WHO’s implementation framework for Billion 3

Report by the Director-General

BACKGROUND

1. One of the strategic priorities of the WHO’s Thirteenth General Programme of Work (GPW 13) is healthier populations and its target of 1 billion more people enjoying better health and well-being by the end of GPW 13. The Programme budget 2020–2021 operationalized this strategic goal and the WHO transformation process initiated a series of organizational changes to align the three levels of the Organization towards joint work and approaches for achieving “Billion 3”, the third billion target of GPW 13.

2. As the Secretariat began implementing the Programme budget 2020–2021, it became clear that the organizational changes required an accompanying implementation framework to provide a cohesive and clear narrative to bring all the pieces of Billion 3 together. Led by the headquarters Division of Healthier Populations as the head of Billion 3, a one-year consultative process took place during 2020, which engaged Member States, headquarters divisions, regional offices, country offices, United Nations agencies, donor agencies and external experts to develop the implementation framework for Billion 3.

3. The implementation framework is geared to advancing a vision of a world in which all people enjoy healthy lives and well-being, living in safe and supportive societies and healthy environments as members of an inclusive society. The pandemic of coronavirus disease (COVID-19) underscored the central role of health in development, peace and security and the pertinent approach of the implementation framework to build forward safer, healthier, fairer, greener and more sustainably.

4. In the light of its pertinence and the strong cohesive approach it brought to implementation of the work on Billion 3, the Secretariat proposed to the governing bodies a reformulation of the draft Proposed programme budget 2022–2023 to align the third strategic priority to the implementation framework.1

5. At the Seventy-fourth World Health Assembly in May 2021, Member States welcomed the change and approved the draft Proposed programme budget 2022–2023 with a more cohesive and clearer structure of the outcomes and outputs in the third strategic priority, comprising three interlinked core elements: (a) safe and equitable societies through addressing health determinants; (b) supportive and empowering societies through addressing health risk factors; and (c) healthy environments to promote health and sustainable societies.

6. To advance this vision of safe, supportive and healthy societies, the implementation framework is grounded on six strategic objectives: (a) scale up prevention and health promotion; (b) act on all

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1 See document A74/5 Rev.1.
determinants of health with health-in-all policies approaches; (c) empower the health sector; (d) enhance evidence and research agendas; (e) create a social movement for health equity; and (f) measure progress and results against GPW 13. These objectives are operationalized through 10 flagship initiatives that reflect the cross-cutting and multisectoral approach of Billion 3 based on a strong commitment to health equity.

7. Health equity is a foundation for enabling healthier populations. The major drivers of health inequities and opportunities for action lie in the social determinants of health. In resolution WHA74.16 (2021) Member States requested the Secretariat to reinforce its work on these issues. A new dedicated unit in the Department of Social Determinants of Health was established. A multiyear initiative to support country action on social determinants of health and health equity was launched. A new world report on the social determinants of health equity and a new monitoring framework are now under development, with expected completion by the end of 2022. An evidence brief that highlights inequities in COVID-19 outcomes was produced. Healthy equity is a connector for all the 10 cross-cutting initiatives of the Implementation Framework.

ACHIEVEMENTS AND CHALLENGES OF THE 10 CROSS-CUTTING INITIATIVES

8. Environment, climate change and health. One quarter of the global burden of disease is attributable to avoidable environmental risk factors such as the chemical, radiological and biological agents present in air, food, water and soil. Environment and health-related indicators on safe drinking water and sanitation, together with clean household fuels and ambient air quality, strongly influence whether WHO will meet its healthier population target. Guidance was developed on climate-resilient and environmentally sustainable health care facilities, as well as for supporting the basic functioning of health care facilities through monitoring and facilitating the provision of water, sanitation and hygiene and of reliable and sustainable energy, including a platform for healthy energy solutions. Guidance on the safe use of radiation for chest imaging during the COVID-19 pandemic was also produced. The global promotion of hand hygiene to prevent COVID-19 and other diseases included co-leadership with UNICEF of the Hand Hygiene for All initiative and the publication of State of the World’s Hand Hygiene. A framework for integrating mental health in radiation emergencies’ preparedness and response was prepared, as well a database of radon legislations globally. The guidance for the prevention and mitigation of COVID-19 at work included teleworking and occupational health and safety programmes for health workers. The updated WHO Air Quality Guidelines 2021 recommend new air quality levels to protect the health of populations by reducing levels of key air pollutants, some of which contribute to climate change. The WHO Guidelines on the Clinical Management of Exposure to Lead help health care providers recognize and provide care to individuals exposed to lead, which affects many countries. Member States will require support from the Secretariat to adopt and adapt these guidelines at country level. WHO stepped up its leadership at the United Nations Climate Change Conference (COP26) and put forward the health arguments to underscore the health urgency of the climate crisis through an innovative special report as well as active participation in COP26.

9. Strategic action for small island developing States (SIDS). The SIDS face a set of serious and urgent health threats. The COVID-19 pandemic has presented a dire economic and health crisis for SIDS, while other health risks such as climate change, noncommunicable diseases and all forms of malnutrition are gravely challenging the achievement of the SAMOA Pathway and the Sustainable

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Development Goals in island States. WHO launched a special initiative to ensure that SIDS become a global health priority. Through a range of strategic actions, WHO is working to strengthen technical capacity, resilient facilities, health workforces, supply platforms and evidence generation and use. One of these strategic actions was the convening of the SIDS Summit for Health (28 and 29 June 2021), which was hosted by WHO, attended by 41 Member States that are SIDS as well as partner Member States and donors, United Nations agencies and civil society. This was the first-ever WHO event dedicated solely to address health in SIDS, which produced an outcome statement.¹ SIDS called for greater support from WHO to implement the actions contained in the outcome statement.

10. Urban health. Urbanization is one of the leading global trends of the 21st century, with a significant impact on health. Over 55% of the world’s population live in urban areas; this proportion will increase to 68% by 2050. Most future urban growth will take place in developing cities, so that we have a unique opportunity to guide urbanization in a way that protects and promotes health. Most of the 4.2 billion people living in cities suffer from inadequate housing and transport, poor sanitation and waste management, and different forms of pollution (e.g. air, water, noise, soil) or lack of health-supportive environments for active living, walking, cycling or healthy diets. In 2021, the Secretariat set up a new unit in the Department of Social Determinants to coordinate work to improve urban health, build partnerships and identify priority areas for country support as urbanization continues to pose important challenges to health systems and healthier populations. Furthermore, the Healthy Cities Initiative promoted action at local level to reduce health inequities and continued to strengthen the health promoting school initiative through a joint collaboration with the United Nations Educational, Scientific and Cultural Organization, including by preparing new guidance.²

11. Transport and mobility. WHO is providing strategic leadership on safe mobility, including transport, through developing implementation tools, building national capacities and fostering global advocacy. Resolution 74/299 adopted by the United Nations General Assembly on 31 August 2021 proclaimed the Decade of Action for Road Safety 2021–2030 and mandated WHO and the United Nations regional commissions, in collaboration with the United Nations Road Safety Collaboration, to prepare a plan of action for the Decade. WHO will provide leadership and coordination across the United Nations system to develop this plan, which aims to achieve at least 50% reduction in deaths and injuries. A global launch took place in October 2021 and at least 28 countries have launched local initiatives as of November 2021, with the support of the three levels of WHO. A high-level meeting of the United Nations General Assembly on improving global road safety will be held in July 2022 and WHO is also actively engaged in its preparation and coordination.

12. Food systems and nutrition. Food systems impact health through multiple pathways: unhealthy diets and food insecurity; zoonotic pathogens and antimicrobial resistance; unsafe and adulterated foods; environmental contamination and degradation; and occupational hazards.³ Exacerbated by the COVID-19 pandemic, unhealthy diets and all forms of malnutrition are among the top risk factors for the global burden of disease, while food systems are driving climatic change and environmental impacts. Transforming food systems is a triple win for people, the planet and prosperity. WHO provides support to Member States in these areas, in close collaboration with United Nations partner agencies,

international organizations and stakeholders. To advance the Billion 3 strategic priority at the United Nations Food Systems Summit held in September 2021, as well as at the Nutrition for Growth Summit held in December 2021, WHO supported countries with updated guidance, information briefs, implementation frameworks and tools to scale up action and increase impact, and provided a compass for healthy food system transformation. Twenty-three countries across WHO regions have been supported and identified as front runner countries for the implementation of the Global Action Plan on the Prevention and Treatment of Child Wasting and developed road maps and commitments. To reverse the worrying trends of increased rates of children’s and adults’ overweight and obesity and achieve country-level impact across all WHO regions, a new WHO obesity strategy is under development. Similarly, specific agenda items address the updated WHO Global Strategy for Food Safety 2022–2030 and Traditional Food Markets; therefore, these elements are not discussed in this report.

13. **Health promotion and well-being.** WHO hosted the Tenth Global Conference on Health Promotion (December 2021), with a focus on societal well-being and sustainable development. The Conference advanced the well-being agenda and provided an opportunity for Member States and stakeholders to join efforts in advancing health promotion across different sectors. Regarding tobacco control measures, in line with the WHO Framework Convention on Tobacco Control, 90 countries were supported and 60 countries are now on track to reduce tobacco use as per agreed targets. The Technical Manual on Tobacco Tax Policy and Administration was updated and a year-long global campaign was launched to encourage at least 100 million of the 1.3 billion tobacco users to quit. An Interagency Working Group on Health Taxes was convened and is leading inter-agency collaboration on health taxes as effective health interventions that could generate revenues. The lessons learned from tobacco control have informed other areas, such as reducing the harmful use of alcohol, sugar-sweetened beverages and other foods contributing to unhealthy diets; for instance, a series of briefs for policymakers and the public to raise awareness about the risks associated with the harmful use of alcohol were produced. These actions on risk factors have been supported through establishing dedicated cross-cutting units on enhanced well-being; fiscal policies for health; and public health law. Regarding physical activity, the new global guidelines were launched in 2020 and more than 30 Member States have adopted or are updating their national guidelines and policies. To support recovery from the impact of the COVID-19 pandemic on physical activity, WHO convened an eight-week global forum and launched Fair Play, an advocacy tool identifying three priority areas to strengthen impact – financing, regulation and partnership.

14. **Healthy ageing.** WHO provides strategic leadership on demographic change and healthy ageing. Through a cross-divisional collaboration, WHO is the Secretariat for the United Nations Decade of Healthy Ageing (2021–2030) to coordinate this global initiative, aligned with the last 10 years of the Sustainable Development Goals. A multilingual knowledge exchange platform, developed in collaboration with governments, civil society, businesses and other organizations from more than 80 countries, has been put forward by WHO to enable people to find and share knowledge and collaborate on this topic as well as obtain specific data and stories on healthy ageing. To advance priority actions in the Decade, a new Global Report on Ageism was produced in 2021 by WHO, in collaboration with the Office of the United Nations High Commissioner for Human Rights, the United Nations Department of Economic and Social Affairs (UN DESA) and United Nations Population Fund. To support countries, particularly in light of the impact of the COVID-19 pandemic on older people,

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WHO developed a brief on social isolation and loneliness among older people, with support from UN DESA, UN Women and the International Telecommunications Union.

15. **Economic and commercial determinants of health.** A new dedicated unit has been established in the Department of Social Determinants of Health, which also supports internal coordination mechanisms to ensure coherence in addressing the commercial determinants of health. Given the cross-cutting nature of the workstream, contributions to work in this area are also made by work on health taxes, food systems, obesity, environmental degradation and urban health, as well as programmatic workstreams in strategic priorities Billion 1 and Billion 2. The priority in 2020–2021 has been to strengthen the evidence base and increase internal and external awareness of economic and commercial determinants, as well as to conduct internal and external needs-assessment and scoping exercises. The biennium 2022–2023 will provide an opportunity to develop this workstream further and provide Member States with guidance for addressing the economic and commercial determinants of health, including through a strengthened common United Nations approach.

16. **One Health.** The COVID-19 pandemic, environmental degradation and the climate crises have underscored the relevance of a One Health approach in public health. Given the unquestionable cross-cutting nature of this workstream, the Secretariat has strengthened its internal coordination mechanisms across the pillars of GPW 13 and established a One Health Initiative unit in the Division of Healthier Populations, which functions as the Secretariat of WHO’s work in this area, including for engaging with external partners. In fact, WHO has strengthened its collaboration with the agencies in the Tripartite Plus (Food and Agriculture Organization of the United Nations; World Organisation for Animal Health; and United National Environment Programme). The Tripartite Plus established a One Health High Level Expert Panel in April to provide policy and technical guidance to the four partner agencies and Member States, including the development of a common One Health definition. WHO and the Tripartite Plus agencies are developing a global plan of action for one health, which will be finalized in the biennium 2022–2023.

17. **Antimicrobial resistance.** WHO is driving the global One Health response to antimicrobial resistance, in collaboration with the Tripartite Plus agencies, to preserve the efficacy of antimicrobials and reduce the levels of resistance worldwide. Global governance structures and instruments, including to address access and the appropriate and prudent use of antimicrobials, further bolster efforts to deliver an effective One Health response. WHO also supports countries in building sustainable institutional capacity to implement national action plans. Globally, of the 144 countries that have developed national action plans on antimicrobial resistance (2019–2020 data), only 15% are fully funded and monitored. Led by the Antimicrobial Resistance Division at WHO headquarters, the contribution of this workstream to the strategic priority of healthier populations is fully formalized through the new structure of the draft Proposed programme budget 2022–2023, with a specific output to advance this cross-cutting work across the three levels of the Organization (output 3.1.2).

**LOOKING INTO THE FUTURE OF THE IMPLEMENTATION FRAMEWORK**

18. Strengthening and sustaining WHO’s work to build healthier populations has an enormous potential for advancing people’s health and well-being, resilient health systems and sustainable economies: at least 50% of the global disease burden could be prevented by ensuring safe, more supportive and healthier environments that allow people to make healthy choices and adopt healthy behaviours. Sustained country technical support, health leadership and strengthened data and science
are essential to achieve this figure and advance this strategic priority to prevent millions of deaths every year, which cause massive health costs and limit people’s full health potential. The implementation framework has proven to provide a cohesive approach to the work on Billion 3 across the three levels of the Organization. Data suggest that the work of WHO on this strategic priority is having an impact at country level, as shown by the measurements of the healthier populations Billion target,\(^1\) developed jointly with the Division of Data, Analytics and Delivery for Impact.

19. The latest GPW 13 stocktake estimates that approximately 900 million more people are projected to be enjoying better health and well-being in 2023 compared with the baseline value of 2018. However, this important progress needs to be examined in light of unequal progress across the areas of the healthier populations strategic priority and across countries. The biennium 2022–2023 will provide a unique opportunity to deepen the Billion 3 cross-cutting work, collaboration and coordination across divisions, major offices and programmes, as well as to refine the stocktake of progress at global and country levels regarding the goal of 1 billion more people enjoying better health and well-being.

**ACTION BY THE EXECUTIVE BOARD**

20. The Board is invited to note the report; in its discussions it is further invited to provide guidance on:

   (a) accelerating support to implement the strategic actions on small island developing States;

   (b) strengthening the work on health promotion and the well-being agenda as put forward by the Tenth Global Conference on Health Promotion; and

   (c) strengthening WHO’s support to global efforts on obesity reduction.