

THE LUSAKA AGENDA: CONCLUSIONS OF THE FUTURE OF GLOBAL HEALTH INITIATIVES PROCESS

Introduction

Over the last two decades, global health initiatives (GHIs) have contributed to enormous progress in protecting lives and improving the health of people globally, while also contributing to global public goods, strengthening global health security, and improving pandemic preparedness and response. In doing so, they have established new models of partnership and alliances that have paved the way for new ways of working and addressing equity.

However, important changes in health needs, financing and governance require a renewed and resolved vision for global health to deliver sustainable impact. The need for strong and resilient health systems that can adapt to emerging threats such as climate change and conflict, and concurrently maintain coverage for existing health needs, has never been clearer. There is an urgent need to build on the strong foundations established by the current GHI ecosystem to maximise the impact of available resources, while accelerating change to meet the challenges of the future and deliver universal health coverage (UHC).¹

Built on this premise, the Future of Global Health Initiatives (FGHI) was a time-bound, multi-stakeholder process involving representatives from across funders, governments, global health organisations, civil society and the research and learning community. Focusing on GHIs as an entry point and catalyst for accelerating change in the broader global health ecosystem, the FGHI process has sought to identify and support opportunities for these initiatives to maximise health impacts, as part of country-led² trajectories toward UHC. Discussion has primarily focused on the work of the country-focused GHIs (Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Financing Facility for Women, Children and Adolescents (GFF)), with consideration for the Coalition for Epidemic Preparedness Innovations (CEPI), Unitaid and the Foundation for Innovative New Diagnostics (FIND) in some areas.³ Other key actors in the health ecosystem – such as the World Bank Group, World Health Organization (WHO), UN agencies and bilateral funders – have engaged in deliberations to ensure a truly aligned and cohesive approach.

The Lusaka Agenda – launched on UHC day 12 December 2023 – marks the culmination of a 14-month process of engagement that has included multi-stakeholder dialogues in Addis Ababa, Ethiopia (14 June), Wilton Park, UK (4-6 October) and Lusaka, Zambia (26 November). Building from existing efforts, it captures consensus around five key shifts for the long-term evolution of GHIs – and the wider health ecosystem – and highlights a number of near-term priorities to catalyse action towards the five shifts.

The Lusaka Agenda provides a foundation for coordinated action to support these shifts, and a path towards a joint long-term vision of domestically-financed health systems and UHC that leaves no one behind. The realisation of the shifts requires united and collective effort across stakeholder groups, underpinned by mutual accountability.

Five key shifts for the long-term evolution of the GHI ecosystem

Strengthening the contribution of GHIs to achieve UHC will take time and will look different across countries and organisations. Multi-stakeholder deliberations have identified **five key shifts** that need to be accelerated to shape the evolution of GHIs, and the broader global health financing ecosystem.

- 1. Make a stronger contribution to primary health care (PHC) by effectively strengthening systems for health:** GHIs more effectively support integrated delivery of services, aligned behind one national plan, and coherently invest in strengthening resilient health systems, including at community level, in order to meet individuals' holistic health needs and have public health impact.
- 2. Play a catalytic role towards sustainable, domestically-financed health services and public health functions:** Recognising the need to increase financing to achieve UHC, GHIs strengthen alignment behind the objective of financial and programmatic sustainability. They support movement towards increased domestic spending on health, and ensure gradual, coherent transition from GHIs and other external support, with the roles of different partners evolving over time.
- 3. Strengthen joint approaches for achieving equity in health outcomes:** GHIs adopt joint approaches to support, expand and complement the reach of public and private sector providers, including community-led organisations, deploying coordinated and targeted programming to reach the most vulnerable and marginalised, and supporting integrated services for unreached communities.
- 4. Achieve strategic and operational coherence:** The core governance and operating models of GHIs evolve to ensure structures and processes impose a minimal burden on countries, offer improved efficiency at scale, and are continually responsive to the needs and voices of countries, communities and civil society.
- 5. Coordinate approaches to products, research and development (R&D), and regional manufacturing to address market and policy failures in global health:** GHIs coordinate and play an active role to ensure that 'fit for purpose' quality health products are developed and manufactured for underserved regions, promoting accelerated and affordable access, quality and sustainability as well as sufficient demand.

Near-term priorities

Appreciating the urgency of progress, a number of near-term actions have been identified for implementation within the next one to three years, to catalyse progress towards the five key shifts. Delivery of all of these priorities will require government leadership, and engagement of a range of actors beyond the GHIs themselves. Partners will vary by priority, but are likely to include WHO and the wider UN system, the World Bank, bilateral donors, regional entities, civil society, and community-led organisations.

Governance

Accelerated efforts by each GHI ensure they are continually responsive to the needs, priorities and voice of governments, civil society, and communities from implementing partner countries, and that power imbalances in their structures and decision-making processes are identified and addressed. This is accompanied by an increase in the consistency and clarity of voice across GHI governing bodies by all those represented.

Common metrics

For health system strengthening (HSS)¹: GHIs, with WHO, identify and utilise a slim set of common metrics to demonstrate outcomes and impact, and reduce requests for additional metrics outside this scope. This common set of HSS metrics should inform routine tracking by GHI governing bodies and should include indicators for PHC and UHC, and broad health impact metrics. The process should incorporate a country-led approach to prioritising key health system metrics, and be guided by international definitions and key concepts, including Sustainable Development Goal (SDG) monitoring processes.

For alignment: GHI governing bodies work with implementing countries to identify and use common metrics for measuring their progress towards in-country alignment (behind one national plan and government systems), and harmonisation between GHIs.

For equity: GHIs and other partners agree common metrics for assessing the achievement of equitable outcomes in health.

Monitoring and understanding impact

Partners work together to analyse the implications of expanding from programmatically-focused funding to broader health systems and PHC-oriented funding. This includes collecting and analysing existing data and conducting implementation and health systems research, in order to better understand impact in both the short and long term, including on PHC, UHC, and disease and intervention-specific goals.

Aligning with and using government systems

GHIs make concerted progress towards aligning with, and using wherever feasible, government systems to facilitate transparency, efficiency, sustainability, and country-ownership of supported programmes. This should include accelerating efforts to align behind one national plan, one budget, and one monitoring and evaluation system, and enabling pooled and joint financing approaches to support core health system objectives. It will require a differentiated approach across countries and contexts, given varying levels of systems maturity and the need for flexible approaches in challenging operating environments, and to ensure equity. GHI institutional processes that may impede use of, and alignment with, government systems should be evaluated and adjusted. This includes GHIs working together to establish clear and realistic criteria for when systems are ready to use (including consideration of equity and access barriers), and agreeing, with government, timebound plans for incremental movement towards use of their systems.

Grant application and disbursement processes

GHIs accelerate efforts to simplify and align grant application and disbursement processes, reducing the administrative burden on countries, and ensuring greater flexibility and responsiveness. The incentives for country managers implementing these processes are conducive to progress on the five shifts.

Transparency over external financial flows into, and within, countries

GHIs ensure that data on external financial flows into, and within, countries (allocation and expenditure) are transparently and openly shared in a timely manner, and constraints or disincentives to improved financial transparency are identified and addressed. Funding is linked to broader government priority-setting and budgeting processes such as medium-term expenditure frameworks, as well as national health accounts, to enable within and across

country transparency. By clarifying what funding is going where, GHIs support and facilitate accountability, informed decision-making, and sustainability for impact at a country level.

Sustainability and transition

GHIs accelerate efforts to place financial and operational sustainability at the core of their operations, working in a coordinated way, including with the World Bank and others. They ensure that transition from GHI financial support to domestic public funding, implementation and governance is clearly planned, communicated and coordinated. This includes working together on domestic co-financing obligations and mapping what GHI funding is used for and by whom, to enable a progressive and transparent transition. GHI transition processes take account of donor and recipient government incentives and incorporate political and financial feasibility. Accountability and equity are also considered in the case of specific population groups or services that require targeted action.

R&D, manufacturing and market shaping

GHIs, in collaboration with other Product Development Partnerships (PDPs) and partners, convene to establish a vision for a GHI ecosystem with a more coordinated end-to-end approach to R&D, manufacturing and market shaping. GHIs systematically consider, where appropriate, integrating user insights to inform product development. Country-focused GHIs integrate R&D considerations into their broader vision and strategy. Efforts leverage and link with existing collaborations and processes, including those through which GHIs are already participating.

Vision for the future of development assistance for health

Partners, including GHIs, develop a common vision where the future role of development assistance for health is coherent, catalytic, country-driven and complementary to domestic investments. Discussions are linked with broader processes on development assistance, financial architecture, debt relief and the post-SDG era, and the future role responds to the critical challenges posed by climate change and other global challenges affecting health. The creation of new GHIs is avoided, with an emphasis instead on strengthening and enabling flexibilities within existing structures and systems to address both today's and tomorrow's needs.

Next steps

Engagement through GHI governing bodies is needed to effectively tailor and operationalise these shifts, as part of Agenda 2030 and beyond.

This should include each GHI **individually** developing a **longer-term roadmap** that outlines steps to operationalise the five key shifts across consecutive strategic periods and investment cases, through to 2030 and beyond. Ideally, these should be approved by their boards by their next replenishment, investment case, or strategic period.

In addition, progress across these priority areas must be underpinned by **collective and joint actions across the GHIs**, to define next steps, clarify operational details, facilitate learning, ensure barriers and constraints are identified and addressed, and provide an effective feedback loop between global and country levels.

Supporters of the FGHI process should work with and through GHI governing bodies to ensure near-term action in the following areas.

Joint work

The secretariats of Gavi, the Global Fund and the GFF, define joint objectives and activities to operationalise collective near-term priorities through a joint work plan for the next 24 months, engaging with other relevant actors including WHO and the World Bank. The workplan links to, and builds on, existing efforts to accelerate collaboration - such as the four workstreams identified by Gavi and the Global Fund in November 2023⁴ and areas of joint work between the GFF, the Global Fund and Gavi - expanding these in terms of organisational breadth, and thematically to address other priority areas. The joint workplan is presented to the governing bodies of Gavi, the Global Fund and GFF in 2024. A light-touch mechanism through which to develop and deliver this joint programme of work (including change management, troubleshooting, and tracking and reporting progress) is identified, such as a joint operational team or similar.

Joint oversight

By the end of 2024, the boards of Gavi and the Global Fund have set up a mechanism for joint oversight of the above workplan, such as a joint Committee Working Group that involves members from policy, programme and strategy related committees or similar. This mechanism ensures consistent reporting into boards on progress on the joint work, and helps identify any policies and procedures that are barriers to, or facilitators of, collaboration, in order to guide board action. This oversight function should work in collaboration with GFF governance.

Cross-board collaboration

Mechanisms for cross-board collaboration between Gavi, the Global Fund, the GFF, and other relevant stakeholders are set up by December 2024, including an annual cross-board meeting. These enable collective discussion on common strategic areas, including progress on the joint workplan and near-term actions, and efforts to address long-term shifts.

Country implementation

By end of 2024, GHIs jointly engage a set of **pathfinder countries** that are identified under government leadership, and in consultation with other partners including regional organisations. These pathfinder countries, with different levels of system maturity, ensure learning from concerted joint engagement from GHIs to deliver the near-term priorities and shifts is drawn out and shared. This learning should inform pathways to scale across GHI portfolios as they work across their recipient countries to implement key actions under the five strategic shifts.

Joint vision for R&D, manufacturing and market shaping

By May 2024, CEPI, Unitaid and FIND - working with other GHIs, PDPs, WHO, UN agencies, countries, regional entities, and civil society - convene a process to establish a vision for a more coordinated approach to R&D, manufacturing and market shaping, to be developed by May 2025.

Call to Action

To successfully operationalise these shifts and near-term actions, joined-up working between GHI secretariats needs to be complemented by joint action across stakeholder groups, with each playing their respective role to support and be accountable for taking work forward. The potential for existing global and regional fora to facilitate such mutual accountability will be explored further in 2024, ensuring that countries have a central role in assessing progress.

HOLDERS OF SEATS ON GHI GOVERNING BODIES should support GHI secretariats to operationalise the key shifts, ensuring they bring coherent and consistent positions and

standards to strategic discussions across GHIs, and support dialogue across GHIs governing bodies.

FUNDERS OF GHIs should continue to fund the GHI ecosystem, and make necessary changes in their own behaviour, risk assessment, funding conditions, and accountability requirements to create an enabling environment for the identified shifts, in line with their existing commitments to aid and development effectiveness⁴. They should also work to embed these shifts in their own bilateral development efforts.

GOVERNMENTS OF LOW- AND MIDDLE- INCOME COUNTRIES WORKING WITH GHIs should lead the development of costed, high-quality national plans for resilient health systems, and demand the coordination of partners behind these, while also addressing disincentives to greater integration and joint-working at country level (including through accelerated investments in public financial management and improved transparency of financial flows), and progressively increasing domestic funding of health systems. In doing so, they should recognise the vital role of different actors including Heads of State, Ministers of Health and Finance, parliamentarians, civil society and communities, and work with and through regional bodies.

GLOBAL PARTNERS AND ALLIANCE MEMBERS - INCLUDING WHO, THE WIDER UN AND MULTILATERAL DEVELOPMENT BANK SYSTEM - should apply the five key shifts to their own models, including working with GHIs to harmonise frameworks and tools, and utilising their technical leadership to support development of critical tools and capacities.

CIVIL SOCIETY AND COMMUNITIES should ensure civil society and community recipients of GHI funding consider the application of the five shifts in their own operations, while advocating for, and ensuring governments are held accountable for, improved equity in health outcomes, the removal of rights-related barriers to health services and UHC, and increased domestic resources for health.

THE RESEARCH AND LEARNING COMMUNITY should support intentional, robust and inclusive analysis and learning through health systems and implementation research, to inform and guide effective implementation of the five shifts at different levels.

¹ This Agenda uses the following definitions:

Health system: Within the political and institutional framework of each country, a health system is the ensemble of all public and private organisations, institutions, and resources mandated to improve, maintain or restore health. [\[WHO, 2008\]](#)

Health System Strengthening (HSS): Improving [the] six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes. [\[WHO, 2007\]](#) This requires going beyond more limited health system support activities, to include managing the interactions between and among the building blocks, and the call for equitable and sustained improvements across health services [\[Che et al, 2013\]](#).

Universal Health Coverage (UHC): All people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course. [\[WHO, 2023\]](#)

Primary Health Care (PHC): Whole-of-society approach to health that aims to maximise the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities. [\[WHO and UNICEF, 2020\]](#)

Integrated health services: The management and delivery of health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services through the different functions, activities and sites of care within the health system. [\[WHO and UNICEF, 2020\]](#)

² The governments of recipient countries of GHIs must chart their own path of health development, ensuring inclusive engagement of civil society and communities, and external support must be provided in line with this principle.

³ The establishment of the Pandemic Fund came after the initiation of the FGHI process, and the Fund was thus not explicitly part of discussions. It is now recognised as part of the global health architecture, and it is hoped that the conclusions of the FGHI process will be considered by the Pandemic Fund Board. Similarly, the FGHI conclusions are highly relevant to ongoing discussions around ensuring equitable access to medical countermeasures.

⁴ The four workstreams set up as targeted areas for increased collaboration between Gavi/Global Fund are:

1. Optimising the deployment of malaria vaccines (R21/RTS,S) as part of a broader malaria toolkit
2. Enhancing coordination on Resilient and Sustainable Systems for Health (RSSH) investments (including metrics)
3. Increasing coordination in country (with a focus on challenging operating environments)
4. Identifying and realising administrative and other operational synergies

⁵ As outlined in the Paris Declaration on Aid Effectiveness, Accra Agenda for Action and Busan Partnership for Effective Development Cooperation.

The Lusaka Agenda represents the conclusions of the Future of Global Health Initiatives process, as summarised by the FGHI Co-Chairs.



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*Consultation does not indicate endorsement of the document