

Draft thirteenth general programme of work, 2019–2023

Report by the Director-General

1. In January 2018, the Executive Board at its 142nd session considered and revised the draft thirteenth general programme of work 2019–2023.¹ The Board then adopted resolution EB142.R2. The revised draft is contained at Annex.

ACTION BY THE HEALTH ASSEMBLY

2. The Health Assembly is invited to adopt the draft resolution recommended by the Executive Board in resolution EB142.R2.

¹ See document EB142/3 Rev.2 and the summary records of the Executive Board at its 142nd session, second meeting, section 2, third meeting, section 2, and fourth, seventh and eighth meetings.

ANNEX

**Draft thirteenth general programme of work,
2019–2023**

Promote health, keep the world safe, serve the vulnerable

“Health is a human right. No one should get sick or die just because they are poor, or because they cannot access the services they need.” – Dr Tedros

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1. *What does the world need?*

1. WHO has the potential to dramatically improve the health of our world over the coming five years. The purpose of this thirteenth general programme of work 2019–2023 (GPW 13) is to seize this opportunity. WHO will only succeed, however, if it bases its work on the Sustainable Development Goals (SDGs). The 2030 Agenda for Sustainable Development views health as vital for the future of our world. **With a commitment to achieve Goal 3, which calls on all stakeholders to “Ensure healthy lives and promote well-being for all at all ages,” WHO will lead a transformative agenda that supports countries in reaching all health-related SDG targets.**

2. In recent years, significant global health gains have been achieved: life expectancy has increased in many parts of the world, six million fewer children under the age of five years died in 2016 than in 1990, polio is on the verge of being eradicated, and 21 million people living with HIV are now receiving treatment. Economic and social development has enabled millions of people to escape from extreme poverty and many more countries to contribute to the global agenda.

3. Despite these achievements, people everywhere continue to face a complex mix of interconnected threats to their health and well-being – from poverty and inequality to conflict and climate change. **People continue to suffer from communicable diseases, while the burden of noncommunicable diseases is increasing.** Complications during pregnancy and childbirth, **mental health disorders and substance use, and injuries, all require determined action.** More than half the world’s population is still unable to access health services without incurring financial hardship. The world faces threats from high-impact health emergencies (epidemics, pandemics, conflicts, natural and technological disasters) and the emergence of antimicrobial resistance. More than 244 million people (or more than 3% of the world’s population) have migrated from their country of origin; 65 million of these were forcibly displaced. More than 21 million people are refugees, 3 million are asylum seekers, and over 40 million are estimated to be internally displaced. Many of these threats to health are rooted in social, political, economic and gender inequalities and other determinants of health.

4. **WHO was created as the directing and coordinating authority on international health, enabling the nations of the world to act together for the health of all people.** The Organization has a proud 70-year history that includes catalysing monumental accomplishments – such as the eradication of smallpox or the rapid scale-up of treatment against HIV infection – that serve as the foundation of the world we live in today. However, WHO has also experienced periods of crisis and neglect. Through GPW 13, WHO will build on past achievements¹ and respond to new challenges, while continuously learning and improving. The Organization will embark on an ambitious journey that involves not only the transformation of the Secretariat but also the transformation of global health and ultimately the health of more than seven billion people.

¹ Although an evaluation of the Twelfth General Programme of Work, 2014–2019, which is still in progress, has not yet been conducted, relevant lessons have been taken into account in GPW 13 following the evaluation of the WHO Secretariat’s contribution to the health-related Millennium Development Goals and other recent programmatic and thematic evaluations (<http://www.who.int/about/evaluation/stage3evaluationofwhoreform25apr17.pdf?ua=1>, accessed 13 March 2018).

5. GPW 13 sets out WHO's strategic direction, outlines how the Organization will proceed with its implementation and provides a framework to measure progress in this effort. GPW 13 will guide for each biennium stepwise progress in strategic priorities, the development of implementation plans, the programme budget, results frameworks and operational plans. It has taken account of the strategic plans of WHO regional offices and has been developed in collaboration with the Regional Directors (see Box 1). GPW 13 will cover the period 2019–2023 and will serve as the basis for resource mobilization and for the programme budgets for the bienniums 2020–2021 and 2022–2023. It will also influence the Programme budget 2018–2019 through resource reallocation within the Director-General's existing authority for 2019.

Box 1. GPW 13: process of development

In August 2017 a draft concept note for GPW 13 was developed with input from Member States and the Secretariat, including Regional Directors and WHO Country Representatives, and based on external evaluations of WHO's work.¹ The concept note was then submitted to the regional committees for their consideration; it was also provided to the public through an open online consultation. The regional committees agreed with a proposal that the Executive Board at its 142nd session recommend that the draft GPW 13 be included on the provisional agenda of the Health Assembly in May 2018.² The draft GPW 13 was considered at a special session of the Executive Board in November 2017.³ Member States, other United Nations bodies and non-State actors all provided their input.⁴ The text was further revised in the light of comments received and following further engagement with the WHO Secretariat's senior leadership team and their staff, the regional offices, and an Expert Reference Group.⁵

2. WHO's vision and mission



GPW 13 is based on the SDGs and is relevant to all countries – low, middle and high income. Health is fundamental to the SDGs and, in an interconnected world, WHO's role in providing global public goods that help to ensure health for all people within and across national boundaries has never been more relevant. WHO's unique status as a science- and evidence-based organization that sets globally applicable norms and standards makes it vital in a rapidly changing world. The Organization's powerful voice for health and human rights is indispensable to ensure that no-one is left behind. Broad and sustained efforts are needed to build a community to work for the shared future of humankind, empowering all people to improve their health, address health determinants and respond to health challenges.

¹ Evaluation of WHO reform (2011–2017), third stage. April 2017, (<http://who.int/about/evaluation/stage3evaluationofwhoreform25apr17.pdf?ua=1>, accessed 5 March 2018).

² Article 28(g) of the Constitution of WHO requires the Executive Board "to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period."

³ Document EBSS/4/2.

⁴ See the summary records of the special session of the Executive Board on the draft thirteenth general programme of work (available at <http://apps.who.int/gb/or/>, accessed 5 March 2018).

⁵ WHO Expert Reference Group on the Draft GPW 13 Impact Framework 2019–2023 (<http://www.who.int/about/what-we-do/gpw13-expert-group/en/>, accessed 5 March 2018).

7. In the context of the SDGs, therefore, GPW 13 provides a vision, rooted in Article 1 of WHO's Constitution, of:

A world in which all people attain the highest possible standard of health and well-being.

8. GPW 13 summarizes WHO's mission, which is to:

Promote health | Keep the world safe | Serve the vulnerable.

9. WHO's values include a commitment to human rights, universality and equity, based on principles set out in WHO's Constitution (Box 2).¹

Box 2. Constitution of the World Health Organization: selected principles [emphasis added]

The enjoyment of the highest attainable standard of health is one of the *fundamental rights* of every human being *without distinction* of race, religion, political belief, economic or social condition.

The health of *all peoples* is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States.

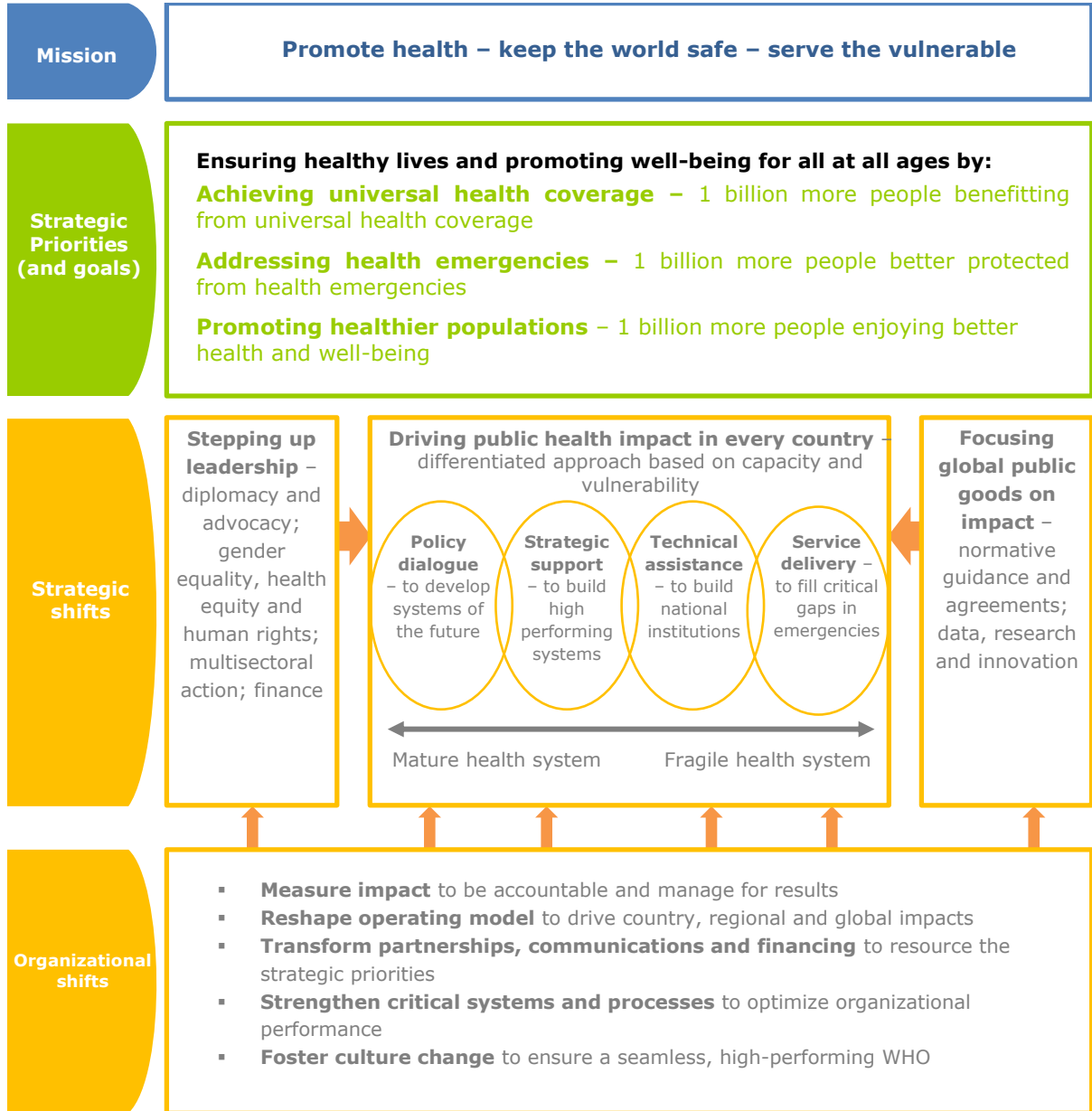
Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.

10. GPW 13 is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: **achieving universal health coverage, addressing health emergencies and promoting healthier populations.** These strategic priorities are supported by three strategic shifts: stepping up leadership; driving public health impact in every country; and focusing global public goods on impact – which reflect WHO's six core functions.² Lastly, these strategic priorities and shifts are **supported by five organizational shifts** (see Fig. 1 below).

¹ Constitution of the World Health Organization (<http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=7> accessed 2 January 2018).

² Providing leadership on matters critical to health and engaging in partnerships where joint action is needed; shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; setting norms and standards and promoting and monitoring their implementation; articulating ethical and evidence-based policy options; providing technical support, catalysing change, and building sustainable institutional capacity; and monitoring the health situation and assessing health trends.

Fig. 1. Overview of WHO’s draft thirteenth general programme of work 2019–2023: strategic priorities and shifts



Box 3 below provides a high-level overview of what is new or different in GPW 13.

Box 3. What is new in GPW 13?

WHO will base GPW 13 on the SDGs. In 2015 the world set ambitious goals and WHO will rise to this level of ambition by championing health in the SDGs and working to ensure healthy lives and promote well-being for all at all ages, leaving no-one behind. Each country will determine its own path to achieving the SDGs, but WHO's role is indispensable in taking the SDG agenda forward in relation to health and well-being.

WHO will measure impact. WHO's work affects all people. Through GPW 13, WHO will measure its results and describe its contribution, in support of countries and alongside other actors, to achieving outcomes and impact. In response to the challenge to leave no-one behind, GPW 13 sets goals of 1 billion people for each of its strategic priorities, placing the impact on the most vulnerable people at the heart of its work. GPW 13 is accompanied by indicators to measure progress in terms of outcomes and impact.

WHO will prioritize. GPW 13 is focused on the three interconnected strategic priorities to ensure healthy lives and promote well-being for all at all ages: achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations. In order to enhance focus, WHO will map the sunsetting of global strategies and action plans against GPW 13, placing emphasis on renewing those that advance GPW 13's strategic priorities and reflect these changes in the biennial programme budget. WHO will promote synergies among priorities and platforms and will continue to sharpen this focus as GPW 13 is implemented. In all its priorities, WHO will focus on reducing health inequity across populations, both within countries and between countries. The priorities of GPW 13 will guide resource allocation decisions.

WHO will step up leadership at all levels. Major changes in health come from taking WHO's science- and evidence-based normative guidance and public health approaches of health promotion and prevention and combining them with advocacy for high-level political support. This will require strong political support from, and engagement with, Member States and civil society.

WHO will drive public health impact in every country. WHO will become more focused and effective in its country-based operations, working closely with partners, engaging in policy dialogue, providing strategic support and technical assistance, and coordinating service delivery, depending on the country context.

WHO will strengthen its normative work. Setting norms and standards is a unique function and strength of WHO; it underpins the special position that WHO enjoys in global health, in which the Organization, through the Health Assembly, has the "authority to adopt conventions or agreements with respect to any matter within the competence of the Organization"¹ as well as regulations and recommendations. The WHO Secretariat will reinforce its science- and evidence-based normative work, anticipate and assess the impact of research and discovery on public health and focus on

¹ See Article 19 of the Constitution of the World Health Organization

supporting countries in the implementation of WHO's norms, standards and agreements. The Secretariat will support Member States in building their health information systems by strengthening their capacity to collect, analyse, disseminate and use national and subnational disaggregated data to develop and monitor their policies and plans.

WHO will transform its approach to resource mobilization. Securing the financing of WHO and its work will involve a joint effort between Member States and the Secretariat. The focus on demonstrating impact will strengthen the case for **investing resources over and above the assessed contributions.** WHO will seek good-quality, multi-year funding with greater flexibility. Value-for-money will be shown by evidence of cost-effectiveness and evidence of impact on the most vulnerable populations. **WHO will also advocate for the larger envelope of global health funding that is required to achieve the SDGs.**

WHO will act with a sense of urgency, scale, and quality. The health of the world's people cannot wait. WHO will set the pace by fast-tracking GPW 13.

11. WHO must act in concert with partners, including civil society, research institutions and the private sector, and in close alignment with the United Nations system, in order to avoid duplication, using its Framework of Engagement with Non-State Actors. As an active member of the United Nations Development Group and Inter-Agency Standing Committee for humanitarian organizations, WHO will continue to strengthen links with its United Nations partners. In line with the Secretary-General's focus on the reform of the United Nations development system, WHO will continue to participate in the implementation and monitoring of different aspects of the Quadrennial Comprehensive Policy Review.^{1,2} WHO is committed to supporting the United Nations Secretary-General's proposal to work as "one UN" to improve the efficiency and effectiveness of operational activities at the country level to support countries towards achievement of the SDGs. WHO will engage as part of United Nations country teams within the Resident Coordinator system and strengthen their health capacity, while recognizing its constitutional mandate to act as the directing and coordinating authority on international health work. **WHO recognizes the option in 2023, subject to satisfactory progress, of extending GPW 13 to 2025, thereby aligning WHO's strategic planning cycle with that of the wider United Nations family.**

3. *Strategic priorities – the world we want to see*

12. **WHO will set clear priorities.** The coming five years will be crucial for ensuring the achievement of the SDGs. GPW 13 sets three strategic priorities and ties them to ambitious SDG-based goals for driving progress. These goals require joint action by many parties, in particular Member States, but are catalysed by WHO. Compared with historical trends they constitute a step change. Each of these goals will require scale-up efforts that mark a major improvement over past performance. These are stretch goals that will significantly accelerate past trends. **With GPW 13, WHO is issuing a clarion call to the world that these are the actions needed to keep the SDGs on track.**

¹ See <http://www.who.int/un-collaboration/system-improvement/qcpr/en/> (accessed 5 March 2018).

² Repositioning the United Nations development system to deliver on the 2030 Agenda: ensuring a better future for all (document A/72/124–E/2018/3 (available at <http://undocs.org/A/72/124>, accessed 5 March 2018).

Ensuring healthy lives and promoting well-being for all at all ages by:

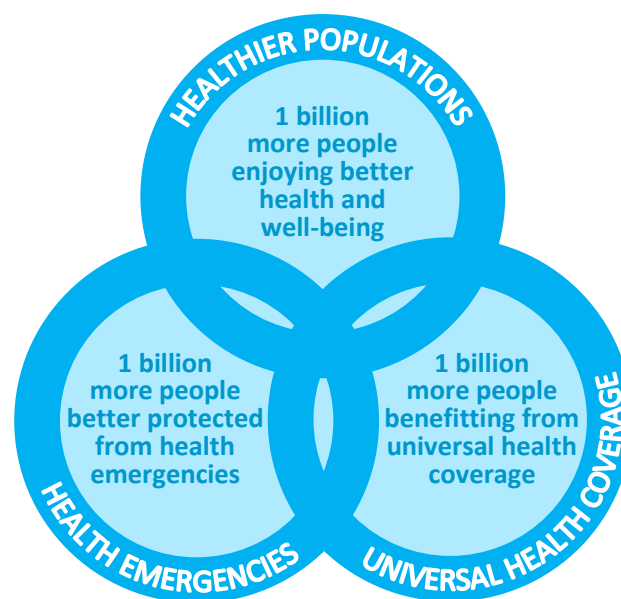
Achieving universal health coverage – 1 billion more people benefitting from universal health coverage

Addressing health emergencies – 1 billion more people better protected from health emergencies

Promoting healthier populations – 1 billion more people enjoying better health and well-being

13. Although the strategic priorities are presented separately, they are not mutually exclusive and thus require implementation that is mutually reinforcing. For example, strengthening health systems also makes them more resilient and better able to detect and control outbreaks before they spread; and improved public health functions contribute to good-quality health care within UHC and the strong surveillance systems necessary for early disease detection and control. The interconnected nature of the strategic priorities is illustrated in Fig. 2.

Fig. 2. GPW 13: a set of interconnected strategic priorities and goals to ensure healthy lives and promote well-being for all at all ages



14. The “triple billion” goal is a joint effort of Member States, WHO and other partners. WHO has a catalytic role to play in reaching the goals in GPW 13. No single actor operating alone can achieve these goals. Contributions are required from many partners – principally Member States themselves, but also non-State actors and the WHO Secretariat. Consequently, there is a need for both collective action and accountability, as well as for demonstrating the contribution made to outcomes and impact. In setting these three “1 billion goals”, WHO is signalling its ambition and extending an invitation to members of the global health community to work with the Organization in order to optimize and implement these SDG-based goals.

The over-arching goal: ensuring healthy lives and promoting well-being for all at all ages

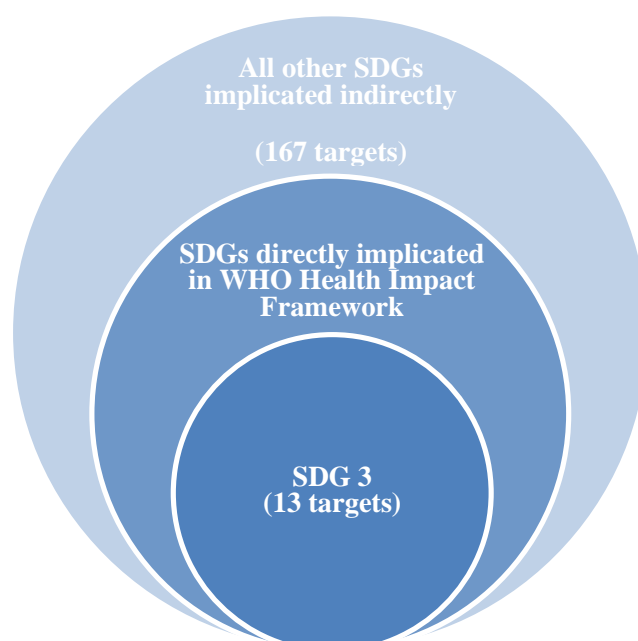
15. The foundation of WHO's work is SDG 3: ensuring healthy lives and promoting well-being for all at all ages. WHO is an organization focused principally on promoting health rather than merely fighting disease, and especially on improving health among vulnerable populations and reducing inequities. Leaving no-one behind, the Organization aims to give women and men, girls and boys, in all social groups, the opportunity to live not just long but also healthy lives. WHO will explore measuring this foundation of its work using healthy life expectancy, which could serve as one overarching measure aligned with SDG 3, complemented by the triple billion goal, which leads to three more specific priorities, each with overlapping one-billion people goals.

16. Life expectancy at birth has consistently increased since the 19th century, largely owing to socioeconomic developments and public health measures such as vaccination, nutrition and sanitation. Today, socioeconomic, political, cultural, environmental and economic forces continue to drive changes in the burden of disease. However, efforts are needed to ensure that their impact is positive. Low health literacy coupled with weak health-promoting policies make it difficult for people to make healthy choices for themselves and their families. Investment in health promotion and disease prevention allows countries to address economic concerns about the rising costs of the health system and enables potential savings if disease can be avoided.

17. Healthy life expectancy has not increased at the same pace as life expectancy, and increasing age often brings increasing morbidity and reduced functioning, making healthy ageing an important focus. Most disability-adjusted life years in older age are attributable to chronic conditions and the accumulated impact of such conditions can lead to significant loss in function and care dependence in older age. At the same time, there is emerging evidence that healthy ageing depends on early childhood development and is epigenetically determined. Ensuring healthy ageing is an urgent challenge in all countries.

18. Gender-based differences between women and men, and girls and boys – in terms of health needs, risk behaviours, respective power and control over resources and information, and access to health services – continue to hamper improvements in health outcomes. Policies and programmes need to address gender as a determinant of health (among others) when tackling issues of access and risk.

19. Although SDG 3 is central to WHO's work, about half the SDGs are directly implicated in the activities of the Organization. WHO's work indirectly influences, and is influenced by, the remaining SDGs. This tiered relationship between GPW 13 and the SDGs is shown in Fig. 3.


Fig. 3. Health in the SDGs

20. The response to social, environmental and economic determinants of health requires multisectoral approaches anchored in a human rights perspective. Multisectoral action is central to the SDG agenda because of the range of determinants acting upon people's health, such as socioeconomic status, gender and other social determinants. The Second International Conference on Nutrition provides the multisectoral policy framework and the United Nations Decade of Action on Nutrition provides the opportunity to fulfil these nutrition commitments. Other determinants include the protection and fulfilment of people's human rights, policies in other sectors such as agriculture, climate, transport, housing, finance and education, and the environment in which people live. The Declaration of Alma-Ata on Primary Health Care (1978), the Ottawa Charter for Health Promotion (1986), the Rio Political Declaration on the Social Determinants of Health (2011), the Helsinki Statement on Health in All Policies (2013), and the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (2016) all provide useful guidance on an integrated response.


21. An example of the values underpinning WHO's human rights-based approach to ensuring healthy lives is the right to the highest attainable standard of health as enshrined in the WHO Constitution. This right is connected to a wide range of civil, political, economic, social, and cultural rights including the right to an adequate standard of living, adequate and healthy food, clothing, housing, and safe drinking water and sanitation, and to the continuous improvement of living conditions. WHO has used human rights principles to argue for public health measures to address issues ranging from climate change and tobacco control to mental health.



22. The Framework Convention on Tobacco Control shows how WHO's normative work leads to healthy lives. The Convention relies upon legally-binding commitments by the States Parties, multisectoral dialogue, and collaboration with a range of stakeholders, excluding the tobacco industry. Achieving progress in tobacco control required political commitment by Member States, advocacy and technical expertise – provided by WHO – to support and monitor implementation, and the active engagement of civil society, including the monitoring of the activities of the tobacco industry at local level.

 23. WHO will support action across government and society to improve the health and well-being of populations and achieve health equity through the life course. This will require health policies that engage the governance and social structures, and that focus on multisectoral “whole-of-government”, “whole-of-society” and Health in All Policies approaches that deal comprehensively with all health determinants.

24. A major constraint in advancing health priorities, is the lack of adequate capacity in public health. Assessment of essential public health functions in many countries reveals major gaps that impede the achievement of health goals. Public health needs to be strengthened with appropriate governance arrangements and the development of essential institutional architecture, as well as an increased pool of trained professionals. The WHO Secretariat will provide evidence-informed recommendations and technical support to assess and improve public health capacity and performance in Member States, with priority given to health protection and promotion and disease surveillance and prevention.

 25. WHO will ensure healthy lives and promote well-being for all at all ages through: achieving universal health coverage, addressing health emergencies and promoting healthier populations.

Universal health coverage – 1 billion more people benefitting from universal health coverage

26. In 2018, the world will celebrate the 40th Anniversary of the Alma-Ata Declaration placing a spotlight on people-centred primary health care as the means to move toward universal health coverage (UHC).

27. In line with the principles set out in WHO’s Constitution, the Organization will support countries to strengthen their health systems to progress towards UHC. Moving towards UHC is a political choice with important social and economic benefits. The WHO Secretariat encourages countries to make this choice.¹

28. WHO’s work on UHC will be fully aligned with SDG target 3.8, which focuses on achieving UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. (See Box 4 for further details).

¹ Ghebreyesus TA. All roads lead to universal health coverage. *Lancet Global Health*, 2017; 5(9): 839-40 ([http://thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30295-4/fulltext](http://thelancet.com/journals/langlo/article/PIIS2214-109X(17)30295-4/fulltext), accessed 5 March 2018).



29. The essence of UHC is universal access to a strong and resilient people-centred health system with primary care as its foundation. Community-based services, health promotion and disease prevention are key components as well as immunization, which constitutes a strong platform for primary care upon which UHC needs to be built. The Secretariat will support countries to progress towards UHC and the goal of ensuring that all people and communities have access to and can use the high-quality promotive, preventive, curative, rehabilitative and palliative health services that are appropriate to their needs and expectations, while not exposing the user to financial hardship.¹

30. To respond effectively and appropriately to needs and expectations, health services need to be organized around close-to-community networks of people-centred primary care, with due attention to effectiveness, safety and efficiency, as well as to continuity, integration and coordination of care and respectful and compassionate relations between people and their health care workers. Financial hardship can be limited if out-of-pocket payments for health are kept below a pre-defined threshold where they are “catastrophic” or “impoverishing”, that is, they exceed a household’s capacity to pay or push it below the poverty line.

31. The Secretariat will work with countries to ensure that progress towards UHC is cost effective and in line with countries’ national priorities and context.

32. WHO will monitor the world’s progress towards UHC, and the Secretariat’s own contribution, using the ambitious SDG-based service coverage goal below, which will be combined with an SDG-based indicator of financial hardship. The world will not be able to meet SDG 3.8 by 2030 at existing slow rates of change towards achieving UHC. In order to reach SDG 3.8 by 2030 the world will need, at the very least, to meet the GPW “1 billion” goal by 2023. Analysis of current trajectories shows that if the GPW 13 UHC goal by 2023 is not met, then the SDG 2030 goal will not be met. Meeting this GPW goal will require a doubling, or even tripling, of the pace of change to date. A radical augmentation of action on many fronts will be required of governments, supported by development actors and other partners, and catalysed by the Secretariat. Strong cooperation is required in order to overcome the barriers to achieving UHC. WHO will vigorously support each and every country to progress towards UHC, leaving no one behind. The goal is based on a set of basic service delivery tracer indicators that should in no way limit a country’s aspirations regarding UHC. WHO will work with partners to design the package of essential services from which this set of tracers is derived.

¹ What is universal coverage? (http://www.who.int/health_financing/universal_coverage_definition/en/ accessed 5 March 2018).

Box 4. 1 billion more people benefitting from universal health coverage (UHC)

This goal is based on SDG indicator 3.8.1 (Coverage of essential health services), which was calculated based on tracer interventions for reproductive, maternal, newborn and child health, infectious diseases, and noncommunicable diseases for which data were available. These indicators can then be used to estimate the number of people covered with such services. Approximately half the world's population lacks access to such essential health services.¹ Therefore, to achieve SDG target 3.8 of UHC for all by 2030, at least 1 billion more people will need to have access to essential health services in each five-year period between 2015 and 2030. In order to ensure that UHC reaches the poorest, the most marginalized, women, children, and people with disabilities, efforts will be made to monitor and drive equitable access in these groups and to ensure that coverage of services reaches those most in need without financial hardship.² WHO will work with partners to design the package of essential services from which this set of tracer indicators is derived and enhance measurement systems for tracking performance.

33. Many countries are successfully progressing towards UHC. In support of these efforts, the WHO Secretariat will help to review and build upon existing UHC road maps, national health sector plans, and regional frameworks. The Secretariat will also support countries in developing their own national packages of essential health services; will develop country profiles with robust performance data as a basis for its policy dialogue with countries; will produce case studies of country progress towards UHC so that countries can learn from their peers; and will support capacity-building to strengthen data systems, analysis, and reporting at national and subnational levels. All WHO regions have now endorsed frameworks and road maps on UHC (Box 5).

Box 5. Frameworks and road maps on UHC in the WHO regions

- Africa. The Africa Health Transformation Programme 2015–2020: A vision for Universal Health Coverage
- The Americas. Strategy for Universal Access to Health and Universal Health Coverage (2014)
- South-East Asia. Regional Strategy for Universal Health Coverage (2015)
- Europe. Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness
- Eastern Mediterranean. Framework for action on achieving universal health coverage (UHC) in the Eastern Mediterranean Region
- Western Pacific. Universal health coverage: moving towards better health: action framework for the Western Pacific Region (2015)

¹ World Bank and WHO: half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses; 2017 (<http://www.who.int/mediacentre/news/releases/2017/half-lacks-access/en/>, accessed 5 March 2018).

² Service coverage within universal health coverage: how large is the gap? Technical Note December 13, 2017 (http://www.who.int/healthinfo/universal_health_coverage/report/uhc_report_2017_technical_note.pdf?ua=1, accessed 5 March 2018).

Service access and quality

34. The main challenge to making progress towards UHC comes from persistent barriers to accessing health services. **These barriers can be economic** (as a consequence of out-of-pocket expenditures and insufficient public financing), geographic (where services are simply not available for the population, or not within reach), epidemiological (the service package does not meet the health needs of the population) or cultural (the services or the workforce providing them do not have the necessary cultural sensitivity for effective delivery or utilization). **Equity of access is central to UHC**, and by making the initial political choice countries are in fact committing to progressively break down these barriers and expand access to comprehensive services in order to meet the needs of the population. The WHO Secretariat will work with countries to identify these barriers to access health services and provide evidence-based solutions to support progressive expansion in access, while ensuring the highest possible quality, including patient safety.

35. Effective and efficient primary health care requires integrated health care services. WHO will ensure that its programmes work together to support countries to deliver integrated health care and ensure access to and coverage of timely secondary and tertiary care linked to primary health care. WHO will also emphasize the need for stronger health systems that include health promotion and preventive services through essential public health functions. In working with countries to strengthen these services, WHO will help to develop digital health approaches and other system innovations to help drive improvement. Non-State actors and, in particular, the private sector can also contribute to UHC in service delivery, innovation, investment, and as employers.

36. **Primary health care is indispensable to progress towards UHC and remains central to the unfinished agendas for communicable diseases, and for maternal, newborn, child, and adolescent health.** In addition, all health systems, including those in the poorest countries, have to tackle and overcome the growing burden of noncommunicable diseases. Without strong primary health care this will not be possible. While strengthening its support to countries on noncommunicable diseases and mental health, WHO will continue to support communicable disease prevention and control efforts, including those for vaccine-preventable diseases, HIV/AIDS, tuberculosis, malaria, viral hepatitis, neglected tropical diseases and other vector-borne diseases such as yellow fever, dengue, chikungunya, and Zika virus disease. WHO will continue its undivided commitment to the eradication of polio, making sure that the world is kept polio-free and that gains made with the implementation of polio eradication activities are not lost in the post-polio transition process. In order to sustain gains in maternal and child survival, WHO will continue efforts to improve access to safe, good-quality services in order to prevent newborn deaths, which account for almost half of under-five mortality, and will improve treatment of key causes of child mortality, such as pneumonia and diarrhoea. WHO will work to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with SDG target 3.7; and to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, in line with SDG target 5.6. There is also a need to increase the availability of safe and effective surgery.

37. Ensuring healthy ageing is central to universal health coverage, just as it is to the other priorities of GPW 13. The number of people over the age of 60 is expected to double by 2050 and this

unprecedented demographic transition will require a radical societal response. The Secretariat will support Member States to promote healthy ageing through the actions defined by the Global strategy and action plan on ageing and health (2016), as well as through the Decade of Healthy Ageing that is planned for the period 2020–2030. These actions include aligning health systems to the needs of older populations, with a special focus on enhancing the functioning of older persons and the management of chronic disease, including dementia; improving access to medicines; developing systems of long-term care including community-based services; promoting palliative care, creating age-friendly environments; and improving measurement, monitoring and understanding of healthy ageing.

38. There is limited availability of palliative care services in much of the world, which contributes to much avoidable suffering for millions of patients and their families. WHO will emphasize the need to create or strengthen health systems that include palliative care as an integral component of treatment within the continuum of care. The Organization will promote the adequate availability of internationally controlled essential medicines in palliative care, including for the management of pain, while preventing their diversion and abuse.



39. **In order to leave no-one behind, efforts in support of UHC must focus on reaching those whom services are not reaching, such as marginalized, stigmatized and geographically isolated people of all ages, with a special focus on, and indicators for, women and girls, those from the poorest wealth quintiles, persons with disabilities and indigenous peoples.** Successful progress towards UHC requires a pro-equity position to be adopted. The continuum of care in the definition of universal health coverage – from promotion to palliation – places emphasis on the need for health services to prevent and relieve suffering across all disease groups and all age groups in an equitable manner.

40. In some countries, health and social systems have become strained by the presence of displaced populations, such as migrants, asylum seekers, internally displaced persons and refugees. Through its human rights and equity perspective, WHO views access to health services for all people as a critical element of UHC in order to achieve equity, and will help countries to meet this challenge.

Health workforce

41. Providing health and social care in every system and in every country is labour intensive, while the delivery of safe and good-quality services in urban and rural settings calls for a fit-for-purpose, well-performing and equitably distributed health and social workforce. Globally, however, there is a growing mismatch between supply, need (SDG-based) and demand (ability to employ) resulting in skills and staff shortages, even in high-income countries. Shortages are driven both by the demographic and epidemiological transitions facing countries and by the ambition of UHC and integrated, people-centred service delivery models. Projections to 2030 indicate that the investment needed for educating and employing sufficient health workers to achieve UHC equates to almost 50% of the cost of achieving SDG 3. These challenges highlight the importance of, and need for, multisectoral engagement in order to respond to a dynamic labour market with interlinkages between education, employment, health, finance, gender and youth – cutting across SDGs 3, 4, 5 and 8.

42. The WHO Secretariat will support countries to review policy options, including appropriate regulatory frameworks, management and information systems for human resources for health, and education systems that can meet current and future needs of communities. Socially accountable education models for health professionals will have to be matched by scale-up of technical vocational



education and training for other health and social occupations. **New delivery models for integrated, people-centred services will require innovation, as appropriate to national and subnational contexts, to optimize the role of health and social workers in providing multidisciplinary care, including rehabilitative and community services across the life course.** Intersectoral coordination, within countries and often across regional economic areas, will be necessary for investing in job creation and decent work. Increasingly, countries will need to account for the global mobility and migration of health personnel to ensure a sustainable health and social workforce. New technologies, including digital technologies, will be assessed for their potential to transform service delivery at scale. Moreover, the majority of the health workforce globally is female; WHO will, therefore, pay special attention to gender equality and decent work conditions.

Access to medicines, vaccines and health products

43. Universal health coverage includes appropriate access to affordable and quality-assured medicines, vaccines and health products (including diagnostics and devices, as well as blood and blood products). In many contexts, the principal cause of financial hardship is out-of-pocket payments for the purchase of medicines. WHO will help to mobilize political will to ensure that policies are put in place that promote appropriate access to health products, in line with the WHO's global strategy and plan of action on public health, innovation and intellectual property, including policies on the following: access to generic medicines and innovation; quality-assurance of products through effective regulation; domestic investment in coverage schemes that reduces out-of-pocket payments; fair pricing; corruption-free procurement and supply chains; and promoting appropriate use. The Organization will continue to support the availability of quality-assured generic products for procurement by global agencies and countries through the WHO prequalification programme, which will evolve to meet the changing health needs of countries. WHO will strengthen coordination for research and development efforts based on health needs in order to increase access to medicines and health products, and this effort will include traditional medicines. The WHO Secretariat will place a new emphasis on data and monitoring – using all appropriate means, including routine claims data and expenditure surveys – to enable systems and countries to monitor, evaluate and evolve in order to meet changing health needs. WHO will work with partners and stakeholders to support local production of health products and encourage technology transfer through regulatory support and regional development initiatives. The Secretariat will work in support of greater consensus among Member States on establishing effective policies on access to medicines, vaccines and health products that support countries in achieving the targets of the health SDGs.

Governance and finance

44. Effective governance is critical if countries are to move towards UHC. Governments' central role includes policy and planning, the organization of the health system, the regulation of services, financing, human resources and technologies. The WHO Secretariat will work with Member States to strengthen governance in health, focusing on strengthening people-led and people-centred service provision. Governance actions will help strengthen local and national health capacities, including policy development, financing and regulation. WHO will also support strengthening the voice of the people in policy definition, service provision and monitoring of services, supporting the development of citizens' platforms such as National Health Assemblies.



45. **Ensuring adequate health financing requires the strengthening of three functions at country level: revenue generation,** resources pooling and strategic purchasing. Countries can improve

efficiency by supporting institutional development of pooling systems; by developing health service networks built on a strong first level of care; by developing the strategic purchasing function, including applying evidence-based and participatory methodologies in the inclusion of medicines and health technologies in health systems and developing performance-oriented provider payments systems and incentives mechanisms. WHO supports a UHC-based approach, namely, one in which pooled financial resources are linked with the development of integrated service delivery networks that meet the needs of the population, in particular vulnerable populations. The WHO Secretariat will develop analytics and will support national institutions in developing health technology assessment and financing strategies. The Organization will also support the establishment of results- and equity-oriented health budgets, as well as systems to track health expenditures, with a focus on the poor to support the progressive realization of UHC.

Health information systems

46. The WHO Secretariat will collaborate with Member States to improve their health information systems, analytical capacity and reporting for UHC. The Organization will support countries in developing comprehensive and efficient systems to monitor health risks and determinants; track health status and outcomes, including cause specific mortality; and assess health system performance. WHO, jointly with the regional United Nations socioeconomic commissions and other United Nations agencies, will help countries to strengthen civil registration and other vital statistics, as well as address issues of data privacy and security. The Organization will help countries to disaggregate data so that progress made on gender equality and health equity can be measured. The WHO Secretariat will improve and develop standards and tools such as routine claims data, expenditure studies, and population surveys to enable countries to monitor, evaluate and adapt to meet changing health needs. The Secretariat will also work to strengthen country capacity to track UHC indicators at subnational and national levels as part of effective and harmonized health information systems. UHC data will be analysed to track progress towards the UHC goal (see also the section on data below).

Advocacy

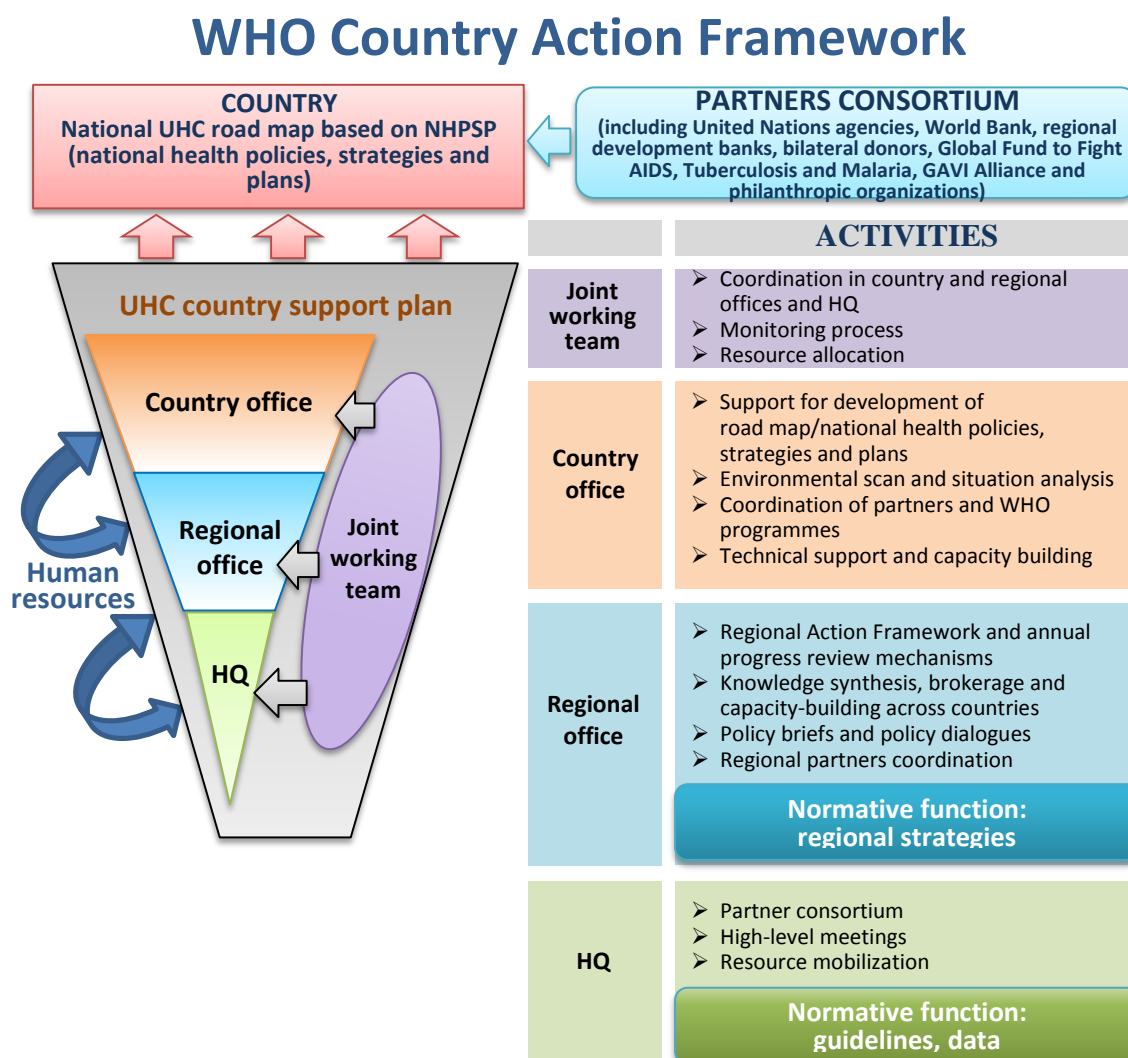
47. WHO will step up leadership by raising global awareness of UHC. The Organization will highlight UHC at G7 and G20 meetings, the United Nations General Assembly (including the General Assembly High-level meeting on UHC, planned for 2019), and regional summits whenever possible. WHO will harmonize its message on UHC with Member States and development partners and will continue to foster collaboration and partnership amongst stakeholders through the broad coalition on UHC, hosting the secretariat of the UHC2030 partnership jointly with the World Bank. **WHO will leverage domestic investment by fostering citizens' participation, civil society dialogue and by interacting with governments including Heads of State, parliamentarians, and finance ministers.** The Organization will advocate for domestic investment in the health workers, infrastructure, supply chains, services, research and information systems that underpin the health sector, and will provide evidence of benefits of such investment in developing a thriving health economy. WHO will help to document good public finance and public administration practices that enable the cost-effective use of scarce financial resources.



 **Country support**

48. WHO will lead coordination among health sector partners and draw on expertise from throughout the Organization. The effort will be coordinated by the respective WHO country and regional offices according to the country's priorities WHO will integrate and leverage all its expertise, including but not limited to health systems and disease specific expertise, in support of countries and in partnership with them. This approach will also lay the foundation for a new integrated approach on health systems and health emergencies coordination within the WHO Secretariat. The approach is shown in Fig. 4.

Fig. 4. Supporting countries to lead on UHC, using a leveraged approach and in partnership with them



Health emergencies – 1 billion more people better protected from health emergencies

49. WHO's strategic priority is to:

- build and sustain resilient national, regional and global capacities required to keep the world safe from epidemics and other health emergencies; and
- ensure that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services including health promotion and disease prevention.

50. WHO will monitor both the world's progress towards ensuring that people are better protected from health emergencies and the Secretariat's own contribution, using the ambitious SDG-based goal below, the Organization will protect those most at risk as well as reducing the global risk of further spread and impact (see Box 6 below). Change in this area is gaining momentum, making historical comparisons of the pace of transformation less relevant. Building on the momentum, a significant effort, including by Member States, will be required in order to achieve this goal and the scale-up needed is a step-change increase compared with past performance.

Box 6. 1 billion more people better protected from health emergencies

This goal is based on SDG indicator 3.d.1 (International Health Regulations (IHR) capacity and health emergency preparedness). Work to reach this goal will make the world better prepared for health emergencies by measurably increasing the resilience of health systems for a population of 1 billion people. Based on historical trends, it is feasible for the WHO Secretariat to work with countries with a combined population of 1 billion people to improve preparedness for health emergencies. WHO will measure this goal based on the Organization's activities supporting countries to strengthen their preparedness for health emergencies. It is also clear that better measurement methods to document improvement are needed and that WHO can lead the way in this area. The benchmarks will be structured to make this indicator universal so that any country can contribute to the global goal. Measurement tools will be strengthened to include variables on exposure and vulnerability. Improving the safety of any population improves the safety of everyone. Being "better protected" does not provide any absolute estimation of safety. WHO recognizes that further work is necessary to achieve a more precise description and measurement of parameters such as epidemic risk and resilience of systems. The Organization will, therefore, work together with relevant partners across all sectors to complete the development of the necessary measurement tools.

51. Every country is vulnerable to epidemics and emergencies – the threat is universal. Global and regional early warning and events-based surveillance systems are now in place; data will be made available in a more systematic and timely manner to core partners, countries at risk, and the public. Strengthening the resilience of communities and countries through UHC will provide the foundation for health emergency risk management. Early detection, risk assessment, information-sharing and rapid response are essential to avoid illness, injury, death and economic losses on a large scale. However, not all countries have the same health emergency risk management capacities. The world is only as safe as its most vulnerable setting. Ensuring that 1 billion more people are better protected from health emergencies makes us all safer.

52. The Secretariat will work with Member States and partners to increase all-hazards health emergency detection and risk management capacities across all phases of risk prevention and detection, emergency preparedness, response and recovery through the implementation of the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction. This work includes WHO's activities in relation to its central position as a humanitarian health cluster lead and will be coordinated closely with WHO's work on climate change. The Organization will work collaboratively to progressively strengthen the capacity of national authorities and local communities to manage health emergencies by taking an all-hazards approach and by building strong public health-oriented and people-centred health systems, institutions and networks based on the essential public health functions and core capacities under the International Health Regulations (2005). National action plans to implement and maintain critical core capacities – in response to after-action reviews, and self and external assessment, and tested through simulations – serve to better protect populations at local, national and global levels. Specific preparedness programmes such as the Safe Hospitals Initiative will be integrated into such plans.

53. Stronger and more resilient national health systems will be backed by the regional and global alert and response mechanisms that will provide early warning and coordinate the international support required to contain and mitigate the impact of health emergencies. WHO will also work with partners to identify and coordinate the research, development and innovation needed to better detect, prevent and respond to new and emerging diseases and other sources of risk. The Organization will coordinate and encourage Member States to develop a Health Reserve Force to mobilize in health emergencies.

54. WHO aims to serve the most vulnerable populations, particularly in fragile and conflict-affected countries. This includes women, children, the elderly, people with disabilities and people who are poor, all of whom are disproportionately affected in such settings. These countries account for a large proportion of high-impact epidemics and unmet SDG need, thus providing a natural overlap between emergencies, UHC, and healthier populations. Populations that have been forcibly displaced are especially vulnerable. The WHO Secretariat will work with national authorities and partners to ensure that essential life-saving health services, including health promotion and disease prevention, mental health and psychosocial support, and nutrition services including support for exclusive breastfeeding, reach the people most in need. The Secretariat will support the integration of vaccination and other epidemic prevention campaigns during humanitarian emergencies (such as joint polio, cholera and malaria campaigns) for affected groups. The implementation of WHO's new vector control strategy will also be an important element of this work. WHO will work to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with SDG target 3.7; and to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, in line with SDG target 5.6.

55. In these settings WHO will focus on preventing health system collapse, maintaining critical services and rebuilding the health systems after crises and conflicts. This challenge also brings health emergencies and, UHC closely together. Health emergencies are compounded by the weakness and fragility of the very health systems that need to prevent, prepare for, detect, respond to and recover from such emergencies. Health emergencies weaken health systems and weak health systems

amplify health emergencies. WHO will track the impact of its emergency response work in affected countries by measuring access to and delivery of interventions in addition to the outcome areas monitored under the UHC objective.

56. WHO's approach to health emergencies is described in the results framework of the health emergencies programme.¹ It seeks to ensure that:

- populations affected by health emergencies have access to essential life-saving health services and public health interventions;
- all countries are equipped to mitigate risk from high-threat infectious hazards;
- all countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management;
- national health emergency programmes are supported by a well-resourced and efficient WHO Health Emergencies Programme.

57. Major reforms to the programme have been implemented in the past two years; strong progress, in keeping with the findings of the Independent Oversight and Advisory Committee, has been made as a result. However, further strengthening will require the transformation of some WHO business processes and the strengthening of WHO's work in country offices. These changes represent corporate priorities that will require corporate solutions.

58. The strong link with UHC will help in a number of areas, namely: preparedness, health services to refugees and migrants; preventing health systems collapse in fragile, conflict-affected and vulnerable States; and using recovery opportunities to "build back better" health systems. Strong community involvement is a critical component, as has been documented in the Ebola crisis.

59. As the world approaches the eradication of polio, certain functions essential to maintain a polio-free world will have to be sustained. Moreover, polio programmes have helped to strengthen health systems and these wider gains must be maintained as the polio programme is being ramped down. Essential functions currently supported by polio funds should be integrated into a broader health effort (for example, integrated disease surveillance, outbreak preparedness and response systems and poliovirus containment will need to be absorbed into other biosafety and bio security efforts).

60. WHO will continue to play a critical role in the execution and coordination of these functions, particularly in States with fragile or failed health systems where substantial polio resources were deployed and contributed to strengthening the overall health system.

¹ See <http://www.who.int/about/finances-accountability/funding/financing-dialogue/emergencies-programme-results-framework.pdf> (accessed 5 March 2018). The list in the text is updated for the Programme budget 2018–2019.

61. WHO will identify those countries, and areas within countries, where the withdrawal of polio eradication resources could substantively weaken a national health system's capacity to deliver basic immunization services, and detect and respond to emergencies. The Secretariat will then work with the countries concerned and their partners to establish sustainable solutions that maintain critical capacities as a foundation for managing threats and emergencies and for rebuilding this aspect of the health system.

Healthier populations – 1 billion more people enjoying better health and well-being

62. WHO will contribute to people enjoying better health and well-being through five platforms that were selected based on the following criteria: the challenges they address erode the prospect of healthy lives, require a multisectoral approach addressing health determinants, represent existential threats to human flourishing, have associated opportunity costs amounting to trillions of dollars, and are areas where WHO has comparative advantage. These interconnected platforms also support the two other strategic priorities of UHC and health emergencies.

63. Work on these platforms will take an integrated approach across the Organization, supporting the over-arching goal of ensuring healthy lives and promoting well-being and the three strategic priorities of achieving UHC, addressing health emergencies and promoting healthier populations, while optimizing synergies between one another. The platforms will be the focus of elevated political attention, partnerships, and resource mobilization. They will support countries to implement the normative work of the Organization while also involving a wide range of partners and experts. The Secretariat will administer the platforms and the development of the related impact and accountability framework so as to ensure a holistic approach that avoids silos.

64. Although the title "healthier populations" is a broad one, WHO will contribute in a focused manner through the five platforms. Moreover, the descriptions below represent a starting point that will become even more focused over time. In order to accelerate progress, during their implementation, the platforms will test novel ideas and will pursue the most promising opportunities. Those areas that are producing results will receive increased resources to optimize the cost effectiveness of WHO's investment in the platforms. Each platform will have specific targets and indicators. The Organization will periodically review the platform initiatives in light of the evidence of what is working and where opportunities lie, and will adjust its strategy accordingly.

65. WHO will monitor progress towards healthier populations, and the Secretariat's own contribution, using the ambitious SDG-based goal below (see Box 7 for information on how the estimate was calculated). The goal will require a concerted effort by many parties, including Member States, but this is what is needed to keep the SDG agenda on track.

Box 7. 1 billion more people enjoying better health and well-being

The number of people enjoying better health and well-being is a composite estimate derived from adding multiple SDG targets. The estimates consider action to meet life-enhancing targets during the period 2019–2023, comparing these against “no intervention” scenarios (i.e. baseline status quo until 2023) and bearing in mind that this includes overlapping and non-mutually exclusive populations. **The specific outcomes and impacts to be combined in the composite estimate will be specified in the impact and accountability framework.** The goal is intended to stimulate collective action for health and to strengthen the Organization’s contribution both in its role as a catalyst and in its rigorous monitoring to track progress.

Platform 1: Improving human capital across the life course

66. WHO aims to improve human capital by using innovation and a life course approach, with a special focus on women, children and adolescents, to provide integrated services, and by enabling people to access the information, goods and services they need to survive and thrive at all ages.

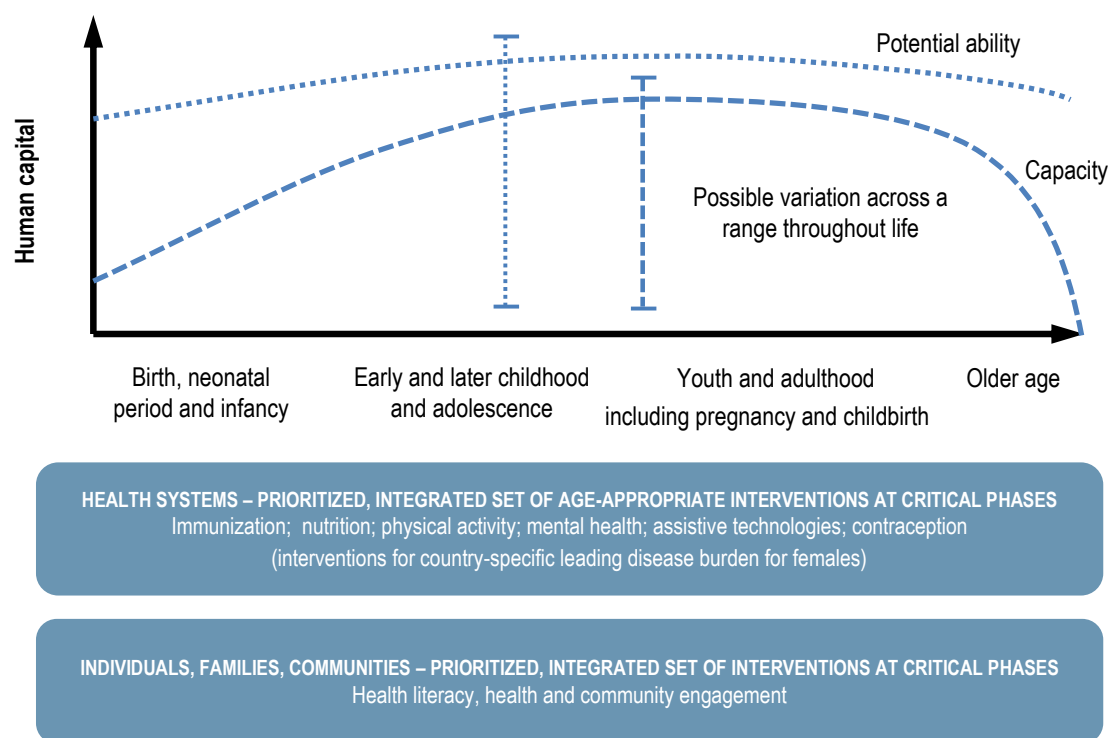


7. There are critical points across the life course where human capital can be improved through evidence-based interventions that address risk factors (such as nutrition and exclusive breastfeeding, violence, learning and play, and others) and promote health and well-being. This results in a triple dividend – with health, social and economic benefits – for people now, for their future and for the next generation. For example, 11% of recent economic growth in low- and middle-income countries resulted from a reduction in preventable deaths across the life course.¹ Investments in early childhood, child and adolescent health and development, and in family planning, pregnancy and childbirth care can yield benefit-to-cost ratios of around 10-to-1, and rates of mental health disorders and noncommunicable diseases in later life can be reduced. Maintaining functional ability in older people can help to reduce health-care costs and care dependency and promote well-being, enabling them to continue contributing to society.

68. Special emphasis will be placed on addressing SDG targets 3.7 (on universal access to sexual and reproductive health care services) and 5.6 (on universal access to sexual and reproductive health and reproductive rights) in relation to gender equality and women’s economic empowerment. WHO will work to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with SDG target 3.7; and to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, in line with SDG target 5.6. Fig. 5 shows how a strategic, integrated set of evidence-based interventions delivered at critical points, with the engagement of individuals, families and communities, could increase human capital throughout life.

¹ Jamison DT, Summers LH, Alleyne G, Arrow KJ, Berkley S, Binagwaho A, et al. Global health 2035: a world converging within a generation. *Lancet*. 2013 Dec 7;382(9908):1898–955. ([http://dx.doi.org/10.1016/S0140-6736\(13\)62105-4](http://dx.doi.org/10.1016/S0140-6736(13)62105-4) pmid: 24309475, accessed 5 March 2018).

Fig. 5. Increasing human capital throughout life through an integrated set of evidence-based interventions



Adapted from: A life course approach to health: synergy with sustainable development goals¹

69. **WHO will define a prioritized, integrated set of interventions to improve human potential across the life course;** use digital technologies to enable people to access the information, goods and services they need to survive, thrive and optimize their potential throughout life; test approaches for implementation and scale up in countries; and address measurement issues, including by aligning with the World Bank’s Human Capital Index to provide solutions to countries and creating an Early Childhood Development Index.

Platform 2: Accelerating action on preventing noncommunicable diseases and promoting mental health.

70. Every year, noncommunicable diseases (NCDs) cause the deaths of 15 million people between the ages of 30–70. By 2023, the WHO Secretariat aims to support countries to achieve the SDG target of reducing premature deaths from NCDs through prevention and treatment and promoting mental health and well-being. **Much of the morbidity – and most premature deaths – caused by NCDs can be prevented through interventions to reduce four main risk factors: tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.** Prevention efforts need to be combined with equitable access to effective treatment for cardiovascular diseases, cancer, diabetes, chronic

¹ Kuruvilla S, Sadana R, Villar Montesinos E, Beard J, Franz Vasdeki J, Araujo de Carvalho I, et al. A life course approach to health: synergy with sustainable development goals. Bulletin of the World Health Organization. 2018 (January 2018 issue/ Online first: December 2017).



respiratory diseases and mental health conditions. Mental health disorders account for 13% of the global burden of disease; however, the majority of people concerned have no access to treatment and care. In addition, injuries and violence are significant risk factors and cost-effective interventions exist both to prevent the occurrence of violence, road crashes and other causes of injury, and to provide the emergency and longer-term services that the victims need. In particular, relevant SDG targets call for increased efforts to tackle road traffic injuries and violence. As the lead agency for health in the United Nations system, WHO needs to catalyse action globally and in countries. The WHO Secretariat will work with Member States and other partners in scaling up efforts to implement the high-impact and cost-effective measures needed, including by working through the WHO Independent High-level Commission on NCDs, the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases,¹ the United Nations Decade of Action on Nutrition and the United Nations Road Safety Collaboration, to persuade elected officials to make bold political choices for health. WHO will reinforce its leadership and technical capacity in supporting countries to implement the outcome of the special session of the United Nations General Assembly on noncommunicable diseases, due to be held in 2018. The WHO Secretariat will provide technical assistance and evidence-based guidance² to countries on the “best buys” and other recommended interventions for prevention and treatment of NCDs.³ WHO will work with other partners including civil society and the private sector in reducing the noncommunicable disease burden but when there is evidence of harmful practices, WHO will speak out against them. Evidence-based WHO guidance will support countries to reduce the use of salt and sugar; to eliminate artificial *trans*-fats and reduce antibiotics in food; to reformulate products to make them conducive to a healthy diet; to reduce tobacco use and the harmful use of alcohol; to stop the marketing of unhealthy foods and beverages to children; and to reduce the prevalence of physical inactivity. The WHO Secretariat’s support to Member States will focus across four areas of commitments, included in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), namely: governance, prevention and reduction of risk factors, surveillance, monitoring and evaluation, and health care. The WHO Secretariat will strengthen technical support to countries in addressing the mental health treatment gap and related human rights issues, implementing high-impact health and social care services and providing a package of cost-effective interventions for common conditions.

Platform 3: *Accelerating elimination and eradication of high impact communicable diseases.*

71. Despite being preventable and treatable, communicable diseases and infections – including HIV/AIDS, tuberculosis, malaria, viral hepatitis, sexually-transmitted infections, and neglected tropical diseases – continue to pose a major public health challenge in most countries, killing over four million people each year. The world is close to eradicating polio and dracunculiasis (guinea worm disease) but a massive, focused effort is still needed to reach these milestones. The SDGs have

¹ Reference to the Mechanism does not prejudice any decision by Member States regarding the Mechanism beyond 2020.

² MPOWER, HEART, SHAKE, RESOLVE, PEN, ECHO, mhGAP, Road Safety Save Lives, Implementation Toolkit to Reduce the Harmful Use of Alcohol.

³ Officially called “the updated Appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020”, endorsed by the Health Assembly in resolution WHA70.11 (2017). See also <http://apps.who.int/iris/bitstream/10665/259232/1/WHO-NMH-NVI-17.9-eng.pdf?ua=1> (accessed 5 March 2018).

brought renewed urgency to fast-tracking the “unfinished agenda” of communicable diseases. However, the 2030 target of “ending the epidemics” cannot be achieved without significantly accelerating prevention, control and elimination efforts – with highly cost-effective and high-impact interventions – and integrating disease-specific responses into people-centred health systems. Building on its strong record of combating communicable diseases, WHO will work with partners to place elimination efforts on HIV/AIDS, tuberculosis, malaria, viral hepatitis and neglected tropical diseases on a sustainable footing by 2023. In order to achieve a paradigm shift, the WHO Secretariat will work with countries, development partners, and financial institutions to harmonize and integrate policies, strategies and high-impact interventions; to expand efforts to reach the most vulnerable populations and improve equity; to ensure robust funding and improved quality and efficiency of investments; to strengthen multisectoral and community engagement; and to scale up innovative new tools and approaches. WHO will develop integrated normative guidance across the different diseases to replace strategies that are ending (e.g. the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, which will end in 2021). This platform initiative will be fully aligned with key pillars of WHO’s priorities in UHC and health emergencies; it will promote the principle of Health in All Policies, and place a heightened focus on gender, equity and human rights. WHO will work with partners to build political momentum around the acceleration agenda, and to provide leadership for the United Nations General Assembly’s first high-level meeting on tuberculosis (due to be held in 2018) and other major events. The Organization will work with partners and Member States to sustain and enhance vaccination coverage, ensuring that no child is left behind, even in the most remote and inaccessible areas. Along with the elimination of high-burden communicable diseases, eradication of polio and guinea worm disease will remain key priorities, with significant efforts directed to post-eradication planning.



Platform 4: Tackling antimicrobial resistance.

72. Antimicrobial resistance accounts for an estimated 700 000 deaths per year and by 2030 will represent up to US\$ 3.4 trillion in GDP loss. The Organization will promote policy and technical dialogue on antimicrobial resistance across sectors in Member States, and will provide strategic support for scaling up comprehensive and sustainable actions to tackle antimicrobial resistance and related specific pathogens, based on the Global Action Plan on Antimicrobial Resistance, the 2030 Agenda for Sustainable Development and the Political Declaration of the high-level meeting of the General Assembly on antimicrobial resistance. These actions will include increasing awareness and understanding of the issue at all levels of society and with respect to the environment;¹ improving global surveillance platforms and research;² implementing a stronger strategy for infection prevention and control;³ optimizing the use of antimicrobial medicines;⁴ and promoting research and

¹ By means of World Antibiotic Awareness Week, the education and training of health-care workers, and continuing education in the health and veterinary sectors, and in agricultural practice.

² Through promotion of the Global Antimicrobial Resistance Surveillance System and innovative diagnostics and molecular techniques.

³ Also by applying WASH (Water, Sanitation and Hygiene) in health facilities, and by promoting immunization and WHO’s campaign “Save lives: clean your hands”.

⁴ By means of antimicrobial stewardship and technical guidance, legislation and regulations, and sustainable procurement, pricing, regulatory capacity and standards.

development,¹ including through the WHO/DNDi Global Antibiotic R&D Partnership. In line with the One Health concept, WHO will also strengthen its collaboration with other United Nations agencies and relevant partners from different sectors, including through its role as co-chair of the United Nations interagency coordination group and the FAO, OIE, WHO tripartite. The WHO Secretariat will support countries in developing, implementing and updating systematically national action plans.

Platform 5: Addressing health effects of climate change in small island developing States and other vulnerable States.

73. The primary focus of this platform will be on small island developing States, although it will also include other vulnerable States. The most vulnerable nations face escalating climate- and pollution-related risks. Within these nations, climate change disproportionately affects the poorest, the most marginalized, and women and children. Air pollution is an increasingly serious risk factor for noncommunicable diseases, causing 6.5 million deaths annually. Reducing air pollution reduces emissions of short-lived climate pollutants such as black carbon, as well as longer-lived CO₂. WHO will scale up its efforts to prevent air pollution-related disease. Following the Paris Agreement on climate change (2015) and the decisions reached by the Conference of the Parties to the United Nations Convention on Climate Change at its twenty-third session (Bonn, 6–17 November 2017), WHO will continue to work on the interface between climate change and health and the impact of air pollution. WHO aims to triple health-related climate finance by 2023; to ensure that health systems in all small island developing States are resilient to extreme weather and climate-sensitive disease by 2030; and to help countries to ensure that global carbon emissions are falling so as to bring health “co-benefits” by 2030 (an issue not limited to small island developing States). The Organization will do so by supporting national and global advocacy; by providing evidence through country profiles and business cases for investment; by ensuring technical and capacity-building support for implementation; by facilitating access to climate finance by health ministries; by supporting climate-resilience, energy and water access in health care facilities; and by linking to other WHO priorities, including strengthening capacities to manage risks of climate-related emergencies. In order to build resilience to the increasing spread of vector-borne, water-borne, food-borne and work-related diseases, WHO will promote improved monitoring and surveillance, early warning systems and a coordinated and robust response, including awareness raising. With respect to air pollution (i.e. outdoor, household and workplace air pollution) and climate change mitigation, WHO will scale up its work with different sectors – including transport, energy, housing, waste, labour and urban planning – at the national and local level to monitor air quality, develop strategies for transitioning to healthier technologies and fuels and for ensuring that all populations breathe air that meets the standards of WHO’s air quality guidelines, and that scientific evidence will be translated into effective policies.

4. Strategic shifts – how WHO will contribute

74. Underlying the strategic priorities set out above will be three strategic shifts: stepping up leadership at all levels, driving impact in every country, and focusing global public goods on impact.

¹ Using behavioural research and target product profiles, and innovative financing mechanisms; countering overuse and defensive medicine with normative actions; and engaging regulators and promoting transparent public-private-partnerships.

Stepping up leadership

75. The first strategic shift is based on WHO's core function of providing leadership on matters critical to the health of all people and engaging in partnerships where joint action is needed.

76. **WHO will advocate for health at the highest political level.** WHO will promote the vital role of health in human development at all levels of government, as well as within the United Nations system. WHO will also engage with a range of non-State actors. Global leadership calls for a high degree of policy coordination and teamwork across the three levels of the Organization, including through the Global Policy Group that comprises the Director-General, Regional Directors, Deputy Directors-General and Chef de Cabinet.

77. WHO will strengthen its public voice – based on science and evidence – and advocate for progress especially in areas of particular importance identified in GPW 13. WHO will speak up against practices from any sector including industry that, based on evidence, are harmful to health. Consistent with its Constitution, WHO will be at the forefront of advocating for the right to health in order to achieve the highest attainable standard of health for all. WHO will also speak out strongly to condemn attacks against medical facilities and personnel in conflict situations.

78. WHO's work on healthy lives and well-being – including universal health coverage, health emergencies, and healthier populations – is both technical and political. Health is the subject of high-level political discussions in a growing range of political forums from the G20 to the United Nations Security Council. WHO is and will remain a Member State organization; however, current conceptions of global governance also include a range of non-State actors. A range of political and policy interests are influenced by a network of alliances and coalitions, involving nongovernmental organizations, philanthropic foundations, and private sector entities. Outreach to such actors is critical for WHO's work. WHO will strengthen its health diplomacy and work to include health in global political bodies such as G20, G7, BRICS, and in regional and municipal political bodies. Indeed, it is often at the local government level, and based on the leadership of mayors, that Health in All Policies becomes a reality. At the same time WHO sets norms and standards which differentiates it from these other actors in global health. WHO's Framework of Engagement with Non-State Actors provides the guidance needed to engage in partnerships with all types of non-State actors while maintaining the Organization's integrity and independence from interests detrimental to health.

Multisectoral action

79. Since key determinants of health often lie outside the health sector, countries can only work towards the health SDGs by engaging sectors beyond health and adopting a "whole-of-government" and "whole-of-society" approach. Multisectoral action is also the pathway through which WHO will contribute to health in all 17 SDGs. The United Nations reform agenda should enable WHO to work more effectively with non-health sectors at the country level to address the health impacts of climate change and the environment, and of other factors that have a major impact on health.

80. Multisectoral action becomes possible when health actors are empowered to effectively engage in and support policy processes in other sectors. WHO will promote "Health in All Policies" and governmental cabinet approaches to cross-sectoral action and policy coherence. WHO will engage Heads of State in championing a coherent multisectoral agenda and addressing the main determinants of health in their countries. WHO will support private and public sector investments in

primary prevention, as appropriate, and will provide evidence-based guidance that supports healthy choices and interventions, applying the WHO Framework of Engagement with Non-State Actors.

Gender equality, health equity and human rights

81. By basing GPW 13 on the SDGs, WHO commits to leave no-one behind. The right to the highest attainable standard of health as expressed in WHO's Constitution underpins all WHO's work. WHO commits, at all levels of engagement, to the implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities. WHO commits to gender mainstreaming including not only sex-disaggregated data,¹ but also bringing a gender lens to needs analysis and programme design. It will work for the rights of people with disabilities,² and marginalized or vulnerable groups (such as migrants, internally displaced persons, and refugees), and for freedom from discrimination.³ Responding to the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, WHO and the Office of the High Commissioner for Human Rights recently signed a Framework of Cooperation that spells out several ways in which the two agencies will strengthen their collaboration, including building capacity at country level to implement rights-based approaches, and strengthening the way in which health issues are considered by existing human rights mechanisms. WHO will seize opportunities to advocate for mainstreaming SDG 5 (achieving gender equality and empowering all women and girls). It will work to end all forms of discrimination against women and girls everywhere; to eliminate all forms of violence against all women and girls in the public and private spheres; and to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. It will also ensure that all work on UHC recognizes that a majority of health workers are women and that most informal care is provided by women.

Financing

82. By advocating with Heads of Government, engaging with non-State actors, and supporting evidence-based and results-oriented budgeting, WHO will make the case for domestic investment in health that minimizes out-of-pocket expenses and reduces catastrophic expenditures on health. WHO will also use its leadership position and its convening power to call for an adequate, continued and predictable official development assistance and humanitarian funding for health, as well as innovative finance.

Driving public health impact in every country

83. The second strategic shift is based on two of WHO's core functions: articulating ethical and evidence-based policy options; and providing technical support, catalysing change, and building sustainable institutional capacity.

¹ See paragraph 98.

² See Convention on the Rights of Persons with Disabilities (2016) (<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>, accessed December 10, 2017).

³ WHO is a signatory to the Agenda for Zero Discrimination in Health Settings (http://www.who.int/hrh/news/2017/zero_discrimination-in-health-care/en/, accessed 5 March 2018).

84. **WHO will place countries squarely at the centre of its work.** This strategic shift is the epicentre of GPW 13 and will become the focus of all levels of the Organization. WHO will strengthen its work at country level in all settings to ensure better impact. GPW 13 guides WHO's priorities and work overall; however, the specific focus of and approach to the Secretariat's engagement with each individual country will be flexible in order to take into account country context and country capacity, thus ensuring that support is relevant and effective. In some settings such engagement will be more upstream – policy-related, strategic and normative – and in others more downstream with a focus on technical assistance and strengthening service delivery. In many countries engagement will involve a mixture of approaches, and the focus of WHO support will evolve over time.

85. In all countries WHO will engage in policy dialogue, tailored to country needs and context, as the basis for the Organization's collaboration with countries and as the means of ensuring that WHO's normative work is implemented by countries. The WHO Secretariat may also provide strategic support to countries in implementing WHO's normative guidance, and technical assistance to help build institutions and capacity. In a small subset of countries WHO will also, for a limited time period, strengthen service delivery principally to coordinate and convene the health sector response.

86. Strengthening WHO's work at country level, including its work on strengthening service delivery, involves a combination of WHO country office leadership, a fit-for-purpose staffing structure, appropriate delegation of authority, and business processes that facilitate effectiveness and efficiency. All levels of the Organization will support this focus on country impact. In certain situations, WHO has to act as a "provider of last resort" to fulfil its obligations under the Inter-Agency Standing Committee, as lead agency of the health cluster in humanitarian emergencies. However, these are relatively infrequent situations. Far more common is the need for WHO to ensure that a robust technical platform is in place and to act as a convenor and coordinator of many partners in support of national authorities. The WHO Secretariat will adapt its approach to countries based on their capacities and vulnerability.

Policy dialogue partner

87. Building on its normative functions, the WHO Secretariat will strengthen its role in driving policy dialogue in all Member States. The focus and topics of this policy dialogue will vary depending on the maturity of the national health system and other relevant country profile data. In well performing health systems this dialogue is likely to focus on innovations and building health systems of the future that can then be used to support and inspire other countries striving for excellence. In order to maximize effectiveness, the WHO Secretariat will focus the dialogue around country needs as well as relevant global themes discussed and decided in the WHO governing bodies and, where WHO has a permanent presence, better tailor its expertise in-country. As a trusted source of knowledge and data WHO will effectively support and advocate for policy actions in line with global priorities.

Strategic supporter

88. The Secretariat will provide strategic support to further strengthen health systems in order to maximize their robustness and systems performance in terms of health results, equity and financial sustainability. This would include provision advice on various aspects of UHC. Strategic support will be delivered through in-country, national-level presence, regional offices or headquarters, depending on the context.

Technical assistance partner

89. The Secretariat will provide technical assistance, tailored to country needs, acting as a technical assistance partner that works with the Government and other partners to identify, respond to and overcome bottlenecks, attract sufficient financing and build more robust institutions over time. This support is of particular relevance to weaker health systems and in contexts of moderate to high vulnerability. Many of the Member States concerned will also have recurring acute crises to manage or ongoing protracted crises at a subnational level. WHO's support in such settings would be delivered through a combination of national and, where appropriate, subnational presence. Some countries may require technical assistance or technical cooperation; others may require a combined approach.

Service delivery coordinator

90. The Secretariat will strengthen service delivery in States and settings characterized by extreme fragility, vulnerability or the existence of large-scale conflict. It is the modality already agreed by Member States in relation to the WHO Health Emergencies Programme and is the role currently being played by the WHO Secretariat in certain countries. Strengthening service delivery involves coordination of the health cluster including the international and national partners providing direct provision of services and supplies. In many of these countries, WHO will be coordinating health clusters and humanitarian response plans. WHO may, exceptionally and for short periods, have to serve as provider of last resort as more robust solutions are established. WHO would operate through a combination of national and substantive subnational presence in coordination with other United Nations agencies and humanitarian actors providing health services.

91. Overall, the first step in determining optimal WHO support in a given country, is to consider the country priorities and needs through bottom-up planning processes. WHO country cooperation strategies play a critical role in enabling the Member State concerned and the WHO Secretariat to identify a medium-term vision and joint strategic agenda at the country level. They also help to prioritize those activities through which the Organization can add most value, while recognizing areas where the country does not need direct support from WHO. The four approaches to WHO's support at country level listed above are not intended to be a basis for categorizing countries. Rather, they provide a guiding framework for considering what types of support are of most relevance and value for each country.

Focusing global public goods on impact

92. The third strategic shift is based on three of WHO's core functions: setting norms and standards, and promoting and monitoring their implementation; monitoring the health situation and assessing health trends; and shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge. WHO's normative, data, and research and innovation activities drive the creation of global public goods. WHO's quintessential function is to ensure access to authoritative and strategic information on matters that affect peoples' health. Delivering on this function effectively involves influencing the actions of others in ways that can be shown to improve health outcomes and well-being.

93. **WHO will strengthen its normative work.** WHO is unique among global health organizations in its mandate to provide independent normative guidance, which is a key source of its authority and comparative advantage. WHO's Framework Convention on Tobacco Control, the International Health Regulations (2005), and the Pandemic Influenza Preparedness Framework are examples of unique instruments in global health governance. Key to improving WHO's role in this area is to ensure that global public goods are driven by country needs and deliver tangible impact at the country level, mindful that these impacts may be long-term in nature.

94. The phrase "norms, standards and conventions" is used to denote a wide range of the global public goods provided by WHO, informed by country needs, and which benefit countries and partner organizations collectively rather than individually.¹ According to a recent evaluation of WHO's normative function,² normative products could be categorized as follows.

- *Constitutional normative products* – conventions/regulations/regulatory recommendations approved by the Health Assembly or by an equivalent body (e.g. Codex Alimentarius Commission).
- *Scientific and technical normative products* – norms and standards set by the Secretariat for a broad range of thematic areas, based on scientific evidence and advice from leading technical experts.
- *Health trend assessments* – such as the annual *World Health Statistics, Global Burden of Disease, World Malaria Report, Maternal Mortality*.

95. Based on the recommendations of the evaluation of WHO's normative function, the WHO Secretariat will:

- prioritize normative products based on an assessment of demands and needs in order to realize WHO's commitment of driving impact in every country; this will in many cases follow on from decisions taken in the WHO governing bodies;
- establish guiding principles and quality assurance procedures for the design, formulation and dissemination/follow-up of all normative products (all normative products, including strategies, road maps and global action plans will be based on agreed standards and reviewed independently, as is the case for technical guidelines), including maximizing the use and engagement of top international experts; and
- standardize and streamline systems and plans for monitoring and evaluation, and focus on documenting impact rather than just assessing the quality of normative products and their recommendations.

¹ See document EB130/5 Add.1.

² Evaluation of WHO's Normative Function (July 2017). Available http://www.who.int/about/evaluation/who_normative_function_report_july2017.pdf?ua=1 (accessed 13 March 2018)

96. WHO's normative guidance will be informed by developments at the frontier of new scientific disciplines such as genomics, epigenetics, gene editing, artificial intelligence, and big data, all of which pose transformational opportunities but also risks to global health. Indeed WHO must be at the forefront of such new scientific fields and the ethical challenges they pose. For example, genomics will drive personalized medicine and affect public health primary and secondary prevention, population and individual screening, and equity of access to medicines. The cost of personalized medicines will challenge countries' capacity to provide equitable and universal access. WHO is uniquely positioned to understand and tackle proactively the ethical, regulatory, professional and economic implications and to provide independent guidance with universal legitimacy to ensure that UHC is enhanced and not undermined by new scientific frontiers.

97. At the same time WHO must continue to ensure that policy-makers and health implementers – both at the international and at the national level – keep ethics at the heart of their decision-making. By focusing on individual values such as human dignity, and respect; by bringing in the language of obligations and responsibilities; and by advocating at a national and global level for solidarity, reciprocity, and mutual understanding amongst other values, WHO can foster trust, improve transparency, and enhance accountability. WHO will work to ensure that all policies, public health interventions and research are grounded in ethics, and will continue to develop ethical guidance in emerging health fields. Special consideration will be given to dual use research.

Data

98. Accurate and timely data are an essential resource for Member States to achieve the SDG targets and goals for UHC, health emergencies and healthier populations. WHO is the steward and custodian for monitoring the health-related SDGs. Data are needed to measure performance, improve programme decisions and increase accountability. WHO's Constitution requests Member States to submit annual reports on health status and actions taken to improve health.¹ The Secretariat has a critical role to support Member States in the effective collection, analysis, reporting and use of data. WHO will focus on its areas of comparative advantage: setting standards for data collection; ensuring access to and comparability of health data for global monitoring; promoting a harmonized technical package for improved monitoring and evaluation; helping countries to strengthen data collection systems; promoting data transparency; facilitating the use of data in decision-making; and promoting the use of data for global, regional and national accountability. In order to promote better evidence-based decision-making in Member States, the Secretariat will undertake the following actions.

- *Set data collection standards and provide tools and support for diverse data collection platforms that are needed by Member States.* This action will include maintaining the WHO Family of International Classifications that include the International Classification of Diseases and the International Classification of Functioning, Disability and Health. It will also include establishing best practice standards for measurement through different data systems of each critical health outcome, determinants and health system attribute, including birth and death registration, household surveys, administrative health service data systems, disease

¹ WHO Constitution Articles 61-65 (<http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=7>).

registries, surveillance systems and anthropometric data. Standard setting will encompass assessing and utilizing the potential of innovative modalities for data capture, analysis, reporting and use, such as satellite imagery, environmental sensors, mobile and cloud technology and social media.

- *Support Member States in strengthening national statistical capacity at all levels to ensure good-quality, accessible, timely, reliable, and disaggregated health data, including through, where appropriate, the Health Data Collaborative.* WHO will work with partners to provide effective and coordinated technical and financial support for national priorities in health information systems, linked to national health sector strategic plans and review processes. This will involve disease reporting, including birth and death registration, chronic disease registries, systems to provide data on hospital and clinic utilization, electronic medical records, reimbursement claims data, household surveys, and profiles of antibiotic resistance. Technical assistance will also be provided on budget, expenditure and licensing information systems that provide details on health system financial resources and human resources. Data systems will be strengthened with an aim to provide actionable information at the local level as well as regional and national aggregates. The WHO Secretariat will work with Member States to identify key data gaps to monitor UHC and the health SDGs and increase efficiencies. These data gaps will be used to draw attention to priorities for additional investments in data, aligned with the national monitoring and evaluation framework.
- *Support Member States to improve capacity for the systematic and transparent translation of evidence to inform policy and national decision-making.* Member States will be supported in establishing sound evidence platforms derived from global research, local data and specific contextual knowledge. In applying these platforms, policy-makers and other stakeholders will be supported in deliberative dialogue to enable policy development and performance improvement; this will include support for economic and policy analysis.
- *Promote open reporting of health data by Member States and the Secretariat and support Member States' creation of transparent data warehouses for these data.* Detailed data, with supporting documentation, and open reporting will take on enhanced importance given the focus in the SDGs on health equity. Open data is a global public good. WHO will work with country stakeholders and partners to promote and support the development of nationally owned health observatories. The aim is to improve open access to health data, statistics and analyses at country level in order to support and monitor progress on national commitments, including health-related SDGs, universal health coverage and other national and subnational priorities.
- *Promote strategic disaggregation of data through collection, analysis and reporting to better inform programmes based on the following: sex, income, disability, ethnicity and age group categories in surveys, routine data, and other data sources.* Identifying health inequalities and their drivers is essential for achieving health equity and improving programme delivery. Health information systems are the foundation for monitoring health inequality.
- *Work with relevant institutions, including academic institutions and networks, non-State actors and think tanks in the collection, analysis and strategic use of health information.* Examples of this type of initiative include various ongoing and proposed "Countdown"

efforts, the Global Burden of Disease Collaboration, led by the Institute for Health Metrics and Evaluation, and WHO collaborating centres.

- *Ensure itself of the availability of data and metrics to support strategic management and agile learning for the Organization.* In this way, the WHO Secretariat will be able to measure its own performance in accordance with GPW 13 (including trends in UHC, health emergencies and healthier populations) and ensure timely production of World Health Statistics, and curation of critical data in cooperation with Member States.
- *Catalyse investments by donor agencies, development banks and national governments in filling critical data gaps.* The Secretariat will identify on a country-by-country basis, key gaps in the collection of data needed to monitor GPW 13's strategic priorities and the health-related SDGs. Reporting on data gaps will be used to draw attention to priorities for new data collection investments.

Research and innovation

99. Research and innovation are vital to WHO as a knowledge-based organization. WHO hosts special research programmes, coordinates multicountry research, and supports research capacity building. It also benefits from over 700 WHO collaborating centres. Critical research functions have been addressed already and integrated into relevant strategic priorities: research and development in support of access to and prequalification of medicines in the UHC section, and coordinating research in emergencies in the health emergencies section. Research is also a foundation of strategic shifts: diplomacy and advocacy, and normative guidance and agreements must be based on the best science and evidence. WHO will draw upon a wide range of disciplines from the social sciences to implementation research. At the same time, WHO will use its comparative advantage in respect of identifying needs and translating knowledge in order to facilitate research best conducted in research institutions.

100. WHO will also help develop and scale up innovative solutions. Innovation can accelerate attainment of the SDGs and the goals in GPW 13. The Organization will use various approaches – science and technology, and social, business or financial innovation. Innovative ideas can come from anywhere – any geographical location any sector – and may include “reverse” innovation and South–South cooperation. A key innovation challenge lies in scaling up – and scaling up in a sustainable manner. Some innovations, especially those which are global in scope, require transformative improvements applicable to diverse international contexts and users. Other innovations, such as those that are tailored to local settings, are more likely to persist when innovators who are close to a problem leverage their insights to develop locally adapted solutions. Innovation calls for risk-taking and the ability to tolerate and mitigate failures.

101. WHO's most effective role, acting in its area of comparative advantage, is to address innovation barriers as a facilitator, a “champion of champions” of innovation. WHO will focus on three roles in this regard.

102. *Shaping innovation.* WHO will focus on linking with research and innovation funders and across the three levels of the Organization to leverage its viewpoint as well as country insights. WHO can partner in shaping calls for innovations or challenges matched to specific, identified health-related needs and gaps, and aligned with the WHO strategic priorities. By ensuring buy-in from the end-user at the earliest stage, WHO can use its networks to maximize both opportunities for replication and scalability. WHO will, for example, foster and cooperate with initiatives such as the WHO/DNDi Global Antibiotic R&D Partnership, the Coalition for Epidemic Preparedness Innovations and the G20 Global Collaboration Hub on research and development on antimicrobial resistance. The Organization will also help to coordinate partners as it does with the R&D Blueprint. It will also promote South–South cooperation in research and innovation.

103. *Scaling up innovation.* Based on its close relationships with governments, WHO can take a unique role in catalysing the scaling up and sustainability of effective, health innovations. By linking innovations, innovators and innovation funders with governments, WHO can catalyse the sustainable scaling up of evidence-based innovations within health systems. This will sometimes also require constructive engagement with the private sector, since government and private sector, often together, are the principal actors that scale up innovation. As innovations are tested and transition to scale, WHO can also help to synthesize evidence in order to inform guideline development.

104. *Amplifying innovation.* WHO is well positioned to communicate successes and lessons learned, which will be key to the further scaling up and sustainability of innovations.

5. Organizational shifts – the foundation for delivering the promise of GPW 13

105. WHO will only succeed in driving a measureable improvement in the health of people at the country level by making fundamental changes in the Organization’s working model, systems and culture. Implementation of these organizational shifts will be guided by the Global Policy Group, which will advise the Director-General on mobilizing change; sequencing and implementation of shifts; and ensuring that change builds on best practices from across the Organization.

Measure impact to be accountable and manage for results

106. WHO will monitor its performance, and establish an independent accountability mechanism to monitor outcomes of the implementation of GPW 13. The goals and targets and indicators in GPW 13 will be aligned with either the SDGs or World Health Assembly-approved metrics. WHO will develop an impact and accountability framework that further articulates results chains to enable performance monitoring, value-for-money analysis, and accountability by the Secretariat. This focus on impact will require a meaningful account of WHO’s contribution on each goal and by each level of the Organization. Progress depends on many joint actions by WHO and its partners – governments, United Nations entities, civil society or the private sector. For that reason, it is less important to attribute advances to specific parties than it is to achieve impact and build confidence in the leadership and contribution of WHO to that shared success. WHO’s contribution is detailed in GPW 13 and will be further detailed in the impact and accountability framework. WHO will include qualitative country case studies to complement the quantitative indicators. Although global goals are provided in GPW 13, the data are tracked at country level; therefore, country profiles and regional

reporting of these global goals across the Organization will be essential.¹ A new metrics and measurement cluster has been established in order to help institutionalize the monitoring of goals and targets of GPW 13. In addition to measuring programmatic impact, WHO will measure strategic and organizational shifts through a balanced scorecard. The principles of risk management, ethics, compliance and evaluation are crucial for the transformation of the Organization. The corporate responsibility of WHO is to be able to identify those risks that may impact the agreed results with Member States. WHO has the responsibility to Member States, partners and the international community in general, to guarantee the judicious use of the resources and maintain the good reputation of WHO, in keeping with the Code of Ethics and Professional Conduct, to build further trust.

Reshape the operating model to drive country, regional and global impact

107. In order to deliver on the strategic shifts described above, and especially the differentiated approach to drive impact tailored to country context, WHO's operating model will need to be transformed. Key priorities include:

- enhancing the quality of leadership at country level to ensure provision of high-calibre WHO Representatives who are effective health leaders and diplomats and well suited to addressing the country's priorities;
- ensuring visible and measurable collaboration with all Member States of WHO;
- empowering WHO at the country level with sufficient programmatic, financial, administrative and management authority for effective delivery of WHO's work, accompanied by the corresponding accountability for WHO's performance, visibility and impact;
- ensuring that country strategies (e.g. country cooperation strategies) drive GPW 13 priorities and support the national strategic plan; and contain clear actions, results chains and performance metrics;
- better leveraging WHO regional offices to support implementation of GPW 13 through regional strategies and plans of action that accommodate regional specificities and context; by sharing best practices and new ideas; and by capitalizing on efficiencies related to decentralization;

¹ The United Nations General Assembly resolution 70/1 (2015), Transforming our World: the 2030 Agenda for Sustainable Development, states that the goals and targets "tak[e] into account different national realities, capacities and levels of development and respecting national policies and priorities. Targets are defined as aspirational and global, with each Government setting its own national targets guided by the global level of ambition but taking into account national circumstances. Each Government will also decide how these aspirational and global targets should be incorporated into national planning processes, policies and strategies." (See <https://sustainabledevelopment.un.org/post2015/transformingourworld>, accessed 5 March 2018).

- strengthening WHO's leadership and cooperation with, and convening of, partners including with United Nations partners, bilateral and multilateral institutions, academic institutions and civil society to promote health in the sustainable development agenda;¹
- redistributing resources – particularly technical expertise – geographically close to where impact matters.

108. The role of WHO in the country setting will be adequately addressed in the Geneva governing bodies, providing adequate effective oversight.

Transform partnerships, communications and financing to resource the strategic priorities

109. In order to ensure sustainable and good-quality resources to deliver on GPW 13, it is vital to draw up a broader external engagement transformation agenda that aims to establish a more strategic, long-term, Organization-wide approach. A new external engagement model will bring together resource mobilization functions, technical programmes and communications at all three levels of the Organization to ensure a steered and coordinated approach to external engagement. These efforts will strengthen WHO's position within the wider global health landscape and leverage effective partnerships with governments, civil society, philanthropic foundations, corporate entities, and multilateral organizations.

110. In order to finance and deliver on the three strategic priorities and obtain results in keeping with the ambitions of GPW 13, appropriate levels of more flexible, aligned and predictable funding are crucial. WHO's headquarters, regional and country offices will work with Member States to mobilize the additional funds that are needed beyond assessed contributions. WHO will in parallel optimize its grant management and related external engagement processes to reinforce a high-performing and transparent external relations function, and demonstrate results and value-for-money.

111. WHO exists in an ecosystem of partners in which each plays a crucial role in achieving the SDGs. The Organization will leverage its coordinating and leadership role in global health, underpinned by its normative and technical expertise, to advocate for adequate and sustainable global health financing overall – only then can health actors collectively ensure healthy lives and promote well-being, through achieving UHC, addressing health emergencies and promoting healthier populations.

112. WHO can only accomplish the ambitious goals of GPW 13 with partners from all sectors including civil society and the private sector. At the same time, WHO must protect its work from conflict of interest, reputational risks, and undue influence. WHO will implement the Framework of Engagement with Non-State Actors for the benefit, and in the interest, of global public health and assess its progress together with Member States and partners.

113. WHO will continue to develop evidence-based public health messaging, advocacy initiatives and campaigns aligned with the Organization's strategic priorities. Digital and social media

¹ Including the United Nations Development Assistance Framework so as to ensure a coherent United Nations response.

communications initiatives will focus on a consistent, reinforced story of how WHO improves lives around the world in order to show funding impact and results. This story will be amplified through strategic partnerships with civil society, academia and the research community, the media, foundations and other key stakeholders. Regional and key country offices will support bold public communications and advocacy campaigns. The impact-based results framework in this GPW will also provide a solid foundation for these efforts.

Strengthen critical systems and processes to optimize organizational performance

114. WHO's strategic and organizational shifts will require a workforce that is fit for purpose, highly competent and cutting edge, motivated, high-performing and empowered. In order to achieve this, several changes should be put in place.

- Fit for purpose. Increased diversity achieved by fostering gender parity and geographical representation across all levels of the Organization; workforce rejuvenation and forward-looking succession planning supported by strategic and timely recruitment and enhanced opportunities for young professionals; and full implementation of WHO's geographical mobility policy. WHO's focus on SDG implementation will require a broader professional and skills mix to work with many different sectors and provide not only technical but also strategic and policy advice to countries.
- Highly competent and cutting edge. Professional development and empowerment through career pathways and fostering a learning culture; enhancement of managerial capabilities, increased authority and related accountability and a reorientation toward a country-centred organization; rewarding of innovation and collaboration.
- Motivated, high-performing and empowered. Staff performance management with enhanced opportunities for high performers and increased use of professional development and learning tools; making progress towards a culture of collaboration; enhancing respect within WHO as a core value.

115. WHO cannot work effectively on gender equality and health equity without turning the mirror upon itself. WHO is committed to inclusion, diversity and gender parity, as evidenced by the appointment of more women than men to the Director-General's Senior Leadership Team. At the beginning of the new Director-General's mandate, 29.7% of D1/D2 Directors across WHO¹ were women, with gender parity achieved only by the Regional Office for Europe, while at headquarters, 28.3% of Directors were women. At the Seventieth World Health Assembly, 31% of heads of Member State delegations were women. By 2023, WHO aims to achieve gender parity in its Directors and encourage gender parity by Member States in heads of delegations to the Health Assembly. Efforts to improve gender equality targets in staffing will also include concrete efforts to support leadership and career development for women, including paths to promotion for female staff. Institutional policies that address work-life balance, harassment in the workplace and other issues can support efforts to increase the number of women in senior positions within the Organization.

¹ From five regions and headquarters; data for the Regional Office for the Americas/PAHO are not available.

116. Similarly, at the beginning of the new Director-General's mandate, 33.1% of the D1/D2 Directors across WHO¹ were nationals from developing countries (11.7% at headquarters, 94.7% in the Regional Office for Africa). By 2023, WHO aims at a minimum to triple this figure so at least one third of headquarters Directors will be nationals of developing countries. Efforts to improve diversity should also include WHO internships. Since these are unpaid at the moment, they are inaccessible to many outstanding young people including those from low- and middle-income countries. This situation begins a cascade of inequality, since WHO internships can serve as entry points to subsequent career opportunities; it also deprives countries of the national capacity development generated by interns returning home. Accordingly, WHO will seek to promote greater equity of access to its internships.

117. WHO's shifts on management and administration will include the following.

- *Empowered managers* – instituting clear, standardized, transparent and accountable delegations of authority within a consistent management structure across the three levels of the Organization, institutionalizing risk management and metrics for cost management, and providing adequate training and tools.
- *Management and administrative services and systems that support and facilitate programme operations* – reviewing and refining management and administrative capacities of both technical and administrative staff, roles, policies and procedures to fully support and facilitate programme implementation, in particular: budget and programme planning and reporting, financial management, human resource management and procurement, including the assessment of opportunities for strategic partnerships with other United Nations agencies.
- *Efficient and effective business processes* – implementing, across all levels of the Organization, a systematic and continuous quality improvement process that manages change, and assesses the quality, cost and timeliness of management and administrative services on a regular basis. This includes a systematic approach to collect, document, share and scale-up best practices across the Organization.
- *Streamlined and fit-for-purpose IT systems, built upon mission-critical business requirements.* Investing in user-friendly, good-quality, flexible and continuously updated, and fit-for-purpose IT systems, built upon definition of mission-critical business requirements and evaluation of solutions or systems used by WHO offices or other United Nations agencies.

¹ From five regions and headquarters; data for the Regional Office for the Americas/PAHO are not available.

118. A continuing commitment to accountability and transparency is important not only for measuring impact (see below) but also as a foundation of the operating model. The principles of risk management, compliance and evaluation are crucial for the transformation of the Organization. The corporate responsibility of WHO is to be able to identify and mitigate risks that may affect the Secretariat's performance.

Foster culture change to ensure a seamless, high-performing WHO

119. In order to achieve a high-performing organizational culture, WHO will focus on strengthening three organizational dimensions:

- *Alignment* – The Organization will have shared objectives that are supported by its culture and climate, and that are meaningful to individual employees.
- *Execution* – The Organization will have the capabilities, management processes, and motivation to execute responsibilities with excellence.
- *Renewal* – The Organization will be effective at understanding, interacting with, shaping, and adapting to its situation and external environment.

120. A major shift will be to create a seamless organization, where people's primary affiliation is with WHO rather than their own particular programme. All three levels of the Organization will work closely together, with a clear focus on country impact, results and accountability. There will be greater alignment between WHO's vision and strategy and its daily activities. Also, WHO will work towards a more innovative culture – including becoming a more digital and networked organization. Through the process, WHO will become more flexible and better able to adapt to changes in the external environment.

121. Culture change will not be a separate initiative – it will be integrated into ongoing WHO initiatives and into every part of the process to transform the Organization. The change will be driven from the top leadership and owned and led by every part of the Organization, and it will address mindsets and behaviours to create a seamless, collaborative Organization that puts countries at the centre. Culture change will radically engage the Organization, as well as countries and partners, through continuous dialogue and feedback. WHO comprises both the Secretariat and Member States; for that reason, it will be important to further develop a shared culture of common purpose and trust to enable the Organization to reach its full potential.

6. *Translating GPW 13 into action – the new framework for impact and accountability for the programme budget, monitoring and performance assessment*

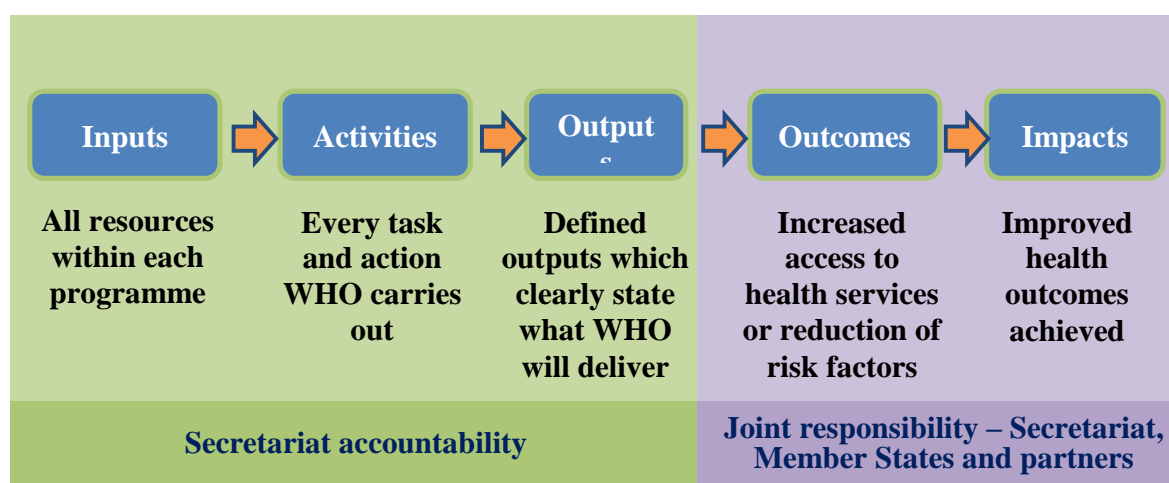
122. In order to move from high-level strategy to an implementation plan and to a programme budget, an organizing framework is needed to guide the Secretariat's work over the period of the GPW and to articulate and measure how the work of WHO's Secretariat creates change.

123. In designing the new framework for impact and accountability, the following guiding principles were considered:

- **Impact and outcome focused** – to ensure that the strategic direction of GPW 13 of creating an impact to people’s health and well-being is translated into the work of the Organization. The focus on impact and outcome will help to avoid silos. The Secretariat has already begun to identify relevant impact and outcome targets to populate the framework.
- **Ensuring organizational flexibility and accountability** – to allow the Secretariat at the three levels to be organized in the most effective and efficient manner to deliver and account for results.
- **Putting countries at the centre** – to develop a results framework that facilitates a further country-focused approach. The results framework should provide a better basis for defining and prioritizing what WHO delivers at the country level including better alignment with country cooperation strategies and efforts to achieve SDGs that are country owned.
- **Fostering collaboration** – to establish and institutionalize collaboration across organizational levels, and between programmes and systems, in order to facilitate joint accountability for results.

124. WHO’s impact and accountability framework is fully aligned with the results chain that is harmonized within the United Nations. The framework is illustrated in Fig. 6.

Fig. 6. WHO’s impact and accountability framework



125. In line with the impact- and outcome-focused approach of GPW 13, WHO’s work will be organized around eight health outcomes and two leadership and enabling outcomes. These outcomes contribute jointly to the achievement of the three strategic priorities in GPW 13. WHO will transform itself to an effective and efficient organization so that it can deliver the work that is expected for achieving these outcomes. Box 8 below presents a preliminary taxonomy of outcomes for illustrative purposes that could change with the approval of Member States as the Programme budget 2020–2021 is further developed.

Box 8. GPW 13: preliminary taxonomy of outcomes

- **Outcome 1:** Strengthened health systems in support of universal health coverage without financial hardship, including equity of access based on gender, age, income, and disability
- **Outcome 2:** Strengthened national, regional and global capacities for better protecting people from epidemics and other health emergencies and ensuring that populations affected by emergencies have rapid access to essential life-saving health services, including health promotion and disease prevention
- **Outcome 3:** Improved human capital across the life course
- **Outcome 4:** Noncommunicable diseases prevented, treated, managed, and their risk factors controlled, and mental health prioritized and improved
- **Outcome 5:** Accelerated elimination and eradication of high-impact communicable diseases
- **Outcome 6:** Antimicrobial resistance decreased
- **Outcome 7:** Health impacts of climate change, environmental risks and other determinants of health addressed, including in small island developing States and other vulnerable settings
- **Outcome 8:** Strengthened country capacity in data and innovation

WHO leadership and enabling

- **Outcome 9:** Strengthened leadership, governance, management and advocacy for health
- **Outcome 10:** Improved financial, human and administrative resources management towards transparency, efficient use of resources, and effective delivery of results

126. The outcomes in the proposed results framework constitute the backbone for organizing the work of the Organization and structuring the programme budget.

127. The new organizing frame represents a shift from the current 6 categories and 31 programme areas of GPW 12, which made specific diseases and health issues more recognizable, but which also had the effect of hampering cooperation between programmes. Moving from categories of work to outcomes also provides a better basis for priority setting and programming at the country level. It aligns more clearly with country planning and delivery of the work needed, especially in terms of the SDGs and the assessment of WHO's work in countries.

128. The work of the Secretariat that contributes directly to these outcomes is outlined in GPW 13. Further translation into a detailed plan will be done through the programme budget planning process, which involves Member States, the Secretariat's leadership team and staff across the Organization. In defining this, the Secretariat will make sure that the synergies of the work at each level, particularly the delivery of results in countries, will be given emphasis, and that detailed plans articulate how the outcomes contribute to the three strategic priorities.

129. There will be no structural implications for the Programme budget 2018–2019, which was approved by the Seventieth World Health Assembly and is now being implemented. However, the Secretariat will reallocate funds within the Director-General's authority in order to initiate a gradual realignment with the new priorities in GPW 13. The programme budgets for the bienniums 2020–2021 and 2022–2023 will fully reflect the organizing frame, based on the outcomes above. It will be the basis of programming, planning and budgeting at least for the two bienniums within the timeframe of the GPW 13.

130. Given the integrated nature of the work that is required to implement GPW 13, more flexible financing will be critical. The quality of funds is almost as important as their quantity. The Director-General has asked Member States to un earmark their contributions. This is a sign of trust and enables management to deliver. Increasing assessed contributions would also give WHO greater independence.

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