



Tracking Delivery on the Lusaka Agenda

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Abstract

Launched in December 2023, the Lusaka Agenda laid out a set of shifts and actions to strengthen financing for universal health coverage (UHC). A process for establishing mutual accountability for delivery is ongoing, including within the African Union, but metrics for assessing progress have not yet been established.

In this paper, we propose a *Lusaka Agenda Tracker*. Specially, we aim to provide an independent, technical perspective on indicators that may be useful to track progress on the Lusaka Agenda, focusing in particular on the three global health initiatives (GHIs)—the Global Fund, Gavi, and the Global Financing Facility (GFF)—which are most involved in financing components of national health systems. Tracking these indicators can support the organisational changes that are needed to enable better alignment at country health system level.

We developed a list of 33 potential indicators and milestones, working from the Lusaka Agenda, other relevant documents, and using interviews with experts from a range of relevant organisations, including the Global Fund, Gavi, and the GFF. These were sorted into near-term milestones and medium-term indicators, and prioritised according to their importance, measurability, and coverage of key shifts and health system blocks.

The near-term milestones help to prepare for the more important shifts covered in the medium-term. This includes establishing a cross-board governance mechanism, developing roadmaps to implement reforms in each GHI, completing pilots, and agreeing common definitions, baseline values, and transparent annual reporting across the GHIs on the suggested priority medium-term indicators. Seven in total, these indicators will be key to supporting progress on the Lusaka Agenda.

We believe that this independent proposal addresses an important missing piece in discussions about taking forward the Lusaka Agenda to strengthen the effectiveness of the support GHIs provide to national health systems.

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Introduction

Over the last two decades, global health initiatives (GHIs)¹ have saved lives, improved the health of people globally, and contributed to global public goods, such as efficient procurement systems. In doing so, they have established new models of partnership and alliances and [novel ways of addressing inequities](#).

However, concerns have risen over the proliferation of GHIs, their focus on specific conditions, their impact on wider health systems, how their role may need to change in light of increasing non-communicable diseases and climate change, and the changing type, level, and role of development assistance for health. This has led to calls for reform of the GHI architecture.

The latest iteration of this was the Future of Global Health Initiatives (FGHI) process. From 2022 to 2023, the FGHI process, co-chaired by health leaders from Kenya and Norway, and supported by the Wellcome Trust, undertook consultations and a consensus-building exercise to address current and future challenges facing GHIs in contributing to countries' paths towards UHC. This culminated in the publication of [the Lusaka Agenda](#) in December 2023, which outlined consensus for collective action by GHIs and other global health actors to strengthen their efforts through five key shifts. These were to:

- 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.

¹ GHI is a term used to refer to organisations that integrate the efforts of stakeholders around the world to mobilise and disburse funds to address health challenges and do so by supporting the implementation of health programmes in low- and middle-income countries (<https://wellcome.org/what-we-do/our-work/future-global-health-initiatives-process>).

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.**

These shifts were supported by eight areas of agreed near-term priorities, to be undertaken over one to three years, as well as a proposed series of next steps. The shifts are in line with previous commitments, such as the [Paris Declaration on Aid Effectiveness](#) and the [Busan Partnership agreement](#), which represent agreed good practices in development aid, and to which the GHIs have signed up.

From January 2024, an interim working group co-chaired by representatives from Ghana, Canada, and Amref Health Africa has been working to support the operationalisation of the Agenda's principles within GHI boards as well as within the African Union (AU). Governance mechanisms, including at the regional level, are under discussion,² the GHIs' boards are discussing follow-up actions, and countries are providing their input and priorities in terms of implementation, which is critical to the spirit of the Lusaka Agenda. The World Health Organization (WHO) is also leading a group which aims to reach consensus on health system indicators for all actors to use, and the [G7 has signed up](#) to the Lusaka Agenda. However, specific indicators to track progress in enacting the Lusaka Agenda have not yet been elaborated and there is a risk that, without clear indicators, parts of the Lusaka Agenda will be left unfulfilled.

Objective

The objective of this paper is to propose a Lusaka Agenda Tracker that can be followed over time in order to ensure accountability for delivery.

This tracker aims to:

- Articulate a minimum number of specific milestones and indicators that measure key aspects of the Lusaka Agenda.
- Balance these indicators across the “key shifts” in the Lusaka Agenda and across health system building blocks.
- Complement and avoid duplication with existing activities, as described above, which target better alignment of development assistance for health at national level.

² In February 2024, the AU committed to lead on establishing accountability mechanisms for the Lusaka Agenda in that region (Declaration 866-902(XXXVII)).

Underlying this objective is the recognition that the Lusaka Agenda is still in the process of defining clear accountability mechanisms and how they will be operationalised. We recognise that achieving the Lusaka Agenda is a collective responsibility, which sits within both the GHI boards and secretariats, as well with recipient countries, donors, regional bodies, civil society, communities, and other global health actors. GHI board members include funders, recipient governments, and civil society, which collectively—and perhaps separately—are likely to want to track progress on the Lusaka Agenda. This paper aims to serve as a tool to support mutual accountability, while recognising that GHI organisational changes are only one part of the reforms currently needed.

In this paper, we aim to provide an independent technical perspective on indicators that may be useful to track progress on the Lusaka Agenda. However, different stakeholders and accountability mechanisms—once developed, such as one currently being considered by the Africa Union—will want to customise them to their needs and objectives.

Boundaries for the Lusaka Agenda Tracker

The FGHI process focused on six GHIs: the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), Gavi, the Vaccine Alliance (Gavi), the Global Financing Facility for Women, Children, and Adolescents (GFF), Unitaid, the Foundation for Innovative New Diagnostics (FIND), and the Coalition for Epidemic Preparedness Innovations (CEPI). However, it acknowledged the proliferation of GHIs and the interconnectedness of the global health system, with bilateral, multilateral and private actors all playing key roles.

For this tracker, we focused on the three GHIs which are most engaged in investments at the national level. These are the Global Fund, Gavi, and the GFF. Given this focus, we have not included shift 5 in the tracker, as this relates more to GHIs playing a product development and market shaping role. However, we would encourage the development of additional tools that focus on tracking this aspect in future.

Methods

To develop the tracker, we started by reviewing the Lusaka Agenda to consider how the shifts could be translated into measurable indicators. We also reviewed similar initiatives such as the [GFF alignment working group](#), the [Center for Global Development's QuODA](#), and the [Multilateral Development Bank Reform tracker](#).

We then generated a long list of potential indicators, which were shared and discussed with 17 key informants representing bilateral funders, country ministries of health, multilateral agencies, and GHIs—all of whom were engaged in the FGHI process.³ We held interviews and shared draft papers and indicator sets with key informants for comment.

We next ordered and prioritised these indicators. Criteria for prioritisation of individual indicators included:

- The indicator's importance in contributing to the substantial shifts in ways of operating intended by the Lusaka agenda.
- Clarity and measurability of the indicator by GHI secretariats, ideally using existing data.

We then balanced individual indicator performance against an assessment of whether the overall set of indicators represented the Lusaka's intent. This was carried out through two lenses:

- Ensuring an overall balance across the four key shifts
- Ensuring a balance across health system building blocks to reflect the Lusaka Agenda's ambition to integrate with and support country-level systems and processes (see Table 1).

Based on the four relevant key shifts and near-term actions in the Lusaka Agenda, we developed a long list of 33 potential indicators (see Table A1 in Annex). Due to overlaps in the key shifts and the overall complexity of this area, many of the indicators covered multiple components in the Lusaka Agenda.

We next organised these indicators by timeframe—short- to medium-term—and by level of responsibility—whether they apply at individual GHI level or across the group. For the selection, we applied our two indicator criteria: importance and measurability. While the near-term milestones are based closely on the near-term priorities of the Lusaka Agenda; for the medium-term indicators, we additionally applied the portfolio criteria given above—that is, balance across the four relevant shifts and across health system building blocks. The result was five near-term milestones and seven medium-term indicators.

While not reported on at present, all of the medium-term indicators could be reported on by the GHI secretariats. The boards are in a position to ask for this information. **Transparent reporting on these indicators would, in itself, represent an important step in accountability.**

3 Organisations consulted included WHO, the Global Fund, the GFF, Gavi, the World Bank, representatives from Malawi, Ethiopia, and Democratic Republic of Congo, the UK Foreign, Commonwealth & Development Office, Norwegian Agency for Development Corporation, FGHI, and the Wellcome Trust.

Near-term milestones (2024–2025)

These are initial milestones which GHIs can achieve within a relatively short timeframe, such as before the next replenishment round in 2025. These focus more on collective actions, some of which are already underway as steps on the pathway to the medium-term changes.

These milestones are binary—whether an action has been taken or not. Where there are sub-components to a milestone, all need to be met to achieve the target.

They should be seen as a test of whether we are collectively serious about initiating the process of change, but by themselves, do not represent achievement of the goals of the Lusaka Agenda. Once achieved they could be dropped from the tracker and the focus would be on the medium-term indicators.

Individual GHI

1. GHI board has signed off a roadmap and monitoring plan to embed operationalisation of the five shifts in guidelines. These should include the steps needed to reach them and the necessary organisational processes so that these are consistent with the principles of aid alignment, harmonisation, and country leadership.
2. GHI has (1) reviewed its board membership and decision-making processes for representation from low- and middle-income countries (LMICs) since the Lusaka Agenda was agreed and (2) has introduced changes to enhance the decision-making power of LMIC members.

Collective (across GHIs)

1. A joint task team across the Global Fund, Gavi, and the GFF agrees on recommendations on alignment of systems (e.g., grant applications), definitions and baselines for the medium-term indicators below, and a system for transparent reporting and sharing of this information across organisations.
2. Cross-board governance mechanism between Gavi, the Global Fund, the GFF, and other relevant stakeholders is set up, including review of annual progress reports on medium-term indicators.
3. Pathfinder countries⁴ conclude pilots to test improvements related to the key shifts.

4 The number of pathfinder countries has not yet been agreed, but South Sudan, Ghana, and Malawi have expressed interest in participating (*Advancing Africa's Leadership and Unified Voice Towards Realization of the Lusaka Agenda – Aidsplan*).

Medium-term (2025–2030)

Most of the important indicators require more preparation time and so fall into the medium-term category. These include indicators at individual GHI-level for addressing the four relevant shifts implied by the Lusaka Agenda. The task team and cross-board governance mechanism would establish definitions, baseline values, agree targets, and then assess progress against the indicators.

Progress will be on a sliding scale and the GHI boards will need to set specific targets. A stretch target that would be in line with the Lusaka Agenda and would prepare the GHIs for the post-Sustainable Development Goals era is to aim for compliance **for the majority of funding by 2030**—that is, hitting targets of more than 50 percent for each GHI by 2030.⁵ Expenditure in a small set of highly fragile and conflict-affected settings may be exempt from the indicators as they may require different approaches. However, these should be exceptions to the norm.

Individual GHI indicators

1. % of GHI investments aligned to one national health sector plan
2. % of GHI investments funded through public financial management systems
3. % of GHI governance mechanisms at country level that are integrated with wider sectoral coordination structures
4. % of GHI investment which is monitored through national routine M&E systems
5. % of commodities supported by GHIs which were prioritised in national priority-setting exercises
6. % of countries where GHIs pay health workers and community health workers (CHW) using national pay scales

Collective indicator

In addition to the six indicators above, we propose an important indicator for the GHIs as a group:

7. % of countries applying to the three focal GHIs through a single harmonised application processes and timeline

These collectively would contribute to all of the main four shifts, as well as agreed short-term actions of the Lusaka Agenda, while targeting each of the main health system areas (see Table 1).

5 This is in line with some existing internal targets e.g., Gavi has committed to have a “Proportion of funds going through government systems—progressive trend towards cumulative 55% by 2025.” In 2023 it reached 41%—albeit only applying to cash payments, not commodities, which constitute a small proportion of support.

TABLE 1. Medium-term priority indicators, mapped onto shifts and building blocks

	Main Shifts				Number of Key Shifts Covered	Health System Building Blocks Covered
	Shift 1: Make a Stronger Contribution to PHC	Shift 2: Play Catalytic Role Towards Sustainability	Shift 3: Strengthen Joint Approaches for Equity	Shift 4: Achieve Strategic and Operational Coherence		
Individual GHI						
• % of GHI investments aligned to one national health sector plan	✓	✓	✓	✓	4	Service delivery
• % of GHI investment funded through public financial management systems	✓	✓		✓	3	Health financing
• % of GHI governance mechanisms at country level that are integrated with wider sectoral coordination structures		✓		✓	2	Leadership and governance
• % of GHI investment which is monitored through national routine monitoring and evaluation (M&E) systems	✓	✓		✓	3	Health information systems
• % of commodities supported by GHIs which were prioritised in national priority-setting exercises	✓	✓		✓	3	Supply chains
• % of countries where GHIs pay health workers and CHWs using national pay scales	✓	✓		✓	3	Health workforce
Collectively						
• % of countries applying to the three focal GHIs through a single, harmonised application process across the three focal GHIs, which aligns with country planning and budget cycles		✓		✓	2	
How many indicators cover this shift	5	7	1	7		

Figure 1 provides a summary across the near-term and medium-term priority milestones and indicator set.

FIGURE 1. Summary of milestones and indicators (2025–2030)



Limitations and risks

By design, the Lusaka Agenda Tracker only focuses on GHI organisational level performance. It does not assess the wider efforts at country level to improve alignment in health across the multitude of global health actors. We acknowledge the importance of country-level efforts, but we believe that without global GHI organisational changes, national efforts will be stymied.

The tracker only focuses on the three most relevant GHIs, yet full achievement of the Lusaka Agenda will require broader action from a range of stakeholders, including WHO and the World Bank. This focus was intentional due to their central role in the Agenda and the urgency of the policy question. Follow-up work should consider how, and whether, to bring in other organizations into this tracker.

We understand that accountability mechanisms are under review by organisations such as the AU and therefore we intentionally do not propose who would manage this tracker. We see our role as providing an independent and impartial input into these discussions, but the indicators will need to be revised once the appropriate home is established.

Finally, there are risks that trackers may be seen as burdensome, however, these indicators explicitly avoid additional data collection at country level and rely on data which secretariats hold and can aggregate, once definitions are mutually agreed. Internally, however, GHI teams (especially those with smaller secretariats) may need additional support to generate indicators on an annual basis.

Conclusion

The agreement of the Lusaka Agenda represents an important moment of recommitment to the principles of aid effectiveness, which all global health actors have endorsed in recent decades. This is especially important at a time of growing threats, and signs of falling donor commitment to global health. GHIs and other global health actors need to be held accountable for using public resources in a way that supports country-led efforts to strengthen the delivery capacity of national health systems in the long term. This is a goal which has remained elusive.

This paper proposes a concise and measurable set of 12 indicators and milestones to track implementation of, and progress on, the Lusaka Agenda. The seven medium-term indicators are the most significant in terms of capturing the main changes that the Lusaka Agenda aims to achieve. But the five near-term milestones will be an important, early test of political will to ensure we are on the path to substantial change. In particular, establishing definitions, baseline values, and transparent reporting across the group on the indicators will be key to progress.

We believe that this independent proposal for a Lusaka Agenda Tracker addresses an important missing piece in the current conversations and can complement ongoing discussions about successfully taking forward the Lusaka Agenda.

Annex

TABLE A1. Potential indicators (long list)

	Main Shifts				Near Term Priorities					
	Shift 1: Making a Stronger Contribution to PHC	Shift 2: Playing Catalytic Role Towards Sustainability	Shift 3: Strengthen Joint Approaches for Equity	Shift 4: Achieve Strategic and Operational Coherence	Governance	Metrics and Monitoring	Aligning with and Using Government Systems	Transparency	Sustainability	Immediate Steps
Leadership and governance										
1. % of GHI governance mechanisms at country level that are integrated with wider sectoral coordination structures		✓		✓			✓			
2. Number of GHIs that have reviewed board membership and decision-making since Lusaka and introduced changes to enhance the decision-making power of LMIC members					✓					
Financing										
3. % of GHI investment that is on budget	✓	✓		✓			✓	✓		
4. % of GHI investment funded through public financing systems		✓		✓			✓	✓	✓	
5. % GHI funding that is pooled with another GHI at the country level		✓		✓						
6. Whether there is alignment of funding timelines and application processes across GHIs		✓		✓						
7. % of GHI investment which is subject to national audits		✓		✓			✓	✓	✓	
8. % of GHI investment which is jointly audited with other funders' programmes		✓		✓			✓	✓	✓	

TABLE A1. (Continued)

	Main Shifts				Governance	Metrics and Monitoring	Near Term Priorities			
	Shift 1: Making a Stronger Contribution to PHC	Shift 2: Playing a Catalytic Role Towards Sustainability	Shift 3: Strengthen Joint Approaches for Equity	Shift 4: Achieve Strategic and Operational Coherence			Aligning with and Using Government Systems	Transparency	Sustainability	Immediate Steps
9. % of GHI investment which is co-funded with other GHIs and funders	✓			✓						
10. % of GHI investment with flexible funding (pooled with government)	✓			✓			✓		✓	
11. % of GHI investment allocated for grants of longer than three years				✓						
12. % of countries with a joint national plan for managing transition from GHI support		✓							✓	
13. % of GHI allocation and expenditure which is publicly reported					✓			✓		
14. % of GHI allocation and expenditure which is reported in a format consistent with domestic budgets and financial reporting		✓		✓			✓	✓		
Service delivery										
15. % of GHI investment in integrated service packages (e.g., essential health care package; PHC package)	✓	✓	✓	✓			✓		✓	
16. % of GHI investments aligned to one national health sector plan	✓	✓	✓	✓		✓	✓		✓	
17. Joint HSS programming (involving more than one GHI) piloted and evaluated				✓					✓	

TABLE A1. (Continued)

	Main Shifts				Near Term Priorities					
	Shift 1: Making a Stronger Contribution to PHC	Shift 2: Playing Catalytic Role Towards Sustainability	Shift 3: Strengthen Joint Approaches for Equity	Shift 4: Achieve Strategic and Operational Coherence	Governance	Metrics and Monitoring	Aligning with and Using Government Systems	Transparency	Sustainability	Immediate Steps
Health information systems										
18. % of countries where the GHIs support integrated health information systems (not disease-specific)		✓		✓		✓	✓		✓	
19. Use of agreed set of HSS indicators across multiple GHIs and other global health actors, including WHO, for planning, disbursing, and tracking HSS investments						✓			✓	
20. GHIs adopt or develop indicators for alignment, in consultation with LMICs				✓		✓				
21. GHIs make progress on alignment in-country, assessed against that metric	✓	✓		✓				✓		
22. Common metric for assessing equity in health outcomes is agreed across GHIs and applied			✓			✓				
23. % of GHI investment which is monitored through national routine reporting	✓	✓		✓		✓	✓	✓	✓	
24. % of GHI investment which is reported on jointly (as part of reporting to other funders)		✓		✓		✓	✓	✓	✓	

TABLE A1. (Continued)

	Main Shifts				Governance	Metrics and Monitoring	Near Term Priorities			
	Shift 1: Making a Stronger Contribution to PHC	Shift 2: Playing Catalytic Role Towards Sustainability	Shift 3: Strengthen Joint Approaches for Equity	Shift 4: Achieve Strategic and Operational Coherence			Aligning with and Using Government Systems	Transparency	Sustainability	Immediate Steps
Access to essential medicines										
25. % of countries where GHIs support integrated procurement and supply chain management systems (not disease-specific)		✓		✓			✓		✓	
26. % of commodities supported by GHIs which were prioritised in national priority-setting exercises	✓	✓		✓			✓		✓	
Health workforce										
27. % of countries where GHIs pay health workers and CHWs using national pay scale	✓	✓		✓			✓		✓	
Cross-cutting										
28. Individual GHIs develop roadmaps to embed operationalisation of the five shifts, which are signed off by their boards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29. A joint task team is established across GFATM, Gavi, and the GFF to take forward priorities for alignment of systems to reduce country burden and increase overall effectiveness across GHIs				✓						✓

TABLE A1. (Continued)

	Main Shifts				Near Term Priorities					
	Shift 1: Making a Stronger Contribution to PHC	Shift 2: Playing Catalytic Role Towards Sustainability	Shift 3: Strengthen Joint Approaches for Equity	Shift 4: Achieve Strategic and Operational Coherence	Governance	Metrics and Monitoring	Aligning with and Using Government Systems	Transparency	Sustainability	Immediate Steps
30. Mechanisms for cross-board collaboration between Gavi, the Global Fund, the GFF, and other relevant stakeholders are set up					✓					✓
31. Pathfinder countries actively test innovations to improve GHI engagement with national health systems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
32. Cross-board collaboration mechanism produces annual report on progress towards roadmap, progress of joint task team, and lessons from pathfinder countries						✓				✓
33. GHI country manager assessment linked to health system and equity performance metrics (not just grant disbursement)	✓	✓	✓				✓		✓	