

Evaluation of WHO's Thirteenth General Programme of Work, 2019–2023

1. An evaluation of the contribution of data and delivery to the implementation and impact of WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13)¹ and WHO transformation was included in the Organization-wide evaluation workplan for 2020–2021, approved by the Executive Board at its 150th session in February 2022.² During that meeting, the Board also requested an evaluation of GPW 13.³
2. Accordingly, an evaluation of GPW 13 was commissioned to make forward-looking recommendations for the development of the fourteenth general programme of work (GPW 14).
3. The evaluation was conducted by an external independent evaluation team, which undertook its main work during the period May to November 2023 and delivered the final evaluation report in December 2023.
4. In accordance with the modalities of this evaluation, the Evaluation Office is submitting the summary of the evaluation to the 154th session of the Executive Board (see Annex).⁴

¹ A proposal to extend the Thirteenth General Programme of Work to 2025 was approved in resolution WHA75.6 (2022). This evaluation covers only the period to November 2023.

² Document EB150/35, Annex, approved by the Executive Board at its 150th session (see also document EB150/2022/REC/2, summary records of the eleventh meeting, section 3).

³ Document EB150/2022/REC/2, summary records of the eleventh meeting, section 3.

⁴ The full report of the evaluation of GPW 13 is available on the website of the Evaluation Office (<http://www.who.int/evaluation>, accessed 20 December 2023).

ANNEX

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Summary for the Executive Board

INTRODUCTION

1. WHO, since its inception in 1948, has made significant strides in public health, notably eradicating smallpox, expanding immunization and increasing global life expectancy. To further these achievements and achieve ambitious health-related Sustainable Development Goals, GPW 13 introduced a shift to measurable impact at country level. However, halfway to 2030, countries around the world have faced significant setbacks in achieving these goals and the pandemic of coronavirus disease (COVID-19) further disrupted progress.
2. GPW 13 outlines how the Organization will proceed with its implementation and provides a framework to measure progress in this effort towards the health-related Sustainable Development Goals (Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and other health-related indicators in other Goals). GPW 13 is relevant to all countries – low-, middle- and high-income. Health is fundamental to the Sustainable Development Goals, and WHO's role is becoming increasingly relevant in providing global public goods that help to ensure health for all people. The Organization makes broad and sustained efforts to leave no one behind in the shared future of humankind, empowering all people to improve their health, address health determinants and respond to health challenges.
3. As WHO marked its 75th anniversary in April 2023 and began planning for GPW 14, it was crucial to reflect on past successes and obstacles to inform future health initiatives.

PURPOSE AND OBJECTIVES

4. The evaluation was intended for the Secretariat and Member States to learn from the reflection on the implementation of GPW 13 to provide critical inputs for the formulation of GPW 14 and improve the results framework. For this, it addressed four overarching evaluation objectives.

Objective 1: to assess the appropriateness of the results framework of GPW 13 in facilitating the achievement of the triple billion targets and associated organizational goals;

Objective 2: to identify the areas of work in which good progress was made by countries in achieving the targets and intended outcomes of GPW 13, and in which challenges were met;

Objective 3: to assess the extent to which the Organization was able to focus on the goals of GPW 13 and analyse the factors that facilitated or hindered their achievement;

Objective 4: to draw lessons from the analyses and recommendations for action, for the WHO Secretariat as well as for Member States, for sustaining results and for development and subsequent implementation of GPW 14.

METHODOLOGY

5. To achieve the evaluation objectives, the team looked at (a) GPW 13 formulation; (b) mechanisms to cascade and steer GPW 13; and (c) implementation through Secretariat, Member States and partner structures, complemented by a data-driven decision-making framework. This approach was refined during the inception phase to ensure it was relevant to WHO's context and for the purposes of this evaluation.

6. During the inception and data collection phases, the team opted for a mixed-methods approach to collect primary and secondary data. This included an extensive desktop and literature review, engagement with close to 300 internal and external stakeholders through key informant interviews (e.g. with Member State representatives with functions in governing bodies), focus-group discussions (e.g. with Member State regional groups), semi-structured questionnaires sent to all Member States and heads of WHO country offices in countries, territories and areas, and observation of key internal meetings at WHO, such as the 29th meeting of the WHO Programme Management Network. Available statistical data on GPW 13 indicators were used to assess Member States' progress and achievements towards GPW 13. Six remote country "deep dives" were also conducted to review the implementation of GPW 13 at country level. Bahrain, India, Rwanda, Solomon Islands and Tajikistan were selected based on stratified random sampling to ensure a variety of country offices and geographies were represented. Sudan was later added to ensure an emergency grade 3 protracted crisis situation was also captured.

7. The evaluation team had iterative interactions with the Evaluation Reference Group, GPW 14 Secretariat, GPW 14 Steering Committee and other relevant stakeholders as required in order to share emerging hypotheses, early and preliminary findings, and recommendations. Two Member State information sessions were also held at the end of the inception phase and following the data collection phase.

KEY FINDINGS AND CONCLUSIONS

Objective 1: to assess the appropriateness of the results framework of GPW 13 in facilitating the achievement of the triple billion targets and associated organizational goals

8. **GPW 13 and GPW 13 theory of change:** the WHO Constitution references, but does not define, the GPW, leading to varied practices in terms of: (a) positioning GPW as a corporate strategy for the Secretariat, an institutional strategy for Member States and the Secretariat, a global health strategy for the global health ecosystem or a combination of these; (b) defining the duration of GPW; and (c) defining the level of alignment with the term of the Director-General. The evaluation found a need to ensure these choices are coherent and their implications on strategic oversight by Member States understood. The GPW 13 theory of change is implicit and at best incomplete or potentially misleading, as it focuses essentially on the Secretariat to achieve triple billion objectives.

9. **Robustness of the results framework:** healthy life expectancy (HALE) is a crucial part of the GPW 13 impact framework, effectively measuring WHO's vision for health and well-being. Setting specific targets for HALE improvement and improving the tracking of the contributions of GPW 13 towards HALE would enhance its utility. The triple billion approach is innovative in the way it aggregates progress across three strategic priorities into a measure of impacted lives. While the approach is well documented and consulted upon, significant challenges in building the indices and making this relatable at country level have yet to be resolved. Impact is measured in terms of the Sustainable Development Goals using indicators approved by Member States and Health Assembly resolutions. The design of outcomes, outputs and indicators is, on balance, acceptable. However, there are issues

concerning the coherence and consistency between them, the manner in which countries and regions relate to them, as well as the methodology for the Output Scorecard. Qualitative case studies are effective in communicating WHO's work, but are time-consuming for staff to produce and do not offer a critical assessment of results. The GPW 13 results framework embeds cross-cutting issues on gender, equity and human rights and enables some disaggregation of data. The potential for GPW result disaggregation could be exploited further.

10. **Results accounting and reporting:** some monitoring and evaluation activities occur, but they lack a comprehensive and integrated strategy, leading to misalignment and gaps. Data availability, currency and result reporting practices have been inconsistent throughout the GPW period and stakeholder feedback is that they are burdensome.

11. **Country-level data capabilities:** efforts to improve Member States' data capabilities under GPW 13 are ongoing, with dedicated support from the Secretariat under the Survey, Count, Optimize, Review, Enable (SCORE) programme. But substantial challenges remain and additional investment by the Secretariat and Member States is a prerequisite to enable data-driven and impact-oriented approaches.

12. **Utility of results reporting:** the utility of GPW 13 reporting at the country level is dependent on alignment with country office needs and national health strategies. Despite commendable efforts by the Secretariat to improve reporting and drive towards data-based decision-making, the current utility and usage of reporting primarily serve communication and advocacy objectives and marginally accountability, decision-making and learning purposes.

13. **Conclusion:** consistent with findings of the recent evaluation of results-based-management and internal audit of WHO result reporting, the evaluation found that the GPW 13 results framework, while ambitious and welcomed by internal and external stakeholders, faces significant design issues, data currency problems and limitations to its utility. While useful for communication purposes, the effectiveness of reporting in supporting accountability, decision-making and learning is currently limited. Improvements within the current result architecture are favoured to maintain continuity, but the extent of challenges should not be underestimated. Substantial improvements and a clear road map for enhancement are required, integrating planning, monitoring, evaluation and reporting for results-based management.

Objective 2: to identify the areas of work in which good progress was made by countries in achieving targets and intended outcomes of GPW 13, and in which challenges were met

14. Member States' achievements and challenges on GPW strategic priorities are described below.

15. **Universal health coverage (UHC):** the service coverage index has stagnated globally from 2019 to 2021, with declines in some regions and countries, indicating uneven progress in health service coverage. Emerging evidence shows increased financial hardship, especially among the poorest, with an uneven recovery post-2020/2021. A notable concern is the higher public spending on national debt over health in developing countries.

16. **Health emergencies:** despite progress in preparedness at various levels post-COVID-19, many systems remain inadequate or weakened, with a narrowing window for political action. The pandemic caused significant disruptions in immunization and surveillance. Recovery has been strong but uneven globally. The continuous occurrence of acute and protracted health emergencies highlights the need for improved systems and governance, despite resource limitations.

17. **Healthier populations:** progress has been made on water and sanitation, household air quality, tobacco and to a lesser extent on stunting and wasting. However, challenges persist in addressing overweight children and nutritional issues, with a significant part of the world population unable to afford a healthy diet, and millions still die annually due to inadequate water supply, sanitation and hygiene services, necessitating a significant increase in efforts to achieve universal coverage by 2030. Also, the scale of the pervasive impact of environmental change on health is underestimated and not well captured in GPW 13 indicators.

Secretariat strategic and operational shifts

18. **Stepping up leadership:** stakeholders acknowledged Secretariat's leadership at global, regional and country level during the pandemic. Yet there were reservations about Secretariat effectiveness in fostering collaboration between Member States and in addressing challenges like politicization and financing. Some Member States question the balance between the equity/human rights agenda and WHO's scientific/public health foundations.

19. **Driving public health impact in every country:** the country-focused approach is evident, e.g. through the piloting of results-oriented approaches or the work of the Action for Results (ARG) group. But progress has been delayed and changes have yet to be institutionalized. The increase in country-level expenditure is more the result of overall budget growth than of the roll-out of a new organizational model. All in all, the satisfaction of WHO Representatives and Member States on actual effectiveness of regional offices and headquarters in supporting countries is mixed.

20. **Focus global health public goods (GHPG) on impact:** the Secretariat has made strides in organizing the delivery of GHPGs, through increased transparency on the pipeline of GHPGs, clearer quality assurance processes across the life cycle of technical products and some level of prioritization. But, consistent with a recent evaluation of normative function at country level, the evaluation found that there is room for improvement in prioritization, timely delivery of agreed GHPGs, integration between production of GHPGs and their implementation, and monitoring and evaluation of adoption at country level.

21. **Conclusions:** the analysis presents a mixed picture of progress and challenges. Member States and the Secretariat have made significant efforts and progress is observed in several areas. But overall progress towards GPW 13 goals is stagnating or even going into reverse in certain areas and overall Member States are off-track to reach health Sustainable Development Goals targets. The pandemic exacerbated existing challenges and created new ones, affecting service coverage, financial hardship and emergency preparedness. Recovery has been uneven, and the impact on government finances and trust is significant.

Objective 3: to assess the extent to which the Organization was able to focus on the goals of GPW 13 and analyse the factors that facilitated or hindered their achievement

22. **GPW 13 prioritization challenges:** the global and comprehensive nature of GPW 13 makes prioritization challenging. However, cascading mechanisms and planning frameworks exist. They help balance focus and flexibility in response to varying country contexts and circumstances.

23. **Flexibility during the COVID-19 pandemic:** the experience of flexibility in implementing GPW 13 during the COVID-19 pandemic varied across country offices. While the Secretariat was able to reconfigure itself to respond to the most pressing needs of Member States, balancing the focus on GPW 13 with the need for emergency response flexibility, especially amidst funding constraints and

organizational rigidity, proved particularly challenging. The COVID-19 pandemic and other health emergencies catalysed some progress in preparedness and demonstrated the value of integrated approaches; there are examples of opportunities seized to advance the UHC and healthier population agendas in the pandemic response. However, on balance, the shifts in focus and resources towards emergency response caused deviations from core programmatic activities and impacted overall implementation in other strategic priorities.

24. **Factors posing challenges to Member States and the Secretariat, affecting their achievements and causing them to deviate from planned implementation:** Member States' achievements and those of the Secretariat – together with the challenges they face and any departures from planned implementation – are shaped by external contingencies, the first among those being the COVID-19 pandemic. However, they are also influenced by factors that are within their control, such as governance and leadership, financing and resource allocation, collaboration and partnerships, capacity and infrastructure, communication and engagement, and finally, equity and inclusivity. These are of relevance to inform the theory of change for future GPWs, as addressing these enablers and hindrances may require targeted interventions such as those for political commitment, improved funding mechanisms, conflict resolution efforts, comprehensive public health education, and strategic resource allocation.

25. **Conclusion:** the ability of Member States and the Secretariat to effectively implement GPW 13 at the country level has been tested, particularly in the context of the COVID-19 pandemic's flexibility demands. The findings underscore the importance of balancing strategic focus with operational flexibility, considering the diverse challenges and contexts of Member States.

26. The experience highlights the need for WHO in GPW 14 to more adaptively accommodate unforeseen challenges, ensuring better alignment of strategic goals with operational capabilities and resources. The role of external and internal factors, including governance, funding and organizational structures, is pivotal in shaping future successes.

27. Moving forward, a nuanced understanding of these factors and more agile response mechanisms are crucial for the successful implementation of GPW 14 and future global health frameworks. This requires an ongoing commitment to improving governance, enhancing communication and engagement and ensuring needs-based equitable resource allocation and collaboration among all stakeholders.

Objective 4: to draw lessons from the analyses, and recommendations for action, for the WHO Secretariat as well as for Member States, for sustaining results and for development and subsequent implementation of GPW 14

General conclusions

28. **Alignment and commitment need:** GPW 13 highlighted the need for better horizontal alignment between the Secretariat, Member States and partners at the country level. Although some alignment was achieved, the lack of formal commitment mechanisms on country-level objectives and on legally binding instruments such as a pandemic treaty was noted.

29. **Data's role in decision-making:** sound and timely data are crucial for guiding result-oriented actions and accountability. However, challenges in data availability and reliability need to be addressed for effective, evidence-driven decision-making at all levels.

30. Moving forward, a key challenge for both WHO's leadership and the Member States will be to resolve the areas of tension set out below.

31. **Balancing continuity and disruption:** in terms of continuity, GPW 13's objectives are still relevant, and many positive changes have yet to be institutionalized. At the same time, the post-COVID-19 environment requires adapting to dynamics affecting global health. This includes rethinking strategies to better prioritize areas of high impact and aligning commitments across the health ecosystem.

32. **Short-term and long-term focus:** in the short term, focus is required on: (a) resolving immediate pandemic impacts, most notably on immunization, mental health and health workforce; and (b) building frameworks for future preparedness before political momentum fades. In the long term, WHO has a unique role to play to bring attention and action to address the powerful megatrends affecting global health. A more equitable, sustainable and resilient health environment is at stake.

33. **Flexibility and result orientation:** a balance needs to be found between, on the one hand, required flexibility in responding to changing health circumstances and, on the other, a relentless focus on achieving specific, targeted and measurable health outcomes. Adaptive strategies need to lead to tangible and sustainable improvements in global health.

34. **Aligning ambitions with means:** ambitious health goals need to be matched with sustainable and aligned financing. As WHO moves towards GPW 14, it is crucial to secure consistent funding that aligns with prioritized goals and resolve funding imbalances across different areas. Sustained resourcing of the Health Emergencies Programme is paramount but so is a rebalancing towards healthier populations, which are structurally underfunded yet a major contributor to HALE.

RECOMMENDATIONS

35. The recommended actions presented below are clustered under three overarching recommendations that are aimed at the Secretariat and Member States. They align with key evaluations questions under Objective 4 of the evaluation.

Recommendation 1. To obtain closure on COVID-19 and reset progress towards GPW 13 objectives the WHO Secretariat and Member States should prioritize the following short-term actions for the remaining period

1.1 By latest Q2–2024, the Secretariat should seek to bridge the data gap on outcome indicators for which no recent global reporting is available

This is paramount to get a complete and coherent picture of global health post-COVID-19 and before GPW 14 implementation is initiated. Several global monitoring reports are about to be released and this data should be used. Global health estimates should also be available by then. Where no global monitoring report is forthcoming, alternative sources and approaches should be used. Particular attention needs to be paid to healthier population indicators which proved hard to analyse in a comprehensive way.

1.2 In the next two years Member States and the Secretariat need to address the immediate and most severe impacts of the COVID-19 pandemic

These include:

- immunizing high-risk populations, particularly in countries with large populations and with a special emphasis to mitigate the potential resurgence of vaccine-preventable diseases and ensure comprehensive immunization coverage;
- mental health by advocating for increased national government financial investment in services to address access and delivery challenges, supporting training programmes to strengthen human resources, focusing on enhancing the quality of services available at primary care level and ensuring availability of essential medicines; and
- health workforce strengthening: Member States should consider comprehensive mental support and incentive programmes for health care professionals tackling the pressing issue of staff burnout resulting from the COVID-19 pandemic and the loss of skilled health workforce during the pandemic. The Secretariat should provide technical assistance to Member States, where needed, to establish mechanisms for funding, development, mobilization and retention of an effective health workforce, involving key partners.

1.3 Member States and the Secretariat need to get adequate closure on the COVID-19 pandemic before the political window to do so expires

This involves:

- prioritizing leadership attention and support on finalizing the pandemic treaty and adjustments to the International Health Regulations (2005);
- advancing the health emergency architecture;
- ensuring that as it morphs back to “the new normal” the WHO Health Emergencies programme can maintain and enhance its capabilities through predictable and sustained financing; and
- continued focus on enhancing preparedness at country level and sustaining improvements and capabilities developed during the COVID-19 pandemic.

Recommendation 2. WHO should build on GPW 13 and its learnings to ensure that GPW 14 will be an effective results-based strategic instrument

2.1 In formulating GPW 14 the Secretariat and Member States should ensure that it is positioned as an effective instrument to foster increased coherence and collaboration in global health

This involves the following.

- Leveraging GPW 14 as an agenda-setting instrument for Member States, the Secretariat and partners. This involves ensuring that: (a) it does not merely focus on the Secretariat; (b) the process of consultation is inclusive; and (c) mechanisms for stakeholders to commit to its implementation are considered, e.g. adoption of HALE targets at country level, Sustainable Development Goal localization efforts at country level, and more explicit reference and efforts to align to GPW in national or partner strategies.

- Clearly differentiating between what is acknowledged as an important area of work and the 4–6 critical few narrowly defined strategic priorities which, if implemented, will make a disproportionate contribution to global health. This is where leadership attention will be provided, funding opportunities be directed and budgets scaled up. The Secretariat should also develop ways to report on the share of the budget going to these narrowly defined strategic priorities and Member States should ensure a greater share of the budget is progressively allocated to these.
- Developing an explicit, comprehensive and coherent theory of change that articulates the challenge at stake, enablers and barriers, key actions and changes required, intermediate and final outcomes, as well as the respective roles of key stakeholders. The Secretariat should pay particular attention to: (1) articulating between outputs, intermediary outcomes and final outcomes, and embedding these linkages in its results-based-management approach; and (2) articulating its specific unique and relevant contribution.
- Ensuring that GPW 14 is adaptable by having more explicit considerations of risk and contingencies that may affect its execution.
- Articulating a monitoring and evaluation strategy for GPW 14.

2.2 In formulating GPW 14, the Secretariat and the Member States should consider the following four areas as possible priorities for inclusion in GPW 14

- Building resilient health systems: long-term investment in health infrastructure, workforce development and technology is crucial. This encompasses not just physical resources, but also policies and practices that make health systems more adaptable and resilient to future crises.
- Global health equity and access: addressing inequalities in health access and outcomes should be a central focus. This includes ensuring equitable access to health care services, and safe, effective, quality-assured health products (including medicines, vaccines, medical devices, diagnostics, assistive products, blood and blood products, and other products of human origin), irrespective of geography, economic status or other social determinants of health.
- Climate change and health: developing strategies to mitigate and adapt to the health impacts of climate change is a critical long-term priority. This includes understanding the health risks associated with climate change and implementing measures to address these risks.
- Preventive health, chronic disease management and public health education: a critical long-term priority is to shift from reactive to preventive health care, which encompasses promoting healthy lifestyles, effective management of chronic diseases and investing in preventive measures like screenings and vaccinations. Integral to this shift is enhancing public health education and awareness. Educating the public about health risks, preventive practices and healthy behaviours is essential for empowering individuals to make informed health decisions and fostering a health-conscious society. This approach not only addresses immediate health concerns, but also helps in the prevention of future health issues by creating a more informed and proactive population.

2.3 The Secretariat should strengthen its results framework, accountability for results and managing for results by implementing the recommendations already formulated in the 2023 evaluation of results-based management¹

The Secretariat should also:

- consider targets for HALE and linking HALE to outcome indicators/triple billions;
- further align the “Triple Billion” targets to the Sustainable Development Goals and implement identified improvements to indicators and indices;
- ensure results are also reported by equity dimensions;
- seek more integration and streamlining of existing: (a) results frameworks across different segments of the programme and budget; (b) planning guidance and activities initiated by different departments in headquarters; (c) workplans; and (d) key performance indicators (KPIs) used in regions and globally;
- ensure outputs are formulated in a way that countries can relate to in a meaningful way; and
- ensure sufficient consistency is preserved in results indicators in order to allow trending.

2.4 The Secretariat should ensure that reporting is useful, usable and used at the country level

For this, the Secretariat should pivot the approach to reporting from being primarily driven by corporate reporting needs to a cockpit approach that can be used at country level and clearly ties together ongoing monitoring and result reporting. The goal should be to develop reporting templates and practices that:

- allow the user to clearly identify and allow implementation tracking against agreed country priorities, be they acceleration plans or country cooperation strategies;
- can be used as the basis for delivery stock-takes and monitoring and evaluation;
- can be an instrument with which WHO country offices can engage with national governments as part of policy dialogue, review of service delivery and accountability to Member States.

2.5 As a requisite enabler for the above, Member States and the Secretariat should get their data foundation right by focusing on improvements to data collection and data management

As WHO embraces data-driven approaches, the Secretariat should:

- further scale up its support to build Member State capacity to track and report on key health indicators;

¹ Independent evaluation of WHO’s results-based management framework. Final report. WHO Evaluation Office – January 2023. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-\(rbm\)-framework-\(2023\)](https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-(rbm)-framework-(2023)), accessed 12 December 2023).

- strengthen its own data collection and analysis capabilities, notably at country and regional levels;
- ensure any new indicators can be tracked through routine systems or country-recognized platforms; and
- set KPIs on data quality with targets for improvements on WHO core metrics in order to assess whether progress is sufficient.

In order to improve the quality and timeliness of Member State reporting on national indicators, Member States should:

- be reminded of their obligation under Articles 61 and 62 of the WHO Constitution to share relevant data in a timely manner; and
- ensure they invest sufficiently to build up their national health information capabilities.

Recommendation 3. The Secretariat should renew efforts to institutionalize changes underway and reap the benefits of strategic and operational shifts

3.1 The Secretariat should scale up, mainstream and integrate its approach to delivery for results

For this, the Secretariat should:

- fully integrate results-based approaches and tools into programme and budget processes, manuals and instructions; over time, results-based-management and what the Secretariat has called “delivery for impact” should become synonymous and be supported by proper theories of change;
- ensure alignment between country cooperation strategies and acceleration plans;
- build up analytical capacity at regional and country levels;
- clarify the respective roles and responsibilities of the department of Planning Resource Coordination and Performance Monitoring, the department of Country Strategy and Support, and the Data Analytics and Delivery for Impact division in planning, monitoring and reporting in order to improve coherence and avoid duplication; and
- reposition the role of the Delivery for Impact (DFI) unit at headquarters on: (a) development and dissemination of DFI analytical products and packages; (b) internal capacity-building; and (c) focused selective support in advancing GPW 14 strategic priorities and major acceleration scenarios.

3.2 The Secretariat should further improve the prioritization, production and integrated delivery of technical products

For this, the Secretariat should implement the recommendations of the 2023 evaluation of normative function at country level¹ including sufficient and consistent feedback mechanisms from countries and users, taking into consideration, at the country level, that these products require adaptation to local contexts. The Secretariat should start by enforcing more stringent upfront prioritization of technical products, based on strategic importance and feasibility.

3.3 The Secretariat should further align its operating model to ensure it is fit-for-purpose to enable strategic shifts

For this, the Secretariat should:

- empower WHO country offices and Secretariat mechanisms such as output delivery teams (ODT) through adequate: (a) administrative and technical resourcing to support the work; (b) financial allocation for the ODT/country office representative to incentivize collaboration; and (c) delegation of authority;
- align and optimize its operating model by: (a) refreshing the definition of the Secretariat's core functions and the related division of labour between the three levels; (b) aligning resource allocation and staffing accordingly; and (c) ensuring that duplication of work between each strategic priority are eliminated and that new silos are not created; and
- optimize within each level and redeploy between levels through the mobility policy and workforce planning.

3.4 The Secretariat should ensure organizational development is deliberate, systematic, well architected and coordinated

For this, the Secretariat needs to:

- adequately resource organizational development/transformation functions and initiatives;
- articulate the change management plan underpinning GPW 14; and
- ensure a process exists to consolidate recommendations for improvements stemming from multiple oversight functions and ensure the resolution of these is effectively and efficiently channelled into change management plans.

3.5 As a prerequisite for the above, Member States and the Secretariat should renew efforts to improve the quality, predictability and alignment of financing to strategic priorities

This involves:

- implementing planned increases in assessed contributions;
- funding GPW 14;
- balancing financing among the three billion, notably regarding healthier populations.

¹ The report of the evaluation of WHO's normative function at country level is available on the website of the Evaluation Office (<http://www.who.int/evaluation>, accessed 20 December 2023).

3.6 Prior to the formulation of WHO’s fifteenth general programme of work (GPW 15), the WHO Secretariat should establish a phased strategic planning process

This process should start well in advance by an evidence-driven situation analysis, mid-term evaluation of GPW 14 and choices on the positioning of GPW 15. It should then be followed by an assessment of strategic options leading to an agreement on strategic priorities. Only then should the results framework be defined. As a last step, the implications of GPW 15 on financing needs, organizational alignment and programme and budget planning should be defined.

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