



A universal value proposition for rich and poor

Since 1948 when WHO was founded, average life expectancy has increased from 46 years to more than 71 years. This radical improvement has been supported by WHO's work – helping countries to introduce vaccines and treatments and strengthen their health systems, eradicating smallpox, eliminating malaria in 41 countries, tackling maternal mortality, and reducing the prevalence of smoking, as well as leading the global response to health emergencies. This work continues unabated in the new global context of climate change alongside the silent pandemic of antimicrobial resistance, with 40 million lives to be saved over the coming 4 years.

WHO's 4 year work programme, the 14th General Programme of Work (GPW14) presents for the first time WHO's Theory of Change, a graphic description of how the work of WHO drives impact. This Theory of Change highlights three critical pathways through which WHO works, stewardship, standard setting, and technical support to Member States. This paper outlines some specific examples of how WHO works through these pathways to add value to its Member States.

Leading the fight against global health threats

WHO champions the health, health equity and well-being agenda in key multilateral political and technical forums. WHO facilitates agreement on international frameworks and strategies for health, including international legal instruments like the Framework Convention on Tobacco Control and the International Health Regulations (2005/2024). It then works with national authorities to implement these agreements and support the sharing of best practice. The following are some specific examples of the global stewardship function of WHO.

Digital health innovations connecting the world

The Global Digital Health Certification Network, in collaboration with the European Union connects 76 countries across the world, enabling people to carry their verifiable health and immunization digital records and to benefit from cross-border electronic prescriptions and telemedicine.

Early warning systems: Protecting lives and economies

Each month, WHO analyses 9 million pieces of surveillance data and identifies about 4500 potential health threats, which lead to approximately 30 verified threats and informs Member States. Early warning and early action are essential to prevent the spread of international diseases and lower the risk of pandemics to protect the lives and economic security of all.

Preventing seasonal influenza

With a growing threat from influenza viruses, WHO's Global Influenza Surveillance and Response System routinely tracks influenza viruses worldwide using a network of institutions in 129 Member States. This system gets access to seasonal influenza data and specimens that are needed to develop effective annual flu vaccines around the world.

Tackling the silent pandemic of antimicrobial resistance

Antimicrobial resistance is another area that transcends national boundaries. Working collaboratively, WHO leads the development of global surveillance mechanisms to ensure a reduction in the rate of emergence of drug-resistant bacteria, viruses and fungi across all environments.



Setting standards for better health outcomes

WHO sets global standards for preventing and treating diseases, ensuring benefits for all. They create guidelines and provide data on the effectiveness and cost-effectiveness of health interventions which are used across all income levels. Some specific examples of the unique value add of WHO in standard setting are:

Creating insights through disease classification and strategic information

WHO develops and deploys the nomenclature system that is used to classify diseases and deaths worldwide using the International Classification of Disease (ICD-11) system. This system helps record health data and causes of death, supporting healthcare planning, quality control, and research. At the global level these data are captured in the World Health Data Hub and used to report the global progress toward the health-related Sustainable Development Goals, of which WHO is the custodian agency.

Leading the health science ecosystem

WHO supports and coordinates with more than 800 WHO Collaborating Centres across more than 80 countries (for example, there are 27 in Germany) to drive the global agenda on health science and innovation. These centres are essential partners for country impact, gathering and sharing the latest scientific evidence and research to contribute to the development of global normative guidance, and enabling closer collaboration with technical partners. These centres shape the global health research agenda, where WHO facilitates information exchange and technical cooperation with other institutions.

Fast-tracking access to essential medicines

WHO's prequalification program serves as a fast track for access to new technology with a particular role to identify safe products for use in countries with weaker regulatory systems. It has approved more than a thousand medicines and health products many from high-income country manufacturers. Without this function, medical manufacturers would face increased bottlenecks bringing products to global markets, particularly in low- and middle-income countries.

Supporting Member States to achieve impact

WHO Technical support covers both existing and emerging threats and is provided through all 154 country offices as well as strategic liaisons in countries without WHO in-country presence. With non-communicable diseases (NCD) now responsible for more than 70% of deaths globally, WHO's guidance and tools for NCD prevention and control, including best buys are continually updated and adapted to implementation realities. WHO also guides health systems adaptation for the impact of climate change on health, ensuring facilities are climate resilient, such as being resistant to the increased risk of weather-related events.

Building public health capacity and leadership

WHO plays a crucial role in public health capacity and leadership building, as exemplified through initiatives such as the Pan-European Leadership Academy (European Region) and the WHO Academy, or in Germany where a new collaboration between WHO/Europe and the MoH has established dedicated WHO staff to support the country on key priorities. This is complemented by capacity building programmes including the WHO Europe office Summer School on the prevention and control of non-communicable diseases, or systems thinking to define innovative solutions to health challenges.



WHO as the provider of first and last resort

Operationally, when outbreaks occur, WHO convenes partners in-country, especially in emergency settings, and leads the health cluster - the hub of planning and coordination for emergency response, including in humanitarian and conflict settings. For example, WHO vaccinated 550,000 children in Gaza in a 2-week period during active conflict. WHO does this work at the behest of governments which may not be able to send their own experts into dangerous settings. This is how WHO serves people in immediate need and those far away who might be at risk if a disease spreads in our fast-moving interconnected world, where viruses do not respect national borders.

WHO works with partners to save lives

The combined efforts of WHO together with Member States and partners across the wide domain of health will have saved at least 40 million lives. WHO will lead focused efforts to put the world on track to meet the ambitious targets of the SDGs, while at the same time ensuring global health security by future-proofing health and health care systems, ensuring they are resilient and responsive for the post-SDG era.

Investment in WHO brings a healthy return, with US\$35 returned for every \$1 spent.

The Investment Round is an opportunity for existing and new donors to engage in a process that will culminate in multiple pledging opportunities in the second half of 2024, spearheaded by two head-of-state level events. Sustainable financing of WHO is a political choice that will enable decisive steps to be taken to tackle emergencies and outbreaks that threaten lives and jeopardize global health security, to reduce disease, and continue working to improve well-being for everyone, especially for the most vulnerable.

All for Health, Health for All