World Health Organization

Fourteenth General Programme of Work, 2025–2028

2nd Consultation Document

26 November 2023

INTRODUCTION

1. Further to the request of the Seventy-sixth World Health Assembly[1] for the Director-General to develop the draft Fourteenth General Programme of Work, 2025–2028 (GPW 14) as the technical strategy to underpin the first World Health Organization (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 GPW14. That document included the context for GPW 14; what is new in GPW 14, including emerging lessons from GPW 13; an overarching goal and proposed strategic objectives for GPW 14; a summary of the added value of WHO in the global health ecosystem; and initial considerations for the GPW 14 results framework, financing envelope and financing strategy.

2. Since August, the initial consultation document has been discussed with Member States in 3 global consultations, 6 regional committee meetings, and 3 additional regional meetings. Additional Member States consultations have informed the development of joint outcomes for GPW14 and the further refinement of impact measurement. As per the proposed GPW14 development process, the Secretariat's GPW14 steering committee has continued to interact regularly with the GPW13 independent evaluation team, and the consultation document has also been discussed with a broad range of colleagues within WHO and external partners, including United Nations agencies, programmes and funds; Gavi, the Vaccine Alliance, the Global Fund, 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 concurrence for the context and overarching goal for GPW14, the direction of the strategic objectives, and, most recently, draft outcomes. The consultations have also reinforced the importance of building on GPW13 and the Sustainable Development Goals (SDGs) for measurable impact in countries, clearly articulating WHO's unique added value in the global health ecosystem[3], and specifying its contribution to the GPW14 outcomes.

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[1] Document A76/32.

[2] See decision WHA76(19) (2023).

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

3. This second consultation document incorporates feedback from Member States, partners, key constituencies and WHO's workforce on the first consultation document and presents a four-part structure for GPW14 that includes a high-level results framework, a theory of change and an overview of WHO's contribution. Based on additional Member State and partner feedback by 6 December 2023, the report of the independent evaluation of GPW13 (for receipt in December 2023), and further consultations with Member States to recalibrate and refine the WHO Results Framework for GPW14, this paper will be revised by mid-December for the consideration of the Programme, Budget and Administration Committee of the Executive Board at its thirty-ninth meeting and by the Executive Board at its 154th session in January 2024.

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

Promoting, providing and protecting health and wellbeing -
WHO's Fourteenth General Programme of Work

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

Promoting, providing and protecting health and wellbeing - WHO's Fourteenth General Programme of Work

PREAMBLE

1. In the wake of the COVID-19 pandemic there is a renewed understanding, from political leaders to the people they serve, of the centrality of health and wellbeing to social and economic development. Although the health and related Sustainable Development Goals (SDGs) are badly off track, new national and international capacities and commitments can be harnessed to revitalize action on the ambition of the SDGs and equip health systems to meet the expectations of their populations and the emerging challenges of the post-SDG world. The 4-year period from 2025 to 2028 constitutes a unique opportunity to advance health equity and get the health-related SDGs back on track, while 'future-proofing' health systems. Realizing this ambition requires a common, global health agenda and joint work across a broad group of stakeholders in support of government action.

2. This strategy document, the World Health Organization's (WHO) 14th General Programme of Work (GPW 14), builds on the foundation established in GPW 13[1] that put measurable impact in countries at the centre of WHO's work and Results Framework, draws on lessons from the pandemic and the ongoing evaluation of GPW 13[2], and reflects a broad and ongoing consultation with WHO Member States, partners and constituencies. It is anchored in WHO's commitment to health equity, gender equality, and human rights and to the promotion of healthy lives and wellbeing across the lifecourse. GPW 14 also takes forward WHO's pledge, in the GPW 13 extension[3], to *promote, provide and protect* health, while helping to *power* the work of the entire global health ecosystem towards the SDGs and enhance its own organizational *performance*.

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

PART 1. HEALTH AND WELLBEING IN AN INCREASINGLY COMPLEX WORLD

A changing world

4. Since the adoption of the **Sustainable Development Goals (SDGs)** in 2015, and the approval of WHO's 13th General Programme of Work in 2018, the world has changed – and will continue to change – in fundamental ways that have profound implications for human health and wellbeing in every country and community.

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[1] https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023

[2] the independent evaluation of WHO's 13th General Programme of work is to be finalized by end December 2023.

[3] https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_29-en.pdf

5. 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, **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 been forcibly displaced due to economic, environmental, political, conflict and other forces. **Demographic shifts** are dominated by an aging population in almost every country in the world, alongside increasing urbanization everywhere. Basic public services such as water and sanitation are struggling to keep up. **Increasing inequities** within and between countries is 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 instability, new conflicts, and increasing emphasis on national and regional self-sufficiency.

6. 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. But these advances also carry the risk of serious social consequences due to gaps in access, exacerbated inequalities, misinformation, exclusion, and unemployment. Social media has been a contributor to polarization and politicization. And the rapidly expanding application of artificial intelligence has already highlighted the need for coordinated governance to harness its potential while ensuring necessary protections.

7. **The constant and growing number of crises and emergencies** further complicate these longer-term threats. The COVID-19 pandemic had a horrific toll on human life, with massive consequences for health and wellbeing globally and devastating economic and social disruption. Recovery remains slow for both health and economic systems[2]. Economic uncertainty continues, with a slowing of growth, rising debt burdens, persistent inflation and shrinking fiscal space, all of which are impacting social sector spending broadly. New, largescale 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 now in need of humanitarian assistance worldwide. The frequency and impact of natural disasters is increasing, with climate change becoming a major driver. Countries are facing more frequent, complex and protracted emergencies than at any time in 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 inequalities, and rising youth unemployment are contributing to an erosion of trust in public institutions and leadership.

An unacceptable impact on human health and well-being

8. This combination of longer-term trends and acute and protracted emergencies and crises, and the interactions between them, have created a particularly challenging environment for countries to protect and advance the health and wellbeing of their populations as evidenced by the weak progress towards most of the Sustainable Development Goals (SDGs)[3].

9. Even before the COVID-19 pandemic, the world was not on track to reach the health-related SDGs and to create safe and healthy environments so everyone, everywhere could enjoy healthier lives and well-being. While some progress had been made towards WHO's Triple Billion Targets[4] (see Box 1), with an estimated 1.26 billion additional people enjoying better health by 2023 compared to 2018, 477 million more people covered by essential health services without financial hardship, and 690 million more people protected from health emergencies, the pace of progress is insufficient to meet the SDG targets by 2030.

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[1] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01859-7/fulltext

[2] https://www.imf.org/en/Publications/WEO/Issues/2023/10/10/world-economic-outlook-october-2023

[3] https://unstats.un.org/sdgs/report/2023/The-Sustainable-Development-Goals-Report-2023.pdf

[4] https://www.who.int/data/triple-billion-dashboard

10. In 2023 – midway to the deadline for achieving the SDGs – more than half the world's population is not covered by **essential health services**, and 1 in 4 people are suffering **financial hardship** or catastrophic expenditures to access services. Overall, progress towards universal health coverage (SDG3) is stagnant, with catastrophic expenditure due to out-of-pocket payments actually increasing. Especially alarming, at a global level there has been virtually no progress in reducing **maternal mortality**, with nearly 300,000 women continuing to die every year in pregnancy or childbirth. Progress on **child mortality** has slowed with 5 million children still dying before 5 years of age, nearly half of which are newborns. By 2030, 25% of the world's population, and 85% of the world's poorest people, will live in **countries affected by fragility, conflict or vulnerability**, with the majority of maternal and child deaths and three quarters of high impact epidemics.

11. At the same time, the burden of **non-communicable diseases (NCDs)** – primarily cardiovascular disease, cancer, chronic respiratory disease, and diabetes – continues to increase, with NCDs killing 41 million people each year, equivalent to 74% of all deaths globally and the vast majority of premature mortality, with the greatest impact in low and middle-income countries. As NCDs increase and people live longer, the number living with disability has grown to 1.3 billion, or 1 in every 6 people[1]. **Mental health conditions** are rising, with nearly 1 billion people living with a mental disorder, an escalating burden of Alzheimer disease and other dementias, and rates of depression and anxiety increasingly particularly quickly among young people[2]. Despite effective interventions and some progress in all programme areas, **violence and injuries** continue to claim over 4 million lives a year, with nearly 30% due to road injuries. One in every 2 children are victims of violence each year; 1 in 3 women have experienced violence from an intimate partner at least once in their lives. The potential of **disease prevention and health promotion** investments, which could address 50% of the global burden of disease, remains unrealized with 8 million people still dying from tobacco use each year, 7 million deaths linked to air pollution and 3 million to harmful use of alcohol, with up to 50 million people injured in road traffic crashes.

12. **Communicable diseases** continue to kill 7.5 million people each year, with lower respiratory infections responsible for 35%, tuberculosis (Tb), HIV/AIDS and malaria together 30%, and 20% due to diarrhoeal diseases[3]. There are 3 million new hepatitis infections each year and 1 million new sexually transmitted infections (STIs) occur each day. Encouragingly, the number of people requiring mass or individual treatment and care for 1 or more of 20 neglected tropical diseases (NTDs) has been reduced by 25% to 1.65 billion people[4]. However, important eradication and elimination goals are still proving elusive; polio and Guinea Worm transmission continues. Although more than 170 countries now have national action plans, **antimicrobial resistance** (AMR) continues largely and alarmingly unabated threatening the whole of modern medicine. Epidemic-prone bacterial and viral diseases such as cholera, meningitis, diphtheria, dengue and yellow fever continue to have major health impact and be highly disruptive to regular health services. And new **high-threat infectious hazards** are emerging and re-emerging, including vector-borne infections and zoonoses such as coronaviruses, Ebola and avian influenza. The animal-human species barrier is under tremendous pressure, with underinvestment in risk-reducing biosecurity measures, inadequate detection and risk assessment on both veterinary and human sides, and sub optimal rapid response and containment measures.

13. The COVID-19 pandemic highlighted the **fragility of health systems** worldwide, with over 90% of countries reporting an interruption in essential health service delivery and the largest fall in **routine immunization coverage** in a generation, with 25 million children missing doses. School closures had a devastating impact on nutrition, child protection, and mental health and psychosocial services[5]. Similar ruptures were experienced in essential surgeries, services for women, newborns, children, and

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[1] https://www.who.int/news-room/fact-sheets/detail/disability-and-health

[2] https://www.who.int/publications/i/item/9789240049338 (World mental health report)

[3] https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys

[4] https://iris.who.int/bitstream/handle/10665/365729/9789240067295-eng.pdf?sequence=1

[5] The Impact of COVID-19 School Closure on Child and Adolescent Health: A Rapid Systematic Review - PMC (nih.gov)

adolescents, and in the delivery of virtually all disease-specific services from NCDs and mental health to communicable diseases. It also 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 pandemic, particularly in their **health and care workforces**, which at current pace will still have an estimated gap of 10 million personnel globally by 2030, while an estimated 1 billion people are still served by health facilities with no or unreliable electricity. And **central government health expenditures**, which had surged by 25% during the pandemic, were already contracting rapidly in 2022, leaving health systems with stagnant or declining budgets and as they struggled to deal with the backlog of disrupted services. Health systems 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.

14. Advancing health and wellbeing is also inextricably linked to advancing on **related SDGs, health determinants and risk factors**. The lack of progress on gender equality (Goal 5) has far-reaching negative consequences on health and health systems, from access to sexual and reproductive services to women's empowerment in the health and care sector. Unhealthy diet and malnutrition are now estimated to account for nearly one third of the global burden of disease (Goal 2)[1]. A staggering 1 billion people worldwide are obese, contributing to a range of NCDs and mental health issues. The modest progress on childhood stunting and wasting is at risk due to unsustainable food systems and worsening **food insecurity**, with 735 million people facing hunger. Although important progress has been made on SDG6, 2.2 and 3.5 billion people still lack access to **safely managed drinking water and sanitation**, respectively. And despite limited improvements in **air quality** (Goal 11), 2.3 billion people rely primarily on polluting fuels and technologies for cooking (Goal 7), while 99% of the global population lives in areas where air pollution levels exceed WHO guideline limits. The pandemic further impacted the already lagging progress on education (Goal 4), a key determinant of health, with learning losses in four out of five countries. As concerning is the limited progress on other SDGs that underpin key determinants of health including poverty and social protection (Goal 1), decent work (Goal 8), infrastructure (Goal 9), inequalities and migration (Goal 10), climate change (Goal 13), and peace, justice, and institutions (Goal 16).

15. Despite the tragedy and disruption of COVID-19, its enormous toll on people's lives, health systems and workers, and the increasingly challenging environment for health, there are new learnings, commitments, capacities and partnerships at 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 country and community level.

The promise and potential of an evolving global health ecosystem and changing WHO

16. 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.

17. Even prior to the COVID-19 pandemic, important shifts were occurring in **health-related attitudes**, including among younger generations, with many expressing a higher priority for health and a more holistic view of wellbeing. And in the wake of the pandemic, people of all ages everywhere have a new understanding of the importance of healthy behaviors and resilient health systems, and increasingly place greater value on their 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 UHC and to protect the world from the next pandemic, resulting in powerful advocacy by civil society and community organizations and **heightened political attention. Equity is now at the center of international negotiations** on health, from the work of the International Negotiating Body (INB)[2] on a new WHO convention, agreement or other international instrument on

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[1] https://www.healthdata.org/research-analysis/gbd#:~:text=The%20Global%20Burden%20of%20Disease,be%20improved%20and%20disparities%20eliminated.

[2] https://inb.who.int/

pandemic prevention, preparedness and response (PPR), to the United Nations General Assembly's political declarations of the high-level meetings on UHC[1] and PPR.

18. The pandemic spurred a renewed awareness of the importance of strong **national leadership on health**, 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. And despite the stagnation of progress toward UHC globally, 30% of countries have improved both service coverage and financial protection[2]. There is also a new commitment to 'radically reorient' health systems to a **primary health care (PHC) 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[3]. At the **regional level**, new institutions and initiatives such as the Africa Centres for Disease Control and Prevention, the European Union's Health Emergency Preparedness and Response Authority and the planned ASEAN Centre for Public Health Emergencies and Emerging Diseases and Alliance for PHC in the Americas, are strengthening intercountry cooperation and capabilities.

19. New and renewed commitments are being made at both national and international levels to close the gap in the **health and care workforce**[4], particularly at community level[5]. Increased attention is being given to better **align international financing** with government plans and priorities towards UHC[6]. And **new funds and financing instruments** such as the Pandemic Fund and the IMF's Resilience and Sustainability Trust[7] 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 new, coherent approach to financing health in support of low-income countries[8].

20. There is growing recognition that policy decisions in **multiple sectors** are essential to build more resilient, **'well-being societies'**, underpinned by a vision of health that integrates physical, mental, spiritual and social well-being. The indelible inter-relationship of human and planetary health is increasingly appreciated, with new indicators - beyond gross domestic product – being promoted to 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 wellbeing.

21. 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 vital international agencies, organizations, funds and philanthropies working in support of national health efforts and the work of governments, including the World Bank, UNICEF, UNFPA, UNDP, WFP, FAO, ILO, the Global Fund, Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations (CEPI) as well as the Bill and Melinda Gates Foundation, Rotary International, Wellcome Trust and FIND. Partners of the Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams (EMTs) and the Health Cluster, including NGOs and international humanitarian organizations such as the ICRC, IFRC and MSF, play an increasingly crucial role in reaching the most vulnerable. Key **partnerships** are expanding like the One Health Quadripartite to reduce health threats

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[1] https://documents-dds-ny.un.org/doc/UNDOC/GEN/N23/306/84/PDF/N2330684.pdf?OpenElement

[2] WHO-World Bank. Global Monitoring Report on UHC, September 2023

[3] WHA decision on Primary Health Care, May 2023

[4] WHO Global strategy on human resources for health: Workforce 2030.

[5] 29th Africa Union Summit. Two million African community health workers; harnessing the demographic dividend, ending AIDS and ensuring sustainable health for all in Africa. 2017

[6] https://futureofghis.org/

[7] https://www.imf.org/en/Topics/Resilience-and-Sustainability-Trust

[8] https://www.eib.org/attachments/documents/eib-mdb-declaration-on-health.pdf

at the human-animal-environment interface, while new ones are being established to address emerging priorities, such as the Alliance for Transformation Action on Climate and Health (ATACH).

22. Recent and ongoing advances in basic, clinical, behavioural and transitional **science**[1] have opened up new opportunities for improving health and well-being for all. 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** like telemedicine have facilitated access, enhanced the quality of clinical decisions, and reduced costs for many people while lowering travel times and exposures. 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.

23. **WHO** itself is going through a major change process, driven by GPW 13, the WHO transformation agenda, the organization's central role major health events such as the COVID-19 pandemic, and the changing health ecosystem at country, regional and global levels. With an uncompromising focus on achieving measurable impact at country level, WHO continues to align the three levels of the Organization around a common mission, strategy and values, and introduced new, more agile ways of working. As a knowledge-based organization, a range of new initiatives have been established to attract, develop and retain the best-possible workforce. New capacities have been built for WHO's core functions in the areas of science, digital health, data, equitable scaling of innovations, delivery for impact, and communications, and bolstered its coordinating capabilities in vital programme areas from primary health care and mental health to antimicrobial resistance and emergency preparedness and response. A comprehensive plan is being rolled out to enhance WHO's capabilities, normative functions, and core presence at country level in response to the evolving health trends and to further enhance the relevance, application and impact of the organization's core normative work in a rapidly changing world. These changes are making WHO more efficient, relevant and responsive to the needs of Member States, and better equipped to play its essential roles in coordinating and enabling the broader health ecosystem at country, regional and global levels, and, in health emergencies, in serving as both a first responder and a provider of last resort for the world's most vulnerable people. WHO's unique position, spanning the health, sustainable development and security 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 wellbeing at country, regional and global levels, across sectors and in related fora[2].

PART 2. A GLOBAL HEALTH AGENDA FOR 2025-2028

24. **The next 4 years** – from 2025 to 2028 – constitute the unique window to **get the health-related SDGs back on track** for 2030, while **future-proofing health and care systems** for the inevitable long-term trends and acute shocks described above. This will require an exceptional focus on achieving **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 requires unprecedented **alignment across health actors** at the country, regional and global levels, with a common vision, priorities and agenda, measurement framework and commitment to country-driven collective action in support of national goals and leadership.

25. To facilitate alignment on a global health agenda for 2025-2028 in support of country impact, GPW14 is 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 on the **overarching goal, strategic objectives, and major outcomes** of GPW14 which constitute the high-level results for common action

[1] 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.

[2] For example, in environment and biodiversity Conferences of Parties and the UN Food System Summit

over the four-year period and anchors WHO's role and contributions (see Annex, Figure 1). Consequently, these major elements are developed in close consultation with WHO 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, non-governmental and humanitarian organizations, donors and philanthropies, and private sector associations. The broad scope of GPW14's goal, strategic objectives and major outcomes reflects the ambition of the SDGs and the complexity of improving human health and wellbeing in the evolving local and global contexts.

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

26. The overarching goal for 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 resilience of health systems, both of which are fundamental to accelerating progress on the health-related SDGs and to future proofing health and care systems. It emphasizes the need to operate across the continuum of services, from prevention and health promotion through protection and the provision of essential public health services to treatment, rehabilitation and palliative care. The goal reflects the transformative potential of a PHC 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.

27. **Six strategic objectives** underpin the GPW 14 goal. These objectives articulate priority areas for collective action to advance health and wellbeing at the national, regional and global levels. They reflect major emerging threats to health, critical work for the health and related SDGs, WHO Member State priorities[2], and stakeholder areas of focus. While all of the strategic objectives contribute to the overarching goal of GPW 14, each is mapped to a specific aspect of that goal (i.e. *promote, provide or protect*) to provide an organizing framework, indicate the link and continuity to GPW 13 and the triple billion targets, and facilitate impact measurement as follows:

To promote health:

- Respond to **climate change**, the greatest health threat of the 21st century
- Address **root causes of ill health,** including determinants and risks factors

To provide health:

- Advance the **PHC approach & essential health system capacities** for equity & gender equality
- Improve equity and quality in **health service coverage & financial protection**

To protect health:

- **Prevent, mitigate & prepare** for emerging risks to health from all hazards
- Rapidly **detect & sustain an effective response** to all health emergencies

For each strategic objective, major outcomes establish specific results to be achieved during the 4-year period 2025-2028 through the joint work of countries, partners, key constituencies and the WHO Secretariat. These in turn inform the key activities, products and services required of WHO to help drive impact and to enable and further align the work of others. WHO will recalibrate its triple billion targets to establish summary goals for the promote, provide and protect areas (see below) and consider targets for healthy life expectancy (HALE). The following paragraphs elaborate on the strategic objective and the scope of the 15 **major outcomes**; the scope of work under each outcome also serves as the focus for WHO's health leadership, normative and technical assistance work in each area during this period.

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

[2] See document A76/4.

28. **Climate change and health** – this strategic objective responds to the greatest health threat of the 21st century. 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[1]. The urgency and attention to climate change is a crucial opportunity to improve health by taking forward a transformative agenda to reduce carbon emissions, ensure climate-resilient and 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 wellbeing 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, and protection of the most vulnerable populations, such as migrants and displaced people, including through a strengthened One Health approach.

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

Climate-related risks to health systems and health outcomes will be systematically assessed and addressed, in line with the drive for UHC, a scaled up PHC approach, and the wider societal goal of climate adaptation. National health adaptation plans will be designed, implemented and monitored, with active social participation to ensure population health is resilient to climate shocks and stresses and to promote appropriate behaviours. This outcome includes interventions within health systems (e.g. climate-resilient and environmentally sustainable healthcare facilities, climate-competent workforce), essential public health functions (e.g. climate-informed health surveillance and response), and in partnership 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 & societies** are advancing health & well-being.*

Plans for the decarbonization of health and are services will be developed and implemented, accounting for different national and local contexts and through actions that are aligned with the goals of UHC, scaling up PHC, and broader climate resilience and mitigation efforts. The health community will also engage outside of the health sector, engaging in partnership and advocacy, and playing 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, for example by improving air quality, diets, and physical activity levels.

29. **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. These determinants of health also affect the distribution of and exposure to environmental and behavioural risk factors (e.g. WASH, air pollution, diet and nutrition, tobacco, alcohol, social isolation), which account for a staggering toll of more than 40% of disease and premature mortality globally. The underlying determinants and root causes of ill health are pursued through political choices and action that put health and wellbeing at the centre of government policies, especially in non-health sectors that directly or indirectly impact health. It also seeks to understand behavioural drivers and barriers faced by individuals and communities, and to involve and empower them in the decisions that affect their health and wellbeing. Investing in cost-effective interventions for disease prevention and health promotion has particularly large cost savings and population health impact.

Outcome 2.1 – *Health inequities have been reduced by acting on social, economic, environmental, commercial & cultural **determinants of health**.*

Emphasis will be on intersectoral actions that foster wellbeing and health equity as co-benefits across sectors, aiming to 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

[1] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01859-7/fulltext?dgcid=tlcom_infographic_climatecountdown23_lancet

key public goods for health (e.g. clean air, healthy diets and housing, safe transport and mobility, education, 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 inter-sectoral action to leverage policy interventions in other key sectors (e.g. for transport and food systems, health-promoting schools, housing, WaSH) that improve health through better living and working conditions. It will work to increase fiscal space for social protection, UHC, 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 also address the increasing influence of commercial practices on health to prevent harm (e.g. in tobacco, alcohol, unhealthy foods) and foster pro-health practices, including the protection of children and adolescents from exploitative marketing. Cities and local governments will be supported to implement action on health determinants across the life course. Governance for health and wellbeing will be promoted across and between levels of government. Particular attention will be given to ensuring programmes reach people living in situations of vulnerability, including migrants and displaced and older populations.

Outcome 2.2 – *Inter-sectoral advocacy, approaches and policy implementation have reduced* ***priority risk factors*** *for health.*

Multisectoral and multistakeholder approaches will be co-designed and implemented, including through cost-effective policies, legislation and regulatory measures to reduce major risk factors for NCDs, communicable diseases, violence and injuries, and mental health, and to address rehabilitation needs and healthy ageing. Effective intervention packages will be introduced or strengthened to reduce consumption of unhealthy products (e.g. tobacco, alcohol, unhealthy foods), including through monitoring use, cessation assistance, health warnings, advertising bans, and health taxes. 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. The health sector will also help to promote equity-enhancing policies and legislation and manage and reduce conflicts of interest across key sectors, including food, agriculture, energy, sports, transport, and tourism.

Outcome 2.3 - ***Health promotion programmes*** *have empowered populations to control their health & are involving communities in decision-making.*

Public health programmes will be designed or strengthened, including through the use of behavioural sciences, to create an enabling environment for people to make better choices that are good for their health. The promotion of key behaviour changes will be supported by addressing health and wellbeing in particular settings (e.g. schools, workplaces, healthcare facilities). This outcome will also advance community engagement, participatory governance for health and health literacy (including digital). Health sector governance capacity will be strengthened for policies and regulations that that facilitate choices and behaviours that promote health.

30. **PHC & Essential Health System Capacities** – this strategic objective is vital for all aspects of the GPW14 goal, connects activities across the ‘promote, provide, protect’ domains, and underpins the aims of health equity and gender equality. It reflects the fact that heath and care systems will need to be fundamentally rethought and restructured for the challenges of aging populations, epidemiologic shifts and converging crises. This area of work recognizes the fundamental importance of strong, resilient health systems to the entire health and wellbeing and health security agendas, and the value of a PHC approach that delivers up to 90% of essential health interventions and 75% of the projected SDG health gains. It also responds to the lesson from COVID-19 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 delivering to unreached, impoverished, vulnerable and marginalized groups, including migrants and displaced populations, and those with disabilities. It promotes a shift from facility and disease-oriented to integrated, people-oriented systems. A three-pronged approach aims 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 (PHC)*** *approach is renewed and strengthened.*

The ongoing reorientation of health systems towards a PHC approach will be implemented using a tailored approach based on the local context and with the goal of integrating quality services to meet people's diverse health needs throughout their lives. 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 PHC 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, from primary to tertiary levels, with strategic planning for capital goods investment and health infrastructure enhancement, including hospitals. PHC-oriented models of care will be defined to ensure integrated delivery of comprehensive service packages, including acute care and referral services, self-care, traditional and complementary medicine, rehabilitation and palliative care, and services to address the health of indigenous peoples[1]. Community engagement will be at the heart of this approach, especially with marginalized groups, to reach the unreached and address barriers faced by women, girls, and populations in situations of vulnerability in accessing quality health services. The scope and capacities of health governance will be aligned with the multi-sectoral approach needed to tackle the health implications of climate change, address health determinants and risk factors, engage with communities, and manage the contribution of the private sector.

Outcome 3.2 - *Health & care* ***workforce, financing & product*** *availability substantially improved.*

Critical gaps in the health and care workforce will be identified and addressed through a holistic, long-term approach that includes expansion of education and employment in the health and care sector, addressing critical skill gaps, ensuring decent working conditions, addressing gender and other social inequities in distribution, and retaining personnel, including in the context of international migration. Evidence-based strategies will underpin work to enhance public financing for health, complemented by the strengthening of national capacities to negotiate and manage the alignment of non-government 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 production capacity.

Outcome 3.3 – *Health* ***information systems*** *strengthened* ***& 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 sub-national 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 UHC and the health-related SDGs, tracking and analyzing of data gaps, 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. Countries will be supported to establish a robust enabling environment and ecosystem, supported by strong public-private partnerships, robust governance, appropriate data privacy policies, standards, information exchange, and interoperability architecture. The digital transformation will also support the strengthening of data systems to enhance real-time surveillance and warning capacities, monitoring of health systems performance and decision-making.

31. **Health Services 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 accelerates SDG3 and responds to the major demographic and epidemiologic trends that national health systems will need to manage. It aims to address gaps in service, population and cost coverage to achieve UHC, while accelerating the incorporation of innovative

[1] https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_ACONF1-en.pdf

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 also advances progress on major control, elimination and eradication targets by addressing coverage gaps, including with new and promising interventions.

Outcome 4.1 – *Equity in access to services for* ***noncommunicable diseases (NCDs), communicable diseases and mental health*** *conditions improved.*

Early detection and appropriate management for cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, sensory impairments and oral diseases will be scaled up, including through a PHC approach that emphasizes an integrated approach in an era of increasing multi-morbidity, promotes '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 Tb, HIV, malaria, diarrheal and vector borne diseases, pneumonias and NTDs. Enhanced access to quality diagnosis and appropriate treatment of infections, will help address AMR. 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 PHC to expand access substantively, complemented by ongoing efforts to reduce stigma and research to improve treatment.

Outcome 4.2 – *Equity in access to* ***maternal, child, adolescent & other population-specific services and immunization coverage*** *improved.*

A life course approach will be taken to address gaps in access to essential services for maternal, newborn, child, adolescent health, and healthy adults and older populations. This includes expanding access to 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 proven interventions to reduce maternal and newborn mortality, bolstering services for adolescents, and advancing research in these areas. The 'big catch-up' will be pursued to reach missed and zero-dose children with essential routine immunization services post-pandemic, important vaccines such as human papilloma vaccine will be scaled up, priority new vaccines such as those against malaria and, potentially, sexually transmitted infections, TB and dengue, will be rolled out as guided by robust evidence, and preventive campaigns will be intensified to advance polio 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 be strengthened or established to collect, track, and analyze disaggregated information on out-of-pocket expenditures, financial hardship, foregone care, and financial barriers 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.

32. **Prevent, Mitigate & Prepare** – this strategic objective reflects the increasing threats to health and wellbeing that all countries face due to the rapid and ongoing demographic, epidemiological, environmental, political, and economic changes worldwide. It emphasizes the urgency of national and collective action to reduce risks due to all hazards and enhance preparedness and resilience, especially

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[1] https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30386-3/fulltext]

[2] https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030

given the broad and deep vulnerabilities that currently exist in societies and health systems. It recognizes the particular risks of AMR and emerging zoonoses, as well as the ongoing challenges of polio and NTD eradication. It drives and leverages developments in science and technology that have yielded new tools to protect health, and the renewed political impetus to strengthen national, regional, and global risk reduction and readiness capacities, including through amendments to the International Health Regulations (2005) and negotiation of a WHO convention, agreement or other international instrument on PPR.

Outcome 5.1 - ***Risks of health emergencies*** *from all hazards, including AMR, reduced and impact mitigated.*

Hazard-specific strategies will be updated and adapted to different contexts and prioritized based on dynamic appraisals of threats and vulnerabilities. Population and environmental interventions proven to reduce risks will be scaled up, including vaccination, vector control, WASH, and measures to prevent zoonotic spillovers, emphasizing a One Health approach. Community engagement and risk communication, including infodemic management, will be strengthened and risk-based public health and social measures implemented as appropriate for mass gatherings and travel & 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 & resilience*** *for health emergencies enhanced.*

Prioritized national action plans for health security will be updated, including readiness plans and guidelines for specific threats, with the ongoing the assessment and dynamic monitoring of threats, vulnerabilities, and capacities[1]. The emergency workforce will be enhanced, and resilience of the health system improved to deliver safe and scalable care during emergencies. Key public health and clinical institutions and capacities will be strengthened, 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. Increased attention and resources will be given to enabling sustained support for research and development, clinical trials, manufacturing, and the prepositioning of strategic stockpiles for medical countermeasures.

33. **Rapidly Detect and Sustain Effective Response** – this strategic objective responds to the rapid and alarming increase in the number and scale of complex health emergencies globally due to the climate crisis, environmental degradation, urbanization, geopolitical instability and conflict, and 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 its Member States to respond to more health emergencies than at any time in its 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. It builds on lessons from recent crises and operationalizes the five core health emergency components of collaborative surveillance, community protection, safe and scalable care, access to countermeasures, and emergency coordination as outlined in the global architecture for health emergency prevention, preparedness, response and resilience[2].

Outcome 6.1 - ***Detection & response*** *to acute public health threats is rapid and effective.*

National and international early warning and alert systems for all public health threats are strengthened, with rapid verification, risk assessment and grading of public health events and emergencies. Emergency response coordination will be rapidly activated and managed through emergency operation centers, with standard operating procedures, technical guidance and planning. Multisectoral rapid response teams and experts will be deployed, with surge support for emergency

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[1] Including through Universal Health Preparedness Reviews (UHPR), State Party Annual Reporting on IHR (2005) capacities, and voluntary Joint External Evaluations.

[2] https://www.who.int/publications/m/item/strengthening-the-global-architecture-for-health-emergency-prevention--preparedness--response-and-resilience/

supplies, logistics and operations. Contingency financing will be immediately allocated to facilitate rapid response operations.

Outcome 6.2 - ***Access to essential health services during emergencies is sustained & equitable***.

Lifesaving care interventions will be immediately deployed during all health emergencies. The public health needs will be rapidly assessed as the basis for adapting the package of essential health services during the emergency and monitoring its coverage over time. Robust coordination mechanisms will be implemented for critical functions including planning, financing and leadership of the health cluster, with specific provisions for ensuring rapid and equitable access to medical countermeasures and for sustaining collective health action during protracted crises. Routine health services and systems will be maintained to the degree possible, with early post-emergency recovery planning to build back better.

BOX 1: Building on GPW 13 to deliver measurable impact at country level

GPW 13 was anchored in the health-related SDGs and provided a roadmap for ensuring healthy lives and well-being for all at all ages, achieving UHC, addressing health emergencies and promoting healthier populations. A major advance of GPW 13 was its sharp focus on delivering measurable impact at country level and thereby increasing overall accountability for results. This focus was reinforced in the GPW 13 extension paper (2024- 2025), as central to getting the SDGs back on track after the pandemic.[1]

GPW 13 also introduced a 'triple billion' concept to enable a more results-focused, data-driven culture within WHO, and facilitate better alignment of the day-to-day work of its three levels with WHO's mission and support to Member States.

The GPW 13 impact measurement reflected this approach using Healthy Life Expectancy (HALE), the triple billion indices, and 46 SDG and programmatic indicators[2]. It was also captured in the WHO Results Framework, which in addition included an output scorecard (for the Secretariat's contribution) and country case studies.

A *Delivery for Impact* approach[3] was introduced in GPW13 to facilitate a more systematic approach to monitoring progress using delivery milestones, dashboards and stocktakes. The *Delivery for Impact* approach emphasizes data-guided assessments and actions to recalibrate and reinvigorate progress toward agreed targets, using clear, quantifiable objectives, a delivery plan, and continuous monitoring. Regular progress tracking guides problem-solving and course corrections. WHO convenes stocktakes and reports on country and global progress using delivery dashboards. These discussions inform the Programme budget priorities. At global level, the delivery dashboard is used for accountability; at country level, it facilitates WHO and partner support of national efforts to manage and accelerate progress toward their strategic priorities. WHO has used delivery stocktakes for several programme areas (e.g. climate, obesity, Tb, workforce, preparedness); elements of this approach have also been used in more than 40 countries.

GPW 13's focus on delivering measurable impact at country level, and ensuring science, research innovation and evidence-informed policy are central to WHO's work across the 3 levels, will continue to be central themes of GPW14. Work is already underway with Member States, to recalibrate the triple billion indices and refine impact measurement for the 2025-2028 period.[4]

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[1] Programme budget 2022–2023: Extending the 13th General Programme of Work, 2019–2023 to 2025 (who.int)

[2] https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023

[3] The WHO *Delivery for Impact* approach emphasizes the setting clear goals and objectives, identifying measurable targets, developing a detailed delivery plan, and closely monitoring progress, problem solving and course correction throughout the implementation lifecycle. See also *Delivering Results – How WHO is driving a measurable impact in countries and accelerating towards a healthy world for all*

[4] Concept and Methodologies in estimation and forecasting of Triple Billion targets and improving the WHO Results Framework

Measuring Impact in 2025-2028 – the WHO Results Framework

34. The WHO GPW Results Framework consists of the overall results chain (i.e. inputs, outputs, outcomes, impact) and its measurement. The latter is comprised of two parts: (i) ***impact measurement*** which assesses the joint results of Member States, partners and the WHO Secretariat towards the overall impact and outcomes, and (ii) ***output measurement***, which assesses the contribution of WHO (see Part 3 below).

35. The Results Framework constitutes the 'backbone' of the Programme Budget and is designed to transform health goals into measurable targets while providing a transparent method to monitor and manage health progress nationally and globally[1]. It serves as an accountability mechanism to enable tracking of the joint efforts of the WHO Secretariat, Member States, and partners towards the health-related SDGs and WHO's triple billion targets. The Framework focuses on healthy life expectancy (HALE), measures the triple billion targets, and encompasses 46 programmatic indicators. It reflects the GPW14 three areas of promote, provide, and protect. The output measurement evaluates the Secretariat's contributions using an output scorecard, detailed country case studies, and delivery milestones (see Part 3 below). WHO also uses delivery dashboards to track its accountability at the global level and to support countries in monitoring and managing their priorities.

36. The **15 outcomes** of GPW 14 represent high level results that require joint action by Member States, partners, key constituencies and the WHO Secretariat. The existing 46 indicators from the health and related SDGs and relevant World Health Assembly resolutions[2] are being mapped to each GPW 14 outcome to facilitate the development – with Member States – of a common impact measurement approach that can be used at country level and by contributing organizations and constituencies (see Annex, Figure 2). Additional work will be done to enhance the tracking of progress on gender equality and health equity using disaggregated data.

37. To facilitate consolidated impact measurement at a global level, work is ongoing to refine the **triple billion indices** and recalibrate the **triple billion targets** based on learnings from GPW 13, emerging priorities, and progress towards the health-related SDGs[3]. Current forecasts predict that while there have been advances in some areas, progress towards the GPW 13 targets for healthier populations ('promote health'), UHC ('provide health') and health emergency protection ('protect health') will be insufficient to reach the underlying SDG goals by 2030. The updated targets - measured in billions - will set a common aspiration for the additional numbers of people who would need to enjoy better health and well-being, access to UHC without financial hardship, and protection against health emergencies to get back on track for the health-related SDGs through this GPW 14 agenda. Proposals are also being developed to better track the coverage of essential health services and financial hardship, and 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.

Implementing a common agenda for global health over the next 4 years

38. Consultations with Member States, partners and key constituencies have identified five major recurring themes as central to the success of this common agenda and achieving measurable impact on health and wellbeing over the next four years. These themes reflect either key implementation approaches that are widely considered essential to realizing the ambition of GPW 14 (e.g. PHC,

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[1] The WHO Results Framework was developed over the period 2017-2022, with approval by the World Health Assembly.

[2] Including the 46 indicators included in the GPW 13 results framework and impact measurement

[3] World Health Organization Results Framework: Delivering a measurable impact in countries. Technical Paper. 19 November 2023.

enhanced partnerships) or reconfirm existing national and international commitments and priorities for advancing equitable access to health services (e.g. on gender equality, health equity and human rights). Together these themes constitute an overall strategic approach for 2025-2028 and are as follows:

(i) scale up the **Primary Health Care (PHC**) approach to advance the goals of both Universal Health Coverage and Health Security, by promoting equitable, cost-effective, integrated people-centred care, especially for **vulnerable and underserved populations,** including in emergencies and **fragile settings**;

(ii) respect and empower the **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 national, regional and global levels, both public sector and non-state actors, and from international agencies to local civil society organizations;

(iii) maintain a relentless focus on **delivering measurable impact at country level**, using approaches[1] 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;

(iv) enhance **action on gender equality, health equity and human rights** as preconditions for achieving health and well-being for all, by ensuring relevant actions are reflected in all 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

(v) enhance and expand **partnerships, community engagement, and inter-sectoral collaboration** at the national, regional and global levels to improve global health governance, policy coherence and the joint work of all relevant health actors from international organizations (e.g. SDG3 GAP), civil society (e.g. Civil Society Commission), youth (e.g. Youth Council), the private sector, parliamentarians, donors and philanthropic organizations and academia.

The combination of these themes also forms a core part of the larger Theory of Change that underpins this 14th General Programme of Work as further articulated in Part 3.

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

39. WHO has a central and vital part to play in *powering* the ambitious global health agenda for 2025-2028 through its unique role and responsibilities in catalyzing, enabling and supporting collective action for health. This contribution is operationalized through WHO's core functions[2], normative work, coordinating role in international health and convening power on health matters, extensive regional and country presence – with offices in six regions and over 150 countries and territories, and broad technical and scientific expertise through its extensive networks of experts, WHO Collaborating Centres, and research institutions. 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 this 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 the biannual Programme Budgets.[3]

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[1] see 'Delivering Results – How WHO is driving a measurable impact in countries and accelerating towards a healthy world for all'.

[2] https://www.who.int/about/accountability/governance/constitution (see Article 2)

[3] These products derive from WHO's core functions in health research agenda setting, convening and coordination, norms and standards setting, policy options and technical guidance, technical assistance and emergency operations support, and monitoring and reporting.

The core work of WHO in 2025-2028

40. In 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 global public goods on impact, and driving public health impact in every country through a differentiated approach. These strategic shifts now constitute the pathways through which WHO's core technical work will contribute to results at country level in 2025-2028.

41. In its **health leadership role**, WHO will convene, advocate and partner for the six strategic objectives and 15 major outcomes of GPW 14 at country, regional and global levels, including through existing and important new partnerships in support of priority areas such as the climate and health agenda, health workforce strengthening, and pandemic preparedness. It will champion the health and well-being agenda in key policy and multilateral political and technical fora, engage in strategic policy dialogue and advocacy to raise or keep health and wellbeing high on the political agenda at all levels. WHO will scale up its strategic communications to promote the individual behaviours needed to improve health, 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 IHR (2005) and negotiation of a pandemic accord. WHO will mobilize collective action with its Member States and partners and catalyze engagement and collaboration across the diverse array of health actors and sectors who are needed to achieve the GPW 14 outcomes.

42. WHO will focus its core 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, regulatory and product prequalification work, and by monitoring and reporting on the health situation nationally and globally in terms of the GPW 14 indicators and targets. Through its **science, innovation and evidence-informed** work, and within its areas of comparative advantage, WHO will shape the research agenda for GPW 14 (e.g. through the WHO Science Council, the R&D Blueprint for Epidemics, and WHO technical programmes and advisory bodies, and the new UN 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's library and open access platforms, which in the last year alone had 80 million downloads), including in the areas of health policy and systems and PHC implementation. WHO will also focus its science, research and innovation work on keeping ahead of the curve (e.g. through horizon scanning, foresight exercises); accelerating the translation of research evidence into policy and practice (e.g. via enhanced and expanded 'living guidelines'); scaling innovation matched to country needs (e.g. using an 'innovation scaling framework' that can bring implementation-ready innovations in areas ranging from service delivery to digital technologies); assessing the differential impacts of policies and programmes on marginalized populations; and closing technology and access gaps to critical health products (e.g. through platforms and initiatives like 'CTAP'[1] and the mRNA technology transfer hubs established during the COVID-19 pandemic).

43. Through its **differentiated country support and technical cooperation** function, and the expansion and strengthening of its country presence (see Part 4) and key mechanisms like the UHC-Partnership[2], WHO will provide enhanced technical assistance and delivery support to countries for GPW 14 that reflects national capacities, vulnerabilities and demands. The scope of support will include policy analysis and evidence generation, legislative and policy reform, support for the adaptation and implementation of norms and standards in different country contexts, building proof of concept for new or innovative approaches (e.g. for service delivery), communications and advocacy, and partnerships building. WHO will help 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

[1] https://www.who.int/initiatives/covid-19-technology-access-pool

[2] WHO's UHC-Partnership mechanism deploys over 150 health policy advisors in more than 120 Member States.

(e.g. via the WHO Academy and OpenWHO). WHO will continue to help build national capacity to advance progress towards health goals by working with countries to use data and measurement for greater rigour in the planning and delivery of joint activities, including through the ***Delivery for Impact*** approach, to ensure a stronger link between WHO supported activities and desired outputs and outcomes. WHO will step up its role in engaging and coordinating UN and other health partners, in support of national efforts to achieve GPW 14 outcomes. In settings of health and humanitarian emergencies WHO will, where required, continue to provide direct operational support for the delivery of life-saving interventions and essential health services.

44. The organization will also continue to strengthen national, regional and global ecosystems and governance for conducting and scaling up science, research and development (R&D), and innovation for health, including in new or expanding areas (e.g. behavioural sciences) and in the context of new and emerging technologies (e.g. digital technologies, artificial intelligence). WHO will give particular attention to ensuring its **regulatory and prequalification functions** and core technical work in developing and promulgating the uptake of evidence-based **norms and standards** and generating **policy options and guidance** is informed by the most pressing country priorities and designed and quality assured in ways that help drive impact in countries and advance GPW 14 priorities.

45. WHO's work in **monitoring and reporting on the health situation** at national and international levels will be fundamental to advancing the GPW 14 global health 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 (see also Outcome 3.3). In the period 2025-2028, WHO will in addition lead a focused effort to improve data availability, accuracy, and timeliness at country level, and to further enhance country capacity in population health analytics. This will contribute to a more complete data architecture, leveraging digital transformation for faster progress. The WHO SCORE for Health Data Technical package and World Health Data Hub will be used to help strengthen national health information and management systems to monitor new health challenges, analyse fresh data, and update health targets to improve programmes and policies. Monitoring of GPW 14 outcomes will also be supported through WHO's technical reporting on health trends and the burden of disease, including for specific programmatic priorities (e.g. NCDs).

Measuring & managing WHO's contribution

46. 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 case studies, and delivery milestones.

47. The **output scorecard** was first introduced in 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: (1) leadership in health; (2) global public health goods; (3) technical support to countries; (4) gender, equity and human rights; (5) value for money; and (6) results leading to impact. The output scorecard is being refined based on experience to date and recommendations from the recent evaluation of WHO's results-based management framework.

48. In addition to the output scorecard, WHO has been progressively applying a ***Delivery for Impact*** approach[1] to inform programmatic and resource allocation decisions, development of the programme budget and operational planning (see Box 1). Delivery dashboards are part of the *Delivery for Impact* approach and represent a new way of working to drive acceleration of WHO's cooperation with countries for measurable impact. The *Delivery for Impact* approach emphasizes data guided assessments and actions to recalibrate and reinvigorate progress, through a plan with clear, quantifiable objectives and continuous monitoring. Regular progress tracking facilitates problem-solving and course

[1] https://www.who.int/publications/m/item/delivering-a-measurable-impact-in-countries

corrections. WHO reports on global and country progress using delivery dashboards and convenes delivery stocktakes to help guide resource allocation in line with Member State priorities.

49. Over 40 WHO country offices are already using the *Delivery for Impact* approach to develop acceleration scenarios in collaboration with UN agencies, multilateral organizations, academia, and civil society. 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 GPW 14

50. Achieving the GPW 14 outcomes requires the joint action of Member States, the Secretariat, partners and key constituencies. The **WHO Theory of Change** (see Annex, Figure 3) explains at a strategic level how the work and unique role of the Secretariat contributes to that joint action to achieve the outcomes, strategic objectives and impact aimed for in GPW 14. The Theory of Change summarizes (i) the problem that GPW 14 is addressing (i.e. the problem statement, as detailed in Part 1), (ii) the main strategic approaches that underpin the strategy, as reflected in the common themes identified in the consultation process (Part 2), (iii) WHO's pathways of change, which align with the organization's core functions and the strategic shifts of GPW13 to help *power* progress towards the SDGs (Part 3), and (iv) the critical actions required by Member States, Partners and key constituencies, to deliver on the strategic objectives of GPW 14.

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

(i) **commitments to health and well-being and internationally agreed targets**, such as the health and related SDGs, **need to be reaffirmed and monitored** at the top political and organizational levels to ensure alignment with and the highest-level support for this 4-year global health agenda;

(ii) **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, to ensure their operationalization at country level and to strengthen governance and accountability for joint results;

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

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

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

52. In the area of health leadership, WHO will engage in high-level fora, using evidence-based arguments to secure political commitments and action on GPW 14 outcomes. Specific WHO products and services would 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 country level and within the UN system, in support of the national priorities reflected in this global agenda. WHO will draw on lessons from the SDG3 GAP partnership and take forward key recommendations, particularly for enhancing

collaboration at 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 GPW 14 to optimize efficiencies and synergies across the work of partners. In setting a clear global roadmap for health for this period through GPW 14, WHO can help align efforts to ensure available resources are used efficiently and effectively and are directed to where they are most needed.

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

54. The full impact of this WHO work is realized through a combination of direct and indirect effects that influence health and health-related ecosystems at national, regional and international levels. These relationships significantly amplify the application, use and impact of WHO's core normative and technical products at country and community levels. The **direct effects** of WHO operate through the Organization's work in and with Member States and primarily in crisis-affected areas and communities, as well as through the coordination of a broad array of partnerships at 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 national, regional and global levels, from nongovernmental organizations, faith-based organizations, 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 major commercial, environmental, economic and social determinants of health by prioritizing health and well-being outcomes in policy agendas.

55. The Theory of Change also includes key enablers, assumptions and risks that are critical to realizing the change and impact aimed for in GPW 14. Key enablers reflect the conditions needed within the Secretariat to ensure its capacity to deliver on its GPW 14 contributions and commitments. This includes having strengthened 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 also requires having enhanced vertical and horizontal integration and ways of working within and across WHO's 3 levels. Assumptions and risks highlighted in the Theory of Change primarily relate to external factors that could influence the degree of political support for, engagement in, and financing of GPW14 and global health. It also includes the assumption that no major, global scale health emergency will occur during the 4-year GPW 14 period that would require a significant repurposing of the global health architecture (as occurred during the COVID-19 pandemic).

PART 4. OPTIMIZING WHO PERFORMANCE IN 2025-2028

56. 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 the WHO – in particular the diversity of people in our Organization – is its most important resource. Change is demanding and organizational change strategies must be adapted to match. To achieve the GPW14 strategic objectives and outcomes, the Organization will institutionalize its organizational change and continuous improvement work, develop an ambitious people strategy, strengthen its country and regional presences, enhance internal

[1] https://www.who.int/initiatives/sdg3-global-action-plan/progress-and-impact/progress-reports/2023

governance and accountability functions, and optimize its core business and administrative processes and operations.

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

57. Building on the achievements and lessons from the transformation agenda initiated under GPW13, which introduced new ways of working, aligned all three levels of the Organization around a common mission, strategy and values and built important new capacities (e.g. in science, digital health, data, delivery for impact, communications, preparedness), in the period 2025-2028 WHO will embed a longer-term **organizational change and continuous improvement** agenda across all three levels of the Organization to ensure it is fit-for-purpose to meet the changing demands of the new global context and the evolving needs of its Member States. To achieve and sustain culture change, the Organization will develop skill sets for **change management** across the organization. It will expand and institutionalize **agile ways of working** across its three levels to promote vertical and horizontal integration across health programmes, with an emphasis on cross-cutting issues and themes, to optimize programmatic and operational synergies and efficiencies and better reflect and respond to the needs of WHO Member States and partners, especially at the country level.

58. With the increasing and complex demands of delivering on the GPW 14 strategic objectives, 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 places all employees at the forefront through their entire professional lifecycle. The strategy will span all three levels of the organization to drive employee engagement, outreach, professional development and career planning, to develop leadership and managerial skills, and to improve workforce planning and performance management. It will at the same time foster an organizational culture that champions trust, professionalism, integrity, collaboration and caring as WHO's fundamental values, embracing the dignity and diversity of individuals, and creating a respectful, safe and healthy work environment.

59. 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, and establishing new and stronger partnerships, including, for example, with entities such as the World Trade Organization and with the private sector, to advance areas of crucial importance to Member States, such as the expanded and geographically diversified production of medical products. Working in an expanded partnership model, will also require WHO to adopt a more open culture and less risk averse approach to risk management and engagement, with due consideration to the Framework for Engagement with Non-State Actors (FENSA). New approaches to joint implementation at 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

60. Given the centrality of WHO's in-country work to achieving the GPW 14 joint strategic objectives and outcomes, and the rapidly changing health dynamics and ecosystem at country level, transformation initiatives established under GPW13 to ensure a **stronger and more predictable WHO country presence** and to enhance WHO capacities and capabilities at country level will be taken forward. A comprehensive plan focused on *'Action for Results'* has been developed for this purpose, with the primary aim of more rapidly and effectively driving measurable impact for all people everywhere, while ensuring WHO's normative work continues to be driven by evolving Member State needs.

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[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 UHC-Partnership.

61. Rollout of the plan will be intensified and completed during the period of GPW 14, with a focus on **WHO's leadership, coordination, data and technical capacity at country level**. The plan includes the strengthening of delegations of authority, introduction of a core predictable country presence, and 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 also be strengthened to meet the increasing demands of regional partnerships, enhance collaboration with regional health entities and better support investments in health made by regional multilateral development banks.

Strengthening WHO governance, accountability, business and administrative functions

62. As WHO responds to an increasingly complex global context, its **internal governance and accountability functions** are being adapted. New approaches to organizational accountability and transparency are being introduced, to continue meeting the accountability standards set by Governing Bodies, Member States, donors and partners. A critical component of this is enabling the conclusion of the actions emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance (AMSTG) which includes full implementation of the actions contained in the Secretariat's Implementation Plan (SIP). 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 GPW 14, WHO will introduce and implement updated accountability, regulatory and policy frameworks that move the organization fully to a contemporary accountability model aligned with best practice. An overarching coordination mechanism will oversee the prevention, mitigation and management of all potential risks, including security and sexual exploitation, abuse and harassment (SEAH). This shift will also institutionalize and sustain WHO's emphasis on a "No Excuses" policy for sexual misconduct. As WHO's leadership role for health emergences in protracted crises and conflict settings is increasing, the Organization must manage the risks inherent in operating in fragile states.

63. WHO is enhancing its **results-based management**. The **Programme budget** remains WHO's most important tool for accountability. The Programme budget reflects priorities, which were 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, among others, the country dialogue, delivery stocktakes, the Country Cooperation Strategy, and UN Sustainable Development Cooperation Framework. Integrated with the *Delivery for Impact* approach as a systematic method for prioritizing solutions and programmatic accountability, this contributes to the Organization's work to address issues identified in the RBM evaluation[1], the 2021 Synthesis of Country Program Evaluations[2], and the ongoing GPW13 evaluation which recommend better alignment of WHO's funding with implementation needs. Supported by WHO's Action Results Group, this also aims to strengthen WHO Country Cooperation Strategies and Biennial Collaborative Agreements

64. The work to further optimize WHO's **core business and administrative processes and operations** in the GPW14 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 result 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 (ESG) consciousness, incorporating sustainability principles into all facets of WHO's operations, from procurement to facilities management. To modernize its internal ways of working and empower its workforce, WHO will optimize its digital working

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[1] https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-(rbm)-framework-(2023)

[2] https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-(2021)

environment, including through the use of harmonized tools for collaboration, training and upskilling, and streamlining of key business process through digitalization and within its new modern Enterprise Resource Management system. The latter will also include process improvements to further align planning (human resources and financial) and budgeting and resource allocation with country needs and priorities and GPW14 strategic objectives and outcomes.

Sustainably financing WHO & GPW 14

65. 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 GPW 14. The financial envelope is an estimate of the funding WHO will need for this 4-year period and is currently under development.

66. The overall estimated base budget segment for GPW14 builds on the approved base segment of the Programme budget 2024-2025, with additional financial requirements for emerging priorities (i.e. strengthening country offices, polio transition, accountability, data and innovation). The indicative financial envelope for GPW14 for the period 2025-2028 is approximately US$ 11.13 Billion (Table 1).

Table 1. Indicative financial envelope for GPW 14 base segment, including emerging priorities (US$ million)

	2025	2026	2027	2028	TOTAL
PB 2024-2025 Base	2,484	2,484	2,484	2,484	9,936
Country strengthening		193.5	193.5	193.5	581
Strengthening accountability		50	50	50	150
Polio transition			157.5	157.5	315
Strengthening data and innovation			75	75	150
GPW14 Envelope					**11,132**

67. The following assumptions were made in calculating an indicative GPW 14 financing envelope:

- only the base segment of the WHO programme budgets for the GPW 14 period is included as the budget for the other segments is shaped by events (for example, outbreaks and humanitarian crises) and/or other actors (that is, partnerships such as the Global Polio Eradication Initiative (GPEI));

- GPW14 covers 2 'half programme budgets', for the years 2025 and 2028, and the entire biennium programme budget for 2026-2027;

- 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 polio and data and innovation); and

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

68. Once the GPW14 has been discussed by the Executive Board in January 2024 and the WHO Results Framework is finalized, the Secretariat will run a high-level budgeting process to provide more refined indicative envelopes by major outcome for the consideration of the World Health Assembly 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 these Programme Budgets and enable contributors to make informed commitments at the WHO Investment Round in late 2024.

69. The WHO Investment Round builds on this envelope for the Base segment of the Programme budget, while deducting assessed contributions for 2025-2028 (under the assumptions 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 PSC).

ACTION BY MEMBER STATES

70. Member States are invited to provide guidance to the Secretariat on the strategic direction of GPW 14 and offer advice to enhance the proposed development process. On the basis of this guidance, 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 further develop a draft of GPW 14 for the consideration of the Programme, Budget and Administration Committee of the Executive Board at its thirty-ninth meeting and by the Executive Board at its 154th session.

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ANNEX

Figure 1. High-Level Results for GPW14[1]

IMPACT:
More people, everywhere attain the highest possible standard of health and well-being

GPW 14 GOAL:
To promote, provide and protect health and well-being for all people, everywhere

STRATEGIC OBJECTIVES & MAJOR OUTCOMES:					
Respond to **climate change**, the greatest health threat of the 21st century	Address **root causes of ill health**	Advance the **PHC approach & essential health system capacities** for health equity & gender equality	Improve equity and quality in **health service coverage & financial protection**	**Prevent, mitigate & prepare** for emerging risks to health from all hazards	Rapidly **detect & sustain an effective** response to all health emergencies
1.1 - More **climate-resilient health systems** are addressing climate risks & impacts. 1.2 - **Lower-carbon health systems & societies** are advancing health & well-being.	2.1 - Health inequities reduced by acting on social, economic, environmental, commercial & cultural **determinants of health.** 2.2 - Inter-sectoral advocacy, approaches & policy implementation reduced **priority risk factors** for health 2.3 - **Health promotion programmes** have empowered populations to control their health & are involving communities in decision-making.	3.1 - The **Primary Health Care (PHC)** approach is renewed and strengthened. 3.2 - Health & care **workforce, financing & product** availability substantially improved. 3.3 - Health **information systems** strengthened **& digital transformation** implemented.	4.1 - Equity in access to services for **NCDs, communicable diseases & mental health conditions** improved. 4.2 - Equity in access to **maternal, child, adolescent & other population-specific 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 AMR**, reduced and impact mitigated. 5.2 - **Preparedness, readiness & resilience** for health emergencies enhanced.	6.1 **Detection & response** to acute public health threats is rapid and effective. 6.2 - **Access to essential health services during emergencies is sustained & equitable.**

[1] Work is underway with Member States to refine the impact measurement and metrics for the GPW14 results framework.

Figure 2. The GPW 14 Results Framework: preliminary mapping of the GPW 14 goal, strategic objectives and outcomes to the GPW13 programme indicators

Note: the three aspects of the GPW 14 goal — Promote, Provide, Protect – are mapped to the triple billion targets (i.e. healthier populations, UHC, health emergencies protection), which will be recalibrated for GPW 14. The GPW 14 strategic objectives and outcomes are mapped to the GPW13 programme indicators (i.e. of the SDG and WHA resolutions) to identify potential gaps and overlaps.

Strategic Objective	**Outcome**	**Outcome indicators** (programmatic indicators)	**WHO Outputs** including WHO Delivery milestones
GPW14 Priority: PROMOTE HEALTH	Progress is measured by the Healthier Population billion (target will be recalibrated for GPW14)		
1. Respond to climate change, the greatest health threat of the 21st century	1.1 More **climate-resilient health systems** are addressing climate risks & impacts.	[No indicator matched]	TBD
	1.2 **Lower-carbon health systems & societies** are advancing health & well-being.	[No indicator matched]	TBD
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 & cultural **determinants of health**.	SDG 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	TBD
		SDG 3.6.1 Death rate due to road traffic injuries	TBD
		SDG 3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	TBD
		SDG 4.2.1 Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex	TBD
		WHA 66.10 (2013) Best practice policy implemented for industrially produced trans-fatty acids (Y/N)	TBD
	2.2 Inter-sectoral advocacy, approaches & policy implementation reduced **priority risk factors** for health	SDG 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	TBD
		SDG 2.2.2 Prevalence of overweight (weight for height more than +2 standard	TBD

Strategic Objective	**Outcome**	**Outcome indicators** (programmatic indicators)	**WHO Outputs** including WHO Delivery milestones
		deviation from the median of the WHO Child Growth Standards) among children under 5 years of age	
		SDG 2.2.2 Prevalence of wasting (weight for height more than -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age	TBD
		SDG 2.2.3 Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)	TBD
		SDG 3.9.1 Mortality rate attributed to household and ambient air pollution	TBD
		SDG 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)	TBD
		SDG 3.9.3 Mortality rate attributed to unintentional poisoning	TBD
		SDG 6.1.1 Proportion of population using safely managed drinking water services	TBD
		SDG 6.2.1a Proportion of population using safely managed sanitation services	TBD
		SDG 6.2.1b Proportion of population using a hand-washing facility with soap and water	TBD
		SDG 7.1.2 Proportion of population with primary reliance on clean fuels and technology	TBD
		SDG 11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	TBD
		WHA 66.10 (2013) Prevalence of obesity among	TBD

Strategic Objective	**Outcome**	**Outcome indicators** (programmatic indicators)	**WHO Outputs** including WHO Delivery milestones
		children and adolescents (aged 5–19 years) (%)	
		WHA 66.10 (2013) Prevalence of obesity among adults aged ≥18 years	TBD
	2.3 **Health promotion programmes** have empowered populations to control their health & are involving communities in decision-making.	SDG 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	TBD
		SDG 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.	TBD
		SDG 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	TBD
		[indicator on physical activity under development for GPW14]	TBD
GPW14 Priority: PROVIDE HEALTH	Progress is measured by the Universal Health Coverage billion (target will be recalibrated for GPW14)		
3. Advance the **PHC approach & essential health system capacities** for health equity & gender equality	3.1 The **Primary Health Care (PHC)** approach is renewed and strengthened.	[No indicator matched]	TBD
	3.2 Health & care **workforce, financing & product** availability substantially improved.	SDG 3.c.1 Health worker density and distribution	TBD
		SDG 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis.	TBD
	3.3 Health **information systems** strengthened **&**	[No indicator matched]	TBD

Strategic Objective	**Outcome**	**Outcome indicators** (programmatic indicators)	**WHO Outputs** including WHO Delivery milestones
	digital transformation implemented.		
4. Improve equity in service coverage & financial protection	4.1 Equity in access to services for **noncommunicable diseases (NCDs), communicable diseases and mental health conditions** improved.	SDG 3.8.1 Coverage of essential health services	TBD
		SDG 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age, and key populations	TBD
		SDG 3.3.2 Tuberculosis incidence per 100,000 population	TBD
		SDG 3.3.3 Malaria incidence per 1,000 population	TBD
		SDG 3.3.4 Hepatitis B incidence per 100,000 population	TBD
		SDG 3.3.5 Number of people requiring interventions against neglected tropical diseases	TBD
		SDG 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	TBD
		SDG 3.4.2 Suicide mortality rate	TBD
		SDG 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	TBD
		SDG 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms	TBD
		WHA68.7 (2015) Patterns of antibiotic consumption at national level	TBD
		WHA 66.10 (2013) Prevalence of raised blood pressure in adults aged ≥18 years	TBD
	4.2 Equity in access to **maternal, child,**	SDG 3.1.1 Maternal mortality ratio	TBD

Strategic Objective	**Outcome**	**Outcome indicators** (programmatic indicators)	**WHO Outputs** including WHO Delivery milestones
	adolescent & other population-specific services and immunization coverage improved.	SDG 3.1.2 Proportion of births attended by skilled health personnel	TBD
		SDG 3.2.1 Under-5 mortality rate	TBD
		SDG 3.2.2 Neonatal mortality rate	TBD
		SDG 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	TBD
		SDG 3.b.1 Proportion of the target population covered by all vaccines included in their national programme	TBD
	4.3 Financial protection improved by reducing **out of pocket health expenditures,** especially for the most vulnerable	SDG 1.a.2 Proportion of total government spending on essential services (education, health and social protection)	TBD
		SDG 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income	TBD
GPW14 Priority: PROTECT HEALTH	Progress is measured by the Health Emergencies Protection billion (target will be recalibrated for GPW14)		
5. Prevent, mitigate & prepare for emerging risks to health from all hazards	5.1 **Risks** of health emergencies from all hazards, including AMR, reduced and impact mitigated	Vaccine coverage for epidemic prone diseases	TBD
	5.2 **Preparedness, readiness & resilience** for health emergencies enhanced	SDG 1.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	TBD
		SDG 3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	TBD
		WHA68.3 (2015) Number of cases of poliomyelitis caused by wild polio virus	TBD

Strategic Objective	**Outcome**	**Outcome indicators** (programmatic indicators)	**WHO Outputs** including WHO Delivery milestones
6. Rapidly detect & sustain an effective response to all health emergencies	6.1 **Detection & response** to acute public health threats is rapid and effective	[indicator in Health Emergencies Protection index: detect, notify and respond (7-1-7)]	TBD
	6.2 Access to **essential health services** during emergencies is sustained & equitable	Proportion of vulnerable people in fragile settings provided with essential health services (%)	TBD

Figure 3. The WHO Theory of Change for GPW 14