

Fourteenth General Programme of Work, 2025–2028

Consultation document

INTRODUCTION

1. In 2023, the Seventy-sixth World Health Assembly, having considered the report by the Director-General on sustainable financing,¹ requested the Director-General to develop the draft Fourteenth General Programme of Work, 2025–2028 (GPW 14) in consultation with Member States, as the technical strategy to underpin the first WHO investment round in the last quarter of 2024.² GPW 14 is to replace the Thirteenth General Programme of Work, 2019–2025 (GPW 13) one year early, include a financing envelope and strong results narrative and draw on lessons learned from GPW 13. GPW 14 will be considered for approval by the Seventy-seventh World Health Assembly in 2024, through the Programme, Budget and Administration Committee of the Executive Board at its thirty-ninth meeting and by the Executive Board at its 154th session.

2. This consultation document has been developed to facilitate discussions with Member States on the proposed development process and high-level narrative for GPW 14 as of 15 August 2023. As the Secretariat aligns with Member States on the context, overarching goal and proposed strategic objectives for GPW 14, and WHO's unique added value in the global health ecosystem described in this document,³ subsequent versions of the paper will include a proposed results framework, details on delivering the strategic objectives, and specifics on WHO's essential cross-cutting functional objectives (for example, science, data and leadership) and management objectives (such as administrative and accountability processes) for GPW 14.

3. GPW 14 will be developed through a broad and deep iterative process with Member States, including global and regional consultations, regional committee meetings and dedicated sessions with, for example, small island developing States. The Secretariat has established processes to facilitate engagement, alignment and feedback from across the three levels of the Organization. Perspectives will also be sought from key constituencies, including relevant international, civil society, community and young people's organizations, as well as the private sector, with due consideration for the Framework of Engagement with Non-State Actors. Key inputs to GPW 14 include findings from the independent evaluations of GPW 13, the WHO transformation agenda, WHO's results-based management (RBM) framework and the integration of gender, equity and human rights in the work of the Organization, as well as external evaluations of the coronavirus disease (COVID-19) response, WHO regional strategies,

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.

the Director-General's report on extending GPW 13 to 2025,¹ recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and the Secretariat implementation plan on reform.²

4. Building on the direction provided in May 2023 by the Seventy-sixth World Health Assembly and comments received from Member States during the first GPW 14 information session on 14 July 2023, the subsequent sections of this paper provide an initial overview of the high-level narrative proposed for GPW 14, including: the context for GPW 14; what is new in GPW 14, including lessons learned from GPW 13; the overarching goal and strategic objectives for GPW 14; the added value of WHO in the global health ecosystem; and initial considerations for the GPW 14 results framework, financing envelope and financing strategy.

THE CONTEXT FOR GPW 14: A DRAMATICALLY DIFFERENT WORLD

5. Since the adoption of the Sustainable Development Goals (SDGs) in 2015, the world has changed in fundamental ways that have had profound implications for health and well-being and health systems everywhere. The pace of key demographic, epidemiological, environmental, economic, technological and scientific changes has increased. Countries face a worsening environment for achieving better health outcomes due to: climate change; ageing populations; food insecurity; the growing burden of mental health conditions and noncommunicable diseases (NCDs); unfinished communicable disease agendas; new infectious and natural hazards; growing inequities; urbanization; shrinking fiscal space, including debt burdens; and migration. Furthermore, the risk of new health emergencies is increasing owing to the climate crisis, escalating environmental degradation, geopolitical instability and conflict. Health systems, particularly health and care workforces, have been scarred by the COVID-19 pandemic and are struggling with stagnant or declining budgets. A record 340 million people need humanitarian assistance and nearly all the SDGs are off track,³ including those that are related to health.

6. At the same time, in the wake of the COVID-19 pandemic, people place greater value on their health and well-being, and demand for health services continues to escalate, with new appeals for a more holistic, inclusive and equitable approach to health and increasing calls for health and well-being to drive development, humanitarian and economic agendas. Recent and ongoing advances in technology, digitalization and artificial intelligence, behavioural sciences and basic and translational science open up opportunities for,⁴ and sometimes pose threats to, improving health and well-being for all.

7. The global health ecosystem is also evolving rapidly. The COVID-19 pandemic has spurred new commitments and determination to better empower national health leadership and, in some countries, increase domestic investment to build national health capacities. New regional institutions, 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, are strengthening intercountry cooperation and capabilities. Countries are negotiating a new international instrument to address the glaring failures in the response to the COVID-19 pandemic, especially in equitable access to vital medical countermeasures. Furthermore, the

¹ Document A75/8, including Member State prioritization of outcomes.

² Document EB152/34.

³ Progress towards the Sustainable Development Goals: towards a rescue plan for people and planet: SDG progress report special edition 2023: New York: United Nations; 2023 (advance unedited version; https://hlpf.un.org/sites/default/files/2023-04/SDG%20Progress%20Report%20Special%20Edition_0.pdf, accessed 15 August 2023).

⁴ 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.

number and diversity of health actors is increasing everywhere, from civil society organizations to the private and philanthropic sectors. Emphasis on a One Health approach, the role of traditional, complementary and integrative health and an appreciation of Indigenous People's knowledge is increasing. Key players, such as UNICEF, UNFPA, the Global Fund, Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and most recently The Pandemic Fund are amplifying the impact of WHO's core normative and technical work. WHO is forging innovative partnerships for a more coordinated engagement with key actors, including the World Bank Group and regional development banks.

8. WHO itself has embarked on a major change process over the past five years, driven by GPW 13, the WHO transformation agenda and the need to respond to events including the COVID-19 pandemic and other crises. WHO's unique position in health, sustainable development and security agendas is more prominent, with the expectation that the Organization will play an even greater role at country, regional and global levels going forward. Internally, WHO has introduced new ways of working, aligned all three levels of the Organization around a common mission, strategy and values and built important new capacities (for example, in science, digital health, data, delivery for impact, communications and preparedness). Most recently, a comprehensive plan has been developed to enhance WHO's capacities and capabilities at country level to ensure the Organization's normative work more effectively drives measurable impact for all people, everywhere. While more remains to be done to fully realize WHO's transformation goal, these changes are making the Organization more efficient, relevant and responsive to the needs of Member States and better equipped to play its central role in coordinating and enabling the broader global health ecosystem for health and well-being.

WHAT IS NEW IN GPW 14?

9. GPW 13 was anchored in the health-related SDGs and focused all three levels of the Organization on achieving a measurable impact on health outcomes at country level. A key feature of GPW 13 was its quantifiable triple billion targets for more people benefiting from universal health coverage, being better protected from health emergencies and enjoying better health and well-being. The triple billion concept also aligned the day-to-day-work of all three levels of the Organization much more closely with its mission and its support of Member States. GPW 13 in turn underpinned the WHO transformation agenda,¹ with its specific workstreams that aimed to enhance the Organization's efficiency in respect of strategy implementation, accountability and impact, through: best-in-class processes; an aligned three-level operating model; new approaches to partnerships; predictable and sustainable financing; a results-focused culture; and a fit-for-purpose workforce.² To accelerate progress towards the health-related SDGs and triple billion targets, the GPW 13 extension paper (2019–2023 to 2025) introduced the three programmatic priority areas of promoting, providing and protecting health, supported by the enabling priorities of powering and performing for health.³

10. GPW 14 builds on the strengths of GPW 13, the priorities of the GPW 13 extension paper and the WHO transformation agenda, while incorporating lessons learned, including through the ongoing independent evaluation of GPW 13. GPW 14 will closely align the strategic objectives for 2025–2028 with the GPW 13 extension paper's priority areas of promoting, providing and protecting health, and an improved impact measurement for use at country, regional and global levels. Although the WHO transformation agenda is changing the Organization's culture and capabilities, placing common purpose,

¹ WHO transformation plan and architecture. Geneva: World Health Organization; 2018 (<https://www.who.int/publications/i/item/who-transformation-plan-architecture>, accessed 24 July 2023).

² The WHO transformation: 2020 progress report. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240026667>, accessed 15 August 2023).

³ Document A75/8.

country impact and enhanced accountability at the heart of its work, to date these changes have been felt primarily at headquarters rather than in country and regional offices. Achieving real change in WHO operations and capacities at country, as well as regional, level must therefore be a major thrust of GPW 14 for advancing health and well-being in the changing global context.

11. Preliminary analyses from the independent evaluation of GPW 13, combined with the changing national and international contexts, suggest five areas in which GPW 14 should evolve. **First, GPW 14 must support countries to accelerate progress towards the health-related SDGs and to operate in a more complex environment for achieving health outcomes.** This broader scope reflects the increasing challenges that all countries face with: ageing populations; the growing burden of NCDs and mental health conditions; unfinished and evolving communicable disease agendas; malnutrition; the rising threat of antimicrobial resistance; the increasing risk of epidemic and pandemic-prone pathogens; the pervasive impacts of climate change; the impact of migration and humanitarian crises on health systems; and the economic impact of the COVID-19 pandemic on health and development. Together, these are culminating in a greater demand for health services and the imperative for stronger and more resilient communities and health systems in a world of converging threats and ongoing crises. **Secondly, GPW 14 will aim to set a health agenda for all health players, from country to regional and global levels, while specifying WHO's role and deliverables in this broader context.** This more ambitious and inclusive approach reflects WHO's unique mandate as the world's directing and coordinating authority on international health work,¹ the Organization's three-level presence and the crucial roles that a broad and ever-increasing range of actors play in helping Member States to achieve their health goals. **Thirdly, GPW 14 will argue for investing substantially to strengthen and further enhance the impact of WHO's country and regional presence, capacities and capabilities.** This is essential to provide stronger and more predictable leadership, coordination, data and technical capacity in response to country priorities, more effectively drive WHO's normative work and rapidly translate that work into policy, practice and measurable impact, while meeting the needs of the rapidly growing and increasingly crucial regional dimension of global health. **Fourthly, GPW 14 will include a comprehensive theory of change.** This will explain the multiple mechanisms – both direct and indirect – through which WHO's leadership, normative, technical and operational work and GPW 14 outputs are amplified for impact in countries, as well as the contributions needed by Member States and partners to optimize that impact. **Lastly, GPW 14 will see a marked increase in the Organization approaches to and engagement with crucial health-related sectors.** This recognizes that major determinants of health and well-being lie beyond the health sector – such as in food and agriculture, energy and the environment, education and labour, economics and finance – where it will be essential to establish health and well-being as a key design criterion in policy agendas.

OVERARCHING GOAL AND STRATEGIC OBJECTIVES FOR GPW 14

12. The overarching goal for GPW 14 is **to promote, provide and protect health and well-being for all people, everywhere.** Fundamental to achieving this goal is the adoption of a primary health care (PHC) approach that is inclusive, equitable, cost-effective and efficient and encompasses the full scope of services across the life course, from health promotion and prevention through essential public health services to treatment, rehabilitation and palliative care.² This goal will also require durable resilience to be built into national health systems.

¹ Constitution of the World Health Organization. In: Basic documents: forty-ninth edition. Geneva: World Health Organization; 2020:1–19 (https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf, accessed 15 August 2023).

² 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).

13. Countries are at a critical inflection point for health as they emerge from the COVID-19 pandemic, embark on rescue plans for the SDGs and operate in a more complex world with greater risks to human health than were envisaged when the SDGs came into force on 1 January 2016.¹ Health and well-being and health security are increasingly central to national agendas for long-term stability and growth. The COVID-19 pandemic has reinforced the value people give to their physical, mental and social well-being, with young people being particularly vocal in calling for equitable access to affordable quality services. Politicians and economists have experienced the jarring consequences of failing to prioritize and act on the inextricable link between the economy and the health of citizens. However, achieving health and well-being and health security has become more complex, as fiscal space contracts, costs escalate, and concrete action is required in other sectors that determine the quality of the food we eat, the water we drink and the air we breathe. Within the health sector itself, the escalating number of actors is leading to a higher risk of fragmentation, duplication of effort and inefficiencies, ultimately reducing the potential for addressing inequities.

14. A new level of country-driven, coordinated action across both health and health-related sectors, underpinned by evidence and data and powered by science and digital technologies, is vital to accelerate progress towards the SDGs while preparing for the inevitable challenges of the world beyond 2030.

15. To advance the overarching goal of promoting, providing and protecting health, and reflecting the Member State prioritization exercise in 2023,² GPW 14 will have six strategic objectives. While all six of these strategic objectives contribute to multiple aspects of the interconnected priorities of the overarching goal for GPW 14, each objective is presented in the context of one of the three priority areas to provide an overall organizing framework and reflect key actors (for example, the health, health-related and health and disaster management/humanitarian sectors). This approach can also facilitate the tracking of progress.

16. Anchoring the first priority area of **promoting health and preventing disease** are the strategic objectives for 2025–2028 to (a) achieve transformative action on **climate change and health** and (b) firmly place health and well-being at the centre of policy agendas in the key health-related sectors that drive the **determinants and root causes** of ill health. These objectives reflect the fact that the drivers of climate change and the most important upstream influences on health lie beyond the health sector, in ecological, economic, food, education, social and transport systems that are drastically out of balance. The scope of these strategic objectives will range from climate for health advocacy and greening the health sector to promoting a One Health approach and essential action on NCD risk factors, nutrition and air quality. As these sectors embark on major policy decisions to respond quickly to climate change, the energy crisis, inflation, environmental degradation and other threats to national stability and growth, the period of GPW 14 represents a critical opportunity to embed well-being and health in the centre of decision-making while harnessing the opportunities for health that are provided by increased investment in these areas.

17. Anchoring the second priority area of **providing health** are the strategic objectives for 2025–2028 to (a) substantially reduce inequities in coverage of **essential health services and interventions** across the life course and between and within countries and (b) reverse the trend in **catastrophic health spending**. These objectives reflect the alarming stagnation of progress towards universal health coverage (UHC), with over 30% of the global population – a staggering 2.4 billion

¹ Progress towards the sustainable development goals: towards a rescue plan for people and planet: SDG progress report special edition 2023: New York: United Nations; 2023 (advance unedited version; https://hlpf.un.org/sites/default/files/2023-04/SDG%20Progress%20Report%20Special%20Edition_0.pdf, accessed 15 August 2023).

² See document A76/4.

people – unable to access a basic package of services, little or no progress towards crucial goals like maternal mortality reduction and over two billion people suffering extreme financial hardship to access health care. They also encompass the substantial unfinished agenda of major public health goals that are backed by global political commitments. The scope of these strategic objectives will range from addressing critical gaps in the health and care workforces, strategically expanding the production of essential medical products and tackling out-of-pocket expenditures, especially for the vulnerable, to substantially reducing maternal, child and neonatal mortality, significantly expanding NCD treatments, addressing mental health conditions and completing important communicable disease elimination and control goals, including for HIV, tuberculosis, malaria, and the eradication of poliomyelitis and dracunculiasis. Fundamental to achieving these objectives will be actioning the consensus of Member States,¹ with the support of all partners, to radically reorient health systems using a PHC approach that is tailored to the country context to achieve UHC, realize the right to health, build resilience in the health system and prioritize the scale-up of smart, cost-effective innovations.

18. Anchoring the third priority area of **protecting health** are the strategic objectives for 2025–2028 to (a) ensure every country is **fully prepared** to prevent and mitigate emerging health risks due to epidemics, pandemics and other hazards and (b) **rapidly detect and respond** to all acute health emergencies, with all people affected by **protracted crises** having sustainable access to life-saving medical care. These objectives reflect the fundamental need to substantially strengthen the emergency health architecture everywhere, as exposed by the COVID-19 pandemic and the sobering increase in disasters and humanitarian crises in every WHO region, with a record of more than 340 million people requiring assistance in 2023. The scope of these strategic objectives will range from facilitating the vital work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and strengthening the International Health Regulations (IHR) (2005) to leading and managing technical and operational expert networks at local and international levels, working across the humanitarian-development nexus, supporting disaster risk reduction strategies and building vital national and international emergency capacities for collaborative surveillance, scalable clinical care, community engagement and protection, medical countermeasures and coordination. Given the rising trend in the risk factors underlying new health emergency events and the intractable nature of many existing complex emergencies, both the number of crises and the size of affected populations will grow in the years to come. Achieving these objectives will require that every country and community is able to identify and understand the health threats from any hazard, assess their relevant strengths and vulnerabilities, mitigate risks where possible and launch coordinated, sustained and evidence-based responses as needed.²

19. To achieve these ambitious strategic objectives, GPW 14 will drive for an unprecedented alignment and coordination of the extraordinary number of health and health-related players at national, regional and global levels. Most importantly, at country level there must be a renewed commitment by all relevant actors – both public and private sector, and from international agencies to local civil society organizations – to respect and empower the national structures and processes set up for the **governance and leadership of health**. Where national capacities are weak, the approach must be to support and strengthen rather than by-pass. Operating by principles such as one plan, one budget and one team under government leadership will be key. At the country, regional and global levels, WHO will have a critical role in aligning this broad array of health actors with national priorities.

¹ Document A76/6.

² Strengthening the global architecture for health emergency prevention, preparedness, response and resilience. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/strengthening-the-global-architecture-for-health-emergency-prevention--preparedness--response-and-resilience>, accessed 15 August 2023).

20. Essential to all the strategic objectives are WHO's cross-cutting core technical activities for which GPW 14 functional objectives will be developed in areas such as health leadership, advocacy and strategic communications, science, data and strengthening of information systems, digital health (including artificial intelligence), norms and standards, delivery, operations and innovation. Also complementing the strategic objectives will be WHO's management objectives for GPW 14, which will aim to optimize core business, administrative and accountability processes. Informing and underpinning all the Organization's work, as well as both the strategic and cross-cutting objectives for GPW 14, will be its deep commitment to gender equality, human rights and health equity.

21. With Member State guidance on the strategic objectives for GPW 14, for subsequent GPW 14 consultation papers the Secretariat will further develop the "how" for each strategic objective, emphasizing innovative approaches to address chronic challenges, and articulate the core cross-cutting functional and management objectives.

HOW WHO'S WORK TRANSLATES INTO IMPACT

22. This section explains at a strategic level the unique added value of WHO in the global health ecosystem and how the Organization's products (outputs), core functions and presence contribute to health outcomes and achieve impact at country and community levels. As the results framework for GPW 14 is developed, a comprehensive theory of change will be built up in line with the findings of the independent evaluation of GPW 13 and reflecting the continuity between GPW 13 and GPW 14.

23. The full impact of WHO's work is achieved through a combination of direct effects, network effects and influencing effects across vast health and health-related ecosystems that operate at national 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 **network 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. The **influencing effects** of WHO are a function of its 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.

24. WHO's **six core functions** generate the products and services that underpin the work of this immense ecosystem at all levels. For example, at both country and international levels, WHO **leads and coordinates** the United Nations health development agenda, the inputs of local and international health entities, and health cluster arrangements for humanitarian emergencies. It also enables the negotiation of key international treaties, such as the WHO Framework Convention on Tobacco Control and the IHR (2005). The WHO R&D Blueprint for action to prevent epidemics convenes and coordinates a broad range of international experts to set and guide the global **research agenda**, which facilitates the work of national institutes and investigators as well as international actors such as CEPI. In the area of **norms and standards**, virtually all countries rely on WHO's International Classification of Diseases for the standardization and interoperability of health statistics and key terminology, while many Member States, as well as UNICEF, Gavi, the Vaccine Alliance, and the Global Fund, depend on WHO pre-qualification for the procurement of life-saving vaccines, medicines and diagnostics. WHO evidence-based **policy options**, such as the list of NCD best buys, underpin the decisions of many national governments and partner agencies. The **technical support** of WHO, from its guidelines to its in-country experts and operations, plays a central role in the rapid and effective translation of policy into

impact. Furthermore, the work of WHO in **monitoring, evaluating and reporting** on health trends and capacities drives priorities and decision-making at all levels, from in-country actors to international donors and now The Pandemic Fund.

25. WHO's **capacities, capabilities, partnerships and relationships** have been designed to ensure its core functions translate into impact through the entire health ecosystem at country, regional and global levels.

26. Central to these capacities are **WHO's offices in over 150 countries**, which provide direct policy support and technical assistance to Member States and partners across the full range of health issues, set key priorities for and contribute to the Organization's normative work, coordinate other United Nations agencies and implementing partners on health and provide life-saving services to crisis-affected populations. Given the centrality of WHO's in-country work to GPW 14, the Organization's country office capacities and capabilities to help to drive and measure impact will be fundamentally strengthened during this period, with increased delegation of authority, a core predictable country presence and additional financial and human resources. WHO's **six regional offices** play a vital role in: high-level advocacy and tailoring policy guidance for Member States; identifying problems that affect multiple countries and generating learnings from potential solutions; backstopping and networking WHO country offices; delivering strategy, policy and technical assistance where there is no WHO office; ensuring normative work reflects Member State priorities; and supporting the health-related initiatives of other regional entities. With the important and rapidly growing trend in regional cooperation for health, WHO's capacity at this level will also be strengthened to meet the increasing demands of regional partnerships, enhance collaboration with regional health entities and better support development bank investments. WHO **headquarters** leads the coordination of the Organization's normative and standard-setting work, science agenda, generation of policy options, negotiation of international instruments, and global monitoring and advocacy. Important new WHO three-level processes for enhancing capacities, such as the WHO Academy, and for accelerating specific programmes, such as a delivery for impact approach, which includes stocktakes and deep dives, will help to align countries, partners and the Secretariat at all three levels with clear goals for increased cooperation.

27. Across all three levels of the Organization, WHO has developed a broad set of partnership and coordination arrangements to enable coordinated action in all major areas of public health, 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 and the Alliance for Transformative Action on Climate and Health. Achieving the strategic objectives for GPW 14 will require that: these and other existing mechanisms are further bolstered and expanded; the capacities of WHO's more than 800 collaborating centres are more systematically leveraged and geographically distributed; and new and stronger partnerships are established, including, for example, with entities such as WTO and the private sector, to advance areas of crucial importance to Member States, such as the expanded production of medical products.

28. With Member State alignment with the overarching goal and strategic objectives for GPW 14, and the development of the results framework, this high-level theory of change will be further articulated to also reflect actions needed by Member States and partners in the health, health-related and health and disaster management/humanitarian sectors to achieve the envisaged impact.

DEVELOPING THE GPW 14 HIGH-LEVEL RESULTS FRAMEWORK

29. The results framework is a tool that WHO will use to plan, implement, monitor and evaluate its programmes and contributions to the overarching goal and ambitious strategic objectives for GPW 14. It will organize information on the Organization's inputs, activities, outputs, outcomes and impact in a

logical and systematic way. WHO embraces RBM as a guiding principle to plan, execute and measure the success of its initiatives and help Member States to exercise better oversight of WHO priorities.¹ The GPW 14 results framework will build on earlier work, especially with respect to the health-related SDGs, and monitor and manage the Secretariat's contribution (outputs) towards the joint results (outcomes) of the Secretariat, Member States and partners to achieve the strategic objectives for GPW 14.

30. The GPW 14 results framework will be developed as Member States provide advice on the proposed strategic objectives and will be guided by the following principles:

- **impact and outcome focused** for high level results;
- **countries at the centre** to better define and prioritize what WHO delivers;
- preserving the **integrated results structure** of GPW 13 to address health challenges;
- **accountability, measurement and transparency** with robust indicators, baselines and targets;
- **organizational flexibility** to allow all three levels to operate in the most efficient manner; and
- **inter-programme and cross-function collaboration** across all three levels to facilitate joint work.

31. The GPW 14 outcomes in the results framework will be the backbone for organizing the work of the Secretariat and its budget and will derive from **each of the six proposed strategic objectives**. As the outcomes will ultimately be the joint responsibility of Member States and the Secretariat, with the coordinated support of partners, it is **proposed to collaborate with Member States in the development of the specific GPW 14 outcomes and their related indicators and targets** to enhance joint ownership and commitment. Engaging the perspectives of major implementing partners and the broader global health community on the GPW 14 outcomes will strengthen alignment with Member State priorities and further improve the Organization's shift towards becoming more impact oriented. The GPW 14 results framework will also outline WHO's planned contributions to each of the outcomes, with the specific outputs for each biennium articulated in the related two-year programme budget.

32. WHO's **impact measurement** will be further improved and evolved in the context of the GPW 14 strategic objectives and outcomes, guidance of governing bodies and consultations with Member States.² Proposals will be 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.

¹ Recommendations from the independent evaluation of WHO's RBM framework are being implemented for a more integrated application of RBM to support WHO's sustained focus on impact.

² Document EB152/28.

FINANCING GPW 14

33. The full, sustainable and predictable financing of WHO's budget for the period 2025–2028 will be essential to realizing the strategic objectives, overarching goal and full impact of GPW 14. This will, in turn, depend on taking forward Health Assembly decisions on the sustainable financing of the Organization, in parallel with Member State-led and Secretariat-implemented reforms,^{1,2} in 2023–2024.

34. The financial envelope for GPW 14 is an estimation of the funding WHO will need for the period 2025–2028. At this stage in the development of GPW 14, the estimated financial envelope is only indicative and for information purposes; it will be refined as GPW 14 is developed, noting that approval of GPW 14 will not constitute approval of the financial envelope or replace the approval of the regular biennial WHO programme budgets by the Health Assembly

35. 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));
- the base segment of the Programme budget 2024–2025 is the basis for calculation with additional financing requirements for emerging priorities (for example, strengthening country offices, polio transition, accountability, data and innovation);
- the work to strengthen country offices is fully implemented, with the expectation that the country office portion of the base budget will further increase;
- the current timeline for the eradication of poliomyelitis is maintained, and the public health functions funded by GPEI are entirely mainstreamed into the base segment; and
- work on key WHO accountability functions (such as Prevention and Response to Sexual Exploitation, Abuse and Harassment, and the Secretariat implementation plan on reform) is further strengthened.

36. On the basis of these assumptions, the **indicative financial envelope for GPW 14** for the four-year period 2025–2028 is approximately US\$ 11.2 billion (Table). Accounting for current Member State assessed contributions and the anticipated increase during this period, the expected voluntary funding needs for the base segment of GPW 14 are estimated at US\$ 8 billion – the WHO investment round will be key for securing these funds. These figures are expected to change as GPW 14 is developed and more information becomes available on the anticipated costs of delivering identified Member State priorities and managing potential financial risks that may be incurred during the period of GPW 14.

¹ Document EB/AMSTG/3/4.

² Tracking Secretariat implementation plan (SIP) actions. Geneva: World Health Organization; 2023 ([https://www.who.int/about/governance/member-states-portal/tracking-secretariat-implementation-plan-\(sip\)-actions](https://www.who.int/about/governance/member-states-portal/tracking-secretariat-implementation-plan-(sip)-actions), accessed 15 August 2023).

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

	2025	2026	2027	2028	TOTAL
Base segment (based on the Programme budget 2024–2025)	2 484	2 484	2 484	2 484	9 936
Emerging priorities		244	476	501	1 221
GPW 14 indicative envelope					11 157

GPW 14: Fourteenth General Programme of Work, 2025–2028.

ACTION BY MEMBER STATES

37. 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.

38. On the basis of this guidance, the Secretariat will develop specific sections for each of the six proposed strategic objectives for GPW 14, including details on the scope, priority actions, outputs and shifts in approach needed to achieve each objective, as well as a stakeholder analysis. The Secretariat will also initiate discussions with Member States on potential outcomes and indicators for each strategic objective as well as proposals for an enhanced impact measurement framework. The Secretariat will aim to develop the next version of this paper, which will include a high-level risk analysis as well as sections on WHO’s cross-cutting functional objectives (for example, science, data and digital) and management objectives (including accountability functions) for GPW 14, by late-September 2023. That document will inform subsequent consultations.

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