New Zealand welcomes the proposal that the next GPW should reflect the goals and targets of the Sustainable Development Goals and WHO’s commitment to deliver a work program that makes a significant and sustainable change to the health of all people everywhere. We also welcome the increased recognition that to be credible and meaningful, the WHO must be open, transparent and prepared to engage in public consultation on all of its proposals and be guided by the feedback it receives from consultation, from social media and from member states.

The future direction of travel must see WHO make a difficult and complex transition from its existing GPW, which has become overburdened with complex and competing work programs, to a future orientated method of delivering meaningful and measurable change to health across the globe. It can only do this by changing not only what the WHO does, but how it does it.

The proposed changes in operational behaviour of the WHO to:

- place the country at the centre of the health equation; and
- work with countries to develop inter-sectoral solutions that directly and indirectly deliver improved health for all through economic, environmental, welfare planning and beyond;

are modern approaches to resolving the complex problem that is health. Moving the organisation to advocacy of “Health in all policies” is the right solution at this point in history.

We are also encouraged by the willingness within the proposed GPW to reconsider how and where some projects can be developed and delivered through regional and or country leads, rather than seeing all programs being owned centrally.

The recognition that the WHO’s own IT systems and data needs are anachronistic and not fit for purpose are also timely indications that in addition to changing how it delivers services, the organisation must also update and future focus its analytical skills and systems.

The proposed data initiatives under global public goods are new work programs that may lead to a more cost effective and meaningful way of managing data and measuring out-
comes. However, developing these proposals needs careful planning as they are likely to be expensive and may duplicate work already being done by other agencies. The use of open source data and or data sharing with other agencies such as the OECD must be explored if such projects are to be both scalable and sustainable.

While welcoming the need for reform, however, New Zealand has concerns about a number of aspects of the proposed GPW across a range of issues that we would like to see further considered and discussed during this meeting.

The GPW is far-reaching but could be improved by increasing its focus and providing detail on crucial elements such as governance, sustainable financing; principles for prioritisation of work; the timeline for implementing organisational changes in culture and operation; the approach to target setting and real mechanisms for progressing towards UHC. These details are required to help explain and increase member state understanding of the GPW and the proposed performance targets and why they do not align with either existing work programs or the already accepted timeline and targets of the SDGs.

We are particularly concerned that the GPW appears to be stating that the WHO can be all things to all people and can deliver everything from: political advocacy and changes in national economic planning; to the delivery of targeted and costed new policy to individual member states; to universal health coverage and in some circumstances, provision of services; as well as responding to health emergencies; in a sustainable fashion, without major changes in financing. The lack of detail on how these changes can be overseen by a Governance framework, brought into effect, or financed, is of concern in a document that will facilitate budget planning. In a similar vein, the Global Polio Eradication Program wind down is referenced in the draft GPW, however the significant financial and wider resource risk this poses is not adequately considered.

New Zealand is open to working closely with interested parties to explore ways to address these concerns as we note they are shared by others at this meeting. The option of discussing any revised GPW at PBAC and or EB in January 2018 remains open for consideration.

A number of options could be considered such as:
• Stating clearly that the 2019 - 2023 GPW is for a shorter period than usual and therefore specific elements will be prioritised in this four year period (in order to be successful), and these will be reviewed and updated in the next GPW period;
• Developing and providing principles for prioritisation for work programs, projects, targets and evaluation outcomes;
• Completing work on sunsetting existing work programs and consulting with member states on proposals to stop or reconsider existing work;
• Noting that the draft impact framework will be updated/reviewed based on any new agreed global priorities over the 2019 - 2023 period.

New Zealand has been of the opinion for some time now that taking a phased strategic approach to the WHO work program has value. In such an approach, the highest priority is the provision of universal healthcare services that deliver equity of affordable access, equity of health outcomes and monitor for these equitable outcomes. Work programs that aid the delivery of these outcomes would therefore be given priority in the first phase of reform.

We all know that strengthening UHC (i.e. improving coverage) is the foundation for delivery of other health priorities including resilience and responsiveness in all hazards emergencies (i.e. ‘making people safer’) and improving health outcomes (i.e. ‘improving lives’). It is our contention that focussing on UHC in the first phase will have significant impact on meeting the three proposed billion person programs.

Taking this approach and narrowing our focus in the first phase of the GPW to:
• Change in organisational Governance and oversight;
• Change in organizational culture, function and operation (including IT);
• Increased “Health in all Policy” advocacy nationally, internationally and globally;
• Improved delivery of UHC; and
• Continued efforts in all-hazards Health Emergency management (including reduction, readiness, response and recovery);

while continuing review and reform of existing programs and the development of outcome metrics for health outcomes, will allow the WHO to continue to operate in an effective manner as it transitions to its new organisational culture and model of operation.
It will also give member states time to consider and plan for the next phase of this GPW and how it can build and develop on the success to date and implement the next set of programs against agreed prioritised principles and evaluation results.

We believe that the proposed GPW contains value and sets a new and exciting direction of travel for the WHO. However there is a lot to discuss and to do to improve its focus and elaborate on the mechanisms for delivery, all of which will improve the likelihood of successful implementation. It is time for us to look for new models and new partnerships if we truly want to meet the SDG3 goal of “ensuring healthy lives and promoting wellbeing for all at all ages”. However, in transforming the operations of the WHO, member states wish the organisation to make maximum use of its competitive advantage and to increase its level of cooperation and collaboration with other UN agencies to deliver the global public health gains set out in the SDGs in their entirety. It is only through working together that we can collectively deliver the outcomes we are striving to achieve.

As we say in New Zealand:

**He waka eke noa**

A canoe which we are all in with no exception

It’s time for us to start paddling together.
NZ intervention -
Ki te kahore he whakakitenga ka ngaro te iwi
Without foresight or vision the people will be lost.

We are encouraged by the commitments made by the Secretariat during yesterdays discussions. We strongly support presenting draft documents on issues such as the investment case; governance and organisational reform; and resource mobilisation for consideration by PBAC and EB in January 2018. These documents will fill in the gaps in member state understanding of the intent of the scope of the proposed GPW and how it relates to current prioritised health programs and WHO operations and what changes to these may be required. Mutual trust and respect is essential if we are to move forward rapidly and provision of these data build the bridge of understanding and trust.

New Zealand supports a phased implementation of the GPW to allow reform in Governance, operation and alignment with UN timelines. Our statement published on the meeting website provides more detail on how we might approach phasing by first concentrating on the increased delivery of UHC.

The only other comments NZ would wish to make at this point are that:

- the proposals on all hazard emergency management make reference to recovery following an emergency. Recovery in many respects is the most complicated part of emergency management. Inclusion of recovery on the GPW strengthens the case for UHC and the development of health systems strengthening and resilience. Further adding value to UHC as the principal flagship target; and finally

- the Secretariat consider how small states with small populations can be given adequate support and consideration when investing in large populations can deliver the targets more rapidly.