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## **Draft thirteenth general programme of work 2019–2023**

### **Promote health, keep the world safe, serve the vulnerable**

“Let me start by describing what for me was the most compelling moment since I began my work as Director-General. As you know, I visited Yemen at the end of July, during my first month in office, where I met a mother and her malnourished child in Sana’a. They had travelled for hours to reach the health centre. The mother was begging the medical staff to take care of her child. But when I looked at the mother, I could see that she was skin and bone. She could well die before her child. But she was focused only on her child, not herself. It was so sad to see. It’s that moment of human suffering that was my moment of truth. That moment defines what WHO does and why WHO exists. It answers the question, ‘why does WHO exist?’ We must not rest until that child and that mother are saved – until there are no mothers and children in that circumstance. Let us all work together to that noble end.”

– Dr Tedros’ address to the regional committees, September–October 2017.

#### **What does the world need?**

Despite significant gains achieved in life expectancy, people everywhere continue to face a complex mix of threats to their health and well-being. More than half the world’s population cannot use health services without incurring financial hardship. People everywhere are subject to communicable diseases (such as HIV, tuberculosis, malaria, hepatitis and neglected tropical diseases), noncommunicable diseases (such as cardiovascular disease, cancer, lung disease and diabetes), complications of pregnancy and child birth, mental health disorders and the consequences of substance abuse, and injuries.

The world now faces the increasing and more complex threat of high-impact health emergencies (epidemics, pandemics, conflict, natural and technological disasters). The risk of these events occurring is growing and accordingly so are their likely impacts on human health, societal cohesion, security and economies, driven by converging risks and vulnerabilities such as population growth, movement and displacement, urbanization, increased contact at the animal–human interface, environmental exploitation, climate change, conflict and the emergence of antimicrobial resistance.

In order to counter these threats, the world needs to support countries in strengthening health systems to progress towards universal health coverage (UHC); to build and sustain resilient national, regional and global capacities required to keep the world safe from epidemics and other health emergencies and ensure that populations affected by emergencies have rapid access to essential life-saving health services; and to support countries to drive progress towards the Sustainable Development Goals (SDGs).

WHO was created to meet these needs. It has a proud 70-year history of monumental accomplishments in public health that serve as the foundation of the world we live in today. Through GPW 13, WHO will build on these magnificent achievements and respond to new challenges while continuously learning and improving. WHO is composed of – and accountable to – the world’s national governments. The way WHO functions and the priorities it sets require constant adaptation in a rapidly changing global environment. The 13th General Programme of Work (GPW 13) expresses WHO’s determination to adapt to a rapidly changing world. It has taken account of the strategic plans of WHO regional offices. The GPW 13 will cover the period 2019–2023 and serve as the basis for resource mobilization and the programme budgets for 2020–2021 and 2022–2023; it will also influence the Programme budget 2018–2019 through a mechanism of resource reallocation. The costing of the GPW 13 will be addressed in a forthcoming investment case. The GPW 13 marks WHO’s commitment to champion health in the SDGs and move to a higher level of ambition on behalf of the seven billion people it serves.

#### **Process of development**

In August 2017 – with the input of Member States, Regional Directors and other Secretariat staff, and external evaluators<sup>1</sup> – a draft concept note for the GPW 13 was developed. This document was discussed at Regional Committees and provided to the public through an open online consultation. The Regional Committees agreed with a proposal that the Executive Board at its 142nd session recommend that the draft GPW 13 be included on the agenda of the Health Assembly in May 2018.<sup>2</sup> After review by the Regional Directors, the draft GPW 13 will be considered at a special session of the Executive Board in November 2017 and again by the Executive Board at its 142nd session in January 2018, prior to its consideration by the Seventy-first World Health Assembly in May 2018. This will have been one of the most inclusive processes for developing a General Programme of Work in WHO’s 70-year history.

#### **WHO’s vision and mission**

The draft GPW 13 is based on the Sustainable Development Goals (SDGs). The SDGs are consistent with WHO’s Constitution, which states: “*The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States.*”<sup>3</sup>

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<sup>1</sup> Evaluation of WHO reform (2011–2017), third stage (April 2017, <http://who.int/about/evaluation/stage3evaluationofwhoreform25apr17.pdf?ua=1>, accessed 19 October 2017).

<sup>2</sup> Article 28(g) of the Constitution of WHO requires the Executive Board “to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period.”

<sup>3</sup> See Basic documents 48th ed. Geneva: World Health Organization; 2014 (<http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=1>, accessed 19 October 2017).

Multisectoral action is central to the SDG agenda because people's health is directly affected by economic status, rights and equity, by policies in other sectors such as agriculture, transport, housing and education and by the environment in which they live. WHO's role is to lead a transformative agenda for health and support countries in reaching all SDG targets.

WHO's vision, rooted in Article 1 of its Constitution, is of:

***A world in which all people attain the highest possible level of health and well-being.***

In the context of the SDGs, WHO's mission is to:

***Promote health | Keep the world safe | Serve the vulnerable.***

WHO's vision, mission and values create the mindset and commitment on which success is based. These values are implicit in the principles set out in WHO's Constitution (see box 1 below), which are basic to the happiness, harmonious relations and security of all peoples.<sup>1</sup> Moreover, WHO must act in concert with partners and this multiplier effect – and avoiding unnecessary competition – is vital to achieving ambitious health targets such as those in GPW 13.

**Box 1. Constitution of the World Health Organization: principles**

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

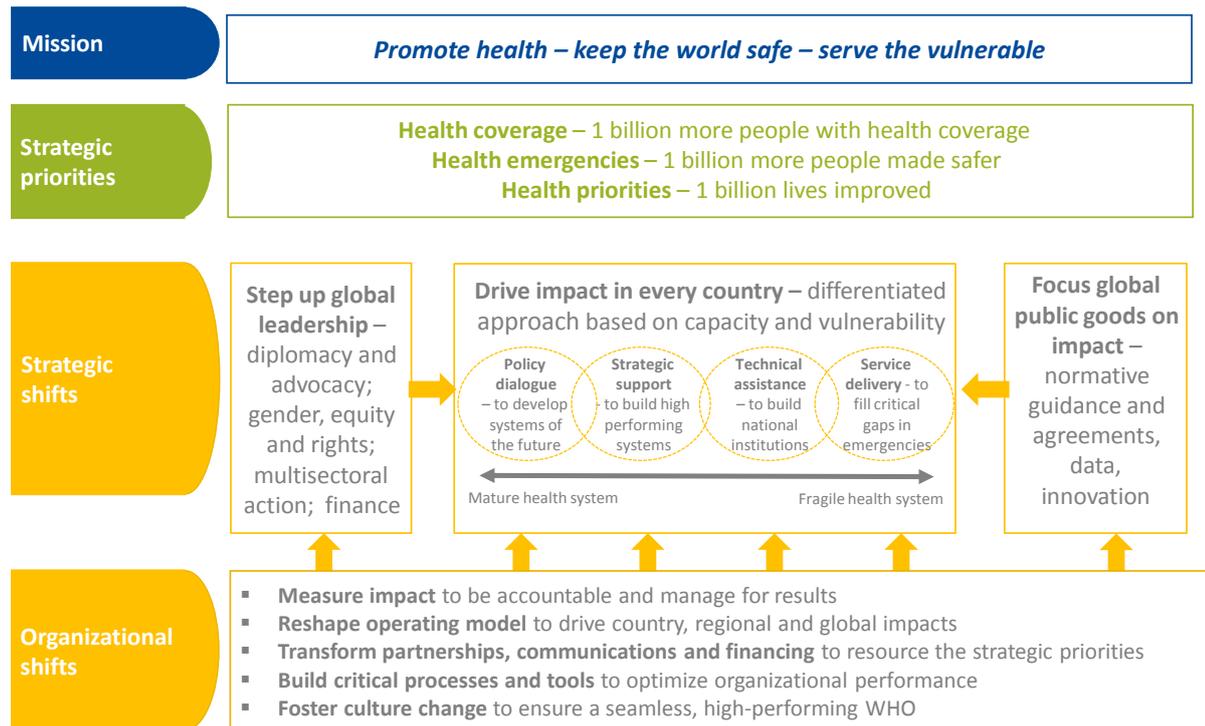
Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures

<sup>1</sup> Constitution of the World Health Organization (<http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1> accessed 31 October 2017)

In addition, the draft GPW 13 is structured and prioritized to maximize WHO’s contribution to achieving the SDGs. It is structured around three strategic priorities, each with its high-level target of 1 billion people (collectively, the “triple billion” target). It then describes how WHO plans to contribute to achieving these targets by making three strategic shifts. Finally, it outlines how the WHO Secretariat will deliver these strategic shifts in its work by outlining five organizational shifts.

**Figure 1. Draft thirteenth general programme of work: 2019–2023**



WHO’s new strategy as shown in Figure 1 above involves a number of major shifts, as set out below in the high-level overview of what is new or different in GPW 13.

***The major shifts in GPW 13***

***WHO will base GPW 13 on the SDGs:*** In 2015 the world set ambitious goals – and WHO will rise to this level of ambition by championing health in the SDGs. The SDGs are universal, meaning they apply to everyone. They are also focused on equity and leaving no one behind.

***WHO will focus on impact:*** GPW 13 sets targets of 1 billion people for each of its strategic priorities. Moving beyond a focus on process or outputs alone, WHO will place the impact on people at the heart of its work. WHO will measure its results and detail its contribution, in support of countries and alongside other actors, to outcomes and impact.

***WHO will focus on the strategic priorities of UHC and health emergencies, and will also establish “flagships” to address key issues such as climate change in small island States, antimicrobial resistance, noncommunicable diseases including mental health, and human capital.***

***WHO will step up its global leadership:*** Major changes in health come from combining normative and technical work with advocating for high-level political support. This will support leadership at every level of the Organization.

***WHO will drive impact in every country:*** WHO will become more operational by: delivering services in a limited number of fragile States; providing technical assistance in these and additional countries; providing strategic support in many countries; and supporting policy dialogue in all countries.

***WHO will strengthen its normative work:*** This is a unique feature of WHO and a source of its comparative advantage. WHO will focus its normative work more towards impact and supporting country needs.

***WHO will strengthen its approach to resource mobilization:*** Resource mobilization will be a team effort between Member States and the Secretariat – there will be no “us and them.” WHO will advocate for the bigger envelope of health funding of which WHO is just a part. The focus on impact will strengthen the case for investing in WHO. Value-for-money will be shown by clear measures of cost-effectiveness.

***WHO will act with a sense of urgency:*** The health of the world’s people cannot wait. WHO will act with a sense of urgency beginning with fast-tracking GPW 13.

***Strategic priorities – the world we want to see***

***WHO will set clear priorities.*** The coming five years are a crucial period of action if we are to ensure the achievement of the SDGs. The draft GPW 13 sets three strategic priorities and ties them to ambitious global targets for progress:

**Health coverage** – 1 billion more people with health coverage

**Health emergencies** – 1 billion more people made safer

**Health priorities** – 1 billion lives improved

These strategic priorities, which are closely inter-connected, are based on the SDGs. For example, extending UHC through strengthened health systems helps to detect, prevent and respond to health emergencies. Addressing the health priorities helps to translate UHC into impact. The rationale for these targets is set out in Box 2 below.

### **Box 2. How the “triple billion target” was derived**

**Health coverage.** At best, only half the world’s population benefits from coverage of essential health services, depending on how these are defined. Consistent with SDG indicator 3.8.1, average coverage of essential health services was calculated based on tracer interventions for which data are widely available (these include reproductive, maternal, newborn and child health; communicable diseases; and noncommunicable diseases). The resulting data were then used to estimate number of people with such health coverage. Depending on which tracers are used and how the package of services is defined, the baseline may be even lower than half the world’s population. Therefore, to achieve SDG target 3.8 of universal health coverage for all by 2030, at least 1 billion more people will need to have access to essential health services in each five-year period between 2015 and 2030.

**Health emergencies.** Populations considered ‘safer’ are those in countries that achieve improvement on a set of five critical capacities to detect and respond to major health emergencies, namely: coordination, surveillance, laboratory services, response, and risk communication. These capacities will be measured using monitoring and evaluation tools under the International Health Regulations (2005). The benchmarks will be structured to make this indicator universal so that any country can contribute to making the world safer by better protecting its population. Improving the safety of any population improves the safety of everyone.

**Health priorities.** Estimates of 'lives improved' were derived from 11 selected targets from the draft WHO Impact Framework, covering increases in provision of specific health services, public health interventions, or reductions in the level of risk factors (e.g. reducing stunting, satisfying increased demand for contraceptives, increasing service coverage for severe mental health disorders, reducing prevalence of raised blood pressure and providing access to safe sanitation). The estimates consider action to meet 11 life-enhancing targets during the period 2019–2023, comparing it against ‘no intervention’ scenarios (i.e. baseline status quo until 2023). They indicate that over 4 billion lives will be improved. The numbers, which are cumulative for the five-year period in question, concern overlapping/mutually non-exclusive populations. For this reason, and taking into account overlap between this target and those for the other two strategic priorities, the ‘lives improved’ number was discounted to 1 billion people.

Several actors contribute to the impact described here, notably Member States themselves, and there is collective accountability and credit for impact. WHO’s role is catalytic and is clearly stipulated at the outset in qualitative terms for each target in the draft WHO Impact Framework.<sup>1</sup> Quantitative methods for impact accounting are being explored; applying these would go beyond the current standard of practice in accounting for impact in global health. Moreover, these global targets will serve as the basis for specific region- and country-focused strategies.

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<sup>1</sup> See: <http://www.who.int/about/gpw-thirteen-consultation/en/>, accessed 31 October 2017.

## Health coverage – 1 billion more people with health coverage

WHO's top strategic priority is to support countries to strengthen health systems in order to progress towards UHC. WHO's approach is reflected in SDG target 3.8 (achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all). Indeed, strong health systems are the glue that binds together all three strategic priorities in the GPW 13.

Universal health coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services that are appropriate to their needs and of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.<sup>1</sup> This definition underscores that UHC addresses not only health services but also health determinants, health promotion and disease prevention. Resilient health systems provide the capacity to respond to, and to better prepare for and prevent global public health threats.

Success will be measured against the following target, which is based on 10 tracer coverage indicators for essential services (spanning reproductive, maternal, newborn and child health; communicable diseases; and noncommunicable diseases). This is a set of basic service indicators which should not be seen as limiting a country's aspirations regarding UHC. WHO will also track indicators of financial hardship.

- **1 billion more people with health coverage**

Universal health coverage, based on primary health care and resilient health systems, is the foundation of this draft GPW 13. Moving towards UHC is a political choice that WHO encourages countries to make.<sup>2</sup> Universal health coverage reduces poverty, creates jobs, drives economic growth, increases equity, and promotes global health security. A resilient health system needs: a health workforce that is motivated and fit-for-purpose; a focus on quality and safety; functional supply chains, infrastructure and equipment; adequate financing; good governance; and an engaged community. Making health care to be truly universal, calls for a shift from health systems designed around diseases and health institutions towards health systems designed for people.

Health systems are a smart investment. Health is one of the world's fastest growing employment sectors. It provides and creates jobs – especially for women and youth. Investing in the workforce for UHC connects education, employment, gender and health and facilitates gains across the SDGs. Investment results in health systems that improve the productivity of the wider labour force and strengthens human capital: “best buys” for socioeconomic development and inclusive economic growth. Health financing starts with countries using their own resources, and with external funding used only as a supplement when required. Countries can increase the efficiency of their health

<sup>1</sup> What is Universal Health Coverage? ([http://www.who.int/health\\_financing/universal\\_coverage\\_definition/en/](http://www.who.int/health_financing/universal_coverage_definition/en/) accessed 22 October 2017).

<sup>2</sup> Ghebreyesus TA. All roads lead to universal health coverage. *Lancet Global Health*, 2017; 5(9): 839-40 ([http://thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30295-4/fulltext](http://thelancet.com/journals/langlo/article/PIIS2214-109X(17)30295-4/fulltext), accessed 19 October 2017).

expenditure by creating regional centres of excellence in areas such as disease control, regulation and quality, and research and innovation.

WHO estimates that investments towards UHC and the other targets of the health SDGs could prevent 97 million premature deaths globally between now and 2030, and add as much as 8.4 years of life expectancy in some countries. Achieving the targets of the health SDGs would require new investments increasing over time from an initial US\$ 134 billion annually to US\$ 371 billion, or US\$ 58 per person, by 2030. Eighty-five percent of these costs can be met with domestic resources, although as many as 32 of the world's poorest countries will face an annual gap of up to US\$ 54 billion and will continue to need external assistance.<sup>1</sup>

Universal health coverage must include access to affordable and quality-assured medicines, vaccines and health products – in many contexts the cost of medicines causes the majority of financial hardship. WHO will help to mobilize political will to ensure the establishment of policies that promote access to health products, including policies on the following: access to generic medicines and innovation; quality-assurance of products through effective regulation; domestic investment in coverage schemes that reduces out-of-pocket payments; fair pricing; procurement and supply management throughout the supply system; and corruption-free procurement. The Organization will continue to support the availability of quality-assured generic products for procurement by global agencies and countries through the WHO prequalification programme, which will evolve to meet the changing health needs of countries. WHO will strengthen coordination for research and development efforts based on health needs in order to increase access to medicines and health products. WHO will add a new emphasis on data and monitoring – using routine claims data, expenditure, surveys or whatever is needed, to enable systems and countries to monitor, evaluate and evolve in order to meet changing health needs. The Secretariat will work in support of greater consensus among Member States on establishing effective policies on access to medicines, vaccines and health products that support countries in achieving the targets of the health SDGs.

The health and social systems of some countries are greatly strained by the presence of large numbers of people on the move including migrants and refugees. Through its equity and human right lens, WHO sees the health of migrants and refugees as a critical element of UHC and will help countries to address this challenge. More generally, to leave no one behind, efforts in support of UHC must focus on marginalized, stigmatized and hard-to-reach people of all ages, and persons with disabilities, in order to ensure that their right to health is translated into reality. Successful progress towards UHC also requires a pro-equity position to be adopted.

WHO will help countries progress towards UHC by taking the steps set out below.

1. **Raise global awareness of UHC.** WHO will highlight the importance of UHC at G20 meetings in Argentina (2018) and Japan (2019), G7 meetings in Canada (2018) and France (2019); a possible United Nations General Assembly high-level meeting on UHC (2019); and at regional summits. WHO will harmonize its message on UHC with Member States and development

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<sup>1</sup> WHO estimates cost of reaching global health targets by 2030.  
<http://www.who.int/mediacentre/news/releases/2017/cost-health-targets/en/>.

partners and continue to foster the broad coalition on UHC, hosting the secretariat of the UHC2030 partnership jointly with the World Bank.

2. **Leverage domestic investment.** By fostering citizens' participation, civil society dialogue and by interacting with governments including parliamentarians, finance ministers, and Heads of State, WHO will advocate for domestic investment in the health workers, infrastructure, supply chains, services and information systems that underpin the health sector, including by providing evidence of the broad benefits of such investment.
3. **Measurement, evaluation and learning.** WHO will support capacity-building in countries to track UHC indicators at country level and collate these data in order to track progress towards the global UHC targets above. The Secretariat will share benchmarking data with countries and produce case studies of country progress towards UHC so that countries can learn from their peers. Data will be disaggregated to enable progress to be measured on gender equality and health equity. WHO will use country profiles as a basis for its policy dialogue with countries.
4. **Strengthen country office capacity.** WHO will increase its country office capacity to support countries in developing UHC policies through expansion of the UHC partnership. Country teams of health systems experts will leverage WHO's expertise in governance, financing, health workforce, quality and safety, access to medicines, digital health, ageing, workplace health, gender, equity and rights, and in relation to specific diseases and interventions. These teams will be coordinated by the respective WHO country office and include other relevant partners according to the country's preference.
5. **Health SDGs.** The Secretariat will help countries make progress on the targets listed in WHO's third strategic priority below, which provide ways to translate UHC efficiently and effectively into health impact.

### Health emergencies – 1 billion more people made safer

WHO's second strategic priority is to:

- build and sustain resilient national, regional and global capacities required to keep the world safe from epidemics and other health emergencies; and
- ensure that populations affected by emergencies have rapid access to essential life-saving health services.

Success will be measured against the following target which aims to make at least 1 billion more people safer from the direct impact of health emergencies and thereby reduce the global risk of further spread and impact. The target will measure the incremental progress made by all countries towards achieving core capacities of the International Health Regulations (2005).

- **1 billion more people made safer**

Every country is vulnerable to epidemics and emergencies – the risk is universal. Early detection, risk assessment, information-sharing and rapid response are essential to avoid illness, death and economic losses on a large scale. However, not all countries have the same health emergency risk

management capacities. The world is only as safe as its most vulnerable setting. Making 1 billion more people safer makes us all safer. In today's interconnected world, we are only as safe as our weakest link. WHO's approach to keeping the world safe is reflected in SDG 3.D (strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks).

Global health security is a collective responsibility. The Secretariat will work with Member States and partners to increase health emergency risk management capacities across all phases of emergency preparedness and response through implementation of the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction.

The Organization will work collaboratively to progressively strengthen the capacity of national authorities and local communities to manage health emergencies by taking an all-hazards approach and by building strong public health oriented and people-centred health systems, institutions and networks. Improved national action plans and critical core capacities – in response to after action reviews, and self- and external assessment, and tested through simulations – serve to better protect populations at local, national and global levels.

Stronger and more resilient national systems will be backed by the regional and global alert and response mechanisms that will provide early warning and coordinate the international support required to contain and mitigate the impact of health emergencies. WHO will also work closely with partners to identify and coordinate the research, development and innovation to better detect, prevent and respond to new and emerging diseases.

In addition, WHO aims to serve the most vulnerable, particularly in fragile and conflict-affected countries. These countries account for a large proportion of high-impact epidemics and unmet SDG need. Populations that have been displaced are especially vulnerable. The Secretariat will work with national authorities and partners to ensure availability of essential life-saving health services to the people most in need.

In these settings WHO will focus on preventing health system collapse, maintaining critical services and rebuilding the health systems after crises and conflicts. This challenge brings health emergencies and UHC closely together. Health emergencies are compounded by the weakness and fragility of the very health systems that need to be ready with the capacity to prevent, prepare for, detect, respond to and recover from such emergencies. Health emergencies weaken health systems and weak health systems amplify health emergencies. WHO will track the impact of its emergency response work in affected countries by measuring access to and delivery of interventions.

WHO's approach to health emergencies is described in the results framework of the health emergencies programme.<sup>1</sup> It ensures that:

- populations affected by health emergencies have access to essential life-saving health services and public health interventions;

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<sup>1</sup> See <http://www.who.int/about/finances-accountability/funding/financing-dialogue/emergencies-programme-results-framework.pdf> (accessed 20 October 2017). The list in the text is updated for the Programme budget 2018–2019.

- all countries are equipped to mitigate risk from high-threat infectious hazards;
- all countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management;
- national health emergency programmes are supported by a well-resourced and efficient WHO Health Emergencies Programme.

When polio has been eliminated, surveillance will have to continue – although not through a dedicated and sometimes stand-alone system for acute flaccid paralysis. The resources that were used to ensure that all acute flaccid paralysis cases were reported during the eradication initiative are being scaled back globally, with a particular impact on the States with fragile or failed health systems where most of these resources had been deployed. In these settings, polio resources have been strengthening the overall health system, ensuring broader surveillance and response capacity for other outbreaks and emergencies. The risk that already fragile health systems will be further weakened in the context of the polio transition must be carefully managed. WHO will identify those countries, and areas within countries, where the withdrawal of polio eradication resources could substantively weaken a national health system’s capacity to detect and respond to emergencies. On the basis of these analytics, the Secretariat will work with the country and its partners to establish a sustainable solution in order to maintain critical capacities as a foundation for managing threats and emergencies and rebuilding this aspect of the health system.

### Health priorities – 1 billion lives improved

While the entire draft GPW 13 is based on the SDGs, the third strategic priority is to support countries to drive progress towards health in relation to specific SDGs.<sup>1</sup> Health is in all the SDGs and the SDGs form the basis not only of this priority but of GPW 13 overall. Nevertheless, specific targets can be identified to focus and prioritize WHO’s work. Although this priority identifies specific targets across several SDGs (including but not limited to SDG 3 on healthy lives and well-being), WHO will touch all the SDGs through multisectoral action. Success will be measured by the following overall target which is modelled by adding together the more specific targets detailed below.

#### • 1 billion lives improved

WHO will support countries in attaining the health-related SDGs, focusing on specific targets in four priority areas:

#### 1. Women, children and adolescent health

- Reduce maternal deaths (maternal mortality ratio) by 50%
- Reduce the rate of under-five child deaths by 30%
- Increase degree to which contraceptive demand is satisfied through modern methods by 10%

<sup>1</sup> SDG indicators: global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development (<https://unstats.un.org/sdgs/indicators/indicators-list/>, accessed 20 October 2017).

- Increase coverage of cervical cancer vaccine by 40 percentage points
- Increase the proportion of children under 5 who are developmentally on track in health, learning and psychosocial well-being by 15%
- Reduce the number of children under-five who are stunted by 35%
- Reduce childhood wasting by 35%
- Decrease the prevalence of physical and/or sexual violence perpetrated by an intimate partner by 10%

**2. HIV, tuberculosis, malaria, hepatitis, neglected tropical diseases, antimicrobial resistance and polio**

- At least 1 million fewer new HIV infections per year
- Reduce deaths from tuberculosis by 50%
- Reduce malaria deaths by 50%
- Prevent half a million deaths per year from hepatitis B and C virus related liver disease
- Eliminate at least one neglected tropical disease in 35 countries
- Eradicate polio: zero cases of poliomyelitis caused by wild poliovirus or circulating vaccine-derived poliovirus
- Increase coverage of treatment for multidrug- and rifampicin-resistant tuberculosis to 80% of estimated incidence
- Reduce the percentage of deaths from sepsis related to antimicrobial-resistant pathogens by 10%

**3. Noncommunicable diseases (NCDs), mental health, substance use, road traffic injuries**

- Reduce tobacco use by 25%
- Reduce harmful alcohol use by 10% (per capita consumption)
- Keep the levels stable for overweight (including obesity) in children and adolescents
- Eliminate industrially produced trans fats
- Reduce prevalence of raised blood pressure by 20%
- Increase service coverage for severe mental health disorders by 40 percentage points
- Reduce road traffic fatalities by 20%

**4. Health effects of climate change and environment**

- Provide access to safe drinking water for 1 billion people
- Provide access to safe sanitation for 800 million people
- Reduce the mortality rate from air pollution by 5%
- Reduce the number of people in low- and middle-income countries served by hospitals without reliable electricity, basic water, and sanitation services, by 40–50%
- Double the amount of climate finance for health protection in low- and middle-income countries
- Reduce mortality from climate-sensitive diseases by 10%

More detailed information on these targets, including WHO's contribution towards achieving them, is provided in the WHO Impact Framework.<sup>1</sup> This selection of SDG targets reflects "winnable battles", defined as "public health priorities with large-scale impact on health and known effective strategies to address them."<sup>2</sup> The targets were derived through a bottom-up process by engaging WHO programmes themselves. These are the areas where WHO can be most useful to countries. No country will be able to focus on every target, but every country will need to focus on some of them.

In order to address current existential threats to human survival and flourishing, one issue in each area will become a flagship initiative:

- climate change in small island States
- antimicrobial resistance
- noncommunicable diseases, including mental health
- human capital, including early child and adolescent brain development

These areas were selected because they represent existential threats and trillion dollar problems. Flagship status means that they will each have a joined up, horizontal, platform approach across WHO. They will also be the focus of elevated political attention, multisectoral action, and partnerships. WHO will periodically review the SDG targets and flagship initiatives in light of evidence of what is working and where opportunities lie, and adjust its strategy accordingly.

### **Strategic shifts – how WHO will contribute**

Underlying these strategic priorities will be WHO's key strategic shifts: stepping up global leadership, driving impact in every country, and focusing global public goods on impact.<sup>3</sup>

#### **Step up global leadership**

**WHO will advocate for health at the highest political level.** WHO will promote the vital role of health in human development at all levels of government. WHO will also engage with civil society and cooperate closely with global health actors. Global leadership also requires a high degree of

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<sup>1</sup> Please see: <http://www.who.int/about/gpw-thirteen-consultation/en/>.

<sup>2</sup> US Department of Health and Human Services, Centers for Disease Control and Prevention. "Winnable Battles: Final Report." March 30, 2017 (<https://www.cdc.gov/winnablebattles/index.html>, accessed 20 October 2017).

<sup>3</sup> WHO's Twelfth General Programme of Work, 2014–2019 identified six functions. These are listed below and in brackets we show how they map onto GPW 13: 1. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed [see GPW 13 section "Step Up Global Leadership"]; 2. Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge [see GPW 13 section on innovation]; 3. Setting norms and standards, and promoting and monitoring their implementation [see GPW 13 section on Global Public Goods – normative guidance and agreements]; 4. Articulating ethical and evidence-based policy options [in GPW 13 this is a part of the policy dialogue with countries on the basis of global public goods]; 5. Providing technical support, catalysing change, and building sustainable institutional capacity [in GPW 13 this is the technical assistance modality in fragile States]; and 6. Monitoring the health situation and assessing health trends [in GPW 13 this is the section on data].

teamwork across the three levels of the Organization: the Global Policy Group and Regional Committee Meetings during 2017 have been exemplary in this regard.

WHO will strengthen its public voice and – based on scientific evidence of what works – advocate for progress especially in areas of particular importance identified in GPW 13: UHC, health emergencies and flagships – human capital, antimicrobial resistance, NCDs and climate change. WHO will also speak up against practices that are harmful to health, and against organizations and industries whose actions are similarly harmful. WHO will therefore significantly strengthen its communications and advocacy function.

WHO's work on health coverage, health emergencies and health priorities is both technical and political. Health is the subject of high-level political discussions in a growing range of political forums from the G20 to the United Nations Security Council. While WHO is a Member State organization, governance is no longer the exclusive preserve of health ministries or even governments. A range of political and policy interests are negotiated by a dense network of alliances and coalitions, involving nongovernmental organizations, philanthropic foundations, and private entities. Outreach to such actors is critical for WHO's work. WHO will work to include health in global political bodies such as G20, G7, BRICS, and with regional political bodies and their leaders. As an active member of the United Nations Development Group and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), WHO will continue to strengthen links with its United Nations partners.

*Multisectoral action.* Since key determinants of health (e.g. income, education and environment) lie outside the health sector, WHO can only work towards health coverage, health emergencies and the health SDGs by engaging sectors beyond health. Multisectoral action is also critical to success in advancing the flagships of human capital, antimicrobial resistance, noncommunicable diseases and climate change. In addition to the specific targets across SDGs, WHO's multisectoral action is the pathway through which WHO addresses all 17 SDGs. WHO's history of working across sectors has shown results in: access to medicines; trade in unhealthy products; new financing instruments for global health; recognition of the human health impacts of climate change; and reductions in NCD risk factors. The United Nations reform agenda should enable WHO to work even more effectively with non-health sectors at the country level to address climate change, environment, and other factors that have a major impact on health. WHO will forge multisectoral partnerships to reach the health SDGs.

Approaches to promote multisectoral action include: (a) empowering health actors (i) to effectively engage in and “negotiate for” health in these other sector policy processes, i.e. promoting “health in all policies” and whole-of-government approaches from local to global level, and (ii) to engage in high-level policy dialogue and policy coherence; (b) shifting the focus (and locus) of governance for health, well-being, health inequalities and their determinants more upstream, i.e. at the level of health determinants that are influenced by sector policies and strategies; and engaging with other sectors and actors in view of their recognition of the value in pursuing their agendas in a manner that takes into account health benefits and harms within populations; (c) engaging Heads of States in championing a coherent multisectoral agenda, addressing the main determinants of health in their countries; (d) supporting massive scaling-up of private and public sector investments in primary prevention; (e) emphasizing WHO action on practical guidance that supports actors and decision-makers in making the right choices and interventions.

*Gender equality, equity and rights.* Determinants of health include inequality, social status and gender. By basing GPW 13 on the SDGs, WHO commits to leave no-one behind. The right to health underpins all WHO's work. WHO will seize opportunities to advocate for SDG 5 targets on gender equality and empowering all women and girls, including advocating to "ensure universal access to sexual and reproductive health and reproductive rights,"<sup>1</sup> as well as for the rights of people with disabilities, and marginalized groups, and for freedom from discrimination.<sup>2</sup> From a historical perspective, it is enlightening to re-visit the WHO Constitution to see how much foresight its founders showed with respect to human rights and social justice ("The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition"), social protection ("Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures") and social determinants ("to promote, in cooperation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene"). These foundational values are as important today as they were more than 70 years ago.<sup>3</sup> WHO will promote implementation of gender equality, equity and rights-based approach to health that enhances participation, builds resilience, and empowers communities to realize their right to health.

*Financing.* Financing for health, e.g. for UHC, is a political choice. The vast majority of resources for health originate from domestic sources. However, the extent to which governments allocate public resources varies significantly. Also, in several countries, more than half the domestic spending on health concerns individual, out-of-pocket expenses. As a result, hundreds of millions of people are denied access to essential health care simply because they cannot afford it. This is both a morally wrong way to finance health care and an economically inefficient one. By advocating with Heads of Government and fostering civil society dialogue, and by supporting evidence-based and results-oriented budgeting, WHO will make the case for domestic investment in health that minimizes out-of-pocket expenses and reduces catastrophic expenditures on health. WHO will also use its leadership position and its convening power to call for an adequate, continued and predictable official development assistance and humanitarian funding for health.

### **Drive impact in every country**

***WHO will place countries squarely at the centre of its work.*** This strategic shift is the epicentre of GPW 13; successful implementation of the GPW depends on it. Building on the discussions at the six regional committees, the Organization's approach will be much more closely tailored to different country contexts. WHO will take operational action in a limited set of highly fragile, vulnerable and conflict-affected States such as (at the time of writing), Iraq, Syrian Arab Republic and Yemen. In a larger set of countries, WHO will strengthen its technical assistance capacity and strategic advisory function, supporting governance in institution building and the strategic development of high

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<sup>1</sup> SDG target 5.6.

<sup>2</sup> WHO is a signatory to the Agenda for Zero Discrimination in Health Settings ([http://www.who.int/hrh/news/2017/zero\\_discrimination-in-health-care/en/](http://www.who.int/hrh/news/2017/zero_discrimination-in-health-care/en/), accessed 20 October 2017).

<sup>3</sup> Constitution of the World Health Organization (1946) (<http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=1>, accessed 20 October 2017).

performing health systems. In all countries, it will engage in policy dialogue on: the continuous evolution and increased investments in health systems, continuous innovation and the sharing of best practices. Policy dialogue, tailored to country needs, is the basis for WHO's collaboration with countries. WHO will also provide strategic support to countries where needed. In a subset of the countries concerned, WHO will also provide technical assistance. In countries receiving technical assistance, where needed, WHO will also provide service delivery. In addition to the Director-General, the Regional Directors will guide the implementation of this critical strategic shift.

WHO's country offices must be fit for purpose and their focus, capacity and operating model differentiated by country context. In principle, WHO's country footprint is a key comparative advantage, however, to ensure the implementation of the GPW 13, WHO's country presence requires a major shift. Country strategies should become more demand-driven and the level of programmatic, financial, administrative and management autonomy at country level must be increased for effective delivery, particularly in settings where WHO has a substantive service delivery or technical assistance role. WHO representatives must be highly skilled to serve as WHO's health ambassadors, leaders and managers, combining technical expertise, programme management, advocacy, resource mobilization, and diplomatic skills.

In line with the Secretary-General's focus on reform of the United Nations development system, WHO will enhance its engagement with and work within the United Nations family in support of individual countries. WHO will continue to participate in the implementation and monitoring of different aspects of the Quadrennial Comprehensive Policy Review.<sup>1</sup>

WHO will take a differentiated approach to countries based on their capacity and vulnerability, in line with the broad modalities described below.

*Policy dialogue partner.* Building on its normative functions, WHO will strengthen its role in driving policy dialogue in all Member States. The focus and topics of this policy dialogue will vary depending on the maturity of the health system and other relevant country profile data. In very high performing health systems this dialogue is likely to focus on innovations and building health systems of the future that can then again be used to support and inspire other countries striving for excellence. In order to maximize effectiveness, WHO will focus the dialogue around country needs as well as relevant global themes and, where WHO has a permanent presence, better tailor its expertise in-country. As a trusted source of knowledge and data WHO will effectively support and advocate for policy actions in line with global priorities.

*Strategic supporter.* This is a modality the Secretariat will use in many Member States which have maturing and already fairly resilient health systems in place, but which seek to maximize their robustness and systems performance in terms of health results, equity and financial sustainability. An example of strategic support would be the task teams on UHC described above. Strategic support will be delivered through in-country national-level presence, subregional offices or direct support from regional offices or headquarters, depending on the context.

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<sup>1</sup> See <http://www.who.int/un-collaboration/system-improvement/qcpr/en/>, accessed 20 October 2017).

*Technical assistance partner.* This is a modality that WHO will use, tailored to country needs, in settings of weak health systems and moderate to high vulnerability. Many of the 45–50 States concerned will also have recurring acute crises to manage and/or ongoing protracted crises at a subnational level. In many of these countries, WHO will be coordinating health clusters and humanitarian response plans. WHO will also be acting as a hands-on technical assistance partner working side-by-side with the government and in tight collaboration with other partners to identify, respond to and overcome key bottlenecks, attract sufficient financing and build more robust institutions over time. WHO may, exceptionally and for short periods, have to serve as provider of last resort as more robust solutions are established. WHO’s assistance in such settings would be delivered through a combination of national and, where appropriate, subnational presence.

*Service delivery partner.* This is a modality that WHO will use in some 10 States (a very limited subset of the 45–50 States referred to above) which are characterized by extreme fragility, vulnerability and large-scale conflict. It is the modality already agreed by Member States in relation to the WHO Health Emergencies Programme and is the role currently being played by WHO in certain countries, but also will include the other modalities listed above. Sometimes it is the whole country, sometimes just part of the country that requires a direct service delivery mode as provider of last resort. Service delivery includes coordination of the health cluster and direct provision of services and supplies. WHO would operate through a combination of national and substantive subnational presence in such settings. In these settings coordination among United Nations agencies is particularly important.

### **Focus global public goods on impact**

A critical prerequisite for effective differentiated action at country level is global (and regional) public goods, including effective normative guidance and agreements, innovation and data. They are the platform based on which interventions tailored to specific country contexts can happen.

***WHO will strengthen its role in providing global public goods.*** WHO is unique among global health organizations in its normative mandate, which is a key source of its authority and comparative advantage. WHO’s Framework Convention on Tobacco Control, the International Health Regulations (2005), and the Pandemic Influenza Preparedness Framework are unique instruments in global health governance. Key to improving WHO’s role in this area is to ensure that global public goods are driven by country needs and deliver tangible impact at the country level.

The phrase “norms, standards and conventions” is used to denote a wide range of the global public goods provided by WHO, informed by country needs, but that benefit countries and partner organisations collectively rather than individually.<sup>1</sup> According to a recent evaluation of WHO’s normative function,<sup>2</sup> normative products could be categorized as follows.

- *Constitutional normative products* – conventions/regulations/regulatory recommendations approved by the Health Assembly or by an equivalent body (e.g. Codex Alimentarius Commission). Such products vary in form and substance. They are sometimes binding legal instruments. WHO adopts the normative products via its constitutional authority.

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<sup>1</sup> See document EB130/5 Add.1.

<sup>2</sup> Evaluation of WHO’s Normative Function (July 2017). <http://who.int/about/evaluation/reports/en/>.

- *Scientific and technical normative products* – norms and standards set by the Secretariat for a broad range of thematic areas, based on scientific evidence and advice from leading technical experts.
- *Health trend assessments* – such as the annual *World Health Statistics*, *Global Burden of Disease*, *World Malaria Report*, *Maternal Mortality*, *Countdown 2015*.

Based on the recommendations of the evaluation of WHO's normative function, WHO will:

- prioritize normative products based on an assessment of demands and needs and WHO's corporate priority of supporting the approach of driving impact in every country;
- establish guiding principles and quality assurance procedures for the design, formulation and dissemination/follow-up of all normative products (all normative products, including strategies, road maps and global action plans will be based on agreed standards and reviewed independently, as is the case for technical guidelines); and
- standardize and streamline systems and plans for monitoring and evaluation, and shift focus from assessing quality of normative products and their recommendations to documenting effects.

In addition, WHO will conduct foresight studies on new technologies which will require normative guidance like artificial intelligence, robotics, gene editing, and big data which pose transformational opportunities, and in some cases perils, for health.

In sum, WHO will create fewer and better normative products that are more focused on country needs. Most importantly, and consistent with the overall theme of GPW 13, the measure of success will shift from production of a document or even its uptake, to the ultimate impact on human lives (which can be measured or, in the case of long term impact, modelled). This approach to normative work will require close cooperation with Member States.

**Data.** Data are an essential resource for Member States to achieve their goals and targets for UHC and the health SDGs. WHO's Constitution requests Member States to submit annual reports on health status and actions taken to improve health.<sup>1</sup> The Secretariat has a critical role to support Member States in the effective collection, analysis, reporting and use of data. The Organization will focus on roles where it has a comparative advantage: setting standards for data collection; helping countries strengthen data collection systems; promoting data transparency; facilitating the use of data in decision-making; and promoting the use of data for global, regional and national accountability. In order to promote better evidence-based decision-making in Member States, WHO will undertake the following actions.

- *Set data collection standards and provide tools and support for diverse data collection platforms that are needed by Member States.* This will include maintaining the International Classification of Diseases, but also establishing best practice standards for measurement through different data systems of each critical health outcome and health system attribute

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<sup>1</sup> WHO Constitution Articles 61-65 (<http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=1>, accessed 20 October 2017).

including birth and death registration, household surveys, administrative health service systems, disease registries and surveillance systems. Standard setting will encompass assessment and understanding potential use of new data collection modalities such as satellite imagery, environmental sensors, and social media.

- *Provide technical assistance to countries to help them strengthen key data systems.* This will involve disease reporting, including profiles of antibiotic resistance, birth and death registration, chronic disease registries, hospital and clinic utilization data systems, electronic medical records, reimbursement claims data, and household surveys. Data systems will be strengthened with an aim to provide actionable information at the local level as well as regional and national aggregates. Technical assistance will also be provided on budget, expenditure and licensing information systems that provide details on health system financial resources and human resources.
- *Promote open reporting of health data by Member States and the Secretariat and support Member States' creation of transparent data warehouses for these data.* Detailed data and open reporting will take on enhanced importance given the focus in the SDGs on health equity. Open data is a global public good.
- *Promote strategic disaggregation of data to better inform programmes along gender, equity, and age group categories in surveys and routine data.* Identifying health inequalities and their drivers is essential for achieving health equity and improving programme delivery. Health information systems are the foundation for monitoring health inequality.
- *Catalyse investments by donor agencies, development banks and national governments in filling critical data gaps.* WHO will identify key gaps in data collection country by country needed to monitor UHC and the health SDGs. Reporting on data gaps will be used to draw attention to priorities for new data collection investments.
- *Work with relevant institutions, including academic institutions and networks, NGO and think tanks in the collection, analysis and strategic use of health information* including the Institute for Health Metrics and Evaluation, the Global Burden of Disease Collaboration and Member States to report annually on the *Global Burden of Disease* in all Member States.
- *Ensure itself of the availability of data and metrics.* In this way, WHO will be able to measure its own performance in accordance with GPW 13 including trends in UHC, health emergencies and health SDG targets, and monitor the World Health Statistics.
- *Support Member States to improve their capacity to use data and analysis to inform national decision-making.* This work will focus both on developing analytical capacity in Member States and on the effective communication of data to decision-makers using data visualization and related tools.

*Innovation* – Innovation accelerates impact; makes what is impossible today, possible tomorrow; and can help reach those thought unreachable. It also provides a source of economic growth for countries. Innovations can arise using various approaches – science and technology, social, business or financial – and can come from anywhere – any geography, any sector. A key innovation challenge is in scaling – and doing so sustainably. Some innovations, especially those which are global in scope, require transformative improvements applicable to diverse, international contexts and users. Other innovations, such as those that are tailored to local settings, are more likely to persist when innovators who are closer to a problem leverage their insights to develop locally adapted solutions.

Innovation requires risk-taking and the ability to tolerate (and mitigate) failures. As such, an organization's culture and leadership are core to the success of any innovations-focused programme.

WHO's most effective role, acting in its area of comparative advantage, is to address innovation barriers as facilitator: a "champion of champions" of innovation. In partnership with innovation funders and innovators, WHO will focus internally on:

**Connections** – linking pockets of innovation within the Organization to avoid redundancy and duplication, but also to catalyse the innovation process/culture and confidence in it.

**Capacities** – ensuring that building capacity within the Organization highlights and values innovative thinking.

**Culture** – building an action and impact-focused, innovation culture where ideas are valued, accountability is strengthened and formative failure is ok.

**Communication** – celebrating and highlighting innovations under way or achieved so as to reinforce the culture of innovation.

Externally, WHO will act in the following roles in which it has comparative advantage:

**WHO as an innovation identifier and connector.** The Organization will focus on linking with research and innovation funders and across the three levels of the Organization to leverage WHO's viewpoint as well as granular country insights. WHO can partner in shaping calls for innovations or grand challenges matched to specific, identified health-related needs and gaps, and aligned with the WHO strategic priorities. By ensuring buy-in from the end-user at the earliest stage, WHO can use its networks to maximize both opportunities for replication and scalability. WHO will, for example, cooperate with initiatives such as the Coalition for Epidemic Preparedness Innovations and the G20 Global Collaboration Hub on research and development on antimicrobial resistance, and also help coordinate partners as it does with the R&D Blueprint.

**WHO as an innovation catalyst.** Building on WHO's credibility, and the trust and convening power that it enjoys among governments, WHO can take a unique role in catalysing the scaling and sustainability of effective, health innovations. This will sometimes also require constructive engagement with the private sector, since government and private sector, often together, are the principal actors that scale innovation. WHO can also help synthesise evidence as innovations are tested and transition to scale to inform guideline development.

**WHO as an innovation amplifier.** Through its global reach and brand, WHO is in a position to profile and communicate important innovations for health. Communicating successes and lessons learned will be key to their further scaling and sustainability.

### **Organizational shifts – how the WHO Secretariat will deliver**

Underlying the strategic priorities and shifts will be organizational shifts. Normally, these would be the purview of management; they are presented here principally for information. Implementation of these organizational shifts will be guided by the Global Policy Group which includes the Regional Directors, Deputy Directors General, and the Director General. The Group will oversee these potential shifts whose implementation will need to be prioritized and sequenced, and built on best practices across the Organization. The vision of success is of WHO as an organization that makes a measureable difference in the health of people at the country level.

#### **Measure impact to be accountable and manage for results**

WHO will monitor GPW 13 targets and produce regular scorecards. This focus on impact will require a meaningful account of WHO's contribution on each target and by each level of the Organization. As progress depends on many joint actions by WHO and its governmental, civil society and private sector partners, specific attribution to each party is less important than achieving impact and building confidence about the contribution of WHO to that mutual success. WHO's contribution is detailed in the draft GPW 13 and also in the accompanying WHO Impact Framework.<sup>1</sup> WHO will include qualitative country success stories in its scorecard and its results will be externally reviewed by an independent panel. Managing for results will require leadership at all levels to drive and recognize high performance. Quantitative and qualitative indicators will be used to assess progress on strategic priorities and on strategic and organizational shifts. This enhanced emphasis on tracking and measuring results may require changes in WHO's data architecture, strategy, and related staffing. Although global targets are provided in the GPW 13, tracking of data occurs at a country level, and burden of disease is often clustered in specific countries; therefore, country profiles and regional reporting of these global targets across the Organization will be key.<sup>2</sup>

#### **Reshape the operating model to drive country, regional and global impact**

In order to deliver on the strategic shifts described above, and especially the differentiated approach to drive impact tailored to country context, WHO's structures and operating model will need to be transformed. Key priorities include:

- “inverting the pyramid” to put countries at the centre by ensuring that WHO's role at the country level is clearly defined and that planning, budget allocation and deployment of human resources is carried out by country rather than programme area;

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<sup>1</sup> Please see: <http://www.who.int/about/gpw-thirteen-consultation/en/>.

<sup>2</sup> The United Nations General Assembly resolution 70/1 (2015), Transforming our World: the 2030 Agenda for Sustainable Development, states that the goals and targets “tak[e] into account different national realities, capacities and levels of development and respecting national policies and priorities. Targets are defined as aspirational and global, with each Government setting its own national targets guided by the global level of ambition but taking into account national circumstances. Each Government will also decide how these aspirational and global targets should be incorporated into national planning processes, policies and strategies.” (See <https://sustainabledevelopment.un.org/post2015/transformingourworld>, accessed 20 October 2017).

- enhancing the quality of leadership at country level to ensure a new generation of high-calibre WHO Representatives who are strong and effective health leaders and diplomats and well suited to the country priorities they are to address;
- ensuring visible and measurable collaboration with all the Member States of WHO;
- empowering WHO at the country level with sufficient programmatic, financial, administrative and management autonomy for effective delivery of WHO's work at country level, accompanied by the corresponding accountability for WHO's performance, visibility and impact;
- clarifying the roles of the three levels of the Organization, which, under the leadership of the WHO Representative should have a more cohesive and integrated approach at country level to better achieve outcomes and impact;
- enhancing the quality of country cooperation strategies by making these more strategic and operational with clear actions and resources, and integrated to respond to the national and global health agenda in the context of the SDGs implementation;
- at the country level, strengthening WHO's cooperation with, and convening of, partners including with United Nations partners (in line with the Secretary-General's initiatives to reform the United Nations development system), bilateral and multilateral institutions, academic institutions and civil society to promote health in the sustainable development agenda;<sup>1</sup>
- promoting the visibility and advocacy role of the Organisation at country level by placing more communication officers at country level, and strengthening the central and regional communication teams.

The Secretariat will work with Member States to improve governance so that governing bodies develop more strategic agendas and a clear division of responsibilities among the Executive Board and Health Assembly, and also between the Secretariat (the management of the Organization) and Member States (the governance of the Organization). The Officers of the Executive Board should be empowered to work with the Secretariat between Executive Board meetings. The Executive Board should not be a second Health Assembly. "Management" and "governance" roles should be clear.

### **Transform partnerships, communications and financing to resource the strategic priorities**

WHO's new mission as outlined in the draft GPW 13 will require a shift in the way fundraising and communications are handled in order to deliver on the three new strategic priorities. A range of partnership models will be required to achieve the results set out. The Organization will invest in a consolidated structure to accommodate global, regional and national concerns for the health agenda harnessing the power of its decentralized model. In order to maximize resources and efforts, and seek greater impact, WHO will bring together resource mobilization, communications, advocacy and partnerships so they work in an integrated manner.

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<sup>1</sup> Including the UN Development Assistance Framework so as to ensure a coherent UN response.

When Member States approve WHO's programme budget they are also committing to fully finance it although in practice, this does not occur. Member States should work with the Secretariat to raise the necessary funds for the Organization to deliver the General Programme of Work which they have approved. Earmarking will need to decrease to give WHO the needed flexibility to deliver on GPW 13. WHO exists in an ecosystem of partners who can only achieve the SDG targets if they all work together. Thus, WHO's interest is also to ensure that the global health system is sustainably financed and sees its role as a partner that will assist in the resource mobilization efforts of other global health actors.

WHO will play an increasingly central role in developing public health messages, advocacy and campaigns aligned with its strategic priorities. Digital and social media communications will tell the story of how WHO improves lives around the world. Regional and key country offices will support bold public communications and advocacy campaigns. The impact-based results framework in this GPW will provide a solid foundation for these communications efforts.

WHO cannot accomplish the ambitious targets of GPW 13 without partners from all sectors including civil society and the private sector. It can also serve as a catalyst for partnerships between non-State actors and government. Therefore WHO will need to ensure that the Framework of Engagement with Non-State Actors is implemented in such a way as to enable partnerships, while protecting the integrity of the Organization. Partnerships will also require humility on the part of WHO.

#### **Build critical processes and tools to optimize organizational performance**

WHO's shifts on workforce will include creating a workforce that is:

- Fit for purpose. Means employed: strategic implementation of WHO's geographical mobility policy; development of strength in diversity through gender parity and geographical representation across all levels of the Organization; workforce rejuvenation and forward-looking succession planning supported by strategic and timely recruitment and enhanced opportunities for young professionals.
- Highly competent and cutting edge. Means employed: professional development and empowerment through career pathways and fostering a learning culture; enhancement of managerial capabilities, increased autonomy and related accountability and a reorientation toward a country-centred Organization; rewarding of innovation and collaboration.
- Motivated, highly-performing and empowered. Means employed: fit-for-purpose staff performance management with enhanced opportunities for high performers and increased use of improvement tools; making progress towards a culture of collaboration; enhancing respect within WHO as a core value.

In addition, WHO cannot effectively work on gender equality without turning the mirror upon itself. WHO is committed to inclusion, diversity and gender parity, as evidenced by the recent appointment of 10 women and 5 men to the new Director-General's Senior Leadership Team. Currently, 29.7% of D1/D2 Directors across WHO<sup>1</sup> are women, but parity is only achieved by the Regional Office for Europe and at headquarters, 28.3% of Directors are women. At the Seventieth World Health Assembly, 31% of heads of Member State delegations were women. WHO's 2023 gender targets will be to achieve gender parity in its Directors and heads of delegations to the Health Assembly. Currently, 33.1% of the D1/D2 Directors across WHO<sup>1</sup> are nationals from developing countries (11.7% at headquarters, 94.7% in the Regional Office for Africa). WHO's 2023 diversity target will be that 35% of headquarters Directors are nationals of developing countries. Efforts to improve diversity should also include WHO internships at which point a cascade of non-diversity may begin.

WHO's shifts on management and administration will include the following.

- *Empowered managers* – instituting clear, standardized and supported delegations of authority within a consistent management structure across the three levels of the organization, applying a risk-based and costs-conscious approach and provide adequate training and tools.
- *Appropriate human and financial resources deployed across the Organization* – ensuring the availability of appropriate human and financial resources to implement fit-for-purpose management and administrative services, and support staff to perform their duties through systematic investment in learning and training, development, peer-support and self-improvement, performance management, and monitoring and evaluation.
- *Management and administrative services and systems that support and facilitate programme operations* – reviewing and refining management and administrative capacities, roles, policies and procedures to fully support and facilitate programme implementation, in particular: budget and programme planning and reporting, financial management, human resource management and procurement including the assessment of opportunities for strategic partnerships with other UN Agencies in areas where they have a comparative advantage.
- *Efficient and effective business processes* – implementing the Business Process Quality and Excellence Continuous Improvement Initiative: engaging in quality management of WHO business processes by conducting an analysis and evaluation of current processes, and establishing an action plan to achieve focus, simplification, value for money and overall process excellence. Also, implementing a systematic and continuous quality improvement process across all levels of the Organization that manages change, and assesses the quality, cost and timeliness of management and administrative services on a regular basis.
- *Streamlined and fit-for-purpose IT systems, built upon mission-critical business requirements*. Investing in user-friendly, high-quality and fit-for-purpose IT systems, built upon definition of mission-critical business requirements and evaluation of solutions or systems used by WHO offices or other United Nations agencies.

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<sup>1</sup> From five regions and headquarters; data for the Regional Office for the Americas/PAHO are not available.

**Foster culture change to ensure a seamless, high-performing WHO**

Organizational culture is the mindsets and behaviours that allow staff to work in a consistent manner, execute with excellence, and sustainably achieve goals. A major shift will be to create a seamless organization, where people’s primary affiliation is with WHO rather than their own particular programme. All three levels of the Organization will work closely together, with a clear focus on impact and accountability. WHO will also work towards a more innovative culture and one which is focused on results.

Cultural change will not be a separate initiative – it will be integrated into every part of how we transform WHO. Cultural change will be owned and led from every part of the Organization. Cultural change will not be solely a communications effort – it will build the capabilities in the new behaviours we need to embody a seamless, collaborative Organization that supports countries at the centre. Cultural change will not be developed at the top – it will radically engage the Organization, as well as countries and partners, through continuous feedback and crowdsourcing.

WHO comprises both the Secretariat and its Member States. It will be important to further develop a culture of common purpose and trust between them for the Organization to reach its full potential.

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