
Draft fourteenth general programme of work

INTRODUCTION

1. Further to the request of the Seventy-sixth World Health Assembly¹ in May 2023 for the Director-General to develop the fourteenth general programme of work as the technical strategy to underpin the first WHO investment round,² an initial consultation document was issued on 18 August 2023 to facilitate discussions with Member States on the proposed development process and high-level narrative for the draft fourteenth general programme of work for the period 2025–2028 (GPW 14). The initial consultation document included the context for the draft GPW 14; what is new in the draft GPW 14, including the emerging lessons from the Thirteenth General Programme of Work, 2019–2025 (GPW 13); the overarching goal and proposed strategic objectives for the draft GPW 14; a summary of the added value of WHO in the global health ecosystem; and initial considerations for the high-level results framework, financing envelope and financing strategy of the draft GPW 14.

2. The initial consultation document was discussed with Member States at three global consultations, six regional committee meetings and three additional regional meetings. Additional Member State consultations informed the development of joint outcomes for the draft GPW 14 and the further refinement of impact measurement. As per the agreed GPW 14 development process, the Secretariat's GPW 14 steering committee has continued to interact regularly with the GPW 13 independent evaluation team, and the consultation document has been discussed with a broad range of colleagues within WHO and with external partners, including United Nations agencies, programmes and funds; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank; civil society, community organizations and youth groups; donors and philanthropic organizations; private sector and industry associations; and a number of regional development banks. These consultations and subsequent written feedback have established broad agreement concerning the context and overarching goal of the draft GPW 14; the direction of its strategic objectives; and most recently, its draft outcomes. The consultations have reinforced the importance of building on the GPW 13 and the Sustainable Development Goals for measurable impact in countries, while clearly articulating WHO's unique added value in the global health ecosystem and specifying its contribution to the GPW 14 outcomes.³

3. A second consultation document was issued on 26 November 2023, incorporating feedback from Member States, partners, key constituencies and WHO's workforce on the first consultation document and presenting a four-part structure for the GPW 14 that included high-level results, an overview of WHO's contribution, the theory of change, and a summary of ongoing and planned work to optimize WHO's performance. As of 10 December 2023, written comments on the second consultation document

¹ See decision WHA76(19), paragraph 4(b).

² See decision WHA76(19), paragraph 4(c).

³ For the purposes of the draft GPW 14, the term "global health ecosystem" refers to the complex network of interconnected players at the community, country, regional and global levels, including governmental and non-State actors, as well as the public and private sectors and the health and health-related sectors, which exert influence on the health and well-being of people, whether directly or indirectly.

had been received from a range of Member States, the WHO workforce, implementing partners, civil society organizations, donor partners and private sector business associations. These comments reaffirmed support for the overall context, the goal (promote, provide, protect) and the six strategic objectives of the GPW 14, and welcomed the proposed structure for the GPW 14 and its 15 major outcomes. Substantial input was received for improving sections of the narrative, particularly with respect to the scope and the work to be conducted under key outcomes, with additional suggestions for finalizing the theory of change, incorporating further detail on the Secretariat's contribution to the GPW 14 and including final insights from the independent evaluation of the GPW 13 once received. Member States emphasized the need to continue developing the GPW 14 results framework and indicators (with baseline values and targets) through the ongoing consultative process with Member States in the first quarter of 2024, and subsequently to fully integrate these in the current document. The draft GPW 14 was developed on the basis of the second consultation document and incorporates the feedback received to date.

4. This draft GPW 14 substantially updates the second consultation document and is submitted for consideration by the two governing bodies whose meetings are to be held in January 2024, namely: the Programme, Budget and Administration Committee of the Executive Board at its thirty-ninth meeting, and the Executive Board at its 154th session.

5. On the basis of guidance received, together with the final results of the independent evaluation of GPW 13, and the ongoing consultation with Member States on refinements to the WHO results framework, the Secretariat will develop a revised version of GPW 14 to be submitted for consideration by the Seventy-seventh World Health Assembly in May 2024.

Draft fourteenth general programme of work, 2025–2028

Advancing health equity and health systems resilience in a turbulent world: a global health agenda for 2025–2028

Promoting, providing and protecting health and well-being for all

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PREAMBLE

1. In the wake of the coronavirus disease (COVID-19) pandemic, there is a renewed understanding, from political leaders to the people they serve, of the centrality of health and well-being to social and economic development. Although the health and other related Sustainable Development Goals are badly off track,¹ new national and international capacities and commitments can be harnessed to revitalize action on the Goals' original ambition and to equip health systems to meet the expectations of their populations and the emerging challenges of the post-Sustainable Development Goals world. The four-year period from 2025 to 2028 constitutes a unique opportunity to advance health equity and get the health-related Sustainable Development Goals back on track, while “future-proofing” health systems. Realizing this ambition will require a common, global health agenda and joint work across a broad group of stakeholders in support of government action.

2. This strategy document, the draft Fourteenth General Programme of Work, 2025–2028 (GPW 14), builds on the foundation established in the Thirteenth General Programme of Work, 2019–2025 (GPW 13),² which put measurable impact in countries at the centre of WHO's work and results framework; draws on lessons from the COVID-19 pandemic and the ongoing evaluation of the GPW 13;³ and reflects a broad and ongoing consultation with Member States, partners and constituencies. It is anchored in the Sustainable Development Goals principle to leave no one behind, WHO's commitment to health equity, gender equality and human rights, and the promotion of healthy lives and well-being across the life course. The draft GPW 14 takes forward WHO's pledge, in the report by the Director-General on extending the GPW 13, 2019–2023 to 2025,⁴ to **promote, provide and protect health**, while helping to **power** the work of the entire global health ecosystem towards the Sustainable Development Goals and enhance its own organizational **performance**.

3. Part 1 of the draft GPW 14 describes the rather stark global context for the four-year period from 2025 to 2028 and sets the scene for a global health agenda. Part 2 lays out the common goal (**promote, provide and protect health**), strategic objectives and major outcomes of the draft GPW 14 for Member States, partners, stakeholders and the Secretariat for 2025–2028, and maps these to existing global health targets and indicators. Part 3 articulates how WHO will contribute to the global health agenda and introduces a theory of change to explain how WHO's work will help to **power** progress and drive measurable impact. Lastly, Part 4 describes how WHO will optimize its own **performance** during the period 2025–2028.

¹ The Sustainable Development Goals report: special edition. New York: United Nations; 2023 (<https://unstats.un.org/sdgs/report/2023/The-Sustainable-Development-Goals-Report-2023.pdf>, accessed 17 December 2023).

² Thirteenth General Programme of Work, 2019–2023 website (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>, accessed 28 November 2023).

³ The independent evaluation of the GPW 13 is to be finalized by the end of December 2023.

⁴ Document A75/8.

PART 1. HEALTH AND WELL-BEING IN AN INCREASINGLY COMPLEX WORLD

A changing world

1. Since the adoption of the **Sustainable Development Goals** in 2015 and the approval of the GPW 13 in 2018, the world has changed – and will continue to change – in fundamental ways that have profound implications for human health and well-being in every country and community.

2. The pace of **climate change and environmental degradation** has accelerated, emerging as the greatest threat to human health in the 21st century.¹ Global temperatures are continuing to rise and are expected to exceed 1.5°C over pre-industrial levels by 2030. Severe weather events, air and chemical pollution, **microbial breaches of the animal–human species barrier** and climate-sensitive epidemic diseases are increasing in frequency across the globe. **Human migration and displacement** have reached unprecedented levels, with an estimated 1 billion people who have migrated or have been forcibly displaced owing to economic, environmental, political, conflict and other forces. **Demographic shifts** are dynamic and dominated by an ageing population in many countries, alongside increasing urbanization everywhere. Basic public services are struggling to keep up, with nearly 30% of the world’s population lacking access to a safe water supply. **Increasing inequities** within and between countries are leading to a growing divide in social and economic outcomes between those with financial resources and those without. **Geopolitics** are changing, with fracturing relationships, growing power imbalances and instability, rising polarization, new conflicts and increasing emphasis on national and regional self-sufficiency.

3. In parallel, **scientific and technologic advances** have brought the world into a new scientific and digital era, with huge potential to advance human development, improve decision-making and boost productivity, access to information and service delivery. However, these advances carry the risk of serious social consequences owing to gaps in access, exacerbated inequalities, misinformation, exclusion and unemployment. Social media has contributed to polarization and politicization, while the rapidly expanding application of artificial intelligence (AI) has already highlighted the need for coordinated governance to harness its potential while ensuring necessary protections.

4. **The constant and growing number of crises and emergencies** further complicates longer-term threats and efforts to leave no one behind. The COVID-19 pandemic has taken a horrific toll on human life, with massive consequences for health and well-being globally, particularly for people in vulnerable situations,² as well as devastating economic and social disruption. Recovery remains slow for both health and economic systems.³ Economic uncertainty continues, with the slowing of growth, rising debt burdens, persistent inflation and shrinking fiscal space, all of which are impacting social sector spending broadly. New, large-scale conflicts have erupted, with massive and immediate consequences for huge civilian populations and longer-term social, economic and political implications. A record 340 million people are in need of humanitarian assistance worldwide. The frequency and impact of natural disasters

¹ Romanello M, di Napoli C, Green C, Kennard H, Lampard P, Scamman D, et al. The 2023 report of the *Lancet* Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. *Lancet*. 2023. doi:10.1016/S0140-6736(23)01859.

² People or groups in vulnerable situations can include children and adolescents; women and girls; persons with disabilities; migrants, refugees and asylum-seekers; and older persons (see <https://www.ohchr.org/en/special-procedures/sr-health/non-discrimination-groups-vulnerable-situations>, accessed 17 December 2023).

³ World economic outlook: navigating global divergencies. Washington, D.C.: International Monetary Fund; 2023 (<https://www.imf.org/en/Publications/WEO/Issues/2023/10/10/world-economic-outlook-october-2023>, accessed 28 November 2023).

is increasing, with climate change becoming a major driver. Countries are facing more frequent, complex and protracted emergencies than at any time in recorded history, with vulnerabilities deepening and threats converging to multiply and amplify risks. Together, these trends and shocks are contributing to social instability. Stagnant wages, increasing income inequality and rising youth unemployment are contributing to the erosion of trust in public institutions and leadership.

An unacceptable impact on human health and well-being

5. The combination of longer-term trends and acute and protracted emergencies and crises, as well as the interactions among them, have created a particularly challenging environment for countries to protect and advance the health and well-being of their populations, as evidenced by the weak progress made towards most of the Sustainable Development Goals and the declining rate of improvement in Healthy Life Expectancy (HALE), an overarching indicator for mortality and morbidity.^{1,2}

6. Since the launch of the Sustainable Development Goals, the rate of increase in HALE has slowed by 40%, from 0.3 years per annum during the Millennium Development Goals era (2000 to 2015) to 0.19 years between 2015 and 2019, and is projected to fall further to 0.1 years by 2050. Even before the COVID-19 pandemic, urgent action was needed to get the world on track to reach the health-related Sustainable Development Goals and to create safe and healthy environments so that everyone, everywhere, can enjoy healthier lives and well-being. WHO estimates that less than 15% of the health-related Sustainable Development Goals are on track and for selected health-related Sustainable Development Goals, less than one third are likely to reach their 2030 targets. On the other hand, although the COVID-19 pandemic seriously compromised planned health activities from 2020 to 2023, progress has been made towards WHO's triple billion targets (see Box 1 below) since 2019:³ – an estimated 1.26 billion additional people enjoy better health and well-being; 477 million more people are covered by essential health services without experiencing financial hardship; and 690 million more people are protected from health emergencies in 2023. Nevertheless, the pace of progress is insufficient to meet the Sustainable Development Goal targets by 2030.

7. In 2023 – halfway to the deadline for achieving the Sustainable Development Goals – more than half the world's population is not covered by **essential health services**, while one in four people suffer **financial hardship** or incur catastrophic expenditures to access health services.⁴ Although 30% of countries have progressed on these two dimensions of universal health coverage (under Sustainable Development Goal 3, “Ensure healthy lives and promote well-being for all at all ages”), overall progress is stagnant, with catastrophic expenditure owing to out-of-pocket payments actually increasing. Especially alarming is the fact that at the global level, there has been virtually no progress in reducing **maternal mortality** since 2015, with nearly 300 000 women continuing to die every year in pregnancy or childbirth. Progress on **child mortality** has slowed: 5 million children still die every year before they reach 5 years of age and nearly half of those are neonates. By 2030, 25% of the world's population, including 85% of the world's poorest people, will live in **countries affected by fragility, conflict or**

¹ The Sustainable Development Goals report: special edition. New York: United Nations; 2023 (<https://unstats.un.org/sdgs/report/2023/The-Sustainable-Development-Goals-Report-2023.pdf>, accessed 28 November 2023).

² Based on Global Health Estimates website (<https://www.who.int/data/global-health-estimates>, accessed 17 December 2023); and World Population Prospects website (<https://population.un.org/wpp/>, accessed 17 December 2023).

³ Triple Billion Progress website (<https://www.who.int/data/triple-billion-dashboard>, accessed 28 November 2023).

⁴ Tracking Universal Health Coverage: 2023 Global Monitoring Report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240080379>, accessed 17 December 2023).

vulnerability, where the majority of the maternal and child deaths and 75% of the high-impact epidemics occur.

8. At the same time, the burden of **noncommunicable diseases** – primarily cardiovascular disease, cancer, chronic respiratory disease and diabetes – continues to increase: they kill 41 million people every year, representing 74% of all deaths and the vast majority of premature mortality worldwide, with the greatest impact in low- and middle-income countries. As the burden of noncommunicable diseases, multimorbidity, and life expectancy increase, the number of people living with disability has grown to 1.3 billion or 1 in every 6 people.¹ The burden of Alzheimer’s disease and other dementias is escalating. The prevalence of **mental health conditions** is also rising: nearly 1 billion people live with such a condition and rates of depression and anxiety are increasing particularly quickly among young people.² Despite effective interventions and some progress in all programme areas, **violence and injuries** continue to take more than 4 million lives every year, with nearly 30% of those deaths attributable to road injuries, while 1 in every 2 children are victims of violence each year and 1 in 3 women have experienced violence from an intimate partner at least once in their lives.^{3,4} The potential of **disease prevention and health promotion** investments, which could address 50% of the global burden of disease, remains unrealized: every year, 8 million people still die from tobacco use, 7 million deaths are linked to air pollution and 3 million deaths are linked to the harmful use of alcohol, while up to 50 million people are injured in road traffic crashes.

9. **Communicable diseases** continue to kill 7.5 million people every year: lower respiratory infections are responsible for 35% of those, while tuberculosis, HIV/AIDS and malaria together account for 30% and diarrhoeal diseases for 20%.⁵ There are 3 million new hepatitis infections each year, and 1 million new sexually transmitted infections occur each day. Encouragingly, the number of people requiring mass or individual treatment and care for one or more of the 20 neglected tropical diseases has reduced by 25% to 1.65 billion people.⁶ However, important eradication and elimination goals remain elusive; poliomyelitis and dracunculiasis transmission continues. Although more than 170 countries now have national action plans, **antimicrobial resistance** continues largely and alarmingly unabated. Epidemic-prone bacterial and viral diseases, such as cholera, meningitis, diphtheria, dengue and yellow fever, continue to have major health impacts and to be highly disruptive to regular health services. Furthermore, new **high-threat infectious hazards** are emerging and re-emerging, including vector-borne infections and zoonoses, such as coronaviruses, Ebola virus disease, Zika and avian influenza. The animal–human species barrier is under tremendous pressure, with underinvestment in

¹ Disability website (<https://www.who.int/news-room/fact-sheets/detail/disability-and-health>, accessed 28 November 2023).

² World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240049338>, accessed 28 November 2023).

³ Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*, 137(3).

⁴ Violence against women data website (<https://platform.who.int/data/sexual-and-reproductive-health-and-rights/violence-against-women-data#:~:text=Violence%20against%20women%20is%20public,mostly%20by%20an%20intimate%20partner>, accessed 17 December 2023).

⁵ See data presented by age, sex, country and region, 2000–2019, at Global health estimates: leading causes of DALYs website (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys>, accessed 28 November 2023).

⁶ Global report on neglected tropical diseases 2023. Geneva: World Health Organization; 2023 (<https://iris.who.int/bitstream/handle/10665/365729/9789240067295-eng.pdf?sequence=1>, accessed 28 November 2023).

risk-reducing biosecurity measures, inadequate detection and risk assessment on both the veterinary and the human sides, and suboptimal rapid response and containment measures.

10. The COVID-19 pandemic highlighted the **fragility of health systems** worldwide, with more than 90% of countries reporting interruptions to essential health service delivery and the largest fall in **routine immunization coverage** in a generation: 25 million children missed doses. School closures had a devastating impact on nutrition, child protection, and mental health and psychosocial services.¹ Similar ruptures were experienced in essential surgeries; services for women, newborns, children and adolescents; and the delivery of virtually all disease-specific services, from noncommunicable and communicable diseases to mental health conditions. The COVID-19 pandemic further highlighted the inequalities in access to **quality-assured, affordable, effective and safe medicines and health products**, particularly in low- and middle-income countries. Health systems continue to feel the scarring effects of the COVID-19 pandemic, particularly in their **health and care workforces**, which at the current pace will have an estimated gap of 10 million personnel globally by 2030. An estimated 1 billion people are still served by health facilities that have no or unreliable electricity and 1.7 billion people are served by facilities that lack a basic water service. In addition, **central government health expenditure**, which had surged by 25% during the COVID-19 pandemic, was already contracting rapidly in 2022, leaving health systems with stagnant or declining budgets as they struggled to deal with the backlog of disrupted services. Health system capacities are being further strained by migration, the escalating number of **natural and human-made crises**, and the simply unacceptable increase in **attacks** on health workers, facilities and services, with a disproportionate impact on female health workers.

11. Advancing health and well-being is inextricably linked to advancing progress with respect to the **related Sustainable Development Goals, health determinants and risk factors**. The lack of progress towards achieving, and the lack of prioritization of, gender equality (Sustainable Development Goal 5, “Achieve gender equality and empower all women and girls”) has far-reaching negative consequences for individual health and well-being; the capacity of health systems to ensure that women and girls can access all the services they need without discrimination (including sexual and reproductive services); and women’s empowerment in the health and care sector. Unhealthy diets and malnutrition are now estimated to account for nearly one third of the global burden of disease (Sustainable Development Goal 2, “End hunger, achieve food security and improved nutrition and promote sustainable agriculture”).² A staggering 1 billion people worldwide are obese, contributing to a range of noncommunicable diseases and mental health conditions. The modest progress on childhood stunting and wasting is at risk owing to unsustainable food systems, conflict and worsening **food insecurity**: 735 million people face chronic hunger and 333 million people are acutely food insecure in 2023.³ Although important progress has been made under Sustainable Development Goal 6 (“Ensure availability and sustainable management of water and sanitation for all”), 2.2 billion and 3.5 billion people still lack access to **safely managed drinking-water and sanitation**, respectively. Furthermore, despite limited improvements in **air quality** (Sustainable Development Goal 11, “Make cities and human settlements inclusive, safe, resilient and sustainable”), 2.3 billion people rely primarily on polluting fuels and technologies for cooking (Sustainable Development Goal 7, “Ensure access to affordable, reliable, sustainable and modern energy for all”), while 99% of the global population live in

¹ Chaabane S, Doraiswamy S, Chaabna K, Mamtani R, Cheema S. The impact of COVID-19 school closure on child and adolescent health: a rapid systematic review. *PubMed*. 2021;8(5):415. doi:10.3390/children8050415.

² Global burden of disease [website]. Seattle, United States of America: Institute for Health Metrics and Evaluation; 2019 (<https://www.healthdata.org/research-analysis/gbd#:~:text=The%20Global%20Burden%20of%20Disease,be%20improved%20and%20disparities%20eliminated>, accessed 28 November 2023).

³ This represents an increase of 184 million people compared with pre-pandemic levels in the 78 countries with World Food Programme operations and for which data are available.

areas in which air pollution levels exceed WHO guideline limits. The COVID-19 pandemic impacted the already lagging progress on education (Sustainable Development Goal 4, “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”), which is a key determinant of health: learning losses were reported in four of every five countries. Equally concerning is the limited progress on other Sustainable Development Goals that underpin key determinants of health, including poverty and social protection (Sustainable Development Goal 1, “End poverty in all its forms everywhere”); decent work (Sustainable Development Goal 8, “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”); infrastructure (Sustainable Development Goal 9, “Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation”); inequalities and migration (Sustainable Development Goal 10, “Reduce inequality within and among countries”); climate change (Sustainable Development Goal 13, “Take urgent action to combat climate change and its impacts”); and peace, justice and institutions (Sustainable Development Goal 16, “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels).

12. Despite the tragedy and disruption of the COVID-19 pandemic, its enormous toll on people’s lives, health systems and workers, and the increasingly challenging environment for health, there are new lessons, commitments, capacities and partnerships at the national, regional and international levels that can underpin a fundamental increase in alignment and collective action across the health ecosystem everywhere for greater impact at the country and community levels.

Box 1: GPW 13: progress towards the triple billion targets

The GPW 13 was anchored in the health-related Sustainable Development Goals. It provided a road map to improve healthy lives and well-being for all at all ages. The conceptual framework for this was the triple billion targets¹ (a) 1 billion more people living with better health and well-being by 2025; (b) 1 billion more people benefiting from universal health coverage; and (c) 1 billion more people protected from health emergencies.

Since 2018, progress has been made towards each of the triple billion targets, but disparities and challenges persist.

Healthy population billion. The world will likely achieve this target by 2025. In 2023, 1.26 billion more people are estimated to enjoy better health and well-being compared with the baseline in 2018. However, this progress, even if continued at the current rate, is insufficient to reach the Sustainable Development Goals by 2030. For example, the global age-standardized prevalence of tobacco use remains high, the prevalence of adult obesity continues to rise in all WHO regions and air pollution has not been tackled in many areas of the world. Accelerating progress will require a sharper focus to be placed on tobacco, air pollution, road injuries and obesity, which are key determinants of healthier lives.

Universal health coverage billion. By 2023, only 477 million more people have been covered by essential health services without financial hardship as compared with 2018. Even if the world were to meet the billion target by 2025 it would still be substantially off track to meet the related Sustainable Development Goals by 2030. The COVID-19 pandemic disrupted progress on many universal health coverage indicators, and only some of them are now recovering. The progress that did occur was

¹ Delivering a measurable impact in countries. Geneva: World Health Organization; 2023 (<http://who.int/publications/m/item/tracking-the-triple-billions-and-delivering-results-2023>, accessed 29 November 2023).

largely driven by increased HIV service coverage. Services for vaccination and treatment for malaria, tuberculosis, noncommunicable and other diseases continue to lag and financial hardship has worsened. Increased funding for primary health care, together with enhanced integration of services, are essential to accelerate progress.

Health Emergencies Protection Billion. By 2023, an estimated 690 million more people were protected compared with 2018.¹ Improvements in preparedness, as measured through core capacities related to the International Health Regulations (2005), contributed substantively to progress in 2022. Resolving pandemic-related disruptions to high-priority pathogen vaccination programmes is key to further progress. The COVID-19 pandemic highlighted the need to refine metrics for this target. Improvements are under way, including through the integration of assessments from actual outbreaks with rapid improvements based on timeliness targets for detection, notification and response to health emergencies.

Although overall progress has been uneven in the last six years, landmark achievements in global health have been recorded thanks to the collective efforts of WHO Member States, the Secretariat and key partners. Examples include the fact that 133 Member States have introduced a new health tax for tobacco, sugary drinks and or other unhealthy products or have increased existing taxes. Since WHO's REPLACE initiative in 2018, there has been a sixfold increase in the number of people protected from industrially produced trans-fats, which now stands at 3.7 billion. New agreements to tackle antimicrobial resistance will reduce the use of antimicrobials in the food system by 3% by 2023. New medicines (such as those for multidrug-resistant tuberculosis) and vaccines (for malaria) have been introduced. WHO and partners have established a new mRNA technology transfer hub in South Africa and biomanufacturing training hub in the Republic of Korea. In addition to the COVID-19 and mpox outbreaks, WHO and partners responded to 70 graded health emergencies in 2022 alone, ranging from floods in Pakistan to Ebola in Uganda, the war in Ukraine, cholera outbreaks in more than 30 countries and complex emergencies in the greater Horn of Africa, northern Ethiopia and the Sahel. There has been progress in amending the International Health Regulations (2005) and negotiating an international instrument to strengthen pandemic prevention, preparedness and response. The Pandemic Fund was established, as well as new initiatives such as the Universal Health and Preparedness Review, the WHO Hub for Pandemic and Epidemic Intelligence and the Global Health Emergency Corps.

Further details on progress in global health during this period are available in the results reports covering the GPW 13 period.^{2,3}

The promise and potential of an evolving global health ecosystem

13. The global health ecosystem is evolving rapidly and in ways that can be harnessed to fundamentally advance health equity and build health systems resilience in the period 2025–2028.

¹ Refers to the 2025 target as originally set in the GPW 13.

² WHO Results Report Mid Term PB 2022-2023. Geneva: World Health Organization. (<https://www.who.int/about/accountability/results/who-results-report-2022-mtr/2022/strengthened-country-capacity-in-data-and-innovation>, accessed 15 December 2023).

³ WHO Results Report 2018–2019; WHO Results Report 2020–2021; WHO Results Report 2022 MTR.

14. Even prior to the COVID-19 pandemic, important shifts were occurring in **health-related attitudes**, including among younger generations, with many of them expressing a higher priority for health and a more holistic view of well-being. In the wake of the COVID-19 pandemic, people of all ages, everywhere, have a new understanding of the importance of healthy behaviours and resilient health systems, and increasingly place greater value on well-being. The gross inequities in access to COVID-19 care and countermeasures, both between and within countries, generated global awareness of the need to address this fundamental barrier to universal health coverage and to protect the world from future pandemics, resulting in powerful advocacy by civil society and community organizations, and **heightened political attention. Equity is now at the centre of international negotiations** on health, ranging from, on the one hand, the work to amend the International Health Regulations (2005) and the work to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response¹ to, on the other hand, the political declarations of the United Nations General Assembly high-level meetings on universal health coverage² and pandemic prevention, preparedness and response.

15. The COVID-19 pandemic spurred a renewed awareness of the importance of strong **national leadership in health**, the self-determination of health priorities and greater self-sufficiency in key domains. Health and well-being and health security are increasingly central to national agendas for long-term stability and growth. In addition, despite the stagnation of progress towards universal health coverage globally, 30% of countries have improved both service coverage and financial protection.³ There is a new commitment to “radically reorient” health systems to a **primary health care approach** to enhance equity, inclusiveness, cost-effectiveness and efficiency across the continuum of care, from prevention to palliation, with a growing number of countries demonstrating impact.⁴ At the **regional and international levels**, new institutions and initiatives, such as the Africa Centres for Disease Control and Prevention, the European Union’s Health Emergency Preparedness and Response Authority, the planned Association of Southeast Asian Nations Centre for Public Health Emergencies and Emerging Diseases, and the Alliance for Primary Health Care in the Americas, are strengthening intercountry cooperation and capabilities.

16. New and renewed commitments are being made at both the national and international levels to close the gap in the **health and care workforce**,⁵ particularly at the community level.⁶ Increased attention is being given to better **aligning international financing** with government plans and priorities towards universal health coverage.⁷ Furthermore, **new funds and financing instruments**, such as the

¹ Intergovernmental Negotiating Body website (<https://inb.who.int/>, accessed 28 November 2023).

² United Nations General Assembly resolution 78/4 on the political declaration of the high-level meeting on universal health coverage (<https://www.un.org/en/ga/78/resolutions.shtml>, accessed 17 December 2023).

³ World Health Organization, World Bank Group. Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240080379>, accessed 28 November 2023).

⁴ See resolution WHA76.4 (2023).

⁵ Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789241511131>, accessed 28 November 2023).

⁶ Two million African community health workers: harnessing the demographic dividend, ending AIDS and ensuring sustainable health for all in Africa. Geneva: UNAIDS; 2017 (<https://www.unaids.org/en/resources/documents/2017/African2mCHW>, accessed 28 November 2023).

⁷ Future of Global Health Initiatives website (<https://futureofghis.org/>, accessed 28 November 2023).

Pandemic Fund and the International Monetary Fund's Resilience and Sustainability Trust,¹ have been established to provide longer-term sustainable financing to address pandemic preparedness. Through the **Health Impact Investment Platform**, a core group of multilateral development banks has committed to work with WHO to provide a new, coherent approach to financing health in support of low-income countries.²

17. There is growing recognition that policy decisions in **multiple sectors** are essential to build more resilient, "**well-being**" **societies** that are underpinned by a vision of health that integrates physical, mental, spiritual and social well-being. The indelible interrelationship between human and planetary health is increasingly appreciated, with new indicators – beyond gross domestic product – being promoted to measure societal progress and drive priorities for public spending. The **WHO Council on the Economics of Health for All** has issued 13 recommendations for fundamentally restructuring national and global economies and finance to deliver health and well-being.

18. The **number and diversity of health actors** is increasing at all levels, from civil society organizations and youth groups to the private and philanthropic sectors. These new players complement the work of governments and vital international agencies, organizations, funds and philanthropies working in support of national health efforts, including the World Bank; the United Nations Children's Fund; the United Nations Population Fund; the United Nations Development Programme; the World Food Programme; the Food and Agriculture Organization of the United Nations; the ILO; the Global Fund; Gavi, the Vaccine Alliance; the Coalition for Epidemic Preparedness Innovations; Unitaid; the Medicines Patents Pool, the Bill & Melinda Gates Foundation; Rotary International; the Wellcome Trust; and FIND. The partners of the Global Outbreak Alert and Response Network, the Emergency Medical Teams initiative and the Global Health Cluster, including nongovernmental and international humanitarian organizations, such as the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, and Doctors without Borders, play an increasingly crucial role in reaching the most vulnerable. Key **partnerships** are expanding, such as the Quadripartite alliance on One Health, to reduce health threats at the human–animal–environment interface, and the Partnership for Maternal, Newborn and Child Health, while new partnerships are being established to address emerging priorities, such as the Alliance for Transformative Action on Climate and Health.

19. Recent and ongoing advances in basic, clinical, behavioural and translational **science** have opened up new opportunities for improving health and well-being for all.³ Scientific progress has created new platforms for the development of vaccines, drugs and other health interventions, leading most recently to life-saving vaccines against malaria and the introduction of successful mRNA vaccines. **Digital technologies**, such as telemedicine, have facilitated access, enhanced the quality of clinical decisions and reduced costs for many people, while lowering travel times and exposure. New attention is being given to the potential role of evidence-based traditional, complementary and integrative health, with a growing appreciation of the knowledge and insights of Indigenous Peoples.

¹ Resilience and Sustainability Trust website (<https://www.imf.org/en/Topics/Resilience-and-Sustainability-Trust>, accessed 28 November 2023).

² World Health Organization, European Investment Bank, Islamic Development Bank, African Development Bank, Inter-American Development Bank. Health Impact Investment Platform for stronger primary health care, and health systems resilience: Investing in a healthier and safer future for all. Luxembourg: European Investment Bank; 2023 (<https://www.eib.org/attachments/documents/eib-mdb-declaration-on-health.pdf>, accessed 28 November 2023).

³ Translational science is the process of turning evidence from data and science into interventions and national decision-making that improve the health of individuals and the public.

A changing and fit-for-future WHO

20. Over the past six years, WHO has been fundamentally transforming itself to be fully fit to play its central role in this global health ecosystem and rapidly changing world. WHO's Transformation Agenda¹ was launched in July 2017 and is the most ambitious and comprehensive change agenda in the Organization's history, with more than 40 initiatives implemented across seven major workstreams² to build "a modern WHO, working seamlessly to make a measurable difference in people's health at country level". Three overarching objectives underpin the Transformation Agenda.

21. The first is to **ensure WHO is fully focused and aligned for impact at country level**. Anchored in a bold new strategy, the GPW 13, this has included introducing innovations such as the output scorecard, Delivery for Impact methodologies (see Part 3) and a new approach to impact measurement to institutionalize a culture of measurable results and data-driven ways of working. Changes to planning, budgeting and implementation processes facilitate a joined-up approach across WHO's three levels (e.g. output delivery teams, technical expert networks) and ensure that the Organization's leadership, technical products and country support plans are fully aligned with national needs and WHO's strategic priorities. Performance management processes now link the day-to-day work of the entire workforce directly to WHO's mission and strategy.

22. The second objective introduced changes to **enable the full potential of the Organization and its workforce** in providing authoritative advice and leadership on critical health matters in a rapidly changing environment. The establishment of the Chief Scientist and the Science Division consolidated the management and coordination of WHO's vast scientific and research capacities, including with its extensive expert networks, and its engagement with specialized entities such as the WHO's International Agency for Research on Cancer (IARC). This augmented the Secretariat's capacity to shape global health research priorities and ensure that WHO's normative work responds to country needs and is of the highest ethical and quality standards. With new, dedicated capacity in the areas of innovation and digital health, WHO is better positioned to be "ahead of the curve" on the latest scientific and technological advances in advising Member States and partners. New data, analytics and Delivery for Impact capacities at all three levels allow WHO to better monitor, analyse and report on health trends, including through the new World Health Data Hub, while better supporting countries to improve data quality, availability, timeliness and governance. New capacities have also been established or consolidated in priority areas such as health emergency preparedness and response (including the WHO's Hub for Pandemic and Epidemic Intelligence and the WHO Lyon Office), antimicrobial resistance, primary health care, healthier populations (e.g. climate change and health, social determinants of health, health promotion) and mental health, in which enhanced WHO leadership, normative and country support capabilities are needed in response to the emerging global and health trends and threats.

23. WHO's "**set-up**" and **three-level operating model** were substantially revamped to flatten hierarchical structures, break silos, optimize managerial spans of control and enable more seamless and agile ways of working across the Organization. The roles and responsibilities at each level of the WHO were clearly delineated and the structures of headquarters and regional offices aligned around four pillars (programmes, external relations, business operations, emergencies) to enhance collaboration. A new

¹ WHO Transformation website (<https://www.who.int/about/transformation>, accessed 17 December 2023).

² The seven transformation workstreams are: (1) establishing and operationalizing an impact-focused, data-driven strategy; (2) establishing "best-in-class" technical, external relations and business processes; (3) a new, aligned, three-level operating model; (4) a new approach to partnerships; (5) new, results-focused, collaborative and agile culture; (6) ensuring the predictable and sustainable financing of WHO; and (7) building a motivated and fit-for-purpose workforce.

WHO country-level operating model is being rolled out to strengthen core capacities at that level. **WHO's core technical, business and external relations processes are being digitalized and optimized** in line with “best-in-class” benchmarks. All of these changes aim to facilitate the changes in mindset, behaviours and practices aspired to in WHO's core values.¹

24. The third objective of WHO's transformation – to **fully engage the global community** – is modernizing and expanding the Organization's engagement with key actors, inside and beyond the health domain, in order to better perform its leading and convening roles in driving health outcomes. **WHO's approach to partnerships is evolving rapidly** to enable the Organization to more effectively deliver health leadership in today's more complex ecosystem. WHO's engagement in multilateral forums has been elevated and professionalized through the Office of the Envoy for Multilateral Affairs. The WHO Civil Society Commission and WHO Youth Council have created important mechanisms for drawing on the expertise of these key constituency groups. Building on the provisions of the Framework of Engagement with Non-State Actors (FENSA), work is under way to strengthen WHO engagement with parliamentarians, international business associations, philanthropic foundations and other constituencies. WHO has also adopted innovative new approaches to deepen its engagement with health partners and international organizations such as through the Global Action Plan for Healthy Lives and Well-being for All, the Access to COVID-19 Tools Accelerator (ACT-A) and other inter-agency efforts, especially during the COVID-19 pandemic. The new WHO Academy is becoming WHO's lifelong learning centre, bringing the very latest innovations in adult learning to global health and helping to translate scientific and technical progress into actual improvements in health care services by developing health workforce skills.

25. Particularly important progress has been made in moving WHO towards **more predictable and sustainable financing**, especially with the historic decisions to incrementally increase assessed contributions in order to eventually cover 50% of the 2022–2023 base budget,² and to explore the feasibility of an investment round to further broaden the financing base.³ Together, this will enable the agility, independence and responsiveness needed of WHO in a rapidly changing world, while building its financial resilience in a time of global economic fragility.

26. Underpinning the entire Transformation Agenda process is the work to ensure that WHO has a **diverse, motivated and fit-for-purpose workforce**, using a range of new initiatives to attract, develop and retain the best-possible workforce. Key changes include the establishment of a new career pathways model with related learning and development, internship and mentoring opportunities; new mechanisms to support geographical mobility; flexible working arrangements; and new contracting modalities to ensure greater equity, transparency and fairness for the entire workforce, while better supporting WHO's business needs.

27. Together, these changes are making WHO more efficient, relevant and responsive to the needs of its Member States; better equipped to support its partners; more fit to play its essential roles in enabling and coordinating others at all levels; and, in health emergencies, more capable of serving as both a first responder and a provider of last resort of essential health services in humanitarian emergencies.⁴ Since the pandemic, WHO's unique position spanning the health, sustainable development and security

¹ Our values, our DNA website (<https://www.who.int/about/values>, accessed 17 December 2023).

² See document A75/9.

³ See document A76/32.

⁴ For further details on maintaining essential health services in humanitarian situations, see H3 Package (High-Priority Health Services for Humanitarian Response) website (<https://uhcc.who.int/uhcpackages/package/groups?packageId=449>, accessed 17 December 2023).

agendas has become more prominent, with an expectation that the Organization will play an even greater role in aligning priorities and facilitating action to improve health and well-being at country, regional and global levels, across sectors and in related forums.¹ While meaningful change takes time, many of the changes introduced through WHO's Transformation Agenda were already instrumental in enabling WHO's enhanced response to the pandemic. The pandemic was also an important test for this changing WHO paradigm, providing important lessons that are guiding the further improvement and evolution of the Organization for a post-pandemic world of even greater complexity and uncertainty.

¹ E.g. in environment and biodiversity conferences of parties and the UN Food Systems Summit.

PART 2. A GLOBAL AGENDA FOR 2025–2028: PROMOTING, PROVIDING AND PROTECTING HEALTH

1. **The next four years** – from 2025 to 2028 – constitute a unique window in which to reinvigorate actions to **get the health-related Sustainable Development Goals back on track** for 2030, while **future-proofing health and care systems** for the inevitable long-term trends and acute shocks described in Part 1. This will need an exceptional focus on substantially enhancing **equity** in health and care service coverage; building health systems **resilience**; and mobilizing individuals and **relevant sectors** to act. Achieving this ambition in today’s particularly challenging environment will require unprecedented **alignment among health, development and humanitarian actors** at the country, regional and global levels, with a common vision, priorities and agenda, a measurement framework and a commitment to country-driven collective action in support of national goals and leadership.

2. To facilitate alignment with a global health agenda for 2025–2028 in support of country impacts, the draft GPW 14 is being developed by WHO through a **wide and inclusive consultative process**, as directed and led by its 194 Member States. This process aims for broad concurrence with the **overarching goal, strategic objectives and major outcomes** of the GPW 14, which constitute the high-level results for common action over the four-year period from 2025 to 2028 and will anchor WHO’s role and contributions (see Fig. 1 below). Consequently, these major elements are being developed in close consultation with Member States and informed by the vital perspectives and advice of implementing agencies, programmes and funds, civil society and community organizations, youth groups and organizations of older persons, organizations of persons with disabilities, nongovernmental and humanitarian organizations, donors and philanthropies, and private sector associations. The broad scope of the draft GPW 14’s overarching goal, strategic objectives and major outcomes reflects the ambition of the Sustainable Development Goals and the complexity of improving human health and well-being in evolving local and global contexts.

Fig. 1. High-level results for the draft GPW 14^a

| IMPACT: | | | | | |
|---|--|---|---|--|--|
| More people, everywhere, attain the highest possible standard of health and well-being. | | | | | |
| DRAFT GPW 14 OVERARCHING GOAL: | | | | | |
| To promote, provide and protect health and well-being for all people, everywhere. | | | | | |
| STRATEGIC OBJECTIVES AND MAJOR OUTCOMES: | | | | | |
| Respond to climate change , the greatest health threat of the 21st century. | Address the root causes of ill health by embedding health in key policies across sectors. | Advance the primary health care approach and essential health system capacities for health equity and gender equality. | Improve equity and quality in health service coverage and financial protection to advance universal health coverage. | Prevent, mitigate and prepare for emerging risks to health from all hazards. | Rapidly detect and sustain an effective response to all health emergencies. |
| 1.1. More climate-resilient health systems are addressing climate risks and impacts. 1.2. Lower-carbon health systems and societies are advancing health and well-being. | 2.1. Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health . 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and mental health reduced through intersectoral approaches. 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making. | 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage. 3.2. Health and care workforce, financing and product availability substantially improved. 3.3. Health information systems strengthened and digital transformation implemented. | 4.1. Equity in access to services for noncommunicable and communicable diseases and mental health conditions improved. 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older and other population-specific health services and immunization coverage improved. 4.3. Financial protection improved by reducing out-of-pocket health expenditures , especially for the most vulnerable. | 5.1. Risks of health emergencies from all hazards, including antimicrobial resistance , reduced and impact mitigated. 5.2. Preparedness, readiness and resilience for health emergencies enhanced. | 6.1. Detection of and response to acute public health threats is rapid and effective. 6.2. Access to essential health services during emergencies is sustained and equitable. |

^a Work is under way with Member States to refine impact measurement and metrics for the draft GPW 14 results framework.

A common goal, strategic objectives and outcomes for 2025–2028

3. The overarching goal for the draft GPW 14 is **to promote, provide and protect health and well-being for all people, everywhere**. Inherent in this goal are the principles of equity in health service coverage and health systems resilience, both of which are fundamental to accelerating progress on the health-related Sustainable Development Goals and to future-proof health and care systems. It emphasizes the need to operate across the continuum of services and interventions, from prevention and health promotion through protection and the provision of essential public health services to treatment, rehabilitation and palliative care. The goal advances gender equality, equity and human rights, and reflects the transformative potential of a primary health care approach,¹ the drive to further strengthen country capacities for measurable impact and the foundational role of other, non-health sectors in creating health and well-being, particularly in addressing the root causes and determinants of ill health and health inequities.

¹ Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund; 2020 (<https://www.who.int/publications/i/item/9789240017832>, accessed 17 August 2023).

4. **Six strategic objectives** underpin the overarching goal for the draft GPW 14. These objectives articulate priority areas for collective action to advance health and well-being at the national, regional and global levels. They reflect major emerging threats to health, critical work for the health and related Sustainable Development Goals, Member States' priorities¹ and stakeholders' areas of focus. While all the strategic objectives contribute to the overarching goal of the draft GPW 14, each is mapped to a specific aspect of that goal (that is, **promote, provide or protect**) in order to provide an organizing framework, indicate the link to and continuity of the goal with the GPW 13 and the triple billion targets, and facilitate impact measurement, as follows:

To **promote** health:

- (a) respond to **climate change**, the greatest health threat of the 21st century; and
- (b) address the **root causes of ill health** by embedding health in key policies across sectors.

To **provide** health:

- (a) advance the **primary health care approach and essential health system capacities** for health equity and gender equality; and
- (b) improve equity and quality in **health service coverage and financial protection** to advance universal health coverage.

To **protect** health:

- (a) **prevent, mitigate and prepare** for emerging risks to health from all hazards; and
- (b) rapidly **detect and sustain an effective response** to all health emergencies.

5. For each strategic objective, major outcomes establish the specific results that will be achieved during the four-year period from 2025 to 2028 through the joint work of countries, partners, key constituencies and the Secretariat. These outcomes in turn inform the key activities, products and services that will be required of WHO to help drive impacts and enable and further align the work of others. WHO will recalibrate the triple billion targets to establish summary goals for the three draft GPW 14 areas of **promote, provide and protect** (see Annex) and consider HALE targets. The following paragraphs elaborate on the strategic objectives and the scope of the 15 major outcomes; the scope of work under each outcome will serve as the focus for WHO's health leadership, normative and technical assistance work in each area during the period 2025–2028.

6. **Climate change and health.** This strategic objective responds to the greatest health threat of the 21st century.² Climate change undermines the determinants of health, exacerbates weaknesses in health systems, increases the burden of climate-sensitive diseases and widens health inequities, with disadvantaged groups suffering disproportionately from both its direct and indirect effects. The growing urgency of and political momentum to tackle climate change is a crucial opportunity to improve health by taking forward a transformative agenda to reduce carbon emissions, ensure climate-resilient and

¹ See document A76/4.

² Romanello M, di Napoli C, Green C, Kennard H, Lampard P, Scamman D, et al. The 2023 report of the *Lancet* Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. *Lancet*. 2023. doi:10.1016/S0140-6736(23)01859-7.

environmentally sustainable health systems, and protect health from the wide range of impacts of climate change, including displacement and loss of livelihoods. Such a transformative agenda will place health and well-being at the centre of the movement to safeguard the planet and its people and transition to clean energy, healthier and sustainable food systems, mobility and transportation systems. It will further place health and well-being at the centre of efforts to protect people in vulnerable situations, including women, children and adolescents, persons with disabilities and Indigenous Peoples, as well as migrants and displaced people and older persons. This agenda supports a strengthened One Health approach.

Outcome 1.1. More climate-resilient health systems are addressing climate risks and impacts

Climate-related risks to health systems and health outcomes will be systematically assessed and addressed, in line with the drive for universal health coverage, a scaled-up primary health care approach and the wider societal goal of climate adaptation. Climate-informed health decision-making will be promoted. National health adaptation plans will be designed, implemented and monitored, with active social participation, in order to ensure that population health is resilient to climate shocks and stresses and to promote, support and enable appropriate behaviours. This outcome includes interventions within health systems (e.g. to promote climate-resilient and environmentally sustainable health care facilities and a climate-competent workforce), essential public health functions (e.g. to establish climate-informed health surveillance and responses) and partnerships with other sectors to safeguard key health determinants (e.g. promoting climate-resilient water and sanitation and food systems).

Outcome 1.2. Lower-carbon health systems and societies are advancing health and well-being

Plans for the decarbonization of health systems, supply chains and care services will be developed and implemented, accounting for different national and local contexts, through actions that are aligned with the goals of universal health coverage, scaling up primary health care and broader climate resilience and mitigation efforts. Climate-smart health products and supply chains will be promoted. The health community will engage outside the health sector, in partnerships and advocacy, and will play a leadership role in presenting health evidence to accelerate policies and actions (e.g. in the energy, food, transport, urban systems, environment and finance sectors) that both mitigate climate change and enhance health by, e.g. improving air quality, increasing access to healthy and affordable foods, and enhancing environments that promote physical activity.

7. **Root causes of ill health.** This strategic objective responds to the stark reality that the conditions in which people are born, grow, work, live and age – the determinants of health – have a greater influence on health and well-being than access to health services. The determinants of health also affect the distribution of and exposure to environmental and behavioural risk factors (e.g. tobacco, the harmful use of alcohol, physical inactivity, unhealthy diet and food insecurity, air and chemical pollution, risks related to Water, Sanitation and Hygiene, and social isolation and loneliness), which account for more than 40% of disease and premature mortality globally.^{1,2} Addressing the underlying determinants and root causes of ill health is a critical part of realizing the right to health for all and will be pursued through actions that put health and well-being at the centre of government policies, especially in non-health

¹ United Nations General Assembly resolution 73/2 on the political declaration on the prevention and control of non-communicable diseases (<https://digitallibrary.un.org/record/1648984?ln=en>, accessed 17 December 2023).

² Decision WHA72(11).

sectors that directly or indirectly impact health. This strategic objective seeks to understand the behavioural drivers and barriers faced by individuals, communities and diverse populations within communities, and to involve and empower them in the decisions that affect their health and well-being. Investing in cost-effective interventions for disease prevention and health promotion results in particularly large cost savings and has significant impacts on health.

Outcome 2.1. Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health

Emphasis will be on intersectoral actions that foster well-being and health equity as co-benefits across sectors, and put health outcomes at the centre of relevant policies and processes. Priority will be given to enhancing decision-making and resource allocation for universal access to key public goods for health (e.g. clean air, healthy diets and housing, safe transport and mobility, education and clean energy). The role and capacity of the health sector will be strengthened through enhanced evidence, policy options, analysis (e.g. using health impact and health equity impact assessment tools and methodologies), advocacy and intersectoral action to leverage policy interventions in other key sectors (e.g. for transport and food systems, health-promoting schools, housing and Water, Sanitation and Hygiene for All) that improve health through better living and working conditions. Work will be carried out to increase fiscal space for social protection, universal health coverage, early years services, gender-responsive employment and food and income security. Health sector capacities to assess the health impact of social inequalities and the differential impact of sectoral policies will be strengthened. This work will address the increasing influence of commercial practices on health (e.g. in relation to tobacco, harmful use of alcohol and unhealthy foods) to prevent harm and foster pro-health practices, including the protection of children and adolescents from exploitative marketing. Cities and local governments will be supported to implement actions on health determinants across the life course. Governance for health and well-being will be promoted across and between levels of government. Particular attention will be given to ensuring programmes reach people in vulnerable situations or facing marginalization and discrimination, including among others, persons with disabilities, migrants and displaced and older populations.

Outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and mental health reduced through intersectoral approaches

Multisectoral and multistakeholder approaches will be co-designed and implemented across the life course, including through cost-effective policies, legislation and regulatory measures, in order to reduce major risk factors for noncommunicable and communicable diseases, violence and injuries, and mental health conditions, and to address rehabilitation needs and healthy ageing. For example, in the area of noncommunicable diseases, effective packages will be introduced or strengthened to reduce consumption of unhealthy products (e.g. tobacco, the harmful use of alcohol and unhealthy foods), including through monitoring use, cessation assistance, health warnings, advertising restrictions and health taxes (e.g. with regard to alcohol and sugar-sweetened beverages). Physical activity will be enabled through supportive environments and the creation of opportunities in key settings where people live, work and play. Affected populations will be meaningfully engaged. Policies that reduce exposure to road traffic risks and that encourage safe, active mobility will be encouraged, as well as legislation on safe vehicles, infrastructure and road-user behaviour. Investments in education and supportive economic and social policies can reduce interpersonal violence and violence against children. Investing in living conditions such as improved housing, access to safe water and sanitation, and safe, nutritious and

sustainable food can reduce risk factors and improve a number of health outcomes. The health sector will help to promote equity-enhancing policies and legislation, and will manage and reduce conflicts of interest across key sectors, including food, agriculture, energy, sports, transport and tourism.

Outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making.

Public health programmes will be designed or strengthened, including through the use of behavioural sciences, in order to create an enabling environment that supports and encourages health-promoting choices. The promotion of key behaviour changes will be supported by addressing health and well-being in particular settings (e.g. schools, workplaces and health care facilities). This outcome will advance community engagement and participatory governance for health and health literacy (including digital means). Health sector governance capacity will be strengthened for policies and regulations that facilitate, support and enable choices and behaviours that promote health.

8. **Primary health care approach and essential health system capacities.** This strategic objective is vital for all aspects of the overarching goal of the draft GPW 14, connects activities across the three areas of **promote, provide and protect**, and underpins the aims of health equity and gender equality; it serves as a cross-cutting enabler of all other strategic objectives and outcomes. It reflects the fact that health and care systems will need to be fundamentally rethought and restructured to address the challenges of dynamically changing demographics (including ageing populations), epidemiological shifts and converging crises. This area of work recognizes the fundamental importance of strong, sustainable and resilient health systems to the health and well-being and health security agendas, and the value of a primary health care approach that delivers up to 90% of essential health interventions¹ and 75% of the projected Sustainable Development Goals health gains. It responds to the lesson from the COVID-19 pandemic that health systems must have sufficient capacity and resilience to be prepared for and respond to emergencies. Acting on the principles of health equity, gender equality and the right to health, it prioritizes overcoming barriers and delivering to the unreached and those in situations of poverty and vulnerability, including migrants and displaced populations and persons with disabilities. It promotes a shift from facility and disease-oriented systems to integrated, people-oriented systems. A three-pronged approach will aim to enhance the efficiency, governance and impact of health systems; address weaknesses in essential system inputs; and leverage the transformative power of digital technologies and data.

Outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage

The ongoing reorientation of health systems towards a primary health care approach will be implemented using a tailored approach based on local context and with the goal of integrating quality services to meet people's diverse health needs across the life course. It will advance gender equality and the right to health. The focus of this outcome is on strengthening core capacities and the specific approach used to scale primary health care in different contexts. Particular attention will be given to bolstering essential public health functions and to the planning, organization and management of the workforce and quality health services, including nursing, surgery and anaesthetics, from primary to tertiary levels, with strategic planning for capital goods investment

¹ Build and implement UHC packages with SPDI website (<https://uhcc.who.int/uhcpackages/>, accessed 17 December 2023).

and health infrastructure enhancement, including hospitals. Models of care that are oriented towards primary health care and delivered as close as feasible to people's everyday environments will be defined to ensure the integrated delivery of comprehensive service packages, including health promotion and prevention services, acute care and referral services, self-care, evidence-based traditional and complementary medicine, rehabilitation and palliative care, and services to promote, protect and enhance the health of Indigenous Peoples.¹ Community engagement will be at the heart of this approach, especially with regard to women, children and adolescents, persons with disabilities and populations in vulnerable or marginalized situations, in order to reach the unreached and address barriers in accessing quality health services, including quality diagnostics and treatments. The scope and capacities of health governance will be strengthened to combat corruption in health systems; enhance social participation; and advance the multisectoral approach that is needed to: tackle the health implications of climate change; address health determinants and risk factors; take forward the antimicrobial resistance agenda and the OneHealth approach; engage with communities; and manage the contribution of the private sector.

Outcome 3.2. Health and care workforce, financing and product availability substantially improved

Critical gaps in the health and care workforce will be identified by cadre, including community health workers, and will be addressed through a holistic, long-term approach that includes the expansion of education and employment in the health and care sector; addressing critical skill gaps; ensuring decent and safe working conditions; addressing gender and other social inequities in distribution; and retaining personnel, including in the context of international migration. This work will also seek to address the lifelong learning needs of health and care workers. Particular attention will be given to advancing gender equality and protecting health and care workers from gender-based violence. Financial expenditures on health will continue to be tracked against political commitments. Evidence-based strategies will underpin work to enhance adequate, sustainable, effective and efficient public financing for health, complemented by the strengthening of national capacities to negotiate and manage the alignment of nongovernmental financing streams with national priorities and plans. An end-to-end approach will assess and enhance access to quality-assured, affordable, safe and effective medicines, vaccines, diagnostics and other health products, while contributing to local and regional resilience and self-reliance, including through geographically diversified, sustainable and quality-assured production capacity.

Outcome 3.3. Health information systems strengthened and digital transformation implemented

Innovative approaches will be emphasized for the collection (at all levels of care), transfer, analysis and communication of data at the national and subnational levels, including all major data sources. Special attention will be given to strengthening capacities for surveillance; civil registration and vital statistics systems; monitoring progress towards universal health coverage and the health-related Sustainable Development Goals; tracking and analysing data gaps; the integration of information systems and digital tools; and the use of electronic facility reporting systems. Disaggregated data will be generated to identify and monitor progress in addressing inequities, including in relation to gender. National strategies and costed action plans will be developed to guide the digital transformation of health systems through robust digital public infrastructure and quality-assured digital public goods, while ensuring a people-centred approach.

¹ Resolution WHA76.16 (2023).

Countries will be supported to establish a robust enabling environment and ecosystem, supported by strong public–private partnerships, robust governance, appropriate regulation and data-privacy policies, standards, information exchange and interoperability architecture. The digital transformation will support the modernization and strengthening of data systems to enhance real-time surveillance and warning capacities, the monitoring of health system performance and decision-making.

9. **Health service coverage and financial protection.** This strategic objective aims to address the glaring inequities in health services globally, with an estimated 4.5 billion people failing to receive the health services they need and 2 billion people suffering financial hardship as a result of paying for out-of-pocket health care. It will accelerate progress towards Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and respond to the major demographic, climate and epidemiological trends that national health systems will need to manage. It aims to address gaps in service, population and cost coverage to achieve universal health coverage, while accelerating the incorporation of innovative, evidence-based clinical interventions into public health policies. An integrated, rights-based, people-centred approach focuses first and foremost on reaching the unreached to reduce inequities in access to and to improve the quality of interventions for priority diseases and other health needs across the life course, while eliminating out-of-pocket payments for the most vulnerable. It emphasizes the critical priority of improving the quality of services, which is increasingly a greater barrier to reducing mortality than insufficient access.¹ It will contribute to the antimicrobial resistance agenda and advance progress on major control, elimination and eradication targets by addressing coverage gaps, using means that include new and promising interventions.

Outcome 4.1. Equity in access to services for noncommunicable and communicable diseases and mental health conditions improved

Early detection and appropriate management of cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, sensory and cognitive impairments, including eye health, and oral diseases will be scaled up, particularly through a primary health care approach that emphasizes an integrated approach in an era of increasing multimorbidity, promotes WHO “best buys”,² prioritizes the unreached, brings quality and affordable services closer to the community, and provides counselling to reduce risk factors. Coverage gaps will be reduced in the prevention, early detection and appropriate management of priority communicable diseases, including tuberculosis, HIV, malaria, diarrheal and vector-borne diseases, pneumonia and neglected tropical diseases. A people-centred approach, with a core set of interventions to prevent infections and ensure universal access to good quality diagnosis and appropriate treatment of infections, will help underpin the fight against antimicrobial resistance. New technologies will be pursued to reduce morbidity and, where possible, advance elimination and eradication targets across multiple disease programmes. Mental health, brain health and substance use services will be integrated into primary health care in order to expand access to both pharmaceutical and non-pharmaceutical interventions substantively, complemented by ongoing efforts to reduce stigma and research to improve treatment.

¹ Kruk M.E., Gage A.D., Arsenault C., Jordan K., Leslie H.H., Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet*. 2018; 611:1196–1252. doi:10.1016/S2214-109X(18)30386-3.

² See Technical Annex (version dated 26 December 2022), Updated Appendix 3 of the WHO Global NCD Action Plan 2013–2030 (https://cdn.who.int/media/docs/default-source/ncds/mnd/2022-app3-technical-annex-v26jan2023.pdf?sfvrsn=62581aa3_5, accessed 17 December 2023).

Outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older and other population-specific health services and immunization coverage improved

A life-course approach will be taken to address gaps in access to essential services for maternal, newborn, child and adolescent health, as well as for healthy adults and older populations. This will include expanding access to comprehensive and age-appropriate sexual and reproductive health information and services, addressing violence against women and expanding access to preventive care through well-child visits. Particular emphasis will be given to scaling up proven interventions to reduce maternal and newborn mortality (particularly skilled birth attendance), expanding family planning services, bolstering services for adolescents and advancing research in these areas. In the area of immunization, emphasis will be on reaching missed and zero-dose children with essential routine services, including through the post-COVID-19 pandemic “Big Catch Up” (through 2025); important vaccines, such as the human papillomavirus vaccine, will be scaled up; priority new vaccines, such as those against malaria and, potentially, sexually transmitted infections, tuberculosis and dengue, will be rolled out, as guided by robust evidence; and preventive vaccination campaigns will be intensified to advance poliomyelitis eradication and reduce the risk of deadly vaccine-preventable diseases, such as measles.

Outcome 4.3 Financial protection improved by reducing out-of-pocket health expenditures, especially for the most vulnerable

Capacities will either be strengthened or established to collect, track and analyse disaggregated information on out-of-pocket expenditures, financial hardship, foregone care and financial barriers in order to identify inequities, inform national decision-making and track progress. Priority will be given to eliminating out-of-pocket payments for the most vulnerable and implementing broader reforms and policies that address both the financial barriers and financial hardship associated with accessing health services.

10. **Prevent, mitigate and prepare.** This strategic objective reflects the increasing threats to health and well-being that all countries face owing to the rapid and ongoing demographic, epidemiological, climate and environmental, political and economic changes worldwide. It emphasizes the urgency of national and collective action to reduce risks posed by all hazards, including through a One Health approach, and to enhance preparedness and resilience, especially given the broad and deep vulnerabilities that exist in societies and health systems. It recognizes the particular risks of antimicrobial resistance and emerging zoonoses, as well as the ongoing challenges of poliomyelitis and neglected tropical disease eradication. It drives and leverages developments in science and technology that have yielded new tools to protect health, as well as the renewed political impetus to strengthen national, regional and global risk reduction and readiness capacities, including through targeted amendments to the International Health Regulations (2005) and the negotiation of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

Outcome 5.1. Risks of health emergencies from all hazards, including antimicrobial resistance, reduced and impact mitigated

Hazard-specific strategies will be updated and adapted to different contexts and prioritized based on the dynamic appraisals of threats and vulnerabilities. Population and environmental interventions proven to reduce risks will be scaled up – including vaccination; infection prevention and control; vector control; Water, Sanitation and Hygiene for All; and measures to

prevent zoonotic spillovers – thereby emphasizing a One Health approach.¹ Interventions against antimicrobial resistance will include improved low-cost diagnostics and access to quality, affordable antibiotics. Community engagement and risk communication, including infodemic management, will be strengthened and risk-based public health and social measures will be implemented, as appropriate, for mass gatherings, travel and trade. Appropriate biosafety and biosecurity measures will be applied for biorisks, and preventive actions taken to protect health workers and patients.

Outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced

Prioritized national action plans for health security will be updated, including readiness plans and guidelines for specific threats, such as those associated with natural disasters or other extreme weather events driven by climate change,² with ongoing assessments and dynamic monitoring of threats, vulnerabilities and capacities.³ The emergency workforce will be enhanced and health systems resilience improved in order to deliver safe and scalable care during emergencies. Key public health and clinical institutions and capacities will be strengthened, including beyond the health sector, especially to manage integrated disease, threat and vulnerability surveillance, and augment diagnostics and laboratory capacities for pathogen and genomic surveillance that are integrated into routine health systems. Coordination with all relevant stakeholders will be intensified to advance equitable access to medical countermeasures. Increased attention and resources will be given to enabling sustained support for research and development, clinical trials, geographically diversified production and the manufacturing of medical countermeasures, the prepositioning of strategic stockpiles and resilient and efficient health supply chains.

11. **Rapidly detect and sustain an effective response.** This strategic objective responds to the rapid and alarming increase in the number and scale of complex health emergencies globally owing to the climate crisis, environmental degradation, urbanization, geopolitical instability and conflict, against a backdrop of health system fragility and fatigue exacerbated by the COVID-19 pandemic. By 2023, an unprecedented 340 million people were in need of humanitarian assistance and WHO was supporting Member States to respond to more health emergencies than at any time in the Organization's history. This objective aims to curtail and control the health impact of acute emergencies and ensure equitable and sustainable access to essential health services in protracted crises, including in the context of the Inter-Agency Standing Committee. It builds on lessons learned from recent crises and operationalizes WHO's five core health emergency components of collaborative surveillance; community protection; safe and scalable care; access to countermeasures; and emergency coordination.

Outcome 6.1. Detection of and response to acute public health threats is rapid and effective

National and international early warning and alert systems for all public health and health security threats will be strengthened, with rapid verification, risk assessment and grading of public health events and emergencies. Emergency response coordination will be rapidly activated and managed

¹ One health joint plan of action (2022–2026): working together for the health of humans, animals, plants and the environment (https://apps.who.int/gb/ebwha/pdf_files/EB142/B142_3Rev2-en.pdf, accessed 17 December 2023).

² Weather and climate extreme events in a changing climate. In IPCC Sixth Assessment Report (https://www.ipcc.ch/report/ar6/wg1/downloads/report/IPCC_AR6_WGI_Chapter11.pdf, accessed 17 December 2023).

³ Including through agreed assessment tools (i.e. State Party annual reporting on International Health Regulations (2005) capacities) and voluntary mechanisms, such as universal health preparedness reviews and joint external evaluations.

through emergency operation centres, with standard operating procedures, technical guidance and planning. Multisectoral rapid response teams and experts will be deployed, with surge support for emergency supplies, logistics and operations. Support will be provided for the equitable allocation of medical countermeasures. Contingency financing will be immediately allocated to facilitate rapid and equitable response operations.

Outcome 6.2. Access to essential health services during emergencies is sustained and equitable

Life-saving care interventions will be immediately deployed during all health emergencies. Public health needs will be rapidly assessed as the basis for adapting the package of essential health services during an emergency and monitoring its coverage over time. Robust coordination mechanisms will be implemented for critical functions, including supply chain mechanisms and the planning and financing for and leadership of health clusters, with specific provisions to facilitate rapid and equitable access to medical countermeasures and to sustain collective health action during protracted crises. Routine health services and systems will be maintained to the extent possible, with early post-emergency recovery planning to build back better.

Measuring impact in 2025–2028: the WHO results framework

12. The WHO results framework consists of the overall results chain (i.e. inputs, outputs, outcomes and impact) and its measurement, which comprises two parts: (a) **impact measurement**, which assesses the joint results of Member States, partners and the Secretariat in respect of overall impact and outcomes; and (b) **output measurement**, which assesses and facilitates management of the contribution of the Secretariat (see Part 3).

13. The results framework constitutes the “backbone” of the draft GPW 14 and its programme budgets and is designed to transform health goals into measurable targets, while providing a transparent method for monitoring and managing health progress nationally and globally.¹ It serves as an accountability mechanism to enable the tracking of the joint efforts of the Secretariat, Member States and partners towards the health-related Sustainable Development Goals and the triple billion targets.

14. The framework focuses on HALE, measures the triple billion targets and encompasses 46 programmatic indicators in order to measure both impacts and outcomes. It reflects the three themes of the draft GPW 14: **promote**, **provide** and **protect**. The framework evaluates the Secretariat’s contributions (i.e. contribution at the output level of the results chain) using an output scorecard, detailed country impact stories and delivery milestones (see Part 3). WHO uses delivery dashboards to track its accountability at the global level and to support countries in monitoring and managing their priorities.

15. Work is under way to refine the WHO results framework, building on lessons learned from the GPW 13 and its independent evaluation in order to further enhance and optimize the framework’s composite measurement elements (see Box 2).

16. The **15 outcomes** of the draft GPW 14 represent high-level results that require joint action by Member States, partners, key constituencies and the Secretariat. The 46 programmatic indicators of the

¹ The results framework was developed over the period 2017–2022, with the approval of the Health Assembly (see resolution WHA75.5).

health and related Sustainable Development Goals and relevant Health Assembly resolutions¹ are being mapped to each draft GPW 14 outcome in order to facilitate the development – with Member States – of a common impact measurement approach that can be used at the country level and by contributing organizations and constituencies (see Annex). Additional work will be done to enhance the tracking of progress on gender equality and health equity, using disaggregated data.

17. To facilitate consolidated impact measurement at the global level, work is ongoing to refine the **triple billion indices** and recalibrate the **triple billion targets**, based on lessons learned from the GPW 13, emerging priorities and progress towards the health-related Sustainable Development Goals.² Current forecasts predict that while there have been advances in some areas, progress towards the GPW 13 targets for healthier populations (**promote health**), universal health coverage (**provide health**) and health emergency protection (**protect health**) will be insufficient to reach the underlying Sustainable Development Goals by 2030 (see Box 1). The updated targets – measured in billions – will set a common aspiration for the number of additional people who will need to enjoy better health and well-being, access to universal health coverage without financial hardship, and protection against health emergencies in order to get the health-related Sustainable Development Goals back on track through the draft GPW 14 agenda. Proposals are being developed to better track the coverage of essential health services and financial hardship, as well as areas such as climate and health, mental health, disability, physical inactivity and foregone care. An updated set of indicators to measure functional readiness and response is being developed for health emergency preparedness and response, based on lessons learned from the COVID-19 pandemic.

Box 2. Building on GPW 13: strengthening the WHO results framework

The WHO results framework, which was introduced in the GPW 13, tracks the joint efforts of Member States, the Secretariat and partners in order to measure and accelerate progress towards the health-related Sustainable Development Goals and the GPW 13 triple billion targets. It also tracks the Secretariat's contribution. Work is under way with Member States to recalibrate the triple billion indices in order to account for changes in the health context and improve impact measurement for 2025–2028.³ These efforts draw on lessons learned from the GPW 13 and the recommendations of the Independent Evaluation of WHO's Results-Based Management Framework (2023),⁴ the evaluation of the integration of gender, equity, and human rights into the work of the WHO (2021)⁵ and the independent evaluation of the GPW 13.⁶ Refinements to the WHO results framework are focused on:

¹ Including the 46 indicators included in the GPW 13 results framework and impact measurement.

² WHO results framework: delivering a measurable impact in countries. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/who-results-framework--delivering-a-measurable-impact-in-countries>, accessed 29 November 2023).

³ https://cdn.who.int/media/docs/default-source/documents/ddi/23112023_who-results_framework_delivering-a-measurable-impact-in-countries.pdf?sfvrsn=1354088c_3&download=true.

⁴ https://cdn.who.int/media/docs/default-source/evaluation-office/rbm-final-evaluation-report.pdf?sfvrsn=2663b1c1_3&download=true#:~:text=The%20evaluation%20considered%20RBM%20as,to%20prioritize%20and%20deprioritize%20actions.

⁵ <https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf>

⁶ See also document EB154/INF./1.

Impact measurement:

(a) *Tracking HALE.* Healthy Life Expectancy (HALE) will continue to be the overarching impact measure for GPW 14.

(b) *Recalibrating the WHO triple billion targets.* The Triple Billion targets will be recalibrated as absolute population coverages by 2028. Preliminary targets, which will be further developed with Member States, are: 6 billion people with better health and well-being; 5 billion people who benefit from universal health coverage without financial hardship; and 7 billion people protected from health emergencies. The targets will also be adjusted to better align with Sustainable Development Goal indicators.

(c) *Updating programme (outcome) indicators:* The triple billion targets and programme indicators (to measure outcomes) will be updated for GPW14. The updates will integrate the following: climate impact on health; physical activity; mental health; and foregone health care. They will also enhance tracking by different disaggregation dimensions, such as gender and geography. Indicators will be divided into two groups, according to the reliability of their data. Greater focus will be placed on the first group, for which data are readily available and, particularly, where improvements would correlate with substantial improvements in health outcomes. For the second, where estimates are less reliable, the focus will be on improving measurement and/or defining indicators that can be readily tracked and that correlate with improved health outcomes. Where needed, WHO will work to shape the relevant Sustainable Development Goal indicators through the Inter-Agency Expert Group in 2025.

Output measurement:

(a) *Enhancing WHO's output scorecard.* The output scorecard has been refined based on experience to date and recommendations from the evaluation of WHO's results-based management. It has been simplified and focuses on country leadership and technical support, value for money and gender, equity and rights. It brings differentiated internal and external assessments, simplified tools, a streamlined interface, and questions that facilitate use and consistency. Standard key performance indicators will inform output reporting for all major offices. An independent joint assessment (with key partners) at country level will be piloted in all regions.

(b) *Monitoring and managing accountability through delivery dashboards:* WHO will scale up its "delivery for impact" approach in GPW 14, integrating delivery dashboards and tools such as stocktakes to better align resources with health priorities, bolster accountability, enhance use of WHO technical guidance and accelerate progress towards country priorities.

(c) *Streamlining the generation and use of country impact stories.* Responding to an increasing demand, a year-round mechanism for generating country impact stories has been introduced, with countries sharing both successful and unsuccessful efforts to accelerate progress towards national priorities in order to help streamline work. Rapid learning mechanisms will be expanded with country offices to be more responsive to Member States.

In addition to these refinements, discussions are under way to improve WHO's results-based management and strengthen overall monitoring and evaluation processes in order to ensure a coherent approach to the use of monitoring and assessment tools and to better inform resource allocation in line with evolving priorities and country needs.

Recognizing that more accurate and timely monitoring and reporting on health is fundamental to the success of GPW 14, WHO will in parallel substantively step up its support to countries in this area (see Part 3 "The core work of WHO in 2025–2028").

Implementing a common agenda for global health over the four-year period from 2025 to 2028

18. Consultations with Member States, partners and key constituencies have identified five major recurring themes as central to the success of a common agenda for, and achieving measurable impact on, global health and well-being over the four-year period from 2025 to 2028. These themes either reflect key implementation approaches that are widely considered essential to realize the ambition of the draft GPW 14 (e.g. primary health care and enhanced partnerships) or reconfirm existing national and international commitments and priorities for advancing equitable access to health services (e.g. in respect of gender equality, health equity and human rights). Together, these themes constitute an overall strategic approach for 2025–2028 and are as follows:

(a) scale up the **primary health care** approach to advance the goals of both universal health coverage and health security by promoting equitable, cost-effective, integrated, people-centred care, especially for underserved populations and people living in **vulnerable and marginalized situations**, including in emergencies and **fragile settings**;

(b) respect and empower **national leadership, structures, processes and capacities** for the governance of health to ensure alignment of the extraordinary number of health and health-related players at the national, regional and global levels, both public sector and non-State actors, and from international agencies through to local civil society organizations;

(c) maintain a relentless focus on **delivering measurable impact at the country level**, using approaches^{1,2} that enhance programmatic accountability and institutionalize a culture and practice of monitoring progress against indicators and targets, including delivery milestones, that are fully integrated and aligned with national priorities;

(d) enhance **action to advance and promote gender equality, health equity and human rights** in order to achieve health and well-being for all, by ensuring relevant actions are reflected in all the draft GPW 14 strategic objectives and outcomes, as well as related health leadership and advocacy, programmes, data and measurement, reporting, and workforce policies and practices; and

(e) enhance and expand **partnerships, community engagement and intersectoral collaboration** at the national, regional and global levels in order to improve global health governance, policy coherence and the joint work of all relevant health actors from international organizations (e.g. the Global Action Plan for Healthy Lives and Well-being for All), civil society (e.g. the Civil Society Commission), young people (e.g. the Youth Council), the private sector, parliamentarians, donors and philanthropic organizations, Indigenous Peoples and academia.

19. The combination of these themes forms a core part of the larger theory of change that underpins the draft GPW 14, as articulated in Part 3.

¹ WHO results framework: delivering a measurable impact in countries. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/who-results-framework--delivering-a-measurable-impact-in-countries>, accessed 29 November 2023).

² See also Country cooperation strategy guide 2020. Geneva: World Health Organization; 2020 (<https://iris.who.int/bitstream/handle/10665/337755/9789240017160-eng.pdf?sequence=1>, accessed on 17 December 2023).

PART 3. WHO'S VITAL CONTRIBUTION: POWERING THE GLOBAL HEALTH AGENDA

1. WHO has a central and vital part to play in “**powering**” the ambitious global health agenda for 2025–2028 and expediting the health-related Sustainable Development Goals through its unique role and responsibilities in catalysing, enabling and supporting collective action for health. This contribution is operationalized through WHO’s core functions¹, including its normative work, its directing and coordinating role in international health and its convening power on health matters. Further support for the global health agenda is provided by the Organization’s scaling up of successful innovations and demonstration projects, extensive regional and country presence – with offices in six regions and more than 150 countries and territories – and broad technical and scientific expertise through its networks of experts, collaborating centres, research institutions, and specialized hubs and offices such as the cancer agency IARC. A theory of change explains how WHO’s work combines with that of Member States, partners and key constituencies to deliver the results and impact aimed for in the 2025–2028 agenda for global health. Specific outputs (including activities, products and services) that WHO will deliver in support of the GPW 14 will be detailed in biannual programme budgets.²

The core work of WHO in 2025–2028

2. In the GPW 13, WHO introduced three strategic shifts through which the Organization would sharpen the focus and impact of its core technical functions: stepping up leadership on health, focusing its normative work and global public goods on impact, and driving public health impacts in every country through a differentiated approach based on national capacities and vulnerabilities. These strategic shifts now constitute the pathways through which WHO’s core technical work will contribute to results at the country level in the period 2025–2028 in the theory of change (See Fig 2).

3. In its **health leadership and partnership role**, WHO will convene, advocate and partner for the strategic objectives and major outcomes of the draft GPW 14 at the country, regional and global levels, including through existing and important new partnerships in priority areas, such as climate and health, health workforce strengthening and pandemic preparedness. It will champion the health and well-being agenda in key policy and multilateral political and technical forums, and will engage in strategic policy dialogue and advocacy to raise or keep health and well-being high on the political agenda at all levels. WHO will scale up its strategic communications to promote the individual behaviours needed to influence policy change, promote health-seeking behaviour and combat misinformation. It will continue to facilitate agreement on international frameworks and strategies for health, including amendments to the International Health Regulations (2005) and the negotiation of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and will support their implementation. The WHO Secretariat will mobilize collective action among Member States and partners, and catalyse engagement and collaboration across the diverse array of health actors and sectors that are needed to achieve the draft GPW 14 outcomes.

- *Enhancing multilateral agency collaboration.* Partnerships are critical to support countries to accelerate progress on lagging health Sustainable Development Goals and other international health targets. WHO will continue to strengthen collaboration, through the numerous

¹ Article 2 of the Constitution of the World Health Organization.

² These products derive from WHO’s core functions in health research agenda setting, convening and coordination, norms and standard-setting, policy options and technical guidance, technical assistance and emergency operations support, and monitoring and reporting.

partnerships in which it is taking the lead, convening or participating,¹ in order to improve multilateral collaboration, promote greater alignment with national priorities and strengthen joint support to countries.

- *Engaging civil society and other partnerships.* WHO will strengthen its culture of partnerships with civil society, young people, the private sector and parliaments in health and other priority sectors. Building on initiatives such as the WHO Youth Council and the WHO Civil Society Commission, it will help accelerate action through a focus on human rights, accountability and community engagement, and will build stronger mechanisms to systematically engage civil society, community-based organizations and youth groups in the work of WHO. Private sector engagement will include a focus on key areas such as research and development, innovation, data and digital health, innovative financing, and the commercial determinants of health and health services delivery.

4. WHO will focus its core normative and technical work and **global public goods for health** on the 2025–2028 strategic objectives and priorities by leveraging and scaling its science, evidence and innovation functions, including through the Organization’s norms and standards and regulatory and product prequalification work, as well as by monitoring and reporting on the health situation nationally, regionally and globally in terms of the GPW 14 indicators and targets.

- *Scaling science and innovation.* Through its science, innovation and evidence-informed work and within its areas of comparative advantage, WHO will anticipate and shape the research agenda for the GPW 14 (e.g. through the WHO Science Council, the WHO R&D Blueprint for Action to Prevent Epidemics, WHO technical programmes and advisory bodies, and the United Nations Scientific Advisory Board). It will stimulate the generation of, and expand access to, new evidence and knowledge on key challenges and the effectiveness of interventions to address them (e.g. through WHO library and open access platforms, which in 2023 alone had 80 million downloads), including for health policy and systems and primary health care. WHO horizon-scanning work and foresight exercises will accelerate the translation of research evidence into policy and practice (e.g. via enhanced and expanded “living guidelines” and their translation into learning content and interventions through the WHO Academy); the scaling of innovations matched to country needs (e.g. by integrating implementation-ready innovations, ranging from service delivery to digital technologies, into national health systems, based on country priorities); the assessment of the differential impacts of policies and programmes on marginalized populations, optimizing domestic and international investments (e.g. on expanding vaccine portfolios); and closing technology and access gaps for critical health products (e.g. through the COVID-19 Technology Access Pool² and the mRNA technology transfer hubs). The Organization will also help strengthen national, regional and global ecosystems for conducting and scaling up science, research and development, as well as innovation for health, including in new or expanding areas (e.g. basic and behavioural sciences) and in the context of new and emerging technologies (e.g. digital technologies and AI). Innovation categories will span service delivery, behavioural, social, data/civil registration and vital statistics, and digital AI developments that address major global health data-driven priority areas. WHO will place particular emphasis on: identifying innovations that have the potential

¹ Examples of which include the Global Outbreak Alert and Response Network, the Global Initiative for Childhood Cancer, the Global Diabetes Compact, the Global Action Plan for Healthy Lives and Well-being for All, the Alliance for Transformative Action on Climate and Health, and the Universal Health Coverage Partnership.

² WHO COVID-19 Technology Access Pool website (<https://www.who.int/initiatives/covid-19-technology-access-pool>, accessed 29 November 2023).

to enhance health or that are already doing so; and supporting countries to maximise the benefits by scaling those innovations in a sustainable manner.

- *Enhancing evidence-based guidance.* WHO will give particular attention to its core technical work in developing and promulgating the uptake of evidence-based norms and standards and generating policy options and guidance that are informed by the most pressing country priorities and are designed and quality-assured to drive impact and advance the priorities of the draft GPW 14. The Secretariat will continue to produce and maintain evidence-based, methodologically rigorous, up to date (“living”), quality-assured guidance, while rapidly assessing new evidence, updating products to incorporate new evidence, and working towards “digital first” delivery for country adaptation for immediate use, with the overriding goal of ensuring that all countries have immediate access to the best available normative products. The uptake and use of WHO guidance will be facilitated by proactive engagement and understanding of local evidence ecosystems and the provision of SMART guideline packages, supported by an enhanced WHO country presence. WHO will deliver, as relevant to Member States needs and based on demand, technical support, guidance and training curricula to strengthen country capacity for policy and strategy development, governance, architecture, investment planning and change management for digital transformation. WHO will help build capacity for responsive implementation research in order to overcome delivery barriers and maximize the impact of health interventions.
- *Improving access to safe, effective, affordable and quality-assured health products.* WHO will continue and strengthen its leadership and authoritative guidance in support of countries to develop and implement evidence-based policies for access to safe, effective, affordable and quality-assured health products, including medicines; vaccines; diagnostics; and other medical devices and products such as assistive technologies, blood, blood products and vector control products. WHO’s integrated, end-to-end approach aims to ensure good practice across the value chain, ranging from research and development to use by the patient. This includes support for the quality assurance of health products for procurement by global agencies and countries through the **WHO prequalification programme**; the increased capacity of **regulatory authorities** to review and approve health products that meet safety, efficacy and quality standards; increased capacity for **local production, voluntary licensing and technology transfer**; improved **nomenclature systems**; better selection and use through **WHO’s essential and priority lists of health products**; improved affordability; and more efficient **procurement and supply systems**. The work in this area will evolve to meet the changing health needs of countries, especially in preparation and response to emergencies and pandemics, in order to deliver timely and more equitable access to medical countermeasures.
- *Transforming digital health.* Digital technologies enable health systems to strengthen and accelerate primary health care progress.¹ WHO will scale up its technical support for Member States; competency-based learning programmes; guidance on policy and strategy development, governance, architecture and investment planning; and change management for digital transformations. WHO will continue to encourage an interoperability and standards-based approach, advocating for open-source solutions that are consistent with WHO-recommended clinical and public health content and data principles. WHO will also continue to create and support digital public goods to help governments invest in the enabling environment and curate appropriate digital and AI solutions that are consistent with national strategies and principles

¹ Global strategy on digital health 2020–2025. Geneva: World Health Organization; 2021 (<https://www.who.int/docs/default-source/documents/g4dhd2a2a9f352b0445bafbc79ca799dce4d.pdf>, accessed on 17 December 2023).

of equity and human rights. WHO will develop collaborations to strengthen international data and digital governance that protect data as a public good and promote its responsible use and help scale the implementation of interoperable digital solutions, including the International Classification of Diseases (ICD-11) and District Health Information Software 2 (DHIS2). WHO will forge multisectoral partnerships that extend the reach and impact of WHO health content and limit the creation, spread and impact of mis/disinformation.

- *Monitoring and reporting on the health situation.* WHO's work in monitoring and reporting on the health situation at the national and international levels will be fundamental for advancing the GPW 14 agenda, facilitating course corrections and guiding investments. These functions will be taken forward through the Organization's work on data (including consolidation, analytics and data collaboration/sharing via the World Health Data Hub and the WHO Hub for Pandemic and Epidemic Intelligence) and health information systems strengthening. In the period 2025–2028, WHO will lead an initiative to improve data availability, accuracy and timeliness at the country level. The initiative, which will benefit from additional funding, will be focused, accountable and time-bound. WHO will implement a focused and systematic approach to further enhance country capacity in population health analytics, which will contribute to a more complete data architecture, leveraging digital transformation. The WHO SCORE for Health Data Technical Package, the World Health Data Hub and the WHO Hub for Pandemic and Epidemic Intelligence will help to strengthen national health surveillance, information and management systems to monitor new health challenges, analyse fresh data and update health targets to improve programmes and policies. The monitoring of the GPW 14 outcomes will be supported through WHO's technical reporting on health trends and the burden of disease.

5. Through WHO's **differentiated country support and technical cooperation** function and the expansion and strengthening of its country presence (see Part 4) and key mechanisms, such as the Universal Health Coverage Partnership,¹ the Organization will provide enhanced technical assistance and delivery support to countries for the GPW 14 strategic objectives and outcomes that reflect national capacities, vulnerabilities and demands. In emergencies, WHO will continue to lead the health cluster and serve as the cluster's provider of last resort, giving operational support to the delivery of life-saving interventions and essential health services, where required and feasible, in keeping with its responsibilities as Global Health Cluster lead.²

- *Enhancing technical support to countries.* The scope of support will include policy analysis and evidence generation, legislative and policy reform, the commissioning, adaptation and implementation of norms and standards in different country contexts, the building of proof of context for new or innovative approaches (e.g. for service delivery), communications and advocacy, and partnership-building. WHO will help to strengthen priority national institutions and capabilities to achieve the GPW 14 outcomes by facilitating network connections and collaborations (e.g. through WHO collaborating centres, regional technical networks and knowledge hubs) and through direct training and education coordinated or delivered by the WHO Academy (including through OpenWHO). WHO will continue to help to build national capacity to advance progress towards health goals by working with countries on the mutually

¹ The Universal Health Coverage Partnership deploys more than 150 health policy advisors in more than 120 Member States.

² See resolution WHA65.20 (2012). See also the IASC Guidance Note on using the cluster approach to strengthen humanitarian response (<https://interagencystandingcommittee.org/working-group/documents-public/guidance-note-using-cluster-approach-strengthen-humanitarian-response>, accessed 5 January 2024).

agreed priorities of the Country Cooperation Strategy, using data and measurement for greater rigour in the planning and delivery of joint activities, including through WHO's Delivery for Impact approach, in order to ensure a stronger link between WHO-supported activities and desired outputs and outcomes. WHO will step up its role in engaging and coordinating United Nations and other health partners in support of national efforts to achieve the GPW 14 outcomes.

- *Strengthening emergency operations.* In settings of health and humanitarian emergencies, WHO will continue to strengthen its capacities to provide technical leadership, coordination and, where necessary, a more operational role in supporting the delivery of essential health services to vulnerable populations. WHO will further enhance its support for surveillance, outbreak detection, and rapid response activities, working closely with communities and community health workers under government leadership, to ensure culturally sensitive and sustainable operations. In areas affected by conflict, natural disasters, or complex emergencies, the Organization will ensure the provision of essential health services and supplies where health care infrastructure is severely compromised or non-existent. This will include both direct medical assistance and the coordination of stakeholders, including local health authorities and a diverse array of nongovernmental organizations. By deploying the Organization's expertise and working through the Health Cluster network, WHO will ensure that interventions are effectively implemented, contextually appropriate, and aligned with international standards. WHO surveillance systems will play a crucial role in early outbreak detection to enable prompt responses and prevent spread of disease. WHO's rapid response capabilities will continue to underpin its operational activities, with the swift mobilization of resources, expertise, emergency medical teams and essential medicines and supplies. WHO will support these community health workers with training and resources, and will integrate their efforts into broader health responses.

Measuring and managing WHO's contribution

6. As outlined above, WHO's contribution to the GPW 14 outcomes and impact will be assessed through the output measurement component of the results framework, using a combination of output scorecards, country impact stories and delivery milestones.

7. The **output scorecard** was first introduced in the GPW 13 and brought a new approach to measuring the Secretariat's accountability for results. Instead of measuring performance against individual output indicators, the output scorecard measured performance against six dimensions: (a) leadership; (b) global public health goods; (c) technical support; (d) gender, equity and human rights; (e) value for money; and (f) achievement of results.¹ The output scorecard is being refined based on experience to date and the recommendations of the 2023 Independent Evaluation of WHO's Results-Based Management Framework² (see Box 2). **Country impact stories** provide a qualitative assessment and overview of country-level results that complement the impact measurement and output scorecard.

¹ Output scorecard website (https://cdn.who.int/media/docs/default-source/results-reports/output-scorecard-12-may-2021-final-instrument-1.pdf?sfvrsn=29b5e19b_5&download=true, accessed 17 December 2023).

² Independent Evaluation of WHO's Results-Based Management Framework: Final Report – January 2023. Geneva: World Health Organization; 2023. ([https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-\(rbm\)-framework-\(2023\)](https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-(rbm)-framework-(2023)), accessed 17 December 2023).

8. In addition to the output scorecard and country impact stories, WHO has been progressively applying the **Delivery for Impact** approach in order to assess and bolster progress and inform programmatic and resource allocation decisions,¹ the development of the programme budget and operational planning. Delivery stocktakes and the use of delivery dashboards are part of the Delivery for Impact approach and represent a new way of working to drive the acceleration of WHO's cooperation with countries for measurable impact. The Delivery for Impact approach emphasizes undertaking data-guided assessments and actions to recalibrate and reinvigorate progress through a plan with clear, quantifiable objectives and continuous monitoring. For example, during delivery stocktakes, WHO sets time-sensitive goals known as delivery milestones, which are designed for a two-year operational cycle and are closely linked to specific actions that WHO will undertake to assist Member States. Regular progress-tracking facilitates problem-solving and course corrections. WHO reports on global and country progress using delivery dashboards.

9. More than 40 WHO country offices are already using the Delivery for Impact approach to develop acceleration scenarios, in collaboration with United Nations agencies, multilateral organizations, academia and civil society, as well as in the context of WHO country cooperation strategies that establish the Organization's medium-term priorities with governments. Delivery stocktakes facilitate a shift from problem identification to the implementation of solutions and allow WHO to assess the impact of its strategies, enhance programmatic accountability and align its actions with its overarching goals.

The WHO theory of change for the draft GPW 14

10. Achieving the outcomes of the draft GPW 14 will require the joint action of Member States, the Secretariat, partners and key constituencies. The **WHO theory of change** (see Fig. 2 below) explains at a strategic level how the work and unique role of the Secretariat will contribute to that joint action in order to achieve the outcomes, strategic objectives and impacts of the draft GPW 14. The theory of change summarizes: (a) the problems that the draft GPW 14 will address (that is, the problem statement, as detailed in Part 1); (b) the main strategic approaches that underpin the strategy, as reflected in the common themes identified in the consultation process (Part 2); (c) WHO's pathways of change, which align with the Organization's core functions and the strategic shifts of the GPW 13 to help **power** progress towards the Sustainable Development Goals (Part 3); and (d) the critical actions that will be required by Member States, partners and key constituencies in order to deliver on the strategic objectives of the draft GPW 14.

11. Fundamental to this theory of change and the joint realization of the outcomes of the draft GPW 14, particularly during the challenging context of the period 2025–2028, is the need for an enabling environment that aligns commitments, interventions and actions, financing and key constituencies with this agenda for global health. In summary, the joint action of Member States, partners and key constituencies is required in four major areas:

- (a) **commitments to health and well-being and internationally agreed targets**, such as the health and related Sustainable Development Goals, **need to be reaffirmed and monitored** at the top political and organizational levels in order to ensure alignment with and the highest level of support for this four-year global health agenda;

¹ Delivering a measurable impact in countries. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/tracking-the-triple-billions-and-delivering-results-2023>, accessed 29 November 2023).

(b) the **priority health interventions and actions** identified in the global health agenda **need to be reflected in country, regional and global strategies, budgets**, action plans, monitoring and evaluation frameworks and, when appropriate, legislation, in order to ensure their operationalization at the country level and strengthen governance and accountability for joint results;

(c) **domestic and partner resources for health need to be increased**, including through innovative financing solutions, such as the Health Impact Investment Platform, and **fully aligned with the country health priorities** reflected in the agenda for global health; and

(d) overall **intersectoral, partner and community engagement for health and well-being needs to be expanded**, particularly with key health “contributing” sectors (e.g. the food, agriculture, environment, finance, social and education sectors) and across public and private actors.

12. WHO plays a key role in creating an enabling environment through its leadership, normative and technical products, as well as its science, data and country support functions.

13. In the area of health leadership, WHO will engage in high-level forums, using evidence-based arguments to secure political commitments and actions on the outcomes of the draft GPW 14. Specific WHO products and services will facilitate this advocacy by highlighting the cost of inaction, the burden of disease and the health returns of specific policies or investments. WHO will similarly engage its expanding network and partner engagement mechanisms, especially at the country level and within the United Nations system, in support of the national priorities reflected in this global agenda. WHO will draw on the lessons learned from the Global Action Plan for Healthy Lives and Well-being for All partnership and take forward key recommendations, particularly for enhancing collaboration at the country level, engaging civil society and community organizations and testing new approaches.¹ This will be particularly crucial, in the fiscally and financially constrained context of the GPW 14, in order to optimize efficiencies and synergies across the work of partners. In setting a clear global road map for health for the period 2025–2028 through the draft GPW 14 and engaging partners in refining the outcome indicators and targets, WHO will be able to help to align efforts to ensure that available resources are used efficiently and effectively and are directed to where they are most needed.

14. Through its work on global public goods for health and its related technical and learning products, WHO will provide authoritative advice on the interventions that are needed to prevent and address specific diseases or conditions (e.g. noncommunicable and communicable diseases and mental health conditions); meet the health needs of specific populations (e.g. women and children, older persons and migrants) and specific settings (e.g. workplaces and humanitarian emergencies); and strengthen critical systems, capacities (e.g. science, research, manufacturing, regulatory, diagnostics and laboratory, and emergency preparedness) and approaches (for example One Health). In setting out priority interventions and areas for action, WHO will help to shape partnerships around and align partners with national, regional and global health plans and strategies. In addition, through its monitoring of the health-related Sustainable Development Goals and programme indicators and indices, WHO will be able to enhance joint accountability for results at all levels.

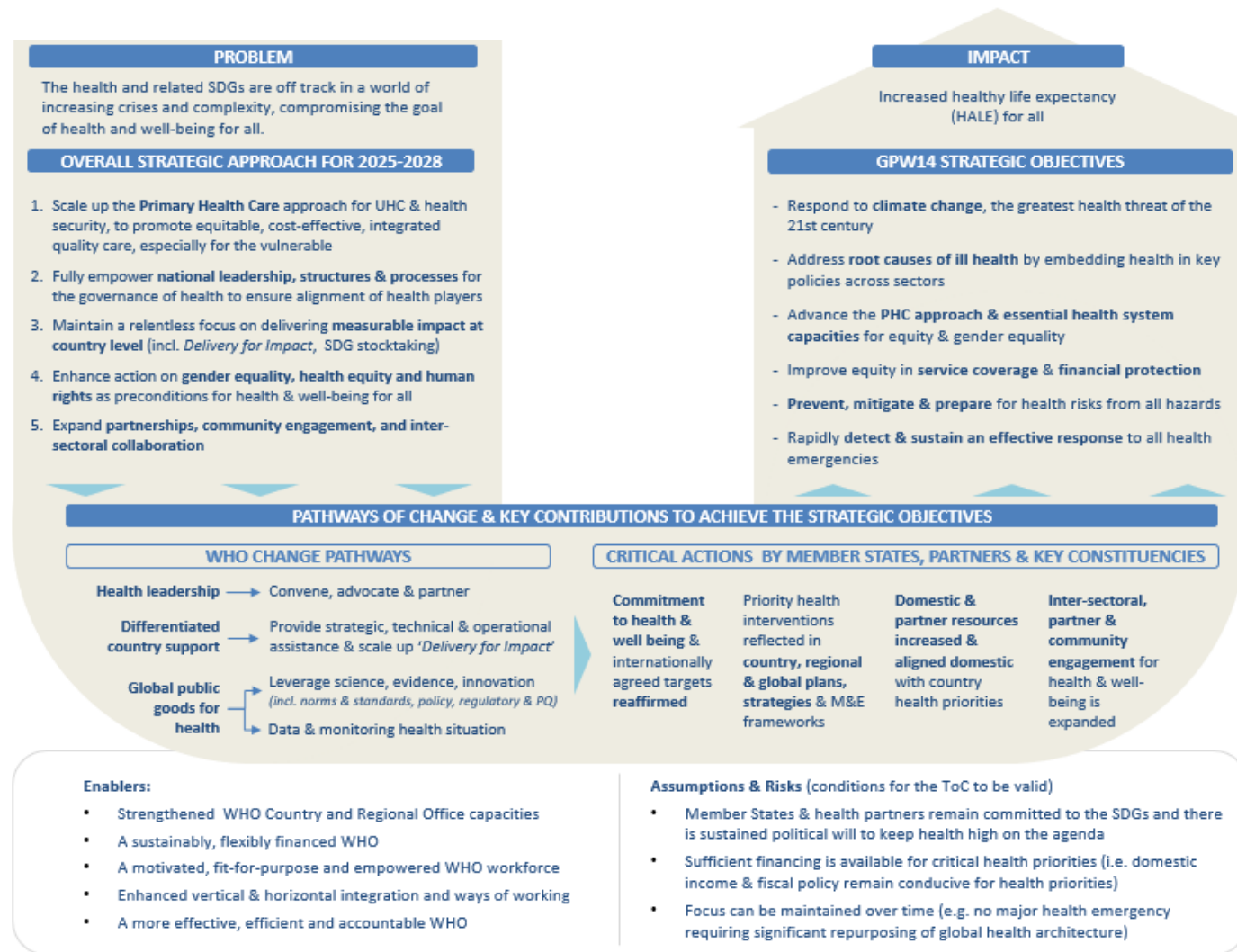
15. The full impact of WHO’s work is realized through a combination of direct and indirect effects that influence health and health-related ecosystems at the subnational, national, regional and

¹ 2023 progress report on the Global Action Plan for Healthy Lives and Well-being for All website (<https://www.who.int/initiatives/sdg3-global-action-plan/progress-and-impact/progress-reports/2023>, accessed 29 November 2023).

international levels. These relationships significantly amplify the application, use and impact of WHO's core normative and technical products at the country and community levels. The **direct effects** of WHO operate through the Organization's work in and with Member States, primarily in crisis-affected areas and communities, as well as through the coordination of a broad array of partnerships at the country, regional and global levels. The **indirect effects** reflect the crucial role WHO plays, through formal and informal mechanisms, in enabling and facilitating the work of a much larger set of health actors at the national, regional and global levels, ranging from nongovernmental, faith-based and civil society organizations and private sector service providers to global funds and specialized organizations. These indirect effects also extend to WHO's vital role in working with health-related sectors and actors to address the major commercial, environmental, economic and social determinants of health by prioritizing health and well-being outcomes in policy agendas.

16. The theory of change includes the key enablers, assumptions and risks that are critical for realizing the change and impact that the draft GPW 14 aims to achieve. The key enablers reflect the conditions needed within the Secretariat to ensure its capacity to deliver on its draft GPW 14 contributions and commitments. This includes strengthening WHO country and regional office capacities and capabilities; a sustainably and flexibly financed WHO; a motivated and fit-for-purpose workforce; and a more effective, efficient and accountable WHO (see Part 4). It requires enhanced vertical and horizontal integration and ways of working within and across WHO's three levels. The assumptions and risks highlighted in the theory of change primarily relate to the external factors that could influence the degree of political support for, engagement in and financing of the draft GPW 14 and global health. It includes the assumption that during the four-year period of the draft GPW 14, no major, global-scale health emergency will occur that requires a significant repurposing of the global health architecture (as occurred during the COVID-19 pandemic). Further details on the risks and proposed risk-management approaches of the draft GPW 14 will be articulated following the receipt of feedback from WHO Member States on the draft GPW 14.

Fig. 2. WHO theory of change for the draft GPW 14



PART 4. OPTIMIZING WHO'S PERFORMANCE IN 2025–2028

1. WHO needs to continue to change to meet the demands of a rapidly changing world and to better deliver measurable impact at the country level. The workforce of WHO – in particular the diversity of its people – is its most important resource. Change is demanding, and organizational change strategies must be adapted to match. To achieve the strategic objectives and outcomes of the draft GPW 14, WHO will institutionalize organizational change and continuous improvement work; develop an ambitious people strategy; strengthen its country and regional presence; enhance its internal governance and accountability functions; and optimize its core business and administrative processes and operations.

Building on WHO's transformation for a more agile, collaborative and respectful culture

2. In the period 2025–2028, WHO will embed a longer-term **organizational change and continuous improvement** agenda at all three levels of the Organization to ensure that it is fit for purpose to meet the changing demands of the new global context and the evolving needs of Member States. To do so, it will build on the achievements and lessons of the Transformation Agenda initiated under the GPW 13, which introduced new ways of working, aligned all three levels of the Organization with a common mission, strategy and values, and built important new capacities (e.g. in the areas of science, digital health, data, Delivery for Impact, communications and preparedness). To achieve and sustain culture change, WHO will develop skill sets for **change management** across the Organization. It will expand and institutionalize **agile ways of working** across its three levels in order to promote vertical and horizontal integration across health programmes, with an emphasis on cross-cutting issues and themes; optimize programmatic and operational synergies and efficiencies; and better reflect and respond to the needs of Member States and partners, especially at the country level. Further improving three-level support systems within WHO to underpin its normative function, particularly the production, updating and adaptation of normative products for use at the country level, is also imperative for a strong, relevant and impactful WHO.

3. With the increasing and complex demands of delivering on the strategic objectives of the draft GPW 14, the Organization will continue to evolve and adapt to attract, retain and develop a competent and diverse talent pool in a rapidly changing work environment and global health ecosystem. The Organization will develop **an ambitious people strategy** that will place employees at the forefront throughout their entire professional life cycle. The strategy will span all three levels of the Organization to drive employee engagement, outreach, professional development and career planning; develop leadership and managerial skills; and improve workforce planning and performance management. It will, at the same time, foster an organizational culture that champions trust, professionalism and learning, integrity, collaboration, and caring as WHO's fundamental values; embraces the dignity and diversity of individuals; and creates a respectful, safe and healthy work environment.

4. WHO will continue to strengthen its institutional mechanisms and internal capacities in the areas of partnership and cooperation. This will require bolstering and **expanding WHO's existing partnerships and collaborative arrangements**,¹ including its more than 800 collaborating centres, as well as establishing new and stronger partnerships, including with entities such as the World Trade Organization and the World Organisation for Animal Health and with the private sector, in order to advance areas of crucial importance to Member States, such as the expanded and geographically

¹ Examples of which include the Global Outbreak Alert and Response Network, the Global Initiative for Childhood Cancer, the Global Diabetes Compact, the Global Action Plan for Healthy Lives and Well-being for All, the Alliance for Transformative Action on Climate and Health, and the Universal Health Coverage Partnership.

diversified production of medical products. Working in an expanded partnership model will further require WHO to adopt a more open culture and proactive approach to risk management and engagement, with due consideration for the FENSA. New approaches to joint implementation at the country level will be promoted, such as the Delivery for Impact approach.

Strengthening the core capacities of WHO country and regional offices to drive measurable impact

5. Given the centrality of WHO's in-country work to achieving the joint strategic objectives and outcomes of the draft GPW 14 and the rapidly changing health dynamics and ecosystem at the country level, the transformation initiatives established under the GPW 13 to ensure a **stronger and more predictable WHO country presence** and to enhance WHO capacities and capabilities at the country level will be taken forward. A comprehensive and focused plan has been developed for this purpose, with the primary aim of more rapidly and effectively driving measurable impact for all people, everywhere, while ensuring that WHO's normative work continues to be driven by evolving Member State needs.

6. The roll-out of the plan will be intensified and completed during the period of the draft GPW 14, with a focus on **WHO's leadership, coordination, data and technical capacity at the country level** in support of national governments. The plan includes the strengthening of delegations of authority, the introduction of a core predictable country presence and the deployment of additional financial and human resources. Similarly, recognizing the important and rapidly growing trends in regional cooperation for health, WHO's capacity at the regional office level will be strengthened to meet the increasing demands of regional partnerships, enhance collaboration with regional health entities and better support the investments in health made by the regional multilateral development banks.

Strengthening WHO governance, accountability, and business and administrative functions

7. As WHO responds to an increasingly complex global context, its **internal governance and accountability functions** are being adapted. A new approach to organizational accountability and transparency is being introduced to continue meeting the accountability standards expected by the governing bodies, Member States, donors and partners. A critical component of this approach is enabling the conclusion of the actions emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance, which includes full implementation of the actions contained in the Secretariat implementation plan on reform.¹ WHO's accountability and risk-management functions extend beyond finances and accounting, with a comprehensive accountability framework that encompasses and provides transparency on finance, human resources, ethics and oversight across all areas and levels of the Organization. During the period of the draft GPW 14, WHO will introduce and implement updated accountability, regulatory and policy frameworks that fully move the Organization to a contemporary accountability model that is aligned with best practices. An overarching coordination mechanism will oversee the prevention, mitigation and management of all potential risks, including security and sexual exploitation, abuse and harassment. This shift will institutionalize and sustain WHO's emphasis on a "no excuses" policy for sexual misconduct. As WHO's leadership role for health emergencies in protracted crises and conflict settings is increasing, the Organization must manage the risks inherent in operating in fragile states.

¹ Tracking Secretariat Implementation Plan (SIP) actions website ([https://www.who.int/about/accountability/governance/member-states-portal/tracking-secretariat-implementation-plan-\(sip\)-actions](https://www.who.int/about/accountability/governance/member-states-portal/tracking-secretariat-implementation-plan-(sip)-actions), accessed 17 December 2023).

8. WHO is enhancing its **results-based management**. The **programme budget** remains WHO's most important tool for accountability, reflecting the priorities that are jointly agreed by Member States. The Secretariat will continue its commitment to fund priority outputs and to better align resources with programme budget priorities. Programme budget priorities are informed by, inter alia, country dialogue, delivery stocktakes, the Country Cooperation Strategy and the United Nations Sustainable Development Cooperation Framework. When integrated with the Delivery for Impact approach as a systematic method of prioritizing solutions and programmatic accountability, this contributes to the Organization's work to address the issues identified in the independent results-based management evaluation,¹ the 2021 synthesis of WHO country programme valuations² and the ongoing GPW 13 evaluation, which recommend better alignment of WHO's funding with its implementation needs. Supported by the WHO Action Results Group, this aims to strengthen WHO country cooperation strategies and biennial collaborative agreements.

9. The work to further optimize WHO's **core business and administrative processes and operations** during the draft GPW 14 period will involve reshaping and evolving processes in several cross-cutting functional and management sub-areas to be fit for purpose and facilitate and enable results-based delivery for WHO's programmatic priorities. WHO will strive to be recognized as an employer of choice by fostering a work environment that values its mission and impact, embraces modern human resources and managerial practices, and promotes a culture of respect, inclusiveness, safety and health in the workplace, fostering employee well-being and productivity in all locations. WHO will operate sustainably and ethically across all administrative and programmatic activities, focusing on environmental, social and governance consciousness and incorporating sustainability principles into all facets of its operations from procurement to facilities management. To modernize its internal ways of working and empower its workforce, WHO will optimize its digital working environment, including through the use of harmonized tools for collaboration, training and upskilling, as well as the streamlining of key business process through digitalization and within its new enterprise resource management system. The latter will include process improvements to further align planning (human resources and financial planning), budgeting and resource allocation with country needs and priorities, as well as the strategic objectives and outcomes of the draft GPW 14.

Sustainably financing WHO and the draft GPW 14

10. The full, sustainable and predictable financing of WHO's budget for 2025–2028 will be essential to realizing the strategic objectives, overarching goal and impact of the draft GPW 14. The financial envelope, which is an estimate of the funding WHO will need for this four-year period, is under development.

11. The overall estimated base budget segment for the draft GPW 14 builds on the approved base segment of the Programme budget 2024–2025, with additional financial requirements for emerging priorities (i.e. strengthening country offices, poliomyelitis transition, accountability, data and innovation). The indicative financial envelope for the draft GPW 14 for the period 2025–2028 is approximately US\$ 11.13 billion (see table).

¹ Independent Evaluation of WHO's Results-Based Management Framework: Final Report – January 2023. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-\(rbm\)-framework-\(2023\)](https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-(rbm)-framework-(2023))), accessed 29 November 2023).

² Synthesis of WHO country programme evaluations: October 2021. Geneva: World Health Organization; 2021 ([https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-\(2021\)](https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-(2021))), accessed 29 November 2023).

Table. Indicative financial envelope for the draft GPW 14 base segment, including emerging priorities (US\$ million)

| | 2025 | 2026 | 2027 | 2028 | TOTAL |
|---|---------|---------|---------|---------|-----------------|
| Base segment (based on the Programme budget 2024–2025) | 2 484.0 | 2 484.0 | 2 484.0 | 2 484.0 | 9 936.0 |
| Country strengthening | – | 193.5 | 193.5 | 193.5 | 580.5 |
| Strengthening accountability | – | 50.0 | 50.0 | 50.0 | 150.0 |
| Poliomyelitis transition | – | – | 157.5 | 157.5 | 315.0 |
| Strengthening data and innovation | – | – | 75.0 | 75.0 | 150.0 |
| Draft GPW 14 indicative financial envelope | – | – | – | – | 11 131.5 |

12. The following assumptions were made in calculating the indicative draft GPW 14 financial envelope:

(a) only the base segment of the WHO programme budgets for the draft GPW 14 period is included, as the budget for the other segments is shaped by events (e.g. outbreaks and humanitarian crises) and/or other actors (i.e. partnerships such as the Global Polio Eradication Initiative);

(b) the draft GPW 14 covers two “half” programme budgets for the years 2025 and 2028, as well as the entire Programme budget for the biennium 2026–2027;

(c) the work to strengthen country offices is fully implemented, with the country office portion of the base budget increasing to nearly 75% over time (inclusive of poliomyelitis transition and data and innovation); and

(d) the current timeline for the eradication of poliomyelitis is maintained, and the public health functions funded by the Global Polio Eradication Initiative are mainstreamed into the base segment.

13. Once the draft GPW 14 has been discussed by the Executive Board at its 154th session to be held in January 2024 and the WHO results framework has been finalized, the Secretariat will conduct a high-level budgeting process to provide more refined indicative financial envelopes by major outcome for the consideration of the Seventy-seventh World Health Assembly to be held in May 2024. While these high-level budget envelopes will not replace the subsequent programme budgets for 2026–2027 and 2028–2029, they will guide them and enable contributors to make informed commitments at the WHO investment round in late 2024.

14. The WHO investment round will build on this indicative financial envelope for the base segment of the programme budget, while deducting assessed contributions for 2025–2028 (under the assumptions set out in decision WHA75(8)) and the costs of the enabling functions for the same period. Hence, the investment round envelope will result in a voluntary contribution funding need for technical programmes of approximately US\$ 7.1 billion (net of project support cost).¹

¹ See document EB154/29, entitled “Sustainable financing: WHO investment round”.

ANNEX

RESULTS FRAMEWORK OF THE DRAFT GPW 14: PRELIMINARY MAPPING OF THE OVERARCHING GOAL, STRATEGIC OBJECTIVES AND OUTCOMES TO THE PROGRAMME INDICATORS OF THE GPW 13¹

| <i>Strategic objective</i> | <i>Outcome</i> | <i>Outcome indicators (programmatic indicators)</i> |
|---|---|---|
| GPW 14 priority: promote health | Progress is measured by the triple billion target of 1 billion more people enjoying better health and well-being (target will be recalibrated for the draft GPW 14). | |
| 1. Respond to climate change, the greatest health threat of the 21st century. | 1.1. More climate-resilient health systems are addressing climate risks and impacts. | [No indicator matched] |
| | 1.2. Lower-carbon health systems and societies are advancing health and well-being. | [No indicator matched] |
| 2. Address root causes of ill health by embedding health in key policies across sectors. | 2.1 Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health. | Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) , indicator 3.a.1: Age-standardized prevalence of current tobacco use among persons aged 15 years and older). |
| | | Sustainable Development Goal 3, indicator 3.6.1: Death rate due to road traffic injuries. |
| | | Sustainable Development Goal 3, indicator 3.5.2: Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol. |
| | | Sustainable Development Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) , indicator 4.2.1: Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex. |
| | See resolution WHA66.10 (2013). Best practice policy implemented for industrially produced trans-fatty acids (Y/N). | |
| | 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and mental health reduced through intersectoral approaches. | Sustainable Development Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture) , indicator 2.2.1: Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age. |
| Sustainable Development Goal 2, indicator 2.2.2: Prevalence of overweight (weight for height >+2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age. | | |
| Sustainable Development Goal 2, indicator 2.2.2: Prevalence of wasting (weight for height <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age. | | |
| Sustainable Development Goal 2, indicator 2.2.3: Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%). | | |

¹ The three aspects of the overarching goal of the GPW 14 – **promote, provide** and **protect** – are mapped to the triple billion targets (that is, better health and well-being, universal health coverage, protection from health emergencies), which will be recalibrated for the draft GPW 14. The draft GPW 14 strategic objectives and outcomes are mapped to the GPW 13 programme indicators (i.e. those of the Sustainable Development Goals and Health Assembly resolutions) in order to identify potential gaps and overlaps.

| Strategic objective | Outcome | Outcome indicators (programmatic indicators) | |
|---|---|--|--|
| | | Sustainable Development Goal 3, indicator 3.9.1: Mortality rate attributed to household and ambient air pollution. | |
| | | Sustainable Development Goal 3, indicator 3.9.2: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services). | |
| | | Sustainable Development Goal 3, indicator 3.9.3: Mortality rate attributed to unintentional poisoning. | |
| | | Sustainable Development Goal 6 (Ensure availability and sustainable management of water and sanitation for all) , indicator 6.1.1: Proportion of population using safely managed drinking-water services. | |
| | | Sustainable Development Goal 6, indicator 6.2.1(a): Proportion of population using safely managed sanitation services. | |
| | | Sustainable Development Goal 6, indicator 6.2.1(b): Proportion of population using a hand-washing facility with soap and water. | |
| | | Sustainable Development Goal 7 (Ensure access to affordable, reliable, sustainable and modern energy for all) , indicator 7.1.2: Proportion of population with primary reliance on clean fuels and technology. | |
| | | Sustainable Development Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) , indicator 11.6.2: Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted). | |
| | | See resolution WHA66.10 (2013). Prevalence of obesity in children and adolescents (aged 5–19 years) (%). | |
| | | See resolution WHA66.10 (2013). Prevalence of obesity in persons aged ≥18 years. | |
| | | 2.3 Populations empowered to control their health through health promotion programmes and community involvement in decision-making. | Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) , indicator 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age. |
| | | | Sustainable Development Goal 5, indicator 5.6.1: Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. |
| | | | Sustainable Development Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels) , indicator 16.2.1: Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month. |
| | | | [Indicator on physical activity under development for the draft GPW 14] |
| GPW 14 priority: provide health | Progress is measured by the triple billion target of 1 billion more people benefiting from universal health coverage (target will be recalibrated for the draft GPW 14). | | |
| 3. Advance the primary health care approach and essential health system capacities for health equity and gender equality. | 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage. | [No indicator matched] | |
| | 3.2. Health and care workforce, financing and product availability substantially improved. | Sustainable Development Goal 3, indicator 3.c.1: Health worker density and distribution. | |
| | | Sustainable Development Goal 3, indicator 3.b.3: Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis. | |

| Strategic objective | Outcome | Outcome indicators (programmatic indicators) |
|--|--|---|
| | 3.3. Health information systems strengthened and digital transformation implemented. | [No indicator matched] |
| 4. Improve equity and quality in health service coverage and financial protection. | 4.1. Equity in access to services for noncommunicable and communicable diseases and mental health conditions improved. | Sustainable Development Goal 3, indicator 3.8.1: Coverage of essential health services. |
| | | Sustainable Development Goal 3, indicator 3.3.1: Number of new HIV infections per 1000 uninfected population, by sex, age and key populations. |
| | | Sustainable Development Goal 3, indicator 3.3.2: Tuberculosis incidence per 100 000 population. |
| | | Sustainable Development Goal 3, indicator 3.3.3: Malaria incidence per 1000 population. |
| | | Sustainable Development Goal 3, indicator 3.3.4: Hepatitis B incidence per 100 000 population. |
| | | Sustainable Development Goal 3, indicator 3.3.5: Number of people requiring interventions against neglected tropical diseases. |
| | | Sustainable Development Goal 3, indicator 3.4.1: Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease. |
| | | Sustainable Development Goal 3, indicator 3.4.2: Suicide mortality rate. |
| | | Sustainable Development Goal 3, indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders. |
| | | Sustainable Development Goal 3, indicator 3.d.2: Percentage of bloodstream infections due to selected antimicrobial-resistant organisms. |
| | | See resolution WHA68.7 (2015). Patterns of antibiotic consumption at the national level. |
| | | See resolution WHA66.10 (2013). Prevalence of raised blood pressure among persons aged ≥ 18 years. |
| | 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older and other population-specific health services and immunization coverage improved. | Sustainable Development Goal 3, indicator 3.1.1: Maternal mortality ratio. |
| | | Sustainable Development Goal 3, indicator 3.1.2: Proportion of births attended by skilled health personnel. |
| | | Sustainable Development Goal 3, indicator 3.2.1: Under-5 mortality rate. |
| | | Sustainable Development Goal 3, indicator 3.2.2: Neonatal mortality rate. |
| | | Sustainable Development Goal 3, indicator 3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods. |
| | | Sustainable Development Goal 3, indicator 3.b.1: Proportion of the target population covered by all vaccines included in their national programme. |
| | 4.3. Financial protection improved by reducing out-of-pocket health expenditures, especially for the most vulnerable. | Sustainable Development Goal 1 (End poverty in all its forms everywhere) , indicator 1.a.2: Proportion of total government spending on essential services (education, health and social protection). |
| | | Sustainable Development Goal 3, indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income. |

| <i>Strategic objective</i> | <i>Outcome</i> | <i>Outcome indicators (programmatic indicators)</i> |
|---|--|--|
| GPW 14 priority: protect health | Progress is measured by the triple billion target of 1 billion more people better protected from health emergencies (target will be recalibrated for the draft GPW 14). | |
| 5. Prevent, mitigate and prepare for emerging risks to health from all hazards. | 5.1. Risks of health emergencies from all hazards, including antimicrobial resistance, reduced and impact mitigated. | Vaccine coverage for epidemic-prone diseases. |
| | 5.2. Preparedness, readiness and resilience for health emergencies enhanced. | |
| | | Sustainable Development Goal 3, indicator 3.d.1: International Health Regulations (2005) capacity and health emergency preparedness. |
| 6. Rapidly detect and sustain an effective response to all health emergencies. | 6.1. Detection of and response to acute public health threats is rapid and effective. | [Indicator in Health Emergencies Protection index: detection and notification of, and response to, public health threats (7-1-7).] |
| | 6.2. Access to essential health services during emergencies is sustained and equitable. | Proportion of vulnerable people in fragile settings provided with essential health services (%). |

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