterm review at the end of 2021, by which time the strategic and technical elements discussed in the present report would be expected to be fully in place and working well.

VII. Draft decision

The Executive Board

Takes note of the joint evaluability assessment of the Global Action Plan for Healthy Lives and Well-being for All, its summary ([E/ICEF/2022/4](#)) and its management response ([E/ICEF/2022/5](#)).

⁴ Recommendation 6 is primarily aimed at the Sherpa group, as are all the recommendations, but it would be important to involve the evaluation units of the GAP signatories in agreeing on next steps and follow-up to the joint evaluability assessment. The evaluation units may also be able to point to examples of and resources on theories of change.

Annex

Joint evaluability assessment of the Global Action Plan for Healthy Lives and Well-being for All

1. Due to space limitations, the joint evaluability assessment of the Global Action Plan for Healthy Lives and Well-being for All is not contained within the present annex.
 2. The full report is available from the UNICEF Evaluation Office website: <https://www.unicef.org/evaluation/executive-board>.
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