
Draft fourteenth general programme of work, 2025–2028

Report by the Director-General

INTRODUCTION

1. In 2023, the Seventy-sixth World Health Assembly, having considered the report by the Director-General on sustainable financing,¹ requested the Director-General to prepare a draft Fourteenth General Programme of Work (GPW 14) effective from 2025 in consultation with Member States, as the technical strategy to underpin the first WHO investment round for the last quarter of 2024.² The draft GPW 14 will replace the Thirteenth General Programme of Work, 2019–2025 (GPW 13) one year early, include a financing envelope and a strong results narrative and draw on lessons learned from the GPW 13. The draft GPW 14 is being submitted for approval by the Seventy-seventh World Health Assembly in 2024, through the Programme, Budget and Administration Committee of the Executive Board (PBAC) at its fortieth meeting. An earlier version of the document was considered by the Executive Board at its 154th session in January 2024, through the PBAC at its thirty-ninth meeting.³

2. The draft GPW 14 has been developed through a broad and deep iterative process with Member States, including seven global consultations and briefings, six regional committee meetings, seven additional regional and subregional meetings, dedicated sessions with small island developing States, dedicated sessions on impact measurement, informal sessions with PBAC and Executive Board members, a three-hour “deep dive” with the PBAC at its thirty-ninth meeting and a document considered by the Executive Board at its 154th session.⁴ As per the draft GPW 14 development process agreed with Member States in July 2023, the Secretariat’s GPW 14 Steering Committee interacted regularly with the GPW 13 independent evaluation team,⁵ discussed each iteration of the draft GPW 14 with staff across all three levels of WHO and sought the perspectives of a broad range of partners, including United Nations agencies, international organizations and funds working in health, civil society and community organizations, youth groups, donors, WHO collaborating centres, multilateral development banks, and private sector associations in official relations with WHO.

3. A series of consultation documents were developed by the Secretariat, including two initial versions of the draft GPW 14, as the basis for consultations with Member States. These documents were issued on 18 August 2023, 26 November 2023, 22 December 2023 and 8 March 2024, with a structured

¹ Document A76/32.

² See decision WHA76(19) (2023).

³ See documents EB154/4, EB154/28 and the summary records of the Executive Board at its 154th session, second meeting, section 2.

⁴ See documents EB154/4 and EB154/28.

⁵ See document EB154/INF./1.

process through which Member States could submit both verbal and written comments. Each successive document built on the previous document, incorporating Member State feedback. Those documents were also used as the basis for soliciting input and perspectives from partner entities, a very large number of which participated throughout the draft GPW 14 development process. The version of the draft GPW 14 set out below reflects the discussions and recommendations on the version submitted to the PBAC at its thirty-ninth meeting and to the Executive Board at its 154th session in January 2024,¹ further Member State comments received as of 26 March 2024 on the consultation document of 8 March 2024 (the “pre-Health Assembly version” of the draft GPW 14) and a final set of suggestions from partner agencies and stakeholders received as of 22 March 2024.

ACTION BY THE HEALTH ASSEMBLY

4. The Health Assembly is invited to note the report and to consider the draft GPW 14 set out in the Annex below and to consider the following draft resolution:

The Seventy-seventh World Health Assembly,

(PP1) Having considered the draft fourteenth general programme of work, 2025–2028;

(PP2) Noting that approval of the Fourteenth General Programme of Work, 2025–2028 does not imply approval of the financial estimate contained therein,

(OP)1. APPROVES the Fourteenth General Programme of Work, 2025–2028;

(OP)2. URGES Member States to support work towards the achievement of the strategic objectives and joint outcomes of the Fourteenth General Programme of Work, 2025–2028 and to facilitate its implementation by actively participating in the WHO investment round in late 2024;

(OP)3. REQUESTS the Director-General:

(1) to use the Fourteenth General Programme of Work as the basis for the strategic direction of planning, prioritization, monitoring and evaluation of WHO’s work during the period 2025–2028, and to develop programme budgets in consultation with Member States, based on a realistic assessment of income and WHO’s capacity;

(2) to provide guidance and support to regional and country offices on the implementation of the Fourteenth General Programme of Work, 2025–2028, taking into account different contexts;

(3) to mobilize, facilitate and enable the work of partners towards the joint outcomes of the Fourteenth General Programme of work, 2025–2028;

(4) to take into consideration the changing state of global health in implementing the Fourteenth General Programme of Work, 2025–2028, keeping the Member States informed of progress;

(5) to report to the Eighty-second World Health Assembly, through the Executive Board at its 164th session, on progress made during the period of the Fourteenth General Programme of Work, 2025–2028.

¹ Document EB154/28.

ANNEX

Draft Fourteenth General Programme of Work, 2025–2028

Advancing health equity and health systems resilience in a turbulent world: a global health agenda for 2025–2028

Promoting, providing and protecting health and well-being for all

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PREAMBLE

1. In the wake of the coronavirus disease (COVID-19) pandemic, there is a renewed understanding, from political leaders to the people they serve, of the centrality of health and well-being to social and economic development. Although the health-related Sustainable Development Goals are badly off track,¹ new national and international capacities and commitments can be harnessed to revitalize action on the original ambition of the Goals and to equip health systems to meet the expectations of their populations and the emerging challenges of the post-Sustainable Development Goals world. The four-year period from 2025 to 2028 constitutes a unique opportunity to advance health equity and get the health-related Sustainable Development Goals back on track, while “future-proofing” health systems. Realizing this ambition will require a common, global health agenda and joint work across a broad group of stakeholders in support of government action.

2. This strategy document for global health, the World Health Organization (WHO)’s draft Fourteenth General Programme of Work, 2025–2028 (GPW 14), builds on the foundation established in the Thirteenth General Programme of Work, 2019–2025 (GPW 13),² which put measurable impact in countries at the centre of WHO’s work and results framework; draws on lessons learned from the COVID-19 pandemic and the evaluation of the GPW 13 (see Box 1);³ takes forward the health-related political declarations of the United Nations General Assembly;⁴ and reflects broad and ongoing consultations with Member States, partners and constituencies. It is anchored in the Sustainable Development Goals principle to leave no one behind, as well as in WHO’s commitment to health equity, gender equality and the right to health for all and to the promotion of healthy lives and well-being across the life course. The draft GPW 14 takes forward WHO’s pledge, in the report by the Director-General on extending the GPW 13 to 2025,⁵ to **promote, provide and protect health**, while helping to **power** the work of the entire global health ecosystem towards achieving the Sustainable Development Goals and to enhance WHO’s own organizational **performance**.

3. Part 1 of the draft GPW 14 describes the rather stark global context for the four-year period from 2025 to 2028 and sets the scene for a global health agenda. Part 2 lays out the common goal (**promote, provide and protect health**), strategic objectives and joint outcomes of the draft GPW 14 for Member States, United Nations entities, partners, stakeholders and the Secretariat for 2025–2028 and introduces a theory of change to explain how the work of WHO and others will contribute to this agenda. Part 3 articulates how the WHO Secretariat will contribute to the global health agenda through its corporate outcomes to **power** progress and drive measurable impact. Part 4 describes how the WHO Secretariat will optimize its own **performance** during the period 2025–2028. Lastly, the Appendix provides draft GPW 14 joint outcomes and indicators, as well as draft GPW 14 corporate outcomes and the scope of their associated indicators, with the latter to be further developed as part of the Programme budget for 2026–2027.

¹ The Sustainable Development Goals report 2023: special edition. Towards a rescue plan for people and planet. New York: United Nations; 2023 (<https://unstats.un.org/sdgs/report/2023/The-Sustainable-Development-Goals-Report-2023.pdf>, accessed 17 December 2023).

² Thirteenth General Programme of Work, 2019–2023 website (<https://www.who.int/about/general-programme-of-work/thirteenth>, accessed 27 March 2024).

³ Evaluation of WHO 13th General Programme of Work. Geneva: World Health Organization; 2023. (<https://www.who.int/publications/i/item/who-dgo-evl-2023.8>, accessed 27 March 2024).

⁴ Including recent political declarations of high-level meetings of the United Nations General Assembly on universal health coverage (2023), pandemic prevention, preparedness and response (2023), tuberculosis (2023), antimicrobial resistance (2016) and noncommunicable diseases (2018).

⁵ Document A75/8.

Box 1: The independent evaluation of the GPW 13: informing a better draft GPW 14

The independent evaluation team for the GPW 13¹ regularly engaged with WHO's GPW 14 Steering Committee to help ensure that its emerging findings could be considered in real time and that its major recommendations were reflected in the draft GPW 14, with an emphasis on:

- **Agenda-setting for global health.** The draft GPW 14 now sets out a global agenda for 2025–2028, developed through extensive consultation with Member States, partners and constituencies.
- **A theory of change.** An overarching theory of change now articulates how WHO's core work enables the joint actions needed by Member States, WHO and partners to achieve the draft GPW 14 strategic objectives and joint outcomes.
- **Priority focus areas.** The draft GPW 14 includes, among the priorities reflected in its strategic objectives and joint outcomes, an emphasis on health systems resilience, global health equity and access, climate change and disease prevention.
- **The results framework.** An enhanced results chain and logic have been developed for the draft GPW 14, including both "joint" and "corporate" outcomes, recalibrated measurement indices and updated outcome indicators (see Appendix; outputs will be finalized in the programme budget process).
- **Data collection and management.** The draft GPW 14 emphasizes stronger data foundations, with a specific outcome on stronger country health information, data and digital systems and a corporate emphasis on improving WHO's own data management systems and capacities for producing timely, reliable, accessible and actionable data.

In addition, the draft GPW 14 incorporates the GPW 13 evaluation's recommendations on institutionalizing WHO organizational changes and the Transformation Agenda; scaling up, mainstreaming and integrating results-based management approaches and tools; improving the prioritization, production and integration of WHO technical products; and enhancing the quality, predictability and alignment of financing to strategic priorities (see WHO corporate outcomes, as outlined in Parts 3 and 4 below).

¹ Evaluation of WHO 13th General Programme of Work. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/who-dgo-evl-2023.8>, accessed 27 March 2024).

PART 1. HEALTH AND WELL-BEING IN AN INCREASINGLY COMPLEX WORLD

A changing world

1. Since the adoption of the **Sustainable Development Goals** in 2015 and the approval of the GPW 13 in 2018, the world has changed – and will continue to change – in fundamental ways that have profound implications for human health and well-being in every country and community, and particularly for the poorest and most vulnerable.

2. The pace of **climate change and environmental degradation** has accelerated, emerging as a major threat to human health in the 21st century.¹ Global temperatures are continuing to rise and are expected to exceed 1.5°C over pre-industrial levels by 2030. **Severe weather events**, air and chemical pollution, **microbial breaches across the animal–human–environment interface** and climate-sensitive epidemic diseases are increasing in frequency across the globe, with a disproportionate impact in particularly vulnerable areas, including small island developing States (SIDS). **Human migration and displacement** have reached unprecedented levels: an estimated 1 billion people have chosen to migrate or have been forcibly displaced, either within or beyond their country, owing to economic, environmental, political, conflict and other forces. **Demographic shifts** are dynamic and dominated by an ageing population in many countries, alongside increasing urbanization everywhere. Basic public services are struggling to keep up, with nearly 30% of the world’s population lacking access to a safe water supply. **Increasing inequities** within and between countries, which were exacerbated by the COVID-19 pandemic, are leading to a growing divide in health, social and economic outcomes between those with financial resources and those without. **Geopolitics** are changing, with new relationships, shifting power balances and growing instability, rising polarization, new conflicts and an increasing emphasis on national and regional self-sufficiency, which have further complicated national and international collaboration to advance health and well-being.

3. In parallel, **scientific and technologic advances** have brought the world into a new scientific and digital era, with huge potential to further advance human development, improve policy and decision-making and boost productivity, access to information and service delivery. However, these advances carry the risk of serious social consequences owing to gaps in access, exacerbated inequalities, disinformation and misinformation, exclusion and unemployment. Social media has contributed to polarization and politicization, while the rapidly expanding application of artificial intelligence has already highlighted the need for coordinated governance to harness its potential while ensuring necessary protections.

4. **The constant and growing number of crises and emergencies** further complicates these longer-term trends and efforts to leave no one behind. The COVID-19 pandemic has taken a horrific toll on human life, with massive consequences for health and well-being globally, particularly for people in vulnerable and marginalized situations,² and devastating economic and social disruption. Recovery remains slow for health systems and economic uncertainty continues, with the slowing of growth, rising debt burdens, persistent inflation and shrinking fiscal space, all of which are impacting social sector

¹ Romanello M, di Napoli C, Green C, Kennard H, Lampard P, Scamman D, et al. The 2023 report of the *Lancet* Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. *Lancet*. 2023. doi:10.1016/S0140-6736(23)01859.

² People or groups in vulnerable and marginalized situations can include children and adolescents; women and girls; persons with disabilities; migrants, refugees and asylum-seekers; and older persons (see <https://www.ohchr.org/en/special-procedures/sr-health/non-discrimination-groups-vulnerable-situations>, accessed 17 December 2023).

spending broadly.¹ New, large-scale conflicts have erupted, with immediate consequences for civilian populations. A record 340 million people needed humanitarian assistance worldwide in 2023. The frequency and impact of natural disasters is increasing, with climate change becoming a major driver. Countries are facing more frequent, complex and protracted emergencies than at any time in recorded history, with vulnerabilities deepening and threats converging to multiply and amplify risks. Together, these trends and shocks are contributing to social instability and heightened levels of stress and anxiety, especially among adolescents and young people.² Stagnant wages, increasing income inequality and rising youth unemployment are contributing to the erosion of trust in public institutions and leadership.

An unacceptable impact on human health and well-being

5. The combination of these longer-term trends and acute and protracted emergencies and crises, as well as the interactions among them, have created a particularly challenging environment for countries to protect and advance the health and well-being of their populations, as evidenced by the weak progress made towards most of the Sustainable Development Goals and the declining rate of improvement in Healthy Life Expectancy (HALE), an overarching indicator for mortality and morbidity.³

6. Since the launch of the Sustainable Development Goals, the rate of increase in HALE has slowed by 40%, from 0.3 years per annum during the Millennium Development Goals era (2000 to 2015) to 0.19 years between 2015 and 2019, and is projected to fall further to 0.1 years by 2050. Even before the COVID-19 pandemic, urgent action was needed to get the world on track to reach the health-related Sustainable Development Goals and to create safe and healthy environments so that everyone, everywhere, can enjoy healthier lives and well-being. WHO estimates that less than 15% of the health-related Sustainable Development Goals are on track. On the other hand, although the COVID-19 pandemic seriously compromised planned health activities from 2020 to 2023, progress has been made towards WHO's triple billion targets since 2019:⁴ an estimated 1.26 billion additional people enjoyed better health and well-being; 477 million more people were covered by essential health services without experiencing financial hardship; and 690 million more people were better protected from health emergencies (see Box 2). Nevertheless, the pace of progress is insufficient to meet the Sustainable Development Goal targets by 2030.

7. In 2023 – halfway to the deadline for achieving the Sustainable Development Goals – more than half the world's population was not covered by **essential health services**, while one in four people suffered **financial hardship** or incurred catastrophic expenditures to access health services.⁵ Although 30% of countries have progressed on these two dimensions of universal health coverage (under Sustainable Development Goal 3, “Ensure healthy lives and promote well-being for all at all ages”), overall progress is stagnant, with catastrophic expenditure owing to out-of-pocket payments actually increasing. Especially alarming is the fact that at the global level, there has been virtually no progress in reducing **maternal mortality** since 2015, with nearly 300 000 women continuing to die every year

¹ World economic outlook: navigating global divergencies. Washington, D.C.: International Monetary Fund; 2023 (<https://www.imf.org/en/Publications/WEO/Issues/2023/10/10/world-economic-outlook-october-2023>, accessed 28 November 2023).

² WHO defines adolescents as persons aged 10 to 19 and youth or young people as those aged 15 to 24 (<https://www.who.int/publications/i/item/9789240081765>).

³ Based on Global Health Estimates website (<https://www.who.int/data/global-health-estimates>, accessed 17 December 2023); and World Population Prospects website (<https://population.un.org/wpp/>, accessed 17 December 2023).

⁴ Triple Billion Progress website (<https://www.who.int/data/triple-billion-dashboard>, accessed 28 November 2023).

⁵ Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240080379>, accessed 17 December 2023).

in pregnancy or childbirth. Progress on **child mortality** has slowed: 5 million children still die every year before they reach 5 years of age and nearly half of those are neonates. Despite an increase in exclusive breastfeeding over the past decade, maternal and child **malnutrition** account for 4 million deaths per year. Nearly half of all childhood deaths are now linked to malnutrition, due in part to escalating food insecurity and famine. By 2030, 25% of the world's population, including 85% of the world's poorest people, will live in **countries affected by fragility, conflict or vulnerability**, where the majority of the maternal and child deaths and 75% of the high-impact epidemics occur.

8. At the same time, the burden of **noncommunicable diseases** – primarily cardiovascular disease, cancer, chronic respiratory disease and diabetes – continues to increase: they kill 41 million people every year, representing 74% of all deaths and the vast majority of premature mortality worldwide, with the greatest impact in low- and middle-income countries. As the burden of noncommunicable diseases, rare diseases, multimorbidity and life expectancy increase, the number of people living with disability has grown to 1.3 billion or 1 in every 6 people.¹ More than 2 billion people are living with a condition that would benefit from rehabilitation.² The burden of Alzheimer's disease and other dementias is escalating. The prevalence of **mental disorders** is also rising: nearly 1 billion people live with such a condition and rates of depression and anxiety are increasing particularly quickly among young people; nearly 700 000 people die of suicide each year.³ Despite effective interventions and some progress in all programme areas, **violence and injuries** continue to take more than 4 million lives every year, with nearly 30% of those deaths attributable to road injuries; 1 in every 2 children are victims of violence each year and 1 in 3 women have experienced violence from an intimate partner at least once in their lives.^{4,5} The tremendous potential of **disease prevention and health promotion** investments, which could address 50% of the global burden of disease, remains unrealized: every year, 8 million people still die from tobacco use, 7 million deaths are linked to air pollution, 8 million deaths are due to unhealthy diets, 3 million deaths are linked to the harmful use of alcohol⁶ and 2 million deaths are associated with chemicals in the environment.⁷ Up to 50 million people are injured in road traffic crashes, while the rates of some unhealthy behaviours are increasing among young people and 80% of adolescents get insufficient physical activity.

¹ Disability website (<https://www.who.int/news-room/fact-sheets/detail/disability-and-health>, accessed 28 November 2023).

² Cieza, A, Causey, K, Kamenov, K, Wulf Hanson, S, Chatterji, S. Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*. 2021 Dec 19;396(10267):2006–17. doi: [https://doi.org/10.1016/S0140-6736\(20\)32340-0](https://doi.org/10.1016/S0140-6736(20)32340-0).

³ World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240049338>, accessed 28 November 2023).

⁴ Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*. 2016 March; 137(3). doi: 10.1542/peds.2015-4079.

⁵ Violence against women data website (<https://platform.who.int/data/sexual-and-reproductive-health-and-rights/violence-against-women-data#:~:text=Violence%20against%20women%20is%20public,mostly%20by%20an%20intimate%20partner>, accessed 17 December 2023).

⁶ Alcohol website (<https://www.who.int/news-room/fact-sheets/detail/alcohol>, accessed 1 April 2024).

⁷ The public health impact of chemicals: knowns and unknowns: data addendum for 2019. Geneva: World Health Organization; 2019 (<https://iris.who.int/bitstream/handle/10665/342273/WHO-HEP-ECH-EHD-21.01-eng.pdf?sequence=1&isAllowed=y>, accessed 27 March 2024).

9. **Communicable diseases** continue to kill 7.5 million people every year: lower respiratory infections are responsible for 35% of those, while tuberculosis, HIV/AIDS and malaria together account for 30% and diarrhoeal diseases for 20%.¹ There are 3 million new hepatitis infections each year, and 1 million new sexually transmitted infections occur each day. Encouragingly, the number of people requiring mass or individual treatment and care for one or more of the 20 neglected tropical diseases has reduced by 25% since 2010 to 1.65 billion people.² However, sustaining infectious disease control goals and advancing important eradication and elimination targets remains elusive; poliomyelitis and dracunculiasis transmission continues. Although more than 170 countries now have national action plans, **antimicrobial resistance** continues largely and alarmingly unabated. Epidemic-prone viral and bacterial diseases, such as measles, cholera, meningitis, diphtheria, dengue and yellow fever, continue to have major health impacts and to be highly disruptive to regular health services. Food-borne diseases continue to cause a substantial health burden globally. Furthermore, new **high-threat infectious hazards** are emerging and re-emerging, including vector-borne infections and zoonoses,³ such as coronaviruses, Ebola virus disease, Zika and avian influenza. The animal–human–environment species barrier is under tremendous pressure, with underinvestment in risk-reducing biosecurity measures, inadequate detection and risk assessment on both the veterinary and the human sides, and suboptimal rapid-response and containment measures.

10. The COVID-19 pandemic highlighted the **fragility of health systems** worldwide, with more than 90% of countries reporting interruptions to essential health service delivery and **routine immunization coverage** falling for the first time in three decades: 20 million children missed doses in 2022 alone. School closures had a devastating impact on nutrition, child protection, and mental health and psychosocial services.⁴ Similar ruptures were experienced in essential surgeries; services for women, newborns, children and adolescents; and the delivery of virtually all disease-specific services, from noncommunicable and communicable diseases to mental health conditions. The COVID-19 pandemic further highlighted the inequities in access to **safe, effective, quality-assured and affordable health products**,⁵ particularly in low- and middle-income countries. Health systems continue to feel the scarring effects of the COVID-19 pandemic, particularly in their **health and care workforces**, which at the current pace will have an estimated gap of 10 million personnel globally by 2030. An estimated 1 billion people are still served by health facilities that have no or unreliable electricity and 1.7 billion people are served by facilities that lack a basic water service. In addition, **central government health expenditure**, which had surged by 25% during the COVID-19 pandemic, was already contracting rapidly in 2022, leaving health systems with stagnant or declining budgets as they struggled to deal with the backlog of disrupted services.⁶ Health system capacities are being further strained by migration, the

¹ See Global health estimates: leading causes of DALYs website, data presented by age, sex, country and region, 2000–2019 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys>, accessed 28 November 2023).

² Global report on neglected tropical diseases 2023. Geneva: World Health Organization; 2023 (<https://iris.who.int/bitstream/handle/10665/365729/9789240067295-eng.pdf?sequence=1>, accessed 28 November 2023).

³ A zoonosis is an infectious disease that has jumped from a non-human animal to humans. Zoonotic pathogens may be bacterial, viral or parasitic, or may involve unconventional agents and can spread to humans through direct contact or through food, water or the environment. See Zoonoses website (<https://www.who.int/news-room/fact-sheets/detail/zoonoses>, accessed 1 April 2024).

⁴ Chaabane S, Doraiswamy S, Chaabna K, Mamtani R, Cheema S. The impact of COVID-19 school closure on child and adolescent health: a rapid systematic review. *PubMed*. 2021;8(5):415. doi:10.3390/children8050415.

⁵ Health products consist of medicines; vaccines; blood and other products of human origin; and medical devices, including diagnostics and assistive products.

⁶ Fiscal sustainability of health systems: how to finance more resilient health systems when money is tight? Paris: OECD; 2024 (<https://www.oecd.org/health/fiscal-sustainability-of-health-systems-880f3195-en.htm>, accessed 1 April 2024).

escalating number of **natural and human-made crises**, and the increasing and simply unacceptable **attacks** on health workers, facilities and services, with a disproportionate impact on female health workers.

11. Advancing health and well-being is inextricably linked to advancing progress with respect to the **related Sustainable Development Goals, health determinants and risk factors**. The lack of progress towards, and the lack of prioritization of, **gender equality** (Sustainable Development Goal 5) has far-reaching negative consequences for individual health and well-being; the capacity of health systems to ensure that women and girls can access all the services they need without discrimination, including sexual and reproductive health services; and women's empowerment in the health and care sector. **Unhealthy diets and malnutrition** are now estimated to account for nearly one third of the global burden of disease (Sustainable Development Goal 2).¹ A staggering 1 billion people worldwide are obese, contributing to a range of noncommunicable diseases and mental health conditions. The modest progress on childhood stunting and wasting is at risk due to the complex process of transitioning to sustainable food systems, conflict and worsening **food insecurity**: 735 million people face chronic hunger and 333 million people were acutely food insecure in 2023.² Although important progress has been made under Sustainable Development Goal 6, 2.2 billion and 3.5 billion people still lack access to **safely managed drinking-water and sanitation**, respectively. Furthermore, despite limited improvements in **air quality** (Sustainable Development Goal 11), 2.3 billion people rely primarily on polluting fuels and technologies for cooking (Sustainable Development Goal 7), while 99% of the global population live in areas in which air pollution levels exceed WHO guideline limits. More effective work is needed across multiple sectors to deliver better health outcomes from **hazardous chemicals and air, water and soil pollution** and contamination (Sustainable Development Target 3.9). The COVID-19 pandemic impacted the already lagging progress on **education** (Sustainable Development Goal 4), which is a key determinant of health, as learning losses were reported in four of every five countries. Equally concerning is the limited progress on other Sustainable Development Goals that underpin key determinants of health, including **poverty and social protection** (Sustainable Development Goal 1); **decent work** (Sustainable Development Goal 8); infrastructure (Sustainable Development Goal 9); inequalities and migration (Sustainable Development Goal 10); climate change (Sustainable Development Goal 13); and **peace, justice and institutions** (Sustainable Development Goal 16).

12. Despite the tragedy and disruption of the COVID-19 pandemic, its enormous toll on people's lives, health systems and workers, and the increasingly challenging environment for health, there are **new lessons, commitments, capacities and partnerships** at the national, regional and international levels that can underpin a fundamental increase in alignment and collective action across the health ecosystem everywhere for greater impact at the country and community levels.

¹ Global Burden of Disease website (<https://www.healthdata.org/research-analysis/gbd#:~:text=The%20Global%20Burden%20of%20Disease,be%20improved%20and%20disparities%20eliminated,> accessed 28 November 2023).

² This represents an increase of 184 million people compared with pre-pandemic levels in the 78 countries with World Food Programme operations and for which data are available.

Box 2: GPW 13: progress towards the triple billion targets

The GPW 13 was anchored in the health-related Sustainable Development Goals. It provided a road map to improve healthy lives and well-being for all at all ages by 2025. The conceptual framework for this was its triple billion targets:¹ (a) 1 billion more people living with better health and well-being; (b) 1 billion more people benefiting from universal health coverage; and (c) 1 billion more people protected from health emergencies. Since 2018, progress has been made towards each of the triple billion targets, but disparities and challenges persist.

Healthier populations billion. In 2023, 1.26 billion more people were estimated to enjoy better health and well-being compared with 2018. However, this progress is insufficient to reach the Sustainable Development Goals by 2030. For example, the global age-standardized prevalence of tobacco use remains high, the prevalence of adult obesity continues to rise and air pollution has not been tackled in many areas of the world. Accelerating progress will require a sharper focus on tobacco, air pollution, road injuries, physical activity and obesity.

Universal health coverage billion. By 2023, only 477 million more people had been covered by essential health services without financial hardship as compared with 2018. The world is off track to meet the related Sustainable Development Goals by 2030. The pandemic disrupted progress on many indicators. The progress that did occur was largely driven by increased HIV service coverage. Services for vaccination and treatment for malaria, tuberculosis, noncommunicable and other diseases continue to lag and financial hardship has worsened. Increased funding for primary health care, with enhanced integration of services, is essential to accelerate progress.

Health Emergencies Protection Billion. By 2023, an estimated 690 million more people were better protected compared with 2018.² Improvements in preparedness contributed to progress. Resolving pandemic-related disruptions to vaccination programmes is key to further progress. The pandemic highlighted the need to enhance metrics for this target. Improvements are under way, including through the integration of assessments from actual outbreaks with timeliness targets for detection, notification and response to health emergencies.

Although overall progress has been uneven in the last six years, **landmark achievements in global and national health** have been recorded: 133 Member States have introduced or increased a tax for tobacco, sugary drinks and or other unhealthy products. There has been a sixfold increase in the number of people protected from industrially produced trans-fats, to 3.7 billion. New medicines (such as for tuberculosis) and vaccines (for malaria and COVID-19) have been introduced, and new mRNA technology transfer and biomanufacturing training hubs have been established. In addition to the COVID-19 and mpox outbreaks, WHO and partners responded to 70 graded health emergencies in 2022 alone. The Pandemic Fund was established, as well as new initiatives such as the Universal Health and Preparedness Review, the WHO Hub for Pandemic and Epidemic Intelligence and the Global Health Emergency Corps.

Further details on progress are available in the GPW 13 results reports.³ The draft GPW 14 takes forward the Sustainable Development Goals targets, recalibrates the triple billion targets (see Box 3) and reformulates and supplements the GPW 13 outcomes to reflect emerging national and international priorities for health and well-being.

¹ Triple Billion Progress website (<https://www.who.int/data/triple-billion-dashboard>, accessed 28 November 2023).

² Refers to the 2025 target as originally set in the GPW 13.

³ <https://www.who.int/about/accountability/results/2018-2019>; <https://www.who.int/about/accountability/results/who-results-report-2020-2021>; <https://www.who.int/about/accountability/results/who-results-report-2022-mtr> (all accessed 25 April 2024).

The promise and potential of an evolving global health ecosystem

13. The global health ecosystem is evolving rapidly and in ways that can be harnessed to fundamentally advance health equity and build health systems resilience in the period 2025–2028.

14. Even prior to the COVID-19 pandemic, important shifts were occurring in **health-related attitudes**, including among younger generations, with many people expressing a higher priority for health and a more holistic view of well-being. In the wake of the COVID-19 pandemic, people of all ages, everywhere, have a new understanding of the importance of healthy behaviours and resilient health systems, and increasingly place greater value on well-being. The gross inequities in access to COVID-19 care and countermeasures, both between and within countries, generated global awareness of the need to address this fundamental barrier to universal health coverage and to protect the world from future pandemics, resulting in powerful advocacy by civil society and community organizations, and **heightened political attention. Equity is now at the centre of international negotiations** on health, ranging from, on the one hand, discussions and negotiations of the WHO governing bodies on a broad scope of universal health coverage and health security issues¹ to, on the other hand, the political declarations of the United Nations General Assembly high-level meetings on universal health coverage and pandemic prevention, preparedness and response.

15. The COVID-19 pandemic spurred a renewed awareness of the importance of strong **national leadership in health**, the self-determination of health priorities and greater self-sufficiency in key domains. Health and well-being and health security are increasingly central to national agendas for long-term stability and growth. In addition, despite the stagnation of progress towards universal health coverage globally, 30% of countries have improved both service coverage and financial protection.² There is a new commitment to “radically reorient” health systems to a **primary health care approach** to enhance equity, inclusiveness, cost-effectiveness and efficiency across the continuum of care, from prevention to palliation, with a growing number of countries demonstrating impact.³ At the **regional and international levels**, new institutions and initiatives, such as the Africa Centres for Disease Control and Prevention, the African Medicines Agency, the European Union’s Health Emergency Preparedness and Response Authority, the Global Initiative on Digital Health, the Association of Southeast Asian Nations Centre for Public Health Emergencies and Emerging Diseases, and the Alliance for Primary Health Care in the Americas, are strengthening intercountry cooperation and capabilities.

16. New and renewed commitments are being made at both the national and international levels to close the gap in the **health and care workforce** by 2030,⁴ particularly at the community level.⁵ Increased attention is being given to better **aligning international financing** with government plans

¹ Including for example the work to amend the International Health Regulations (2005) (<https://apps.who.int/gb/wgihf/>, accessed 17 April 2024) and the work to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (<https://inb.who.int/>, accessed 28 November 2023).

² Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240080379>, accessed 28 November 2023).

³ See Health Assembly resolution WHA76.4 (2023).

⁴ Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789241511131>, accessed 28 November 2023).

⁵ 2 million African community health workers: harnessing the demographic dividend, ending AIDS and ensuring sustainable health for all in Africa. Geneva: UNAIDS; 2017 (<https://www.unaids.org/en/resources/documents/2017/African2mCHW>, accessed 28 November 2023).

and priorities towards universal health coverage.¹ Furthermore, **new funds and financing instruments**, such as the Pandemic Fund and the International Monetary Fund's Resilience and Sustainability Trust,² have been established to provide longer-term sustainable financing to address pandemic preparedness. Through the **Health Impact Investment Platform**, a core group of multilateral development banks has committed to work with WHO to provide a new, coherent approach to financing health in support of low-income countries based on national assessments of their local context and needs, supported by WHO.³

17. There is growing recognition that policy decisions in **multiple sectors** are essential to build more resilient, "**well-being**" **societies** that are underpinned by a vision of health that integrates physical, mental, spiritual and social well-being. The stark and indelible interrelationship between human and planetary health is increasingly appreciated, with new indicators – beyond gross domestic product – being promoted to measure societal progress and drive priorities for public spending. The **WHO Council on the Economics of Health for All** has issued 13 recommendations for fundamentally restructuring national and global economies and finance to deliver health and well-being.⁴

18. There is an extraordinary **number and diversity of health actors** at all levels, from civil society organizations and youth groups to the philanthropic sector. New players complement the work of governments and vital international agencies, organizations, funds and philanthropies working in support of national health efforts, including the World Bank; the United Nations Children's Fund; the United Nations Population Fund; the United Nations Development Programme; the Joint United Nations Programme on HIV/AIDS (UNAIDS); the World Food Programme; the Food and Agriculture Organization of the United Nations (FAO); the International Labour Organization; the United Nations Office for Project Services (UNOPS); the United Nations Environment Programme (UNEP); the Global Fund; Gavi, the Vaccine Alliance; the Coalition for Epidemic Preparedness Innovations; Unitaid; the Global Financing Facility; the Medicines Patents Pool; the Bill & Melinda Gates Foundation; Rotary International; the Wellcome Trust; and FIND. The partners of the Global Outbreak Alert and Response Network, the Emergency Medical Teams initiative and the Global Health Cluster, including nongovernmental and international humanitarian organizations – such as the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent societies, and Doctors without Borders – play a crucial role in reaching those in vulnerable and marginalized situations. These examples are among the thousands of organizations that contribute at national and international levels; over 200 of these are in official relations with WHO⁵ and more than 800 are WHO collaborating centres.⁶ Key **partnerships** are expanding or consolidating, such as the Quadripartite alliance on One Health,⁷ to

¹ Future of Global Health Initiatives website (<https://futureofghis.org/>, accessed 28 November 2023).

² Resilience and Sustainability Trust website (<https://www.imf.org/en/Topics/Resilience-and-Sustainability-Trust>, accessed 28 November 2023).

³ Health Impact Investment Platform for stronger primary health care, and health systems resilience: investing in a healthier and safer future for all. Luxembourg: European Investment Bank; 2023 (<https://www.eib.org/attachments/documents/eib-mdb-declaration-on-health.pdf>, accessed 28 November 2023).

⁴ Health for All: transforming economies to deliver what matters. Geneva, World Health Organization; 2023 (<https://www.who.int/publications/m/item/health-for-all--transforming-economies-to-deliver-what-matters>, accessed 7 March 2024).

⁵ See <https://www.who.int/publications/m/item/non-state-actors-in-official-relations-with-who> (accessed 19 April 2024).

⁶ See <https://www.who.int/about/collaboration/collaborating-centres> (accessed 19 April 2024).

⁷ Members include WHO, FAO, UNEP and the World Organisation for Animal Health. See Quadripartite call to action for One Health for a safer world website (<https://www.who.int/news/item/27-03-2023-quadripartite-call-to-action-for-one-health-for-a-safer-world>, accessed 1 April 2024).

reduce health threats at the human–animal–environment interface; the Partnership for Maternal, Newborn and Child Health; the Working for Health programme;¹ the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) and WHO-hosted research partnerships. New partnerships are being established to address emerging priorities, such as the Alliance for Transformative Action on Climate and Health. In addition, the multifaceted role of the **private sector** is expanding rapidly, creating both opportunities and challenges to advance health and well-being.

19. Recent and ongoing advances in basic, clinical, behavioural and translational **science** have opened up new opportunities for improving health and well-being for all.² Scientific progress has created new platforms for the development of vaccines, drugs, diagnostics and other health interventions, leading most recently to life-saving vaccines against malaria and the introduction of successful mRNA vaccines against COVID-19, while also renewing debate on how to ensure equitable access to the benefits of new knowledge. **Delivery science** and innovation are helping to overcome implementation barriers with locally generated evidence and engagement. **Digital technologies**, such as artificial intelligence, telemedicine and point-of-care tools, have facilitated access, enhanced the timeliness and quality of clinical decisions, and for many people reduced costs. Increasing access to **information and communication technologies**, especially in remote rural populations, has helped to stimulate demand for health services and to strengthen delivery and enhance key functions, such as supply chains and microplanning. New attention is being given to the potential role of evidence-based traditional, complementary and integrative health, with a growing appreciation of the knowledge and insights of Indigenous Peoples.

An evolving and fit-for-future WHO

20. Over the past six years, WHO has been fundamentally transforming itself to be fully fit to play its central role in this global health ecosystem and rapidly changing world. WHO's Transformation Agenda³ was launched in July 2017 and is the most ambitious and comprehensive change agenda in the Organization's history, with more than 40 initiatives implemented across seven major workstreams⁴ to build "a modern WHO, working seamlessly to make a measurable difference in people's health at country level". Three overarching objectives underpin the Transformation Agenda.

21. The first is to **ensure WHO is fully focused and aligned for impact at country level**. Anchored in a bold new strategy, the GPW 13, this has included introducing innovations such as the output scorecard, Delivery for Impact methodologies (see Part 3 below) and a new approach to impact measurement to institutionalize a culture of measurable results and data-driven ways of working. Changes to planning, budgeting and implementation processes facilitate a joined-up approach across WHO's three levels (e.g. output delivery teams, technical expert networks) and ensure that the Organization's leadership, technical products and country support plans are fully aligned with national

¹ Working for Health website (<https://www.who.int/teams/health-workforce/working-for-health#:~:text=The%20Working%20for%20Health%20programme%20assists%20countries%20to%3A,in%20inclusive%20economic%20growth%2C%20employment%2C%20and%20social%20protection>, accessed on 1 April 2024).

² Translational science is the process of turning evidence from data and science into interventions and national decision-making that improve the health of individuals and the public.

³ WHO Transformation website (<https://www.who.int/about/transformation>, accessed 17 December 2023).

⁴ The seven transformation workstreams are: (1) establishing and operationalizing an impact-focused, data-driven strategy; (2) establishing "best-in-class" technical, external relations and business processes; (3) a new, aligned, three-level operating model; (4) a new approach to partnerships; (5) new, results-focused, collaborative and agile culture; (6) ensuring the predictable and sustainable financing of WHO; and (7) building a motivated and fit-for-purpose workforce.

needs and WHO's strategic priorities. Performance management processes now link the day-to-day work of the entire workforce directly to WHO's mission and strategy.

22. The second objective introduced changes to **enable the full potential of the Organization and its workforce** in providing authoritative advice and leadership on critical health matters in a rapidly changing environment. The establishment of the Chief Scientist and the Science Division has consolidated the management and coordination of WHO's vast scientific and research capacities, hosted research partnerships and special programmes, extensive expert networks and WHO collaborating centres, as well as the Organization's engagement with WHO's International Agency for Research on Cancer (IARC). This has augmented the Secretariat's capacity to shape global health research priorities, to ensure that its normative work is of the highest ethical and quality standards, and to help countries strengthen their health research capabilities. With new, dedicated capacity in the areas of innovation and digital health, WHO is better positioned to be "ahead of the curve" on the latest scientific and technological advances in advising Member States and partners. New data, analytics and Delivery for Impact capacities at all three levels allow WHO to better monitor, analyse and report on health trends, including through the new World Health Data Hub, while better supporting countries to improve data quality, availability, timeliness and governance. New capacities have also been established or consolidated in priority areas such as health emergency preparedness and response (including the WHO's Hub for Pandemic and Epidemic Intelligence), antimicrobial resistance, gender, equity and rights (including diversity, equity and inclusion), primary health care, healthier populations (e.g. climate change and health, social determinants of health, health promotion) and mental health, in which enhanced WHO leadership, normative and country support capabilities are needed in response to the emerging global and health trends and threats.

23. WHO's "set-up" and three-level operating model were substantially revamped to flatten hierarchical structures, break silos, optimize managerial spans of control and enable more seamless and agile ways of working across the Organization. The roles and responsibilities at each level of the WHO were clearly delineated, and the structures of headquarters and regional offices aligned around four pillars (programmes, emergencies, external relations, business operations) to enhance collaboration. A new WHO country-level operating model is being rolled out to strengthen core capacities, including engagement with UN Country Teams. **WHO's core technical, business and external relations processes are being digitalized and optimized** in line with "best-in-class" benchmarks. All of these changes aim to facilitate the changes in mindset, behaviours and practices aspired to in WHO's core values.¹

24. The third objective of WHO's transformation – to **fully engage the global community** – is modernizing and expanding the Organization's engagement with key actors, inside and beyond the health domain, in order to better perform its leading and convening roles in driving health outcomes. **WHO's approach to partnerships is evolving rapidly** to enable the Organization to deliver health leadership more effectively in today's more complex ecosystem. WHO's engagement for health in multilateral forums has been elevated and professionalized through the Office of the Envoy for Multilateral Affairs and a strengthened WHO office at the UN. The WHO Civil Society Commission and the WHO Youth Council have created important mechanisms for drawing on the expertise of the key constituencies of civil society and young people. Building on the provisions of the Framework of Engagement with Non-State Actors (FENSA), work is under way to strengthen WHO engagement with parliamentarians, international business associations, philanthropic foundations and other constituencies. WHO has also adopted innovative new approaches to deepen its engagement with health partners and international organizations such as through the Global Action Plan for Healthy Lives and Well-being

¹ Our values, our DNA website (<https://www.who.int/about/values>, accessed 17 December 2023).

for All. The new WHO Academy will be launched to serve as WHO's lifelong learning centre,¹ bringing the very latest innovations in adult learning to global health and helping to translate scientific and technical progress into actual improvements in health care services by developing health workforce skills.

25. Particularly important progress has been made in moving WHO towards **more predictable and sustainable financing**, especially with the historic decisions and commitment of Member States to incrementally increase assessed contributions in order to eventually cover the equivalent of 50% of the 2022–2023 base budget,² and to undertake an investment round to further broaden the financing base.³ This will enable the agility, independence and responsiveness needed of WHO in a rapidly changing world, while building its financial resilience in a time of global economic fragility.

26. Underpinning the entire Transformation Agenda process is the work to ensure that WHO has a **diverse, motivated and fit-for-purpose workforce**, using a range of new initiatives to attract, develop and retain the best-possible workforce, while enhancing diversity, equity and inclusion. Key changes include the establishment of a new career pathways model with related learning and development, internship and mentoring opportunities; new mechanisms to support geographical mobility; flexible working arrangements; and new contracting modalities to ensure greater equity, transparency and fairness for the entire workforce, while better supporting WHO's business needs.

27. Together, these changes are making WHO more efficient, relevant and responsive to the needs of its Member States; better equipped to support its partners; more fit to play its essential roles in enabling and coordinating at all levels; and, in health emergencies, more capable of serving as both a first responder and a **provider of last resort of essential health services in humanitarian emergencies**.^{4,5} Since the pandemic, WHO's unique position spanning the health, sustainable development and security agendas has become more prominent, with an expectation that the Organization will play an even greater role in aligning priorities and facilitating action to improve health and well-being at country, regional and global levels, across sectors and in related forums.⁶ While meaningful change takes time, many of the changes introduced through WHO's Transformation Agenda were already instrumental in enabling WHO's enhanced response to the pandemic. The pandemic was also an important test for this changing WHO paradigm, providing important lessons that are guiding the further improvement and evolution of the Organization for a post-pandemic world of even greater complexity and uncertainty.

¹ See document A75/15 and resolution WHA75.17 (2022).

² See document A75/9.

³ See document A76/32.

⁴ See document A65/25.

⁵ <https://interagencystandingcommittee.org/other/documents-public/operational-guidance-provider-last-resort>.

⁶ E.g. in environment and biodiversity conferences of parties and the UN Food Systems Summit.

PART 2. A GLOBAL AGENDA FOR 2025–2028: PROMOTING, PROVIDING AND PROTECTING HEALTH

1. **The next four years** – from 2025 to 2028 – constitute a unique window in which to reinvigorate actions to **get the health-related Sustainable Development Goals back on track** for 2030, while **future-proofing health and care systems** for the post-2030 era¹ and the inevitable long-term trends and acute shocks described in Part 1 above. This will need an exceptional focus on substantially enhancing **equity** in health and care service coverage and access, and building health systems **resilience**. It will be essential to work **across sectors** with the aim of achieving co-benefits while addressing root causes of ill health and to tackle key barriers to equity such as gender inequality and discrimination. Achieving this ambition in today's particularly challenging environment will require unprecedented **alignment among health, development and humanitarian actors** at the country, regional and global levels, with a common vision, priorities and agenda, measurement framework and commitment to country-driven collective action in support of national goals and leadership.

2. To facilitate alignment on a global health agenda for 2025–2028 in support of country priorities and impact, the draft GPW 14 was developed by WHO through a **wide and inclusive consultative process**, as directed and led by its 194 Member States. This process established broad concurrence for the **overarching goal, strategic objectives and joint outcomes** of the draft GPW 14, which constitute the high-level results for common action over the four-year period from 2025 to 2028 and anchor WHO's role and contributions (see Fig. 1 below). Consequently, these major elements were developed in close consultation with Member States and informed by the vital perspectives and advice of implementing agencies, programmes and funds, civil society and community organizations, youth groups and organizations of older persons, organizations of persons with disabilities, nongovernmental and humanitarian organizations, WHO collaborating centres, donors and philanthropies, and private sector associations. The broad scope of the draft GPW 14's overarching goal, strategic objectives and joint outcomes reflects the ambition of the Sustainable Development Goals and the complexity of improving human health and well-being in evolving local and global contexts.

The common goal, strategic objectives and outcomes for collective action in 2025–2028

3. The overarching goal for the draft GPW 14 is **to promote, provide and protect health and well-being for all people, everywhere**. Inherent in this goal are the principles of equity in health service coverage and health systems resilience, both of which are fundamental to accelerating and sustaining progress on the health-related Sustainable Development Goals and to future-proof health and care systems. It emphasizes the need for a paradigm shift that emphasizes prevention and to operate across the continuum of services and interventions, from prevention and health promotion through protection and the provision of essential public health services to treatment, rehabilitation and palliative care across the life course. This goal recognizes the cross-cutting nature of gender as a determinant of health, and requires addressing barriers to achieving gender equality, equity and the right to health for all. It reflects the transformative potential of a primary health care approach to strengthen essential health systems capacities as a foundation for all aspects of the draft GPW 14,² the drive to further strengthen country capacities for measurable impact and the key role of other, non-health sectors in creating health and well-being, particularly in addressing the determinants of health, the root causes of ill health and health

¹ Including in the context of the UN Summit of the Future and proposed Pact for the Future (<https://www.un.org/en/summit-of-the-future>, accessed 11 April 2024).

² Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund; 2020 (<https://www.who.int/publications/i/item/9789240017832>, accessed 17 August 2023).

inequities. Achieving this overarching goal will require WHO to fully execute its catalytic, convening and coordinating roles in global health.

Fig. 1. High-level results for the draft GPW 14^a

IMPACT					
More people, everywhere, attain the highest possible standard of health and well-being.					
DRAFT GPW 14 OVERARCHING GOAL					
To promote, provide and protect health and well-being for all people, everywhere.					
STRATEGIC OBJECTIVES AND JOINT OUTCOMES					
Respond to climate change , an escalating health threat in the 21st century.	Address health determinants and the root causes of ill health in key policies across sectors.	Advance the primary health care approach and essential health system capacities for universal health coverage.	Improve health service coverage and financial protection to address inequity and gender inequalities.	Prevent, mitigate and prepare for risks to health from all hazards.	Rapidly detect and sustain an effective response to all health emergencies.
1.1. More climate-resilient health systems are addressing health risks and impacts. 1.2. Lower-carbon health systems and societies are contributing to health and well-being.	2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health . 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches. 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making.	3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage. 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved. 3.3. Health information systems strengthened, and digital transformation implemented.	4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases , while addressing antimicrobial resistance . 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved. 4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable.	5.1. Risks of health emergencies from all hazards reduced and impact mitigated. 5.2. Preparedness, readiness and resilience for health emergencies enhanced.	6.1. Detection of and response to acute public health threats is rapid and effective. 6.2. Access to essential health services during emergencies is sustained and equitable.
WHO CORPORATE OUTCOMES (CROSS-CUTTING) ^b					
1. Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind. 2. Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable impact at country level. 3. WHO tailored country support and cooperation accelerates progress on health. 4. A sustainably financed and efficiently managed WHO , with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the draft GPW 14.					

^a Work is under way with Member States to refine results measurement and metrics for the draft GPW 14 results framework (see Appendix).

^b Corporate outcomes are led by the Secretariat but require the commitment and collaboration of Member States and partners to deliver on the Organization's health leadership, partnership, normative, technical and country support mandates, while enhancing its performance across all levels with accountability and transparency.

4. **Six strategic objectives** underpin the overarching goal for the draft GPW 14. These objectives articulate priority areas for collective action to advance health and well-being at the national, regional and global levels. They reflect major emerging threats to health, critical work for the health and related

Sustainable Development Goals, Member States' priorities¹ and stakeholders' areas of focus. While all the strategic objectives contribute to the overarching goal of the draft GPW 14, each is mapped to a specific aspect of that goal (that is, **promote**, **provide** or **protect**) in order to establish an organizing framework, indicate the link to and continuity of the goal with the GPW 13 and the triple billion targets, and facilitate impact measurement, as follows:

To **promote** health:

- (a) respond to **climate change**, an escalating health threat in the 21st century; and
- (b) address **health determinants and the root causes of ill health** in key policies across sectors.

To **provide** health:

- (a) advance the **primary health care approach and essential health system capacities** for universal health coverage; and
- (b) improve **health service coverage and financial protection** to address inequity and gender inequalities.

To **protect** health:

- (a) **prevent, mitigate and prepare** for risks to health from all hazards; and
- (b) rapidly **detect and sustain an effective response** to all health emergencies.

5. For each strategic objective, joint outcomes establish the specific results that will be achieved during the four-year period from 2025 to 2028 through the collective work of countries, partners, key constituencies and the Secretariat. These outcomes in turn inform the key activities, products and services that are required of WHO to help drive impacts and enable and further align the work of others. WHO has recalibrated the triple billion targets to establish summary goals for the three draft GPW 14 areas of **promote**, **provide** and **protect** (see Appendix). The following paragraphs elaborate on the strategic objectives and the scope of the 15 joint outcomes (see Appendix for link to the relevant Sustainable Development Goal). The scope of work under each outcome will serve as the focus for WHO's health leadership, normative and technical assistance work in each area during the period 2025–2028.

Climate change and health

6. This strategic objective responds to the escalating threat that climate change poses to health in the 21st century.² Climate change undermines the determinants of health, exacerbates weaknesses and vulnerabilities in health systems (e.g. by directly damaging facilities and interrupting service delivery), aggravates other threats to health services, and increases the burden of vector-borne and other climate-sensitive diseases and widens health inequities, with disadvantaged groups and vulnerable

¹ See document A76/4.

² Romanello M, di Napoli C, Green C, Kennard H, Lampard P, Scamman D, et al. The 2023 report of the *Lancet* Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. *Lancet*. 2023. doi:10.1016/S0140-6736(23)01859-7.

countries suffering disproportionately from both its direct and indirect effects. This objective recognizes the key role of WHO and health actors in generating and promulgating evidence-based interventions to address the health risks associated with climate change and to ensure that adaptation and mitigation actions contribute to resilient health systems and promote health and well-being for all people. The growing urgency of and political momentum to tackle climate change is a crucial opportunity to improve health by ensuring climate-resilient and environmentally sustainable health systems, reducing greenhouse gas emissions and protecting nature, and protecting health from the wide range of current and future impacts of climate change, including displacement and loss of livelihoods. Such a transformative agenda places health and well-being at the centre of the movement to safeguard the planet and its people and transition to cleaner energy and healthier and more sustainable diets, mobility and transportation systems. In doing so it also facilitates synergies across the climate adaptation and mitigation agendas (e.g. lower-carbon health systems can strengthen climate resilience). This work will further place health and well-being at the centre of efforts to protect people in vulnerable and marginalized situations, including women, children and adolescents, persons with disabilities and Indigenous Peoples, as well as migrants and displaced people and older persons. This agenda supports a strengthened One Health approach.

Joint outcome 1.1. More climate-resilient health systems are addressing health risks and impacts

Health systems must be able to anticipate, respond to, recover from and adapt to climate-related shocks and stresses to ensure sustained capacity to deliver essential services.¹ Climate-related risks to health systems and health and nutritional outcomes will be systematically assessed and addressed, in line with the drive for universal health coverage, a scaled-up primary health care approach and the wider societal goal of climate adaptation. This work will build on and advance existing work to strengthen health, water, sanitation and hygiene (WASH) and food systems. Climate-informed health decision-making will be promoted, recognizing the distinct vulnerabilities and disproportionate impacts of climate change on disadvantaged groups as well as in different regions and subregions, especially in the SIDS. National health adaptation plans, based on the local context, will be designed, implemented and monitored, with active social participation, in order to promote, support and enable appropriate behaviours and to ensure that population health is resilient to climate shocks and stresses over time. This outcome includes interventions and innovations within health systems (e.g. to promote climate-resilient and environmentally sustainable health care facilities and a climate-competent workforce), essential public health functions (e.g. to establish climate-informed disease surveillance and responses, including to vector-borne and food-borne diseases) and partnerships with other sectors to safeguard key health determinants (e.g. promoting climate-resilient water and sanitation and food systems).

Joint outcome 1.2. Lower-carbon health systems and societies are contributing to health and well-being

Plans to reduce, where possible, the carbon footprint of health systems, supply chains and care services will be developed, tailored and implemented, accounting for different national and local contexts and aligned with national priorities for scaling up primary health care and universal health coverage, as well as broader climate resilience and mitigation efforts. Work on climate-smart and context-sensitive health products and supply chains will be encouraged. The health

¹ Operational framework for building climate resilient health systems. Geneva: World Health Organization; 2015 (<https://www.who.int/publications/i/item/9789241565073>, accessed 27 March 2024).

community will engage outside the health sector, in partnerships and advocacy, and will play a leadership role in presenting health evidence to accelerate policies and actions (e.g. in the energy, food, transport, urban systems, environment and finance sectors) that both mitigate climate change and enhance health (e.g. by improving air quality, increasing access to healthy and affordable foods, and enhancing environments that promote physical activity). This will include elevating and enhancing work on the interactions between climate change and human health and well-being in the context of the United Nations Framework Convention on Climate Change and related instruments (e.g. the Green Climate Fund, the Global Stocktake, the Loss and Damage Fund).

Determinants of health and root causes of ill health

7. This strategic objective responds to the stark reality that the conditions in which people are born, grow, work, live and age – the determinants of health – have a greater influence on health and well-being than access to health services. It emphasizes that investing in cost-effective interventions for disease prevention and health promotion results in particularly large cost savings and benefits: people live longer, healthier, happier lives; economies are stronger and more sustainable; and pressures on health and social care systems can be substantially reduced. The determinants of health affect the distribution of and exposure to environmental and behavioural risk factors (e.g. the use of tobacco and nicotine products, the harmful use of alcohol, physical inactivity, unhealthy diet and food insecurity, air pollution, exposure to hazardous chemicals, risks related to WASH, food-borne illness, radiation, and social isolation and loneliness), which account for more than 40% of disease and premature mortality globally.^{1,2} Addressing the underlying determinants and root causes of ill health, including systemic and structural barriers such as those related to gender, is a critical part of realizing the right to health for all. It will be pursued through actions that put health and well-being at the centre of government policies, especially in non-health sectors that directly or indirectly impact health, particularly schools and workplaces, and using a One Health approach. This strategic objective also seeks to understand the behavioural drivers and barriers faced by individuals, communities and diverse populations within communities; to involve and empower them in the decisions that affect their health and well-being; and to ensure the effective implementation of evidence-based preventive interventions.

Joint outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health

Emphasis will be on both health sector and intersectoral actions that foster well-being and health equity as co-benefits across sectors and put health outcomes at the centre of relevant policies and processes. Priority will be given to enhancing decision-making and resource allocation for universal access to key public goods for health (e.g. clean air, safe food, healthy diets and housing, safe and active transport and mobility, education and clean energy, and safe and healthy working environments). The role and capacity of the health sector will be strengthened through enhanced evidence, policy options, analyses (e.g. using health impact and health equity impact assessment tools and methodologies), advocacy and intersectoral action to leverage policy interventions in other key sectors (e.g. for transport and food and agricultural systems, social policy, health-promoting schools and workplaces, housing and WASH) that improve health across the life course through better living and working conditions and utilize a One Health approach. Work will

¹ United Nations General Assembly resolution 73/2. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (<https://documents.un.org/api/symbol/access?j=N1831540&t=pdf>, accessed 1 April 2024).

² Decision WHA72(11).

be carried out to increase fiscal space for social protection, early years services, safe and decent employment, gender equality, and food and income security and the impact of demographic change. Health sector capacities to assess the health impact of social inequalities and the differential impact of sectoral policies, and to tackle systemic and structural barriers to health such as those related to gender and age, will be strengthened. This work will also address the increasing influence of commercial practices and agreements on health (e.g. in relation to tobacco and nicotine products, harmful use of alcohol and unhealthy foods) to prevent harm and foster policy coherence and pro-health practices, including the protection of children and adolescents from exploitative marketing. Cities and local governments will be supported to implement actions on health determinants across the life course. Governance for health and well-being will be promoted across and between levels of government. Particular attention will be given to ensuring programmes reach people in vulnerable situations or facing marginalization and discrimination, including among others, persons with disabilities, migrants and displaced and older populations.

Joint outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches

Multisectoral and multistakeholder approaches will be co-designed and implemented across the life course, including through cost-effective policies that are based on the right to health, legislation and regulatory measures, in order to reduce major risk factors for noncommunicable and communicable diseases, violence and injuries, mental health conditions and poor nutrition, and to address rehabilitation needs and healthy ageing. For example, in the area of noncommunicable diseases, effective packages, such as WHO “best buys”,¹ will be introduced or strengthened to reduce consumption of unhealthy products (e.g. tobacco, the harmful use of alcohol, unhealthy foods), including through monitoring use, cessation assistance, health warnings, advertising restrictions and health taxes (e.g. with regard to alcohol and sugar-sweetened beverages). Cost-effective nutrition services will be promoted and physical activity will be enabled through supportive environments.² Comprehensive food safety measures will be promoted along the food chain. In the area of communicable diseases, for example, barriers to access for affected populations in marginalized situations will be prioritized and such populations will be meaningfully engaged. Policies that reduce exposure to road traffic risks and that encourage safe, active mobility will be encouraged, as well as legislation on safe vehicles, infrastructure and road-user behaviour. Investments in education and supportive economic and social policies that can reduce interpersonal violence and violence against children will be encouraged. The health sector will help to promote equity-enhancing policies and legislation across key sectors, including food, agriculture, energy, sports, transport and tourism, while managing and reducing conflicts of interest.

Joint outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making

Public health programmes will be designed or strengthened, including through the use of behavioural sciences, in order to create an enabling environment that supports and encourages

¹ See technical annex (version dated 26 December 2022): updated appendix 3 of the WHO Global NCD Action Plan 2013–2030 (https://cdn.who.int/media/docs/default-source/ncds/mnd/2022-app3-technical-annex-v26jan2023.pdf?sfvrsn=62581aa3_5, accessed 17 December 2023).

² See More active people for a healthier world: the global action plan on physical activity 2018–2030 website (<https://www.who.int/initiatives/gappa>, accessed 1 April 2024).

health-promoting choices. The promotion of key behaviour changes will be supported by addressing health and well-being in particular settings where people live, work and play (e.g. schools, workplaces and health care facilities), with policies and procedures informed and implemented by social dialogue with relevant populations (e.g. workers). This outcome will advance community engagement and participatory governance for health and health literacy (including digital means). Health sector governance capacity will be strengthened for policies and regulations that facilitate, support and enable choices and behaviours that promote health, particularly physical activity.

The primary health care approach and essential health system capacities

8. This strategic objective is vital for all aspects of the overarching goal of the draft GPW 14, it connects and enables activities across the **promote, provide** and **protect** domains, and underpins the aims of resilience, health equity and gender equality; it serves as a cross-cutting enabler of all other strategic objectives and outcomes, engaging and building the trust of communities. It reflects the fact that health and care systems will need to be fundamentally rethought and restructured, with sustainable health financing, robust workforces and quality-assured health products, to address the challenges of dynamically changing demographics (including ageing populations), epidemiological shifts and converging crises. This area of work recognizes the fundamental importance of strong, sustainable and resilient health systems to the health and well-being and health security agendas, and the value of a primary health care approach that can deliver up to 90% of essential health and nutrition interventions¹ and 75% of the projected Sustainable Development Goals health gains. It emphasizes the centrality of patient safety and service quality. It responds to the lesson from the COVID-19 pandemic that health systems must have sufficient capacity and resilience to be prepared for and respond to emergencies. Acting on the principles of health equity, gender equality and the right to health, it prioritizes overcoming barriers and delivering to the unreached and those in situations of poverty and vulnerability, including migrants and displaced populations and persons with disabilities. It promotes a shift from facility and disease-oriented systems to integrated, people-oriented systems. A three-pronged approach will aim to: enhance the equity, efficiency, governance and impact of health systems; address weaknesses in essential system inputs; and leverage the transformative power of digital technologies and data.

Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage

The ongoing reorientation of health systems towards a primary health care approach will be implemented using a tailored approach based on the local context and with the goal of integrating quality services to meet people's diverse health needs across the life course. It will address barriers to gender equality and the right to health for all people. The focus of this outcome is on strengthening core capacities and the approach used to scale primary health care in different contexts to leave no one behind, while monitoring the impact of such initiatives. Particular attention will be given to bolstering public health functions and to the planning, organization and management of quality health services, including nursing, surgery and anaesthetics, from primary to tertiary levels, with strategic planning for capital goods investment and sustainable health infrastructure enhancement, including hospitals. Models of care that are oriented towards primary health care, operate across the life course, promote patient safety and are delivered as close as feasible to people's everyday environments will be defined to ensure the integrated delivery of

¹ Build and implement UHC packages with SPDI website (<https://uhcc.who.int/uhcpackages/>, accessed 17 December 2023).

comprehensive service packages, including health promotion and prevention services (e.g. screening and vaccination), essential nutrition services, acute care and referral services, self-care, evidence-based traditional and complementary medicine, rehabilitation and palliative care, and services to promote, protect and enhance the health of all peoples, including Indigenous Peoples, migrants and refugees.¹ Digital systems that enable continuity of care and persistent health records will be promoted. Communities, with clear road maps for their engagement, will be at the heart of this approach, especially with regard to women, children and adolescents, persons with disabilities and chronic health conditions and populations in vulnerable and marginalized situations, in order to reach the unreached, address barriers in accessing quality health services, including quality preventive measures, diagnostics and treatments, and ensure the acceptability of such services. The scope and capacities of health governance will be strengthened to promote transparency and combat corruption in health systems which is a prevalent barrier to equitable, quality health care; enhance social participation; and advance the multisectoral approach that is needed to: tackle the health implications of climate change; address health determinants and risk factors; take forward the antimicrobial resistance agenda and the One Health approach; engage with communities and community-based organizations; and manage and regulate the contribution of the private sector.

Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved

Critical gaps in the health and care workforce will be identified by occupation, including community health workers, and will be addressed through a holistic, long-term approach that includes expanding education and employment in the health and care sector; addressing critical skill gaps; leveraging technology for training and certification; promoting multidisciplinary teams; ensuring decent, safe and healthy working conditions;² addressing gender and other social inequities in distribution; recruiting and retaining personnel (including through enhanced understanding of values and motivations); and the ethical management of international migration. This work will also seek to address the lifelong learning needs of health and care workers and the recognition of learning achievements. Particular attention will be given to advancing gender equality and protecting health and care workers from gender-based and other forms of violence. Work on the tracking of financial expenditures on health against political commitments will be enhanced, especially given the recent negative trend in development finance. Evidence-based strategies will underpin work to enhance adequate, sustainable, effective and efficient public financing for health that is aligned with national disease burdens and complemented by the strengthening of national capacities to negotiate and manage the alignment of nongovernmental financing streams with national priorities and plans.³ The strengthening of national regulatory capacities will be supported. An end-to-end approach will assess and enhance access to safe, effective and quality-assured health products⁴ that are affordable and acceptable, while

¹ Health Assembly resolution WHA76.16 (2023).

² International Labour Standards on Occupational Safety and Health website (<https://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/occupational-safety-and-health/lang--en/index.htm>, accessed 1 April 2024).

³ See, for example, proposals outlined in The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process website (<https://futureofghis.org/final-outputs/lusaka-agenda/>, accessed on 1 April 2024).

⁴ Health products consist of medicines; vaccines; blood and other products of human origin; and medical devices, including diagnostics and assistive products.

contributing to local and regional resilience and self-reliance, including through geographically diversified, sustainable and quality-assured production capacity.

Joint outcome 3.3. Health information systems strengthened, and digital transformation implemented

Innovative approaches will be emphasized to enhance the collection (at all levels of care), transfer, analysis and communication of data at the national and subnational levels, as the cornerstone for evidence-based decision-making to drive high-impact interventions. Special attention will be given to helping countries in strengthening capacities and technical standards for surveillance; improving civil registration and vital statistics systems; monitoring progress towards universal health coverage (including the safety and quality of services) and the health-related Sustainable Development Goals; tracking and analysing data gaps; integrating information systems and digital service-delivery tools; and using electronic health records and facility reporting systems. Disaggregated data will be generated to identify and monitor progress in addressing inequities and systemic and structural barriers, including in relation to gender and disabilities. Intersectional analyses will be promoted to address gender and other barriers more holistically. National strategies and costed action plans will be developed to guide the digital transformation of health systems through robust digital public infrastructure and quality-assured digital public goods, while ensuring a people-centred approach. Countries will be supported to establish a robust enabling environment and ecosystem, supported by strong public–private partnerships, robust governance and regulation, data-privacy policies, standards, information exchange and open interoperability architecture. The digital transformation will support the modernization and strengthening of data systems to enhance programme effectiveness, real-time surveillance and early warning capacities, the monitoring of health system performance and decision-making, and essential system functions such as equipment inventory and maintenance management.

Health service coverage and financial protection

9. This strategic objective aims to address the glaring inequities in health services globally, with an estimated 4.5 billion people failing to receive the health services they need and 2 billion people suffering financial hardship as a result of paying for out-of-pocket health care. It will accelerate progress towards Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and respond to the major demographic, climate and epidemiological trends that national health systems will need to manage. It aims to address gaps in service, population and cost coverage to achieve universal health coverage, including by bolstering the capacity of the public sector to deliver essential services while accelerating the incorporation of innovative, evidence-based clinical interventions into public health policies. An integrated, people-centred approach that is based on the right to health focuses first and foremost on reaching the unreached to reduce inequities in access, and on improving patient safety and the quality of health services across the life course, while eliminating out-of-pocket payments for people in vulnerable and marginalized situations. It emphasizes the critical priority of improving the quality of services, which is increasingly a greater barrier to reducing mortality than insufficient access.¹ It will contribute to the antimicrobial resistance agenda and advance progress on major control, elimination and eradication targets (including for polio, measles, cervical cancer, and Guinea Worm

¹ Kruk M.E., Gage A.D, Arsenault C., Jordan K, Leslie H.H., Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet*. 2018; 611:1196–1252. doi:10.1016/S2214-109X(18)30386-3.

disease) by supporting sustainable responses and addressing coverage gaps, using means that include new and promising interventions.

Joint outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance

The early detection and appropriate management of cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, chronic pain, cognitive impairments, eye hearing and oral health, rare diseases and other noncommunicable diseases will be scaled up. The primary health care approach will be used to emphasize integration in an era of increasing multimorbidity, promote WHO “best buys”, prioritize the unreached, respond to multicountry priorities,¹ bring quality and affordable services closer to the community, and provide counselling to reduce risk factors. Coverage gaps will be reduced and sustainable responses supported in the prevention, early detection and appropriate management of priority communicable diseases, including tuberculosis, HIV, malaria, measles, diarrhoeal and vector-borne diseases, pneumonia and neglected tropical diseases. A person-centred approach will be promoted, with a core set of interventions to prevent infections and ensure universal access to good quality diagnosis and appropriate treatment of infections, including the promotion and responsible use of quality-assured essential antibiotics. The full implementation of national action plans to underpin the fight against antimicrobial resistance will be prioritized. Strengthening public-sector capacity to ensure quality essential services, especially for people in vulnerable and marginalized situations, will be emphasized. New technologies will be pursued to reduce morbidity and, where possible, advance and sustain elimination and eradication targets across multiple disease programmes such as polio, measles and neglected tropical diseases. Mental health, brain health and substance use services will be integrated into primary health care in order to expand access to both psychosocial and pharmacological interventions substantively, complemented by ongoing efforts to reduce stigma, prevent suicide and protect human rights, with comprehensive mental health and social care services available in community-based settings.²

Joint outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved

A life-course approach will be taken to address gaps in access to essential services, including essential nutrition services, for maternal, newborn, child and adolescent health, as well as for adults and older people. This will include ensuring 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 targets 3.7 and 5.6 of the Sustainable Development Goals, and related international agreements.^{3,4} It will

¹ See 2023 Bridgetown Declaration on NCDs and Mental Health (<https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf>, accessed 1 April 2024).

² Comprehensive Mental Health Action Plan 2013–2030. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240031029>, accessed 27 March 2024).

³ Programme of Action adopted at the International Conference on Population and Development, Cairo, 5–14 September 1994 (https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf, accessed 1 April 2024).

⁴ Beijing Declaration and Platform for Action; Beijing+5 Political Declaration and Outcome. New York: UN-Women; 2015 (<https://www.unwomen.org/en/digital-library/publications/2015/01/beijing-declaration>).

address gender-based violence and harmful practices such as female genital mutilation. Particular emphasis will be given to scaling up proven interventions to reduce maternal and newborn mortality during pregnancy, the intrapartum period and postnatally and to strengthening newborn health services such as essential newborn care and care for small and sick newborns. To reduce child mortality there will be a focus on the well child approach, integrated management of childhood illnesses and detection and prevention of congenital anomalies. For adolescents, efforts will continue to accelerate action for adolescent health and well-being through adolescent health programme development, as well as to strengthen the capacity of health and social systems to respond to adolescent-specific developmental vulnerabilities and needs by leveraging digital solutions for adolescent-responsive primary care, building preventive models of care such as well-adolescent visits and investing in best buys such as school health and school health services. For older persons, integrated health and social care will be promoted to ensure a continuum of care and ageing in place. Research will be advanced in all these areas. In the area of immunization, emphasis will be on fully implementing the Immunization Agenda 2030, especially by reaching missed and zero-dose children with essential routine services, including through the post-COVID-19 pandemic “Big Catch Up” (through 2025); scaling up important vaccines such as the human papillomavirus vaccine; rolling out priority new vaccines, such as those against malaria and, potentially, sexually transmitted infections, tuberculosis and dengue, as guided by robust evidence; prioritizing and optimizing vaccine portfolios, by age group and product, to the country context; and intensifying preventive vaccination campaigns to advance poliomyelitis eradication and reduce the risk of deadly vaccine-preventable diseases, such as measles.

Joint outcome 4.3 Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable.

Capacities will either be strengthened or established to collect, track and analyse disaggregated information on out-of-pocket expenditures, financial hardship, foregone care and financial barriers in order to identify inequities (especially by age and gender), inform national decision-making and track progress. Priority will be given to eliminating out-of-pocket payments for people in vulnerable and marginalized situations, including those living with a rare disease, and implementing broader reforms and policies that address both the financial barriers and financial hardship associated with accessing health services. Key principles set forth in Sustainable Development Goals target 1.3 on establishing social protection systems for all will also inform policy options for access to quality health care without financial hardship, through strengthened risk pooling and solidarity in financing to ensure that out-of-pocket payments are not a primary source for financing health care systems.

Prevent, mitigate and prepare for emergencies

10. This strategic objective addresses the growing threats to health and well-being that all countries face due to rapid global changes, including demographic shifts, epidemiological developments, and the impacts of climate change and environmental degradation. These changes increase the frequency of both disasters and infectious disease risks, underscoring the urgency of national and global actions to mitigate hazards, including through a One Health approach, and to enhance preparedness and resilience, amid the widespread vulnerabilities that exist in societies and health and food systems. Emphasizing prevention and resilience is the most efficient approach to health emergencies, as it also acknowledges the significant risks posed by antimicrobial resistance, emerging zoonoses and food-borne diseases, as well as the escalating food security and nutrition crises that are exacerbated by climate change and conflict. It recognizes communities as primary responders that are often on the frontline of climate-related and other risks and works to ensure that they are knowledgeable, equipped and

empowered to protect themselves, their families and their livelihoods. Recognizing the rapid developments in technology, this objective also addresses the ethical and responsible use of biotechnology, promoting international standards for biosafety and biosecurity to prevent the misuse of biological agents for harmful purposes. At the same time, it capitalizes on developments in science and technology to introduce new tools to protect health, and emphasizes national and global commitments to strengthen risk reduction and readiness capacities. This includes commitments to enhance the International Health Regulations (2005) and establish international agreements on pandemic prevention, preparedness and response.

Joint outcome 5.1. Risks of health emergencies from all hazards reduced and impact mitigated

Hazard-specific strategies will be updated and adapted to mitigate health emergency risks through dynamic assessments of threats and vulnerabilities, coupled with the continuous refinement and adaptation of hazard-specific plans. Tailored readiness plans and guidelines will address the varied needs of communities that are confronted with environment threats to health, notably those intensified by climate change, such as natural disasters and food security crises. Complex information will be simplified into actionable solutions. Key to this approach will be the scaling up of population and environmental health interventions through a One Health approach, including the expansion of vaccination, infection prevention and control, vector control, WASH and food safety initiatives, as well as programmes that target specific epidemic and pandemic-prone disease.¹ Interventions against antimicrobial resistance will be supported, including through improved low-cost diagnostics, access to quality, affordable antimicrobials and promotion of the responsible use of antibiotics. It will be essential to foster community engagement and leadership and prioritize equitable access to vaccines and other essential products, especially for people in vulnerable and marginalized situations. Equally important will be empowering communities with effective risk communication and evidence-based strategies to combat misinformation and disinformation. Risk-adjusted public health measures will be developed, as required, for mass gatherings, travel and trade, complemented by advances in biosafety and biosecurity practices that also protect health workers and patients. Recognizing health workers are on the frontlines during health emergencies, infection prevention and control measures will also be strengthened for their protection. This outcome requires robust multisectoral collaboration, the mobilization and coordination of expert technical networks, the bolstering of community resilience and continuous innovation. It will reduce risks from all health hazards, while ensuring communities and health systems are better equipped and prepared to manage them.

Joint outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced

Prioritized national action plans for health security will be created, regularly updated and aligned with the International Health Regulations (2005). These plans will aim to strengthen essential capacities for health emergency preparedness and response, utilizing expert networks and evidence-based tools. Readiness plans and guidelines will address specific threats, such as those associated with natural disasters, food crises and famines, severe weather and other extreme

¹ Document EB142/3 Rev.2.

events driven by climate change,¹ with ongoing assessment and threat monitoring.² Emphasis will be on enhancing the emergency workforce, supporting health systems' resilience to ensure safe and scalable care during emergencies, and strengthening key public health and clinical institutions. This will include integrated disease, threat and vulnerability surveillance; augmented diagnostics and laboratory capacities; enhanced pathogen and genomic surveillance capabilities; and complementary systems such as wastewater surveillance. Support for health systems strengthening work will focus on ensuring their capacity to absorb, adapt or transform in the face of shocks. Coordination across all relevant sectors and stakeholders will be intensified to advance equitable access to medical countermeasures and ensure the capacity to maintain essential health and nutrition services in emergencies. To facilitate these efforts, increased attention and resources will be given to enabling and coordinating the "networks of networks" that require sustained support, including those for research and development (including clinical trials), geographically diversified production and scalable manufacturing of medical countermeasures, strategic stockpiling and resilient supply chains, as well as cross-border digital infrastructure for verifiable health credentials.

Rapidly detect and sustain an effective emergency response

11. This strategic objective responds to the increasing frequency and intensity of health emergencies globally, exacerbated by climate change, environmental degradation and pollution, urbanization, political instability and conflict, against the backdrop of weak health systems that have been further debilitated by the COVID-19 pandemic. In 2023, an unprecedented 340 million people were in need of life-saving humanitarian assistance, a number that continues to increase as a result of the historically high number of health emergencies worldwide. This objective aims to reduce the health impacts of acute crises and ensure equitable and sustainable access to essential health and nutrition services during all emergencies, working in concert with humanitarian partners and the Inter-Agency Standing Committee. It responds to the urgent need for enhanced capacities to deliver life-saving supplies and care, particularly in the context of sustained crises, as highlighted by the increasing burden that such crises are placing on national health systems and scarce resources. It emphasizes the need to strengthen the interconnected surveillance networks that are essential for early warning and timely responses to acute public health threats. This involves continuous monitoring of national and global health data, followed by rapid alert issuance, the verification of potential threats and thorough risk assessments. WHO plays a key role in this function and through its commitment to transparency and communication it ensures that Member States and the global community receive timely information to guide local action and foster coordinated international responses. This objective draws on experience and knowledge gained from recent crises to promote and utilize the core health emergency response components: collaborative surveillance; community protection; scalable care; access to medical countermeasures; and efficient coordination.

Joint outcome 6.1. Detection of and response to acute public health threats is rapid and effective

Ongoing work to reinforce national and international early warning and alert systems will be reinforced to advance the rapid detection and assessment of public health threats. This will include

¹ See IPCC sixth assessment report, Chapter 11: Weather and climate extreme events in a changing climate. (https://www.ipcc.ch/report/ar6/wg1/downloads/report/IPCC_AR6_WGI_Chapter11.pdf, accessed 17 December 2023).

² Including through agreed assessment tools (i.e. State party annual reporting on International Health Regulations (2005) capacities) and voluntary mechanisms, such as universal health preparedness reviews and joint external evaluations.

national capacity-building and assistance for the rapid detection and verification of threats, the in-depth assessment of risks and the grading of public health risks and emergencies. In parallel, WHO will continue to strengthen its central international functions in this regard in order to provide countries and partners with real-time information to scale up immediate and accurate responses. Emergency response coordination will be rapidly activated and managed through emergency operation centres, with standard operating procedures, technical guidance and planning, while ensuring that interventions are culturally appropriate and adapted to the national context. International coordination and collaboration will be facilitated through incident management systems that can connect emergency operational centres across country, regional and global levels, supported by comprehensive guidelines and strategic coordination. Multisectoral rapid-response teams will be further expanded for the rapid deployment of critical expertise in epidemiology, clinical care, logistics and other relevant skill sets in order to contain threats and reduce the impact of outbreaks and other health emergencies. Support will be provided for the equitable allocation of medical countermeasures. Contingency financing will be immediately allocated to facilitate rapid and equitable emergency response operations. A unified partnership approach in support of Member States will be further strengthened to ensure the most effective management of health emergencies and rapid provision of technical and operational support where needed.

Joint outcome 6.2. Access to essential health services during emergencies is sustained and equitable

Life-saving care interventions will be immediately deployed during all health emergencies, building on pre-existing cooperation agreements where these exist. Public health needs will be rapidly assessed as the basis for adapting the package of essential health and nutrition services across the continuum of care during an emergency¹ and monitoring coverage over time. Particular attention will be given to ensuring the continuity of sexual and reproductive health services² and meeting the needs of populations in particularly vulnerable or marginalized situations, including women and children and those living with noncommunicable diseases, disabilities and mental health conditions. Robust coordination mechanisms will be implemented to support critical functions, including the equitable allocation of and prompt access to medical countermeasures, supply chain management, and health cluster planning and financing, with specific provisions to sustain collective health action during protracted crises and through the recovery phase. A strong emphasis will be given to maintaining routine health services and systems during emergencies to ensure ongoing equitable access to health care, with early recovery planning to build back better. WHO will further strengthen its leadership of the Global Health Cluster in order to implement comprehensive public health needs assessments as the basis for the development, funding and management of targeted response plans in support of Member States. The systematic monitoring of attacks on health care during emergencies will continue to be essential for developing effective prevention strategies, protecting health care workers, and ensuring access to care. These combined efforts will aim to meet the constantly increasing humanitarian demands in order to guarantee that

¹ For further details on maintaining essential health services in humanitarian situations, see H3 Package (High-Priority Health Services for Humanitarian Response) website (<https://uhcc.who.int/uhcpackages/package/groups?packageId=449>, accessed 17 December 2023).

² Including through the application of resources such as the Minimum Initial Service Package for Sexual and Reproductive Health in crisis situations (<https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>).

no one is left behind and ensure that health for all remains a fundamental priority, especially for people in vulnerable and marginalized situations.

The draft GPW 14 results framework

12. The draft GPW 14 results framework consists of two parts: (a) the overall **results chain** (i.e. inputs, activities, outputs, outcomes and impact); and (b) **results measurement**. The draft GPW 14 results framework underpins WHO's biennial programme budget, which in turn constitutes WHO's primary accountability mechanism.

13. The **results chain** links the work of the Secretariat (outputs) to the health and development changes to which it contributes at the country, regional and global levels (outcomes and impact). The basic logic of the results chain is illustrated in Fig. 2 and builds on the GPW 12 and the GPW 13. Outputs are the responsibility of the Secretariat and are comprised of WHO's health leadership work, normative and data functions and technical assistance and operational products and services – delivered to influence, enable and catalyse the collective actions needed on the part of Member States, the Secretariat and partners to realize the joint outcomes and strategic objectives of the draft GPW 14 – as well as WHO's enabling functions (as outlined in the WHO change pathways shown in the theory of change in Fig. 3).¹ Member States, the Secretariat and partners are jointly responsible for the achievement of the joint outcomes of the draft GPW 14, which reflect either an increase in health service coverage, a reduction in health-related risks or strengthened essential health systems capacities. Outcomes contribute to the envisaged impact, which is the improvement in the health and well-being of all people at country level (i.e. through reductions in morbidity or mortality).

14. The **results measurement** component of the WHO results framework is used to assess and measure results at the output, outcome and impact levels. For the draft GPW 14, the measurement components of the WHO results framework have been further improved, building on lessons learned from the GPW 13 and its independent evaluation (see Box 3). The outputs are the specific contributions of the Secretariat to joint as well as corporate outcomes and are measured using a combination of output indicators and the output scorecard. The output indicators also link the outputs to the joint outcomes. The output scorecard is a composite index that was first introduced in GPW 13 and is updated in the draft GPW 14 to better measure the WHO Secretariat's accountability for results and performance in five dimensions: (a) health leadership (through WHO convening, advocacy, partnership and/or communications); (b) global public health goods (through WHO normative, technical guidance or data products); (c) technical assistance and operational support; (d) gender, equity and the right to health; and (e) value for money.² A sixth dimension of the scorecard includes output leading indicators, which serve as a link between outputs and outcomes and also provide quantitative measurement of the outputs. The joint results of Member States, partners and the Secretariat at the outcome level are measured using specific outcome indicators and the WHO composite indices for its triple billion targets; the impact is measured through morbidity and mortality indicators (e.g. the maternal mortality ratio) and HALE.

15. For the draft GPW 14, the 46 outcome indicators of the GPW 13, comprised of the health-related Sustainable Development Goals and relevant World Health Assembly resolutions, have been mapped to the draft GPW 14 outcomes and complemented with additional indicators in order to reflect new areas of work and national and international goals. This establishes a common impact measurement approach

¹ Details on the specific contribution of the Secretariat, at each level of the Organization, in respect of each output, will be addressed in the programme budget.

² Output scorecard website (https://cdn.who.int/media/docs/default-source/results-reports/output-scorecard-12-may-2021-final-instrument-1.pdf?sfvrsn=29b5e19b_5&download=true, accessed 17 December 2023).

that can be used at the country level and by contributing organizations and constituencies (see Appendix). Progress on gender equality and health equity will be tracked through the collection and analysis of data that are disaggregated by sex, age and other metrics that reflect potential vulnerabilities (e.g. disability).

16. To facilitate consolidated impact measurement at the global level, the **triple billion indices and targets** have been recalibrated and updated (see Box 3).¹ Updated targets – measured in billions – set a common aspiration for the total number of people who will need to enjoy better health and well-being, access to universal health coverage without financial hardship, and protection against health emergencies in order to get the health-related Sustainable Development Goals back on track through the draft GPW 14 agenda. Outcome indicators have been updated to better track the coverage of essential health services and progress in improving financial protection, as well as progress in the areas of climate and health, mental health, disability, physical inactivity and foregone care. Indicators have also been updated to better measure functional readiness and response for health emergency preparedness and response, based on lessons learned from the COVID-19 pandemic.

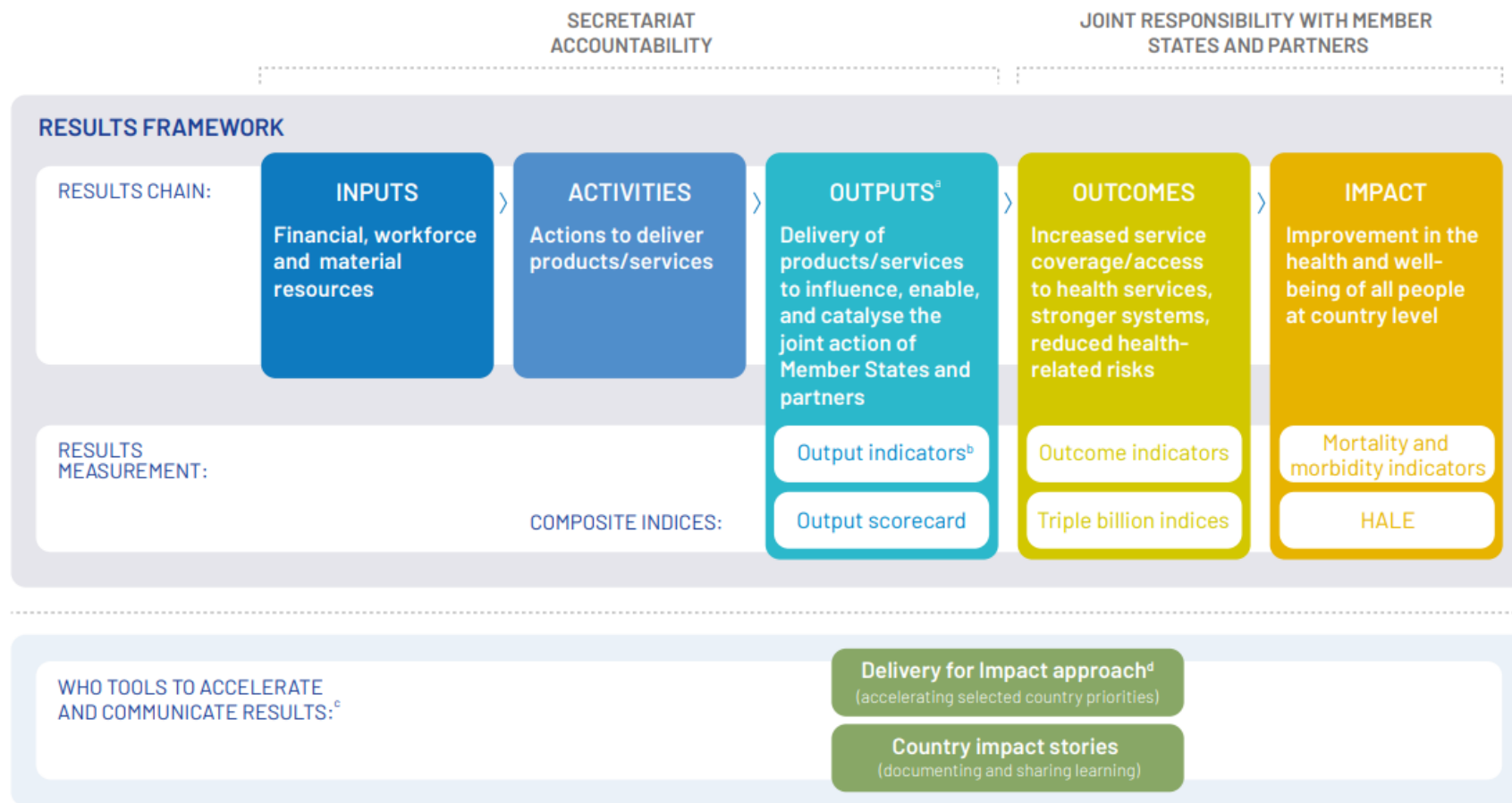
17. Additional WHO tools that are used to accelerate and communicate results at country level include WHO's Delivery for Impact approach (see Part 3 below) and country impact stories (see Box 3). **Country impact stories** provide a qualitative assessment and overview of country-level results and complement the output indicators and output scorecard.

18. In addition to yearly reporting by the Secretariat on the achievement of draft GPW 14 results (i.e. in the WHO results reports), organizational learning and evaluation approaches will be used to provide insights on opportunities to improve results-based management during the draft GPW 14 period. This may include developmental or programmatic evaluations.²

¹ WHO results framework: delivering a measurable impact in countries. Technical paper. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/m/item/who-results-framework--delivering-a-measurable-impact-in-countries-feb-19-2024>, accessed 30 April 2024).

² Document EB154/31.

Fig. 2. Draft GPW 14 results framework



^a Includes corporate outputs that reflect WHO cross-cutting technical and enabling functions.

^b WHO is using 'leading indicators', which are between outputs and outcomes, to better explain the contribution of outputs to the achievement of outcomes.

^c These are complemented by other tools used by WHO at country, regional and global levels to monitor and manage for results.

^d Includes delivery stocktakes, delivery dashboards and two-year delivery milestones.

Box 3. Building on the GPW 13: strengthening results measurement within the WHO results framework

New impact and outcome indices (HALE and the triple billion targets) were introduced to the WHO results framework under the GPW 13 to track the joint efforts of Member States, the WHO Secretariat and partners in order to accelerate progress towards the health-related Sustainable Development Goals and the GPW 13 goals. In consultation with Member States, the triple billion indices have been recalibrated for the draft GPW 14 in order to account for changes in the health context and improve impact measurement for 2025–2028.¹ This work draws on lessons learned from the GPW 13 and its independent evaluation² and the recommendations of other recent evaluations.^{3,4,5} Refinements to the measurement components of the WHO results framework and related WHO tools to accelerate and communicate results include those outlined below.

Impact and outcome measurement

(a) *Tracking HALE*. HALE will continue to be the overarching impact measure for the draft GPW 14.

(b) *Recalibrated WHO triple billion targets*. These targets have been recalibrated as absolute population coverages to be achieved by 2028. The preliminary targets are:

- 6 billion people with better health and well-being;
- 5 billion people who benefit from universal health coverage without financial hardship; and
- 7 billion people better protected from health emergencies.

(c) *Updated outcome indicators*. The triple billion targets and outcome indicators for the draft GPW 14 ensure continuity with the Sustainable Development Goals and have been updated to integrate climate impact on health; physical activity; mental health; and foregone health care. They will also track disaggregated dimensions, such as gender and geography. The primary focus has been on indicators for which data are readily available and the improvements are correlated with health outcomes. For indicators for which estimates are less reliable, the focus is on improving measurement and/or defining new indicators that can be readily tracked.

Output measurement and related WHO tools to accelerate and communicate results

(d) *Enhanced WHO output scorecard*. The output scorecard has been refined and simplified based on experience to date and the evaluation of WHO's results-based management framework in order to include internal and external assessments, simplified tools and a streamlined interface. Standard key performance indicators will inform output reporting for all major offices.

¹ WHO results framework: delivering a measurable impact in countries. Technical paper. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/m/item/who-results-framework--delivering-a-measurable-impact-in-countries-feb-19-2024>, accessed 30 April 2024).

² Evaluation of WHO 13th General Programme of Work: report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/who-dgo-evl-2023.8>, accessed 27 March 2024).

³ Independent evaluation of WHO's results-based management framework: final report. 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 17 December 2023).

⁴ Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization, volume 1: report. Geneva: World Health Organization, 2021 (<https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf>, accessed 28 March 2024).

⁵ Synthesis of WHO country programme evaluations: October 2021. Geneva: World Health Organization; 2021 ([https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-\(2021\)](https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-(2021)), accessed 29 November 2023).

(e) *Scaling up the use of the Delivery for Impact approach.* WHO will scale up its Delivery for Impact approach in the draft GPW 14, integrating delivery dashboards and tools such as stocktakes to accelerate progress towards country-selected priorities (see Part 3 below).

(f) *Streamlined generation and use of country impact stories.* Responding to an increasing demand, a year-round mechanism for generating country impact stories has been introduced, with countries sharing both successful and unsuccessful efforts to accelerate progress towards national priorities. Rapid learning mechanisms will be expanded with country offices.

Recognizing that more accurate and timely monitoring and reporting on health and health inequities is fundamental to the success of the draft GPW 14, WHO will in parallel substantively step up its support to countries in this area (see Part 3 below).

Implementing a common agenda for global health over the four-year period from 2025 to 2028

19. Consultations with Member States, partners and key constituencies identified five major recurring themes as central to the success of a common agenda for achieving measurable impact on global health and well-being over the four-year period from 2025 to 2028, including on the health-related SDGs. These themes either reflect key implementation approaches that are widely considered essential to realize the ambition of the draft GPW 14 (e.g. primary health care and enhanced partnerships) or reconfirm existing national and international commitments and priorities for advancing equitable access to health services (e.g. in respect of gender equality, health equity and the right to health). Together, these themes constitute key principles for achieving the impact envisaged in the draft GPW 14 and are as follows:

- (a) scale up the **primary health care** approach to advance the goals of both universal health coverage and health security by promoting equitable, cost-effective, integrated, people-centred care, especially for underserved populations and people living in **vulnerable and marginalized situations**, including in emergencies and **fragile settings**;
- (b) respect and empower **national leadership, structures, processes and capacities** for the governance of health to ensure alignment of the extraordinary number of health and health-related players at the national, regional and global levels, both public-sector and non-State actors, and from international agencies through to local civil society organizations;
- (c) maintain a relentless focus on **delivering measurable impact at the country level**, using approaches that enhance programmatic accountability and institutionalize a culture and practice of monitoring progress against indicators and targets that are fully integrated and aligned with national priorities;
- (d) advance **gender equality, health equity and the right to health** to overcome barriers to health and well-being for all, by ensuring relevant actions in all the draft GPW 14 outcomes, especially in the areas of health leadership and advocacy, programme planning and implementation, data and measurement, reporting, and workforce policies and practices; and
- (e) enhance and expand **partnerships, community engagement and intersectoral collaboration** at the national, regional and global levels in order to improve global health governance, policy coherence and the joint work of all relevant health actors from international organizations, civil society, young people, WHO collaborating centres, the private sector, parliamentarians, donors and philanthropic organizations, Indigenous Peoples and academia.

20. The combination of these principles and approaches forms a core part of the larger theory of change that underpins the draft GPW 14, as articulated below.

The theory of change for the draft GPW 14

21. Achieving the outcomes of the draft GPW 14 will require the joint action of Member States, the WHO Secretariat, partners and key constituencies. The overarching **theory of change** (see Fig. 3 below) explains at a strategic level how the work and unique role of the Secretariat will contribute to that joint action in order to achieve the outcomes, strategic objectives and impacts of the draft GPW 14. The theory of change summarizes: (a) the problems that the draft GPW 14 will address (that is, the problem statement; see Part 1 above); (b) the principles and approaches that guide the strategy, as reflected in the common themes identified in the consultation process; (c) WHO's pathways of change, which align with the Organization's core functions, the strategic shifts of the GPW 13 and the WHO corporate outcomes of the draft GPW 14 to help **power** progress towards the Sustainable Development Goals (see Part 3 below); and (d) the critical actions that will be required by Member States, partners and key constituencies in order to deliver on the strategic objectives and joint outcomes of the draft GPW 14.

22. Fundamental to this theory of change and the joint realization of the outcomes of the draft GPW 14, particularly during the challenging context of the period 2025–2028, is the need for an enabling environment that aligns commitments, interventions and actions, financing and key constituencies with this agenda for global health. In this regard, joint action by Member States, partners and key constituencies is needed in four major areas:

(a) **commitments to health and well-being and internationally agreed targets**, such as the health and related Sustainable Development Goals including disease control, elimination and eradication goals, **need to be reaffirmed and monitored** at the top political and organizational levels in order to ensure alignment with and the highest level of support for this four-year global health agenda;

(b) the **priority health interventions and actions** identified in the global health agenda **need to be reflected in country, regional and global strategies, budgets**, action plans, monitoring and evaluation frameworks and, when appropriate, legislation, in order to ensure their operationalization at the country level and strengthen governance and accountability for joint results;

(c) **domestic and partner resources for health need to be increased**, including through innovative financing solutions, such as the Health Impact Investment Platform, and **fully aligned with the country health priorities** reflected in the agenda for global health; and

(d) overall **intersectoral, partner and community engagement for health and well-being needs to be expanded**, particularly with key health “contributing” sectors (e.g. the food, agriculture, environment, sport, life sciences, finance, social and education sectors) and across public and private actors.

23. WHO contributes to the realization of the draft GPW 14 strategic objectives and joint outcomes through its **pathways of change**, which are depicted in Fig. 3 and align with WHO's core functions and the strategic shifts of GPW 13 which now constitute WHO corporate outcomes 1 to 3. In leveraging its health leadership, normative, monitoring and technical assistance functions, WHO provides science-based evidence, knowledge and standards to influence, enable and catalyse the joint actions needed of Member States, partners and key constituencies to achieve the impact aimed for in the draft GPW 14.

24. In the area of **health leadership and partnership**, WHO will engage in high-level forums, using evidence-based health arguments to secure political commitments and actions on the outcomes of the draft GPW 14. WHO will engage its expanding network and partner engagement mechanisms, especially at the country level and within the United Nations system, in support of the national priorities and in keeping with its role and comparative advantage.¹ WHO will draw on the lessons learned from the Global Action Plan for Healthy Lives and Well-being for All partnership, particularly for enhancing collaboration at the country level.² This will be particularly crucial in the fiscally and financially constrained context of the draft GPW 14. In setting a clear global road map for health for the period 2025–2028 with partners, WHO will help align efforts to ensure that available resources are directed where they are most needed. WHO's work through its hosting, participation in and coordination of a broad array of partnerships at the country, regional and global levels will continue to enable and facilitate the work of a much larger set of health actors, ranging from nongovernmental, faith-based and civil society organizations and private sector service providers to global funds and specialized organizations. WHO also plays an important role in working with health-related sectors and actors to address the major commercial, environmental, economic and social determinants of health by prioritizing health and well-being outcomes in policy agendas.

25. Through its **normative and data work and related technical and learning products**, WHO will provide authoritative advice on the interventions that are needed to prevent and address specific diseases or conditions (e.g. noncommunicable and communicable diseases and mental health conditions); meet the health needs of specific populations (e.g. women and children, adolescents, older persons and migrants) and specific settings (e.g. workplaces and humanitarian emergencies); and strengthen critical systems, capacities (e.g. science, research, manufacturing, regulatory, diagnostics and laboratory, surveillance and emergency preparedness) and approaches (for example One Health). Through its monitoring of the health-related Sustainable Development Goals and the draft GPW 14 indicators and indices, WHO will work to enhance joint accountability for results at all levels.

26. WHO's work is also realized through its **technical and operational assistance**, which supports health and health-related efforts at the subnational and national levels. WHO provides normative expertise and products for all Member States, complemented by in-country technical assistance, and in resource-poor and crisis-affected areas and communities it also provides operational support. The scope of this work includes policy analysis and evidence generation, legislative and policy reform, support for the adaptation and implementation of norms and standards in different country contexts, building proof of concept for new or innovative approaches (e.g. for service delivery and inventory management), communications and advocacy, and partnerships-building. This work significantly amplifies the application, use and impact of WHO's core normative and technical products at the country and community levels.

27. The **key enablers** included in the theory of change reflect the conditions needed within the WHO Secretariat to ensure its capacity to deliver on its contributions and commitments to the draft GPW 14. These enablers align with WHO's corporate outcome for enhancing its performance and include strengthening WHO country office capacities and capabilities; achieving a sustainably and flexibly financed WHO; developing a motivated and fit-for-purpose workforce; and ensuring a more effective,

¹ Partnerships website (<https://www.who.int/about/collaboration/partnerships>, accessed 1 April 2024).

² 2023 progress report on the Global Action Plan for Healthy Lives and Well-being for All website (<https://www.who.int/initiatives/sdg3-global-action-plan/progress-and-impact/progress-reports/2023>, accessed 29 November 2023).

efficient and accountable WHO (see Part 4 below). It requires enhanced vertical and horizontal integration and ways of working within and across WHO's three levels.

28. The **assumptions and risks** highlighted in the theory of change primarily relate to the external factors that could influence the overall achievement of the strategic objectives and joint outcomes of the draft GPW 14. These are risks that have the potential to undermine the collective actions of Member States, the Secretariat, partners and key constituencies to realize this global health agenda.¹ These risks are often closely interrelated and include those described below.

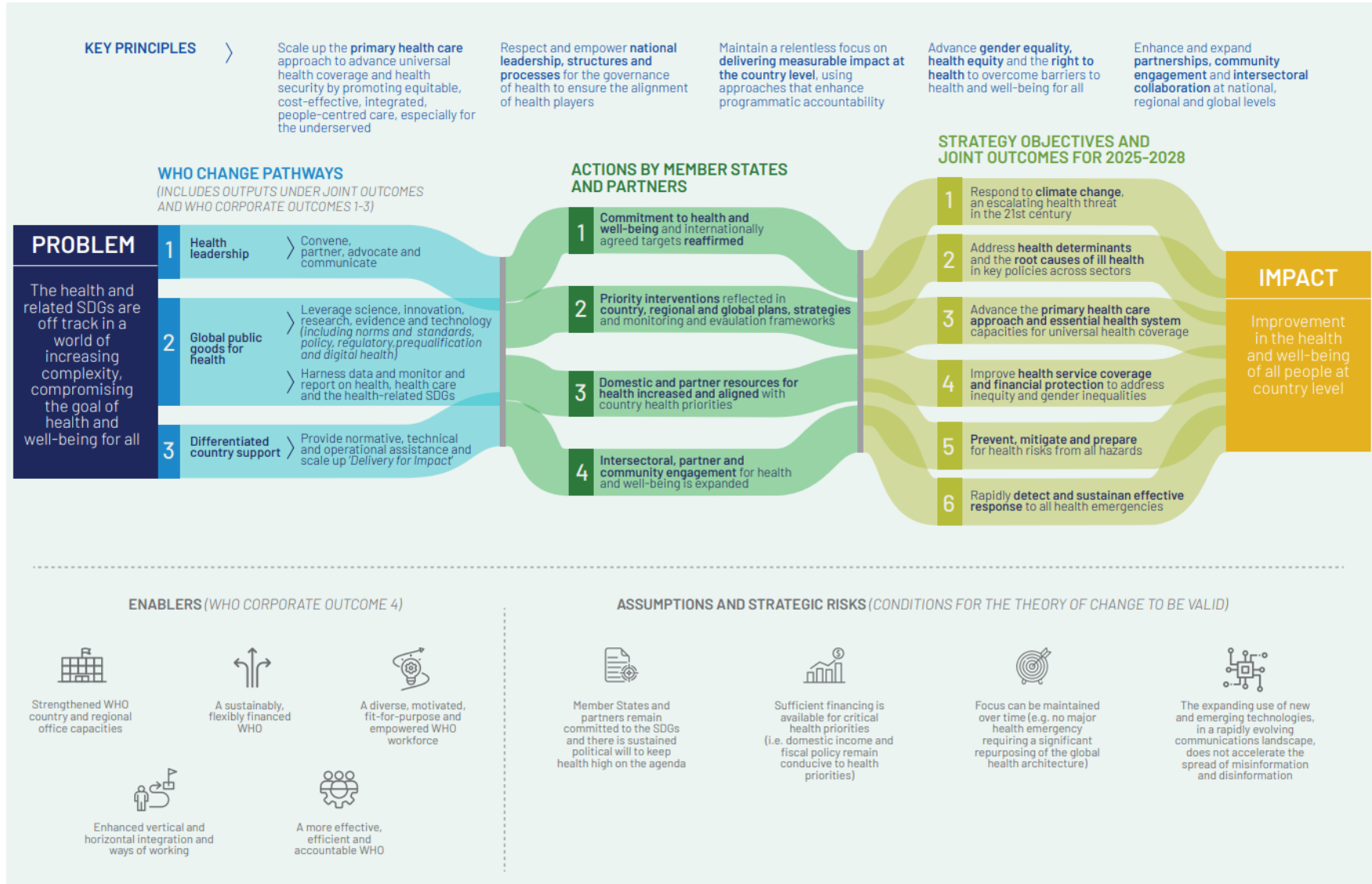
- *Lack of sustained political commitment and priority to internationally agreed health goals.* This risk is related to the challenging global context for the draft GPW 14 described in Part 1 above, with multiple, overlapping crises. Mitigating this risk requires that countries and the constituencies that support them emphasize international health goals and obligations in the face of competing priorities. It may be challenging, in this environment, to sustain the level of political commitment required to get the world back on track for the health-related Sustainable Development Goals and to sustain the investments needed to ensure resilient, future-proof health systems. Consequently, the draft GPW 14 includes a strong focus on health leadership, advocacy and communications, and partnership as key levers to keep health priorities high on the political agenda during the four-year period of the draft GPW 14.
- *Lack of sufficient financing for critical health priorities.* This risk recognizes that the draft GPW 14 will be implemented in a period of economic uncertainty and evolving geopolitics, which have extremely important implications for spending on health, both domestically and internationally. In this context, it will be essential to continue to generate strong evidence for investing in health, enhance the efficiency of health and development spending, demonstrate the co-benefits of health outcomes for investments in other sectors, and step up data-informed advocacy to sustain political commitment. In addition, Member States, the WHO Secretariat, partners and constituencies will need an adaptive management approach to ensure that available resources are directed (or redirected) to where they are needed most.²
- *Major unforeseen events that require a significant repurposing of the health architecture at national, regional or global levels.* This risk reflects the experience of the COVID-19 pandemic and the recognition that public health emergencies have significant implications for ongoing health programmes and systems. The large-scale repurposing of resources to response efforts can significantly disrupt other services and programmes, especially if sustained over an extended period. The draft GPW 14 emphasizes major investments in health financing, services and workforces in order to substantially enhance resilience and maintain essential services in the face of such shocks, as well as major investments in preparedness, response and business continuity capacities in order to reduce the scale, duration and impact of these events.

¹ Uncertainties and risks that could affect WHO's corporate outcomes (e.g. cyberattacks, data breaches, disruptions of operations) are managed as part of WHO's corporate approach to risk management. For details, see Risk management strategy: reducing uncertainty around the achievement of WHO's objectives and outcomes. Geneva: World Health Organization; 2023. (<https://www.who.int/publications/m/item/risk-management-strategy>; <https://www.who.int/publications/m/item/principal-risks>, accessed 1 April 2024).

² Resource allocation decisions related to the prioritization or redirection of available resources by the Secretariat will be addressed in the programme budget process, in line with related provisions of the Secretariat implementation plan on reform.

- *The misuse of new and emerging technologies, such as artificial intelligence, in a rapidly evolving communications landscape, accelerates the spread of misinformation and disinformation.* This risk recognizes that such technologies, when leveraged through the ever-expanding communications networks and digital platforms, can accelerate the generation (and dissemination) of volumes of information at unprecedented speeds. The spread of misinformation and disinformation may erode trust in scientific evidence, data and knowledge, which in turn may perpetuate doubt about the safety and efficacy of health interventions and undermine confidence in health care and health care providers. For this reason, the draft GPW 14 places strong emphasis on strategic communications and advocacy in order to raise awareness and inform evidence-based decision-making; training, education and capacity-building for health and care workers; community engagement to support health literacy (including digital means); and the appropriate governance, regulation and use of artificial intelligence for health.

Fig. 3. The theory of change for the draft GPW 14



PART 3. WHO'S VITAL CONTRIBUTION: POWERING THE GLOBAL HEALTH AGENDA

1. WHO has a central and vital part to play in “**powering**” the ambitious global health agenda for 2025–2028 and expediting the health-related Sustainable Development Goals through its unique role and responsibilities in catalysing, enabling and supporting collective action for health. This contribution is operationalized through WHO’s core functions,¹ including its normative work, its directing and coordinating role in international health and its convening power on health matters. Further support for the global health agenda is provided by the Organization’s scaling up of successful innovations and demonstration projects, its extensive regional and country presence – with offices in six regions and more than 150 countries and territories – and its broad technical and scientific expertise through its networks of experts, collaborating centres, research institutions, and specialized hubs and offices such as the cancer agency IARC.

2. In the GPW 13, WHO introduced three strategic shifts through which the Organization would sharpen the focus and impact of its core technical functions: stepping up leadership on health, prioritizing and focusing its normative work and global public health goods for impact, and driving public health impacts in every country through a differentiated approach based on national capacities and vulnerabilities. These strategic shifts constitute three of WHO’s four “corporate outcomes”² and are the pathways through which WHO’s core technical work will contribute to the realization of the draft GPW 14 strategic objectives and major outcomes in the period 2025–2028 (see Fig. 3). As “corporate outcomes”, these are led by the Secretariat but require the commitment and collaboration of Member States and partners to deliver on the Organization’s health leadership and convening, partnership, normative, technical and country support mandates, while enhancing its performance across all levels with accountability and transparency.

WHO’s core work in 2025–2028

Corporate outcome 1: Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind

3. WHO’s responsibility in health leadership is executed through its convening, agenda-setting, governance, partnering and communicating for health roles. These functions contribute directly to all of the draft GPW 14 strategic objectives and outcomes and are conducted at the country, regional and global levels, especially through new and existing partnerships in priority areas, particularly for system-wide approaches within and beyond the health sector. Under this corporate outcome, in 2025–2028 WHO will facilitate the strengthening of its governing bodies to set global health priorities more efficiently and effectively. It will champion the health, health equity and well-being agenda in key policy and multilateral political and technical forums at all three levels of the Organization, and will engage in strategic policy dialogue and advocacy to raise or keep health and well-being high on the political agenda with the aim of ensuring that no one is left behind. It will highlight the central role of health in achieving wider development goals as part of the indivisible Sustainable Development Goals agenda. WHO will

¹ Article 2 of the Constitution of the World Health Organization. These include health research agenda-setting, convening and coordination, norms and standard-setting, policy options and technical guidance, technical assistance and emergency operations support, and monitoring and reporting.

² The fourth corporate outcome focuses on enhancing WHO’s organizational performance and is detailed in Part 4 below.

scale up its strategic, evidence and data-informed communications in order to promote both the individual behaviours and the policy changes needed to meet all health needs and the right to health, with a central focus on reaching those left behind and combating misinformation and disinformation. It will continue to facilitate agreement on international frameworks and strategies for health.¹ WHO will mobilize collective action among Member States and partners and will catalyse engagement and collaboration across the diverse array of health actors and sectors that are needed to achieve the draft GPW 14 outcomes, including the mobilization of sustainable resources for health work and WHO at all levels. Recognizing the important and rapidly growing trends in regional cooperation for health, WHO's capacity at the regional level will also be strengthened to leverage the increasing opportunities for – and the Organization's own increasing responsibility within – regional partnerships; enhance collaboration with regional health entities; and better support the health investments made by the regional multilateral development banks.

The major areas of work under corporate outcome 1 during the four-year period 2025–2028 are set out below.

- *Purposeful convening and engagement with Member States and key constituencies in support of health governance and to advance health priorities.* WHO's convening, agenda-setting and health governance role is reflected in its constitutional function to act as “the directing and coordinating authority on international health work”.² This includes WHO's multilateral convening role in bringing countries together to negotiate conventions, regulations, resolutions and technical strategies, and supporting their implementation in countries. It also includes WHO's role in bringing greater coherence and coordination on health matters to the United Nations and global health ecosystems. Given the interrelatedness of the health-related Sustainable Development Goals and international health targets, strong alignment within and across countries will be critical in this four-year period to accelerate progress. Under the draft GPW 14, WHO will also expand its engagement with regional political forums and entities to advance action on health, including the specific challenges of AIDS. Through its role as secretariat of the International Health Regulations (2005), WHO will continue to notify all countries of public health emergencies and guide the global response to ensure rapid and coordinated action across borders. WHO will support implementation of initiatives to enhance the alignment of national and international resources with government health priorities under government leadership.³ The Secretariat will facilitate the strengthening of its governance processes, including by harmonizing and aligning these across WHO, to enable Member States to set, monitor and drive the global and regional health agendas more efficiently.
- *Accelerating and aligning partnerships for action and resources.* WHO will improve and deepen the partnerships that it hosts, convenes and/or participates in – within and beyond the health sector – in order to enhance multilateral collaboration, promote greater alignment with national priorities and strengthen joint support for countries. WHO will leverage global and regional partnerships in support of its health leadership role in UN country teams, as well as its engagements with development, technical and humanitarian partners, including civil society, at country level.⁴ Building on the WHO Youth Council and the WHO Civil Society Commission,

¹ For example, the International Health Regulations (2005) and the Framework Convention on Tobacco Control.

² Constitution website (<https://www.who.int/about/accountability/governance/constitution>, accessed 1 April 2024).

³ See, for example, the proposals set out in The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process [website] (<https://futureofghis.org/final-outputs/lusaka-agenda/>, accessed on 1 April 2024).

⁴ United Nations Sustainable Development Group [website] (<https://unsdg.un.org/resources/management-and-accountability-framework-un-development-and-resident-coordinator-system>, accessed 1 April 2024).

WHO will strengthen its expanding engagement with civil society organizations, as well as with parliamentarians, the private sector and affected populations. The Organization will build stronger partnership mechanisms to ensure that its work contributes to gender equality, health equity and the right to health, and is especially responsive to the needs of those left furthest behind, including in the context of its work to fully operationalize the UN System-Wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP) ¹ and the UN Disability Inclusion Strategy (UNDIS).² WHO will work with multilateral and bilateral development partners, UN entities and national partners to increase and promote greater alignment of resources, including through innovative financing solutions, to support national health priorities. WHO will also work with its Member States, partners and contributors to improve the quality of its funding for greater impact, particularly through the WHO investment round.³ WHO will continue to strengthen the Global Health Cluster that it leads and that plays a pivotal role in coordinating international health responses during humanitarian emergencies. WHO will organize strategic dialogues with Member States and development partners, strengthen engagement with multilateral development banks, including through the Health Impact Investment Platform, and will facilitate engagement at country level in support of this agenda. WHO's expanding engagement with the private sector, which includes research and development, innovation, health services delivery, data and digital health, and innovative financing, will continue to be in line with the FENSA.

- *Effectively advocating and communicating to promote informed decision-making and healthy behaviours.* Communication and advocacy are among the most important means through which WHO executes its health leadership function at all levels. WHO strategic health communications will help governments, organizations, communities and individuals to advance and protect health and well-being – and to address the needs and realities of diverse groups – through interventions that are data-informed, evidence-based, responsive to insights from social listening and social and behavioural sciences, and regularly monitored and evaluated for impact. WHO will continue its advocacy for health at the highest political levels at country, regional and global levels, drawing attention to the need for action on important health issues, especially those that are neglected or exacerbate health inequities. WHO will use communications to mobilize regional political forums and entities to prioritize health; at country level, it will use communications to raise awareness of important health issues in the local context, support policy changes and facilitate robust, rights-based and equity-oriented programme implementation. At all levels, WHO will promote informed decision-making and healthy behaviours, combat disinformation and misinformation with evidence (including through support for effective governance of social media, working with UN and other partners to promote information integrity, and building resilience against disinformation and misinformation in communities), and will support political diplomacy on health in the context of international commitments. WHO will also support countries to improve and enhance national capacities in health communication.

¹ UN-SWAP website (<https://unsdg.un.org/resources/un-system-wide-action-plan-gender-equality-and-empowerment-women>, accessed 1 April 2024).

² WHO policy on disability website (<https://www.who.int/about/policies/disability>; <https://www.un.org/en/content/disabilitystrategy/>, accessed 1 April 2024).

³ The investment round will bring together the three levels of the Organization to increase the predictability and flexibility of its funding, broaden the donor base and increase efficiencies, including through harmonized reporting.

Corporate outcome 2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level

4. WHO's core normative and technical work plays a central and unique role in the health ecosystem, supporting and enabling the work of Member States and partners at all levels by providing global reference standards and nomenclature, internationally recognized policy options and guidelines, global research priorities and agendas, prequalified products, validated assessment tools and benchmarks, and standard health indicators, data and analytics. For the period 2025–2028, these WHO “public health goods” will be directed and prioritized in support of the draft GPW 14 strategic objectives and outcomes.¹ WHO will leverage and scale its cross-cutting capacities in the areas of science, evidence, research (including hosted partnerships); digital health, data and information systems; gender equality, human rights and health equity; and innovation for this purpose. This corporate outcome will also encompass the Organization's norms- and standards-setting processes, expert advisory group procedures, regulatory and product prequalification work, health situation monitoring and reporting work, and quality assurance practices in support of the development, adoption and effective delivery of its public health goods. It will implement recent recommendations² to further align its normative products with Member State priorities, strengthen feedback loops, enhance monitoring and evaluation, and ensure the systematic integration of gender equality and equity considerations.

The major areas of work under corporate outcome 2 during the four-year period 2025–2028 are set out below.

- *Enhancing the development of evidence-based and quality-assured normative guidance.* WHO will give particular attention in 2025–2028 to developing and ensuring the timely availability of evidence-based norms and standards, policy options and products that are designed and quality-assured in response to the most pressing country needs to drive impact and advance the strategic objectives and outcomes of the draft GPW 14. The Organization will continue to produce and maintain evidence-based, methodologically rigorous, up-to-date, quality-assured and living public health guidelines and other normative products, including in the areas of social and behavioural sciences. It will rapidly assess new evidence, update products to incorporate that evidence, and work towards “digital first” delivery in order to facilitate the national adaptation of WHO products, with the overriding goal of ensuring that all countries have immediate access to the best available normative guidance. WHO will also strengthen the focus on health equity in its science, innovation and evidence-generation work by ensuring that all relevant research, normative products and technical products consider how potential barriers to health equity, such as those related to sex, age, ethnicity/race, income, education and development differentials, impact uptake.

¹ See https://cdn.who.int/media/docs/default-source/science-division/normative-work-definition-for-gpw14.pdf?sfvrsn=2d6291d_3 (accessed 19 April 2024).

² Evaluation of WHO normative function at country level: report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/who-dgo-evl-2023-7>, accessed 6 March 2024).

- *Accelerating access to safe, effective, quality assured and affordable health products.* WHO will continue strengthening its leadership and authoritative normative work for access to safe, effective and affordable health products for procurement by global agencies and countries through the WHO prequalification programme. These products include medicines, vaccines, diagnostics, vector control products, medical devices and assistive technologies, blood and blood products to meet health needs equitably. WHO's integrated, end-to-end approach aims to ensure good practice across the value chain, ranging from research and development to use by the patient. This includes support for increasing the capacity of regulatory authorities to review and approve health products that meet safety, efficacy and quality standards; increased capacity for local production; improved nomenclature systems; better selection and use through WHO's essential and priority lists of health products; improved affordability; and more efficient procurement and supply systems. The work in this area will evolve to meet the changing health needs of countries, especially to deliver more timely and equitable access to medical countermeasures in emergencies, including through the further improvement of the WHO emergency use listing procedure based on lessons learned from the COVID-19 pandemic.
- *Scaling up the science and innovation capacities of WHO and countries to accelerate progress in health.* Through its science, innovation, research and evidence work across multiple sectors, and with the support of its scientific advisory bodies, partners and collaborating centres, WHO will anticipate and shape the research agenda for the draft GPW 14. It will stimulate the generation of – and expand access to – new evidence and knowledge on key existing and emerging challenges and the effectiveness of interventions to address them. Delivery science is overcoming barriers to implement proven interventions, and innovation is creating solutions for tackling obstacles with locally generated evidence and multistakeholder engagement. The Organization will place particular emphasis on identifying innovations that have the potential to enhance health for all or that are already doing so, as well as on supporting countries to maximize their benefits by sustainably and equitably identifying and scaling up those innovations. WHO's horizon scanning work and foresight exercises will put the Organization at the leading edge of emerging knowledge and technologies that have potential health benefits and risks.

The demands of Member States for WHO guidance on health research, ethics and governance and on developing the capacity to translate emerging evidence into locally contextualized policy and practice have escalated with the pace of new technologies and knowledge. WHO will support countries by enhancing science and innovation ecosystems, supporting domestic scientific health infrastructure, ensuring research policy that bridges the gap from evidence to tangible impact, and strengthening country research capacities. Member States will receive assistance in establishing robust and multisectoral evidence ecosystems that draw on global research, local data and other forms of evidence in order to establish and implement context-relevant research agendas that meet the needs of diverse groups within countries. WHO will assist Member States in enhancing their capabilities to translate different forms of evidence systematically and transparently into actionable insights for policy-making and national decision-making processes.

- *Leveraging digital transformation and information systems for better health.* Digital technologies have the potential to enable countries to strengthen, scale up and accelerate public health, clinical medicine and wellness outcomes, population health surveillance and monitoring. WHO will scale up its technical and operational support for Member States in planning robust and resilient digital health systems and implementing contextually appropriate technologies, open standards and quality-assured content that support national health priorities and strategies under the principles of inclusivity and equity. This will be complemented by creating, curating

and assisting with the application of reference digital tools, information systems, building blocks and strategies, blueprints and policies that help governments strengthen the enabling environment for digital health transformation. The continued production of guidance, guidelines, technical specifications and benchmarking tools to assess, select and govern appropriate digital health and artificial intelligence solutions will support this process. WHO will develop competency-based capacity-building resources and foster communities of practice that will strengthen local production and country ownership of digital health solutions.

WHO will continue to advocate for interoperable, standards-based solutions that are consistent with WHO-recommended clinical and public health content and data governance principles. WHO will work to increase utilization of the WHO Family of International Classifications, including the International Classification of Diseases (ICD 11) and other open standards, in order to facilitate consistency in data representation, interoperability and ultimately the integration of person-centred care into the digital health solutions developed and used by Member States. WHO will coordinate support to countries across its three levels, creating and amplifying global and regional coordination mechanisms (e.g. the Global Initiative on Digital Health) to strengthen knowledge exchange and collaboration. WHO will support countries to issue and verify digital health documents in a secure, person-centred manner, supporting cross-border continuity of care, and ensuring data security, privacy and ethical use. WHO will develop collaborations to strengthen international data and digital governance that encourages individual data sovereignty and promotes responsible use. WHO will forge, as appropriate, multisectoral, public and private partnerships to build resilience in the face of emerging challenges, including the responsible use of artificial intelligence, cybersecurity threats, and misinformation/disinformation.

- *Measuring and reporting on health, health care and the health-related Sustainable Development Goals.* WHO's work in collecting, assessing and reporting on the health situation and health outcomes at the national and international levels will be fundamental for advancing the draft GPW 14 agenda and the health-related Sustainable Development Goals, facilitating course corrections and guiding policy actions and investments. These functions will be taken forward through WHO's work on data (including UN-wide health-outcome measurement and estimation processes, consolidation and data collaboration/sharing via the World Health Data Hub and the WHO Hub for Pandemic and Epidemic Intelligence) and health information systems strengthening. In the period 2025–2028, WHO will lead a dedicated initiative to enhance international cooperation, strengthen health information systems, improve data availability, accuracy and timeliness at the country level, reinforce and expand health inequality monitoring capacities, and reduce the burden of data collection requests to Member States. WHO will implement a focused and systematic approach to enhance further international cooperation and national capacities in population health analytics in order to contribute to a more complete data architecture, leveraging data for better health in the digital age.

Through international cooperation, analytical assessments, capacity-building, technical guidance and the use of different tools and solutions (e.g. the WHO SCORE for Health Data Technical Package), WHO will help to reduce the data generation/sharing burden on Member States; enhance national multisectoral coordination mechanisms; strengthen health data governance and national health surveillance, data availability and quality, as well as information and management systems for monitoring current trends and new health challenges; and analyse fresh data and update health targets to improve programmes and policies. The monitoring of the draft GPW 14 outcomes and the health-related Sustainable Development Goals will be supported through WHO's technical reporting on health trends, including with respect to health inequalities and the burden of disease.

Corporate outcome 3: WHO tailored country support and cooperation accelerates progress on health

5. To optimize the efficiency and effectiveness of its support to Member States, WHO employs a differentiated approach based on each country's needs, demands, domestic capacities, vulnerabilities and partner support, as well as the comparative advantages of WHO in supporting those needs. WHO's support follows three main models: (a) strategic, normative and policy advice; (b) technical assistance (either intermittent or standing in-country support); and (c) in-country operational support (either short-term or sustained). Under all three models, the overall goal of WHO's country cooperation work is to assist countries in translating WHO's normative and technical products into impact as rapidly as possible. Under this corporate outcome, which operates in conjunction with the expansion and strengthening of WHO's country presence (see Part 4 below) and key mechanisms such as the Universal Health Coverage Partnership,¹ the Organization will provide enhanced advice, technical assistance and operational support to countries in the context of the draft GPW 14 strategic objectives and joint outcomes in the period 2025–2028. WHO will also facilitate the adapting, implementing, monitoring and evaluating of normative products across countries. The specific model, nature and scale of WHO support to countries will be driven by national priorities that are identified through WHO's multi-year Country Cooperation Strategy² and UN Sustainable Development Cooperation Framework, and the outcome prioritization exercise that countries conduct with WHO as part of the Organization's biennial programme budget process. In addition to such planned support, in acute and protracted crises WHO will continue to lead the Global Health Cluster and serve as its provider of last resort, giving operational support to deliver life-saving interventions and essential health services, including psychosocial support, where required and feasible, in keeping with its responsibilities as Global Health Cluster lead.³

The major areas of work under corporate outcome 3 during the four-year period 2025–2028 are set out below.

- *Strengthening access to and use of WHO normative products for impact in all countries.* WHO will enhance its processes to ensure systematic access to WHO standards, policy options, guidelines and other normative products by all countries and partners, as well as advice for their application. WHO will strengthen its support for the adaptation of these products to national and local contexts, their implementation, and the monitoring and documentation of their use to better understand utility and impact. The uptake and use of WHO's normative and technical products will be facilitated by proactive engagement with, and understanding of, national evidence ecosystems; the provision of digital SMART guideline packages; the work of the WHO Academy and enhanced in-country technical assistance. WHO will provide, as relevant to Member State and partner needs, advice, technical support, and guidance and training curricula to strengthen national capacities for evidence-informed strategy and policy development, enhanced governance mechanisms to improve policy implementation, and capacity-building to overcome delivery barriers and maximize the impact

¹ The Universal Health Coverage Partnership deploys more than 150 health policy advisors in more than 120 Member States.

² See also Country cooperation strategy guide 2020: implementing the Thirteenth General Programme of Work for driving impact in every country. Geneva: World Health Organization; 2020 (<https://iris.who.int/bitstream/handle/10665/337755/9789240017160-eng.pdf?sequence=1>, accessed 17 December 2023).

³ See Health Assembly resolution WHA65.20 (2012). See also the IASC guidance note on using the cluster approach to strengthen humanitarian response (background, IASC Principals 12 December, 2006): revised version of 24 November 2006 (<https://interagencystandingcommittee.org/working-group/documents-public/guidance-note-using-cluster-approach-strengthen-humanitarian-response>, accessed 5 January 2024).

of health interventions. WHO will monitor, evaluate and learn from the use of its normative products at the country level to demonstrate impact and identify additional needs that require prioritized action.

- *Helping countries accelerate progress towards national health and the draft GPW 14 targets.* WHO will substantially strengthen its ability to help countries build their national capacities to set and advance their health goals and priorities in the context of the draft GPW 14. The Organization will use a combination of stronger, more predictable in-country presence (see Part 4 below), targeted regional and multicountry office technical assistance (e.g. in support of SIDS) and specialized headquarters support to work with countries on their national priority outcomes under the draft GPW 14 and mutually agreed Country Cooperation Strategy priorities. Complementing its technical assistance on specific health issues and interventions, WHO will also help build key cross-cutting capacities in data and science ecosystems, domestic data and scientific health infrastructure, as well as in bridging the research policy gap from evidence to tangible health, social and economic impact. WHO will work with countries to strengthen priority national institutions and capabilities, including research capacity, to achieve draft GPW 14 outcomes by facilitating network connections and collaborations through WHO collaborating centres, the WHO Academy, OpenWHO, regional technical networks and knowledge hubs.

WHO will apply its *Delivery for Impact* approach to boost the systematic use of data and greater rigour in the planning and delivery of joint activities to achieve national priority outcomes.¹ Delivery stocktakes and dashboards are part of this approach to drive the acceleration of WHO's cooperation with countries for measurable impact, which emphasizes data-guided assessments and actions to reinvigorate progress through a plan with clear, quantifiable objectives and continuous monitoring. Time-sensitive goals known as delivery milestones are designed for a two-year operational cycle and are closely linked to specific actions that WHO will undertake to assist Member States. Regular progress-tracking facilitates problem-solving and course corrections. More than 40 WHO country offices are already using or exploring this approach to develop acceleration scenarios, in collaboration with United Nations agencies, multilateral organizations, academia and civil society.

- *Providing operational support in emergencies and very low-resource settings.* WHO will continue to expand its capacities to provide ongoing, in-country technical assistance and health leadership, coordination and, where necessary, a more operational role in supporting the delivery of essential health and nutrition services and psychological support to populations in vulnerable and marginalized situations affected by emergencies or in particularly low-resource settings. WHO will help countries and partners to enhance the delivery of a basic package of essential health services and undertake disease surveillance, outbreak detection and rapid-response activities, working closely with communities and community health workers under government leadership to ensure culturally sensitive, health-equity-oriented and sustainable operations. In areas in which health care infrastructure is severely compromised or non-existent due to conflict, natural disasters, complex emergencies or a chronic scarcity of health care resources, WHO will support the provision of essential health services and supplies. WHO-supported surveillance systems will play a crucial role in early outbreak detection to enable rapid responses and prevent the spread of disease. By deploying the Organization's expertise and working through mechanisms such as the UN country team,

¹ WHO results framework: delivering a measurable impact in countries. Technical paper. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/m/item/who-results-framework--delivering-a-measurable-impact-in-countries-feb-19-2024>, accessed 30 April 2024).

the Global Health Cluster network and other coordination processes, WHO will ensure that interventions are effectively implemented, contextually appropriate and aligned with international standards. WHO will ensure that essential services prioritize the populations left furthest behind and most in need, including women, children and groups facing discrimination.

PART 4. OPTIMIZING WHO'S PERFORMANCE IN 2025–2028

1. Given the challenging context for advancing health during the draft GPW 14 period and the importance of ongoing reforms and change initiatives to WHO's sustainable financing agenda, optimizing the Organization's "**performance**" to ensure measurable impact at country level will be a priority. This work carries forward the GPW 13 commitment to align all three levels of WHO for measurable impact at country level and the recommendation of the independent evaluation of the GPW 13 to institutionalize the changes under way in order to reap the benefits of the strategic and operational shifts introduced in WHO's Transformation Agenda. It includes WHO commitments to enhance transparency, accountability, operational efficiency and value for money, in the context of UN Development System reform, and in line with the Secretariat implementation plan on reform¹ to further strengthen WHO budgetary, programmatic, human resource, finance and governance processes.

Building a stronger WHO

Corporate outcome 4: A sustainably financed and efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the draft GPW 14 outcomes

2. WHO must continue to adapt and evolve to meet the demands of a rapidly changing world and to better deliver measurable impact at the country level. To attract, retain and develop a diverse, motivated, empowered and fit-for-purpose workforce – WHO's most important asset – the Organization will develop an ambitious people strategy and foster a respectful and inclusive workplace. Building on the Transformation Agenda, change management will be institutionalized to ensure that WHO meets the demands of a rapidly changing global context. To optimize performance under the draft GPW 14 and guided by the principles of results-based management, resources will be strategically allocated and core capacities strengthened, especially at country levels. Internal oversight and accountability functions will be strengthened through an updated framework aligned with best practice. The Organization's assets, including its facilities and financial resources, will be managed efficiently, effectively and transparently, with an emphasis on value for money and the consideration of gender, environmental and social responsibility, and will be supported by a strengthened internal control framework. Business processes will be optimized, using innovative and best-in-class technologies.

The major areas of focus of corporate outcome 4 for the four-year period 2025–2028 are set out below.

- *Ensuring a motivated, diverse, empowered and fit-for-purpose WHO workforce operating in a respectful and inclusive workplace, with organizational change fully institutionalized.* The WHO workforce is its most important resource. Attracting, retaining and developing a competent and diverse talent pool in a rapidly changing work environment and global health ecosystem is crucial. WHO will strive to be recognized as an employer of choice by fostering a work environment that values its mission and impact, embraces modern human resources and managerial practices, and promotes a culture of respect, inclusivity, safety and health in the workplace in all locations. WHO will develop an ambitious **people strategy** that promotes diversity, inclusion and gender parity, in line with its commitment to implement the UNDIS and the UN-SWAP. This people strategy will place career development and workforce well-being at the forefront of the employee professional life cycle (e.g., ranging from development opportunities for young professionals to support for retirement and succession planning). It will

¹ See Health Assembly resolution WHA76.1 (2023).

span all three levels of WHO; develop leadership and managerial skills; improve workforce planning and performance management; and foster an organizational culture that champions trust, professionalism and learning, integrity, collaboration, and caring as WHO's fundamental values. WHO will, in parallel, embed a longer-term **organizational change and continuous improvement** agenda across the Organization to meet the changing demands of the evolving global context and needs of Member States. It will build on the achievements and lessons of the Transformation Agenda, which introduced new ways of working, aligned all three levels of WHO to a common mission, strategy and values, built important new capacities (see Part I above) and advanced key initiatives such as mobility and new contract modalities. It will develop **change management** skill sets and expand and institutionalize more **effective and collaborative ways of working** across WHO's three levels in order to promote vertical and horizontal integration across programmes, with an emphasis on cross-cutting issues and themes, and will optimize programmatic and operational synergies, efficiency and productivity.

- *Strengthening WHO country office presence and core capacities to drive measurable impact.* Given the centrality of WHO's in-country work to achieve the joint strategic objectives and outcomes of the draft GPW 14, and the rapidly changing health dynamics and ecosystem at country level, WHO will take forward the transformation initiatives established under GPW 13 to ensure a **stronger and more predictable WHO country presence**, and to enhance WHO capacities and capabilities at the country level including in the context of the UN Country Team. A comprehensive and focused plan has been developed for this purpose by an Action for Results Group that is led by WHO country office representatives (see Box 4). The primary aim of this plan is to ensure WHO can more rapidly and effectively drive measurable impact for all people, everywhere, by ensuring that WHO's normative work continues to be driven by evolving Member State needs and rapidly translates into action at country level. The roll-out of the plan will be intensified and completed during the period of the draft GPW 14, with a focus on bolstering **WHO's core capacities at country level** in support of national governments and partners.

Box 4: Transforming WHO country offices to better respond to the needs of Member States

WHO is working to strengthen its country offices using a bottom-up process that is driven by its country office representatives. This Action for Results Group, comprised of two country office representatives from each of WHO's six regions, was established in January 2023¹ to lead the transformation of WHO's country offices to better serve the needs of Member States and partners by making WHO more reliable, relevant and impactful at country level, while enhancing accountability.

The Group has developed a six-point action plan to:

- (1) sustainably finance and implement a core predictable WHO country presence;
- (2) enhance the delegation of authorities to country office representatives to facilitate decision-making for impact;
- (3) improve human resources management, especially at country level;
- (4) streamline the planning of country-level work and three-level support for that work;
- (5) enable a more mobile, WHO-wide workforce to better support countries; and
- (6) facilitate open communications between staff across the entire Organization.

¹ See WHO Transformation website, Senior managers fully engaged with transformation through the "100-day challenge" (<https://www.emro.who.int/who-transformation/stories/senior-managers-fully-engaged-with-transformation-through-the-100-day-challenge.html>, accessed on 1 April 2024).

Within months of launching this plan, it is already making a difference in the way country offices operate and deliver services. Key country office positions have been prioritized, with funding already allocated. Country office representatives have been empowered with a new, higher delegation of authority and a greater voice in management decisions across the Organization, and steps have been initiated to boost staff mobility and communications across WHO.

The Action for Results Group and its action plan are accelerating WHO's ongoing Transformation Agenda with the aim of driving measurable impact where it matters most – in countries.

- *Enhancing the effectiveness and efficiency of oversight and accountability functions across the three-levels of WHO.* As WHO responds to an increasingly complex global context, its internal oversight and accountability functions are being adapted and strengthened. A new approach to organizational accountability and transparency is being introduced to continue meeting the standards expected by WHO governing bodies, Member States, donors and partners, including within the UN and in the context of UN reform. A critical facet of this work is concluding the actions emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance, which includes full implementation of the actions contained in the Secretariat implementation plan on reform.¹ WHO's accountability and risk-management functions extend beyond finances and accounting, with a comprehensive framework that encompasses and also provides transparency on human resources, ethics and oversight across all areas and levels of the Organization. During the draft GPW 14 period, WHO will continue to strengthen its legal function and the implementation of FENSA. It will introduce and implement updated accountability, regulatory and policy frameworks that fully move the Organization to a contemporary accountability model that is aligned with best practice. An overarching coordination mechanism will oversee the prevention, mitigation and management of all potential risks, including security, fraud and sexual exploitation, abuse and harassment. This shift will also institutionalize and sustain WHO's emphasis on a "zero tolerance" policy for sexual misconduct and inaction against sexual misconduct.² As WHO's leadership role for health emergencies in protracted crises and conflict settings is increasing, the Organization recognizes and is enhancing its capacity to manage the risks inherent in operating in fragile States.
- *Strengthening results-based management through a strong programme budget, supported by transparent resource allocation and sound financial management.* WHO is enhancing its end-to-end approach to results-based management. The programme budget remains WHO's most important tool for programme accountability, reflecting priorities that are jointly agreed by Member States. These priorities are informed by, inter alia, country dialogues, delivery stocktakes, the Country Cooperation Strategy and the United Nations Sustainable Development Cooperation Framework. WHO will continue its commitment to direct its funding to those outputs that countries have prioritized and to better align its resources with programme budget priorities. This will be supported by the transparent allocation of financial resources, sound management and oversight. The WHO *Delivery for Impact* approach will complement this process as a systematic method for helping countries to accelerate national priorities and subsequently to better align WHO's funding with those evolving priorities and relevant programme needs (see Part 3 above). Strengthening results-based management will also be

¹ "Tracking Secretariat implementation plan (SIP) actions" website ([https://www.who.int/about/accountability/governance/member-states-portal/tracking-secretariat-implementation-plan-\(sip\)-actions](https://www.who.int/about/accountability/governance/member-states-portal/tracking-secretariat-implementation-plan-(sip)-actions), accessed 17 December 2023).

² WHO Policy on Preventing and Addressing Sexual Misconduct. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/WHO-DGO-PRS-2023.4>, accessed 27 March 2024).

supported by the work of the WHO Action for Results Group to strengthen and streamline bottom-up country level planning processes.

- *Implementing fit-for-purpose and secure digital platforms and services aligned with the needs of users, corporate functions and technical programmes.* To modernize its internal ways of working and empower its workforce, WHO will optimize its digital working environment, including through the use of harmonized tools for collaboration, training and upskilling, as well as the streamlining of key business process through digitalization and within its new enterprise resource management system. The latter will include process improvements to further align planning (human resources and financial planning), budgeting and resource allocation with country needs and priorities, as well as the strategic objectives and outcomes of the draft GPW 14.
- *Optimizing WHO working environments, infrastructure, security, support services and supply chains.* WHO premises, facilities and operations will be managed efficiently, sustainably and ethically in order to ensure a safe and secure working environment. Environmental, social and governance consciousness and sustainability principles will be incorporated into all facets of WHO's operations from procurement to supply chain and facilities management, in line with best practices and common standards across the UN system.

Sustainably financing WHO and the draft GPW 14

3. The full, sustainable and predictable financing of WHO's budget for 2025–2028 will be essential to realizing the strategic objectives, overarching goal and impact of the draft GPW 14. The financial envelope is an estimate of the funding WHO will need for this four-year period.

4. The overall estimated base budget segment for the draft GPW 14 builds on the approved base segment of the Programme budget 2024–2025, with additional financial requirements for emerging priorities (i.e. strengthening country offices, poliomyelitis transition, accountability, data and innovation). The indicative financial envelope for the draft GPW 14 for the period 2025–2028 is approximately US\$ 11.13 billion (see table).

Table. Indicative financial envelope for the draft GPW 14 base segment, including emerging priorities (US\$ million)

	2025	2026	2027	2028	TOTAL
Base segment (based on the Programme budget 2024–2025)	2 484.0	2 484.0	2 484.0	2 484.0	9 936.0
Country strengthening	–	193.5	193.5	193.5	580.5
Strengthening accountability	–	50.0	50.0	50.0	150.0
Poliomyelitis transition	–	–	157.5	157.5	315.0
Strengthening data and innovation	–	–	75.0	75.0	150.0
Draft GPW 14 indicative financial envelope	–	–	–	–	11 131.5

5. The following assumptions were made in calculating the indicative draft GPW 14 financial envelope:

- only the base segment of the WHO programme budgets for the draft GPW 14 period is included, as the budget for the other segments is shaped by events (e.g. outbreaks and

humanitarian crises) and/or other actors (i.e. partnerships such as the Global Polio Eradication Initiative);

(b) the draft GPW 14 covers two “half” programme budgets for the years 2025 and 2028, as well as the entire Programme budget for the biennium 2026–2027;

(c) the work to strengthen country offices is fully implemented, with the country office portion of the base budget further increasing over time (inclusive of poliomyelitis transition and data and innovation); and

(d) the current timeline for the eradication of poliomyelitis is maintained, and the public health functions funded by the Global Polio Eradication Initiative are mainstreamed into the base segment when they cannot be fully transitioned to Member States.

6. While this high-level budget envelope will not replace the subsequent programme budgets for 2026–2027 and 2028–2029, it will guide them and enable contributors to make informed commitments at the WHO investment round in late 2024.

7. The WHO investment round will build on this indicative financial envelope for the base segment of the programme budget, while deducting assessed contributions for 2025–2028 (under the assumptions set out in decision WHA75(8)) and the costs of the enabling functions for the same period. Hence, the investment round envelope for the full four-year period 2025–2028 will result in a voluntary contribution funding need for technical programmes of approximately US\$ 7.1 billion (net of project support cost).¹ The objective of the investment round is to raise the majority of this funding in upfront voluntary contributions before the start of the draft GPW 14 period, with a decisive shift towards flexible funding. The target for this objective will be set in the WHO investment case for the draft GPW 14.

8. Programme budget priorities as set by Member States will continue to drive resource allocation, subject to the availability of funding. As a matter of principle, the highest priority will be given to the collective priorities of WHO Member States, as mandated by governing body resolutions and decisions at the global or regional levels, and to country priorities identified through the bottom-up planning process. Additional priorities include support for new and evolving graded emergencies operations, when needed, and addressing gaps in existing or new WHO normative or technical products that are identified by the Secretariat as resulting from factors such as the generation of new knowledge or evidence or the development of new technology.

9. In allocating flexible funds, the Secretariat will strive to achieve the highest level of implementation of the programme budget, with underfunded outputs (referred to as “pockets of poverty”) receiving due consideration.

¹ See document EB154/29 Rev.1.

APPENDIX

HIGH-LEVEL RESULTS AND DRAFT INDICATORS OF THE DRAFT GPW 14¹

[*Note:* The draft GPW 14 outcome indicators will be refined based on guidance provided by Member States during the Seventy-seventh World Health Assembly and finalized as part of the development of the Programme budget for 2026–2027.]

¹ The outputs and output measurement aspects of the results framework are articulated as part of the WHO biennial programme budget development process.

Table 1. Draft GPW 14 joint outcomes and indicators

The “joint outcomes” of the draft GPW 14 are Member States-led and establish the specific results to be achieved during the four-year period from 2025 to 2028 through the collective work of countries, partners, key constituencies and the Secretariat. The proposed indicators for the joint outcomes include: (i) those that are globally relevant, have high data coverage among Member States, and can reflect the joint efforts of Member States, the Secretariat and partners; and (ii) selected indicators that reflect important global health topics, but have limited data availability, and will be areas of intensified focus for data strengthening during the course of GPW 14 (indicated with an asterisk “*”).

Joint outcomes	Draft joint outcome indicators for draft GPW 14
GPW 14 goal: PROMOTE HEALTH (Target: 6 billion people will enjoy healthier lives) Progress is measured by the healthier populations billion index ¹	
Strategic objective 1 Respond to climate change, an escalating health threat in the 21st century	
1.1. More climate-resilient health systems are addressing health risks and impacts	Index of national climate change and health capacity (New)
1.2. Lower-carbon health systems and societies are contributing to health and well-being	Health care sector greenhouse gas emissions (New)
Strategic objective 2 Address health determinants and the root causes of ill health in key policies across sectors	
2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health	SDG ² indicator 10.7.2. Does the government provide non-national (including refugees and migrants) equal access to (i) essential and/or (ii) emergency health care (New)
	Proportion of refugees and migrants that have equal access to (i) essential and/or (ii) emergency health care (New)*
	SDG indicator 11.1.1. Proportion of urban population living in slums, informal settlements or inadequate housing (New)*
	SDG indicator 1.3.1. Proportion of population covered by at least one social protection benefit (%) (New and cross-referenced with related indicator under outcome 5.1)

¹ For details, see WHO results framework: delivering a measurable impact in countries. Technical paper. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/m/item/who-results-framework--delivering-a-measurable-impact-in-countries-feb-19-2024>, accessed 30 April 2024).

² See United Nations, “Sustainable Development Goals: SDG Indicators” (<https://unstats.un.org/sdgs/metadata/>, accessed 8 April 2024).

Joint outcomes	Draft joint outcome indicators for draft GPW 14
2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches	SDG indicator 2.2.1. Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)
	SDG indicator 2.2.2. Prevalence of overweight (weight for height more than +2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)
	SDG indicator 2.2.2. Prevalence of wasting (weight for height less than -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)
	SDG indicator 2.2.3. Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%) (GPW 13)
	Resolution WHA69.9. Exclusive breastfeeding under six months (New)
	SDG indicator 3.9.1. Mortality rate attributed to household and ambient air pollution (GPW 13)
	SDG indicator 3.9.2. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All [WASH] services) (GPW 13)
	Resolution WHA73.5. Proportion of people who have suffered a foodborne diarrheal episode of non-typhoidal salmonellosis (New)
	SDG indicator 3.9.3 Mortality rate attributed to unintentional poisoning (GPW 13)
	SDG indicator 6.1.1. Proportion of population using safely managed drinking water services (GPW 13)
	SDG indicator 6.2.1. Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water (GPW 13)
	SDG indicator 7.1.2. Proportion of population with primary reliance on clean fuels and technology (GPW 13)
	SDG indicator 11.6.2. Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted) (GPW 13)
Resolution WHA66.10. Prevalence of obesity among children and adolescents (aged 5–19 years) (%) (GPW 13)	

Joint outcomes	Draft joint outcome indicators for draft GPW 14
	Resolution WHA66.10. Prevalence of obesity among adults aged ≥ 18 years (GPW 13)
	SDG indicator 3.6.1. Death rate due to road traffic injuries (GPW 13)
	Decision WHA75(11). Proportion of population aged 15+ with healthy dietary pattern (New) ¹
	SDG indicator 16.2.1. Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (GPW 13)
	Resolution WHA71.6. Prevalence of insufficient physical activity (New)
	SDG indicator 3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older (GPW 13)
	Resolution WHA66.10. Prevalence of raised blood pressure in adults aged ≥ 18 years (GPW 13)
	SDG indicator 3.5.2. Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol (GPW 13)
2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making	Proportion of a country's population living in a healthy municipality, city or region (%) (New)
	Proportion of countries with national-level mechanisms or platforms for societal dialogue for health (%) (New)

¹ Replacing “Best practice policy implemented for industrially produced trans-fatty acids (Y/N)” from Resolution WHA66.10 (2013)

Joint outcomes	Draft joint outcome indicators for draft GPW 14
GPW 14 goal: PROVIDE HEALTH (Target: 5 billion people will benefit from universal health care without financial hardship) Progress is measured by the universal health coverage billion index ¹	
Strategic objective 3 Advance the primary health care approach and essential health system capacities for universal health coverage	
3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage	SDG indicator 3.8.1. Coverage of essential health services (GPW 13) (<i>cross-referenced with related indicator under outcome 4.1</i>)
	Resolution WHA72.2. Primary health care-oriented governance and policy composite <i>(New)</i>
	Resolution WHA72.2. Institutional capacity for essential public health functions (meeting criteria) <i>(New)</i>
	Resolution WHA72.2. Health facility density and distribution (by type and level of care) <i>(New)</i>
	Resolution WHA72.2. Integrated services and models of care composite indicator <i>(New)</i>
	Resolution WHA72.2. Service utilization rate (primary care visits, emergency care visits, hospital admissions) <i>(New)</i>
	Resolution WHA72.2. % of population reporting perceived barriers to care (geographical, sociocultural, financial) <i>(New)*</i>
	Resolution WHA72.2. Service availability and readiness index (% facilities with service availability, capacities and readiness (WASH, infection prevention and control, availability of medicines, vaccines, diagnostics, priority medical devices, priority assistive products) to deliver universal health care package) <i>(New)*</i>
	Gender equality advanced in and through health ² <i>(New)</i>
Resolution WHA72.2. People-centredness of primary care (patient experiences, perceptions, trust) <i>(New)*</i>	

¹ For details, see WHO results framework: delivering a measurable impact in countries. Technical paper. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/m/item/who-results-framework--delivering-a-measurable-impact-in-countries-feb-19-2024>, accessed 30 April 2024).

² This is a composite indicator (index) that will measure progress in closing gender equality gaps in two key domains: (i) health outcomes and (ii) access to health services, including in emergencies. The index will comprise selected gender-relevant indicators included in the GPW 14 results framework and will be finalized as part of the development of the programme budget for 2026–2027.

Joint outcomes	Draft joint outcome indicators for draft GPW 14
3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved	SDG indicator 3.c.1. Health worker density and distribution (by occupation, subnational, facility ownership, facility type, age group, sex) (GPW 13)
	Resolution WHA64.9. Government domestic spending on health (1) as a share of general government expenditure, and (2) per capita (New)
	Access to Health Product Index (New) ¹
	Resolution WHA67.20. Improved regulatory systems for targeted health products (medicines, vaccines, medical devices including diagnostics) (New)
	Resolution WHA64.9. Government domestic spending on primary health care as a share of total primary health care expenditure (New)
3.3 Health information systems strengthened, and digital transformation implemented	Existence of national digital health strategy, costed implementation plan, legal frameworks to support safe, secure and responsible use of digital technologies for health (New)
	SCORE index (New)
	Resolution WHA71.1. % of health facilities using point-of-service digital tools that can exchange data through use of national registry and directory services (by type) (New)*
Strategic objective 4 Improve health service coverage and financial protection to address inequity and gender inequalities	
4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases , while addressing antimicrobial resistance	SDG indicator 3.3.1/Resolution WHA75.20. Prevalence of active syphilis in individuals 15 to 49 years of age (%) (New)
	SDG indicator 3.3.1/Resolution WHA75.20. Number of new HIV infections per 1000 uninfected population, by sex, age and key populations (GPW 13)
	SDG indicator 3.3.2 Tuberculosis incidence per 100 000 population (GPW 13)
	SDG indicator 3.3.3. Malaria incidence per 1000 population (GPW 13)
	Vector-borne disease incidence (New)
	SDG indicator 3.3.4/resolution WHA75.20. Hepatitis B incidence per 100 000 population (GPW 13)

¹ Replacing SDG indicator 3.b.3 “Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis” used in GPW 13.

Joint outcomes	Draft joint outcome indicators for draft GPW 14
	Resolution WHA75.20. Hepatitis C incidence per 100 000 population (New)
	SDG indicator 3.3.5. Number of people requiring interventions against neglected tropical diseases (GPW 13)
	SDG indicator 3.4.1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (GPW 13)
	Decision WHA75(11). Prevalence of controlled diabetes in adults aged 30–79 years (New)
	SDG indicator 3.4.2. Suicide mortality rate (GPW 13)
	SDG indicator 3.5.1. Coverage of treatment interventions (pharmacological, psychosocial, and rehabilitation and aftercare services) for substance use disorders (GPW 13)
	Document WHA72/2019/REC/1. Service coverage for people with mental health and neurological conditions (New)
	SDG indicator 3.d.2. Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (GPW 13)
	Decision WHA74(12). Effective refractive error coverage (eREC) (New)
	Resolution WHA66.10. Prevalence of controlled hypertension, among adults aged 30–79 years (New)
	Resolution WHA68.7. Patterns of antibiotic consumption at national level (GPW 13)
	SDG indicator 3.8.1. Coverage of essential health services (GPW 13) (cross-referenced with related indicator under outcome 3.1)
	Resolution WHA73.2. Cervical cancer screening coverage in women aged 30–49 years, at least once in lifetime (New)
4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, and older person health and nutrition services and immunization coverage improved	Resolution WHA67.10. Postnatal care coverage (New)
	SDG indicator 3.1.1. Maternal mortality ratio (GPW 13)
	SDG indicator 3.1.2. Proportion of births attended by skilled health personnel (GPW 13)

Joint outcomes	Draft joint outcome indicators for draft GPW 14
	SDG indicator 5.6.1. Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (GPW 13)
	SDG indicator 5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (GPW 13)
	Resolution WHA67.15. Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines (New)
	SDG indicator 3.2.1. Under-5 mortality rate (GPW 13)
	SDG indicator 3.2.2. Neonatal mortality rate (GPW 13)
	Resolution WHA67.10. Stillbirth rate (per 1000 total births) (New)
	Obstetric and gynaecological admissions owing to abortion (New)
	SDG indicator 3.7.1. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (GPW 13)
	SDG indicator 3.7.2. Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group (New)
	SDG indicator 3.b.1. Proportion of the target population covered by all vaccines included in their national programme (GPW 13)
	SDG indicator 4.2.1. Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex (GPW 13)
	SDG indicator 5.6.2. Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (New)
	Treatment of acutely malnourished children (New)
	Resolution WHA74.5. Proportion of population entitled to essential oral health interventions as part of the health benefit packages of the largest government health financing schemes (New)

Joint outcomes	Draft joint outcome indicators for draft GPW 14
	Decision WHA73(12) Percentage of older people receiving long-term care at a residential care facility and home. (New)*
	SDG indicator 5.3.2. Proportion of girls and women aged 15–49 who have undergone female genital mutilation (New)*
4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable	Incidence of catastrophic out-of-pocket health spending (SDG indicator 3.8.2 and regional definitions where available) (New)
	Incidence of impoverishing out-of-pocket health spending (related to SDG indicator 1.1.1 and regional definitions where available) (New)
	Resolution WHA64.9. Out-of-pocket payment as a share of current health expenditure (New)
GPW 14 goal: PROTECT HEALTH (Target: 7 billion people will be better protected from health emergencies by 2028) Progress is measured by the health emergencies protection billion index ¹	
Strategic objective 5 Prevent, mitigate and prepare for risks to health from all hazards	
5.1. Risks of health emergencies from all hazards reduced and impact mitigated	Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens: yellow fever, ² cholera, ³ meningitis, polio and measles (New)
	Social protection (New and cross-referenced with related indicator under outcome 2.1)
	Number of cases of poliomyelitis caused by wild poliovirus (GPW 13)
	Probability of spillover of zoonotic diseases (New)
	Coverage of WASH in communities and health care facilities (New)*
	Trust in government (New)*

¹ For details, see WHO results framework: delivering a measurable impact in countries. Technical paper. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/m/item/who-results-framework--delivering-a-measurable-impact-in-countries-feb-19-2024>, accessed 30 April 2024, accessed 5 April 2024).

² For high-risk Member States.

³ For affected Member States.

Joint outcomes	Draft joint outcome indicators for draft GPW 14
5.2. Preparedness, readiness and resilience for health emergencies enhanced	National health emergency preparedness (<i>New</i>)
	SDG indicator 3.d.1. International Health Regulations (2005) capacity and health emergency preparedness (<i>GPW 13</i>)
Strategic objective 6 Rapidly detect and sustain an effective response to all health emergencies	
6.1. Detection of and response to acute public health threats is rapid and effective	Timeliness of detection, notification and response of International Health Regulations (2005) notifiable events (7–1–7 as new target in draft GPW 14) (<i>GPW 13</i>)
6.2. Access to essential health services during emergencies is sustained and equitable	Composite indicator comprising three tracer indicators for essential health services among population in settings with humanitarian response plan (<i>New</i>)
	Proportion of vulnerable people in fragile settings provided with essential health services (%) (<i>GPW 13</i>)

Table 2. draft GPW 14 corporate outcomes and planned scope of the related indicators

The “corporate outcomes”¹ of the draft GPW 14 reflect the cross-cutting technical and enabling outputs of the Secretariat that are key to achieving the joint outcomes. These corporate outcomes are led by the Secretariat but nevertheless require the commitment and collaboration of Member States and partners. Corporate outcomes 1–3 reflect the unique contribution and added value of WHO based on its constitutional function to act as the “directing and co-ordinating authority on international health work”. The fourth corporate outcome is focused on enhancing the Secretariat’s organizational performance.

Table 2 provides the planned scope for each of the corporate outcome indicators that will be developed as part of the programme budget process for 2026–2027.

Corporate outcomes	Planned indicator scopes
Corporate outcome 1. Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind	These indicators will measure WHO’s work in engaging and aligning health actors around a common agenda for health and well-being at global, regional and country levels. The scope of these indicators will include assessing, for example, how GPW 14 priorities are reflected in: <ul style="list-style-type: none"> – United Nations resolutions and other international and regional political declarations – the strategic agendas of major international health organizations – relevant national health and other frameworks²

¹ Also referred to as “intermediate outcomes” in the report of the thirty-ninth meeting of the Programme Budget and Administration Committee of the Executive Board (document EB154/4).

² For example United Nations Sustainable Development Cooperation Frameworks, agreed after 1 January 2025, including the goal of leaving no-one behind.

Corporate outcomes	Planned indicator scopes
<p>Corporate outcome 2. Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level</p>	<p>These indicators will monitor the uptake of WHO normative, technical and data products at country level, including the impact of the WHO prequalification process, and measure progress in scaling up science, innovation and digital transformations in countries. The scope of these indicators will include assessing, for example, the degree to which, during the course of GPW 14:</p> <ul style="list-style-type: none"> – new national strategies for advancing health and well-being reflect WHO norms or technical guidelines – national approaches to expand innovation, science or digital technologies for health reflect WHO guidance – WHO data products include disaggregated data by sex, age and at least one additional stratifier, to support country and partner decision-making
<p>Corporate outcome 3. WHO-tailored country support and cooperation accelerates progress on health</p>	<p>These indicators will measure the extent to which WHO’s technical support is aligned with agreed national technical cooperation priorities,¹ and will reflect the spectrum of WHO’s differentiated support to countries, ranging from strategic and normative support to operational support in emergencies. The scope of these indicators will include assessing, for example:</p> <ul style="list-style-type: none"> – how WHO technical cooperation contributes to accelerating national progress towards improved health outcomes, leaving no-one behind – how WHO uses its theory of change approach to demonstrate its unique contribution to improving health outcomes and impacts – the extent of WHO surge support to countries in graded emergencies and its coordination of the health cluster
<p>Corporate outcome 4. A sustainably financed and efficiently managed WHO, with strong oversight and accountability and strengthened country capacities, better enables its workforce, partners and Member States to deliver the draft GPW 14</p>	<p>These indicators will measure the extent to which WHO’s funding is aligned with GPW 14 priorities, the strengthening of WHO country office core capacities and capabilities, and transparency and joint accountability for results. The scope of these indicators will include assessing, for example:</p> <ul style="list-style-type: none"> – how well the WHO budget for the GPW 14 priority outcomes is funded – the percentage of WHO country workforce positions that are filled and the roll out of the core predictable country presence model – the joint Member State-Secretariat assessment of GPW 14 results

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¹ For example, as reflected in the WHO Country Cooperation Strategy.