

Draft WHO Impact Framework: 13th General Programme of Work (11/01/2017)

Targets	Baseline (year)	Targets (2023)	SDG Target	Data Source
Universal Health Coverage				
1 billion more people with coverage of essential health services	TBA UHC Day Dec 12	+ 1 billion	3.8	UHC Data Portal
Stop the rise in percent of people suffering financial hardship (defined as out of pocket spending exceeding ability to pay) in accessing health services	TBA UHC Day Dec 12	TBA UHC Day Dec 12	3.8	UHC Data Portal
Health Emergencies				
1 billion more people made safer	TBD	+ 1 billion	3.d	IHR Annual Reporting Tool
Increase number of people in fragile settings with access to essential health services	TBD	TBD	3.8	Humanitarian Response Plans
Health Priorities				
GOAL 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture				
Achieve a 35% reduction in the number of children under-five who are stunted	162 million (2012)	~100 million	2.2	WHO Database on Child Growth and Malnutrition WHO/UNICEF/World Bank
Reduce childhood wasting by 35%	8% (2012)	Less than 5%	2.2	WHO Database on Child Growth and Malnutrition WHO/UNICEF/World Bank
GOAL 3: Ensure healthy lives and promote well-being for all at all ages				
Reduce maternal deaths (maternal mortality ratio) by 50%	216 per 100,000 live births (2015)	108 per 100,000 live births	3.1	MMEIG
Reduce the rate of under-five child deaths by 30%	43 per 1,000 live births (2015)	30 per 1,000 live births	3.2	UN IGME
Increase contraceptive demand satisfied with modern methods by 10%	65% (2017)	72%	3.7, 3.8	UN Population Division global database
Increase coverage of cervical cancer vaccine by 40 percentage points	10% (2016)	50%	3.7, 3.8	WHO/IVB database
At least 1 million fewer new HIV infections per year	1.5 million (2017)	Less than 500,000	3.3	UNAIDS/WHO
Reduce TB deaths by 50%	1.7 million (2016)	0.85 million	3.3	WHO GTB
Reduce malaria deaths by 50%	429,000 (2015)	249,000	3.3	WHO GMP
Prevent half million deaths per year from HBV and HCV related liver disease	1.34 million (2015)	Less than 830,000	3.3	IER GHE
Eliminate at least one neglected tropical disease in 35 countries	0 (2018)	35 countries	3.3	WHO NTD
Eradicate polio: zero cases of poliomyelitis caused by wild poliovirus (WPV) or circulating vaccine-derived poliovirus (cVDPV)	WPV: 12 cVDPV: 56 (2017)	WPV: 0 cVDPV: 0	3.3	GPLN
Increase coverage of MDR/RR-TB treatment to 80% of estimated incidence	20% (2017)	80%	3.3	WHO GTB
Reduce the percentage of deaths from sepsis related to AMR organisms by 10%	TBD	TBD	1, 2, 3, 6, 8, 12	GLASS
Reduce tobacco use by 25%	22% (2015)	17%	3.a	WHO PND
Reduce harmful alcohol use by 10% (per capita consumption)	6.4 (2015)	5.8	3.5	GISHA
Keep the levels of overweight (including obesity) in children and adolescents stable	0–5 yrs: 6%; 5–9 yrs: 21%; 10–19 yrs: 17% (2016)	0–5 yrs: 6%; 5–9 yrs: 21%; 10–19 yrs: 17%	2.2, 3.4	WHO Database on Child Growth and Malnutrition WHO/UNICEF/World Bank
Eliminate industrially produced trans fats	300 million (2016)	1.3 billion	3.4	GINA, Global Nutrition Policy Review
Reduce prevalence of raised blood pressure by 20%	22% (2015)	18%	3.4, 3.b	NCD-RisC
Increase service coverage for severe mental health disorders by 40 percentage points	30% (2015)	70%	3.5, 3.b, 3.8	WHO Mental Health Atlas
Reduce road traffic fatalities by 20%	1.34 million (2015)	1.07 million	3.6	Global Status Report
Reduce the mortality rate from air pollution by 5%	110.1 deaths per 100,000 (2015)	104.6 deaths per 100,000	3.9, 7.1, 11.6	IER, GHE, PHE
GOAL 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all				
Increase the proportion of children under 5 who are developmentally on track in health, learning and psychosocial well-being, by 15%	69% (2015)	80%	2.2, 4.2	UNICEF
GOAL 5: Achieve gender equity and empower all women and girls				
Decrease the prevalence of physical and/or sexual violence by an intimate partner by 10%	30% (2013)	20%	5.2	WHO
GOAL 6: Ensure availability and sustainable management of water and sanitation for all				
Provide access to safe drinking water for 1 billion people	5.2 billion (2015)	6.2 billion	3.9, 6.1	WHO/UNICEF JMP
Provide access to safe sanitation for 800 million people	2.9 billion (2015)	3.7 billion	3.9, 6.2	WHO/UNICEF JMP
Reduce the number of people in LMICs served by hospitals without reliable electricity, basic water, and sanitation services, by 40–50%	20–30% (2018)	10–15%	6.1, 6.2, 7.1	PHE/IER
GOAL 13: Take urgent action to combat climate change and its impacts				
Double the amount of climate finance for health protection in LMICs	US\$7m per year (2010–2015)	US\$14m per year	13.2, 13.b	Climate Funds Update
Reduce mortality from climate-sensitive diseases by 10%	2,981,000 deaths (2015)	2,682,900 deaths		WHO, IERGHE

WHO Impact Framework

Universal Health Coverage

Target	1 billion more people with coverage of essential health services
Description	At best, only half the world's population benefits from coverage of essential health services, which include reproductive, maternal, newborn and child health; communicable diseases; and noncommunicable diseases. SDG target 3.8 focuses on achieving 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.
Target	Stop the rise in percent of people suffering financial hardship (defined as out of pocket spending exceeding ability to pay) in accessing health services
Description	The proportion of households out of pocket spending on health exceeding their ability to pay increased from (x) in 2000 to (y) in 2010, representing around (z) people facing financial hardship. WHO's target will be to stop the rise in financial hardship due to out of pocket health spending and indeed to reverse it. [Data points TBA/updated on UHC Day, Dec 12]
WHO role	WHO's top strategic priority is to support countries to strengthen health systems in order to progress towards UHC. Raise global awareness of UHC in concert with Member States and partners. Leverage domestic investments. Strengthen country capacity to design and implement health system improvements to increase access to effective health services and thereby establish mechanisms to translate UHC effectively and efficiently into health impact. Support country capacity to monitor, track and evaluate progress on health SDGs.

Health Emergencies

Target	1 billion more people made safer
Description	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, response, and risk communication. These capacities will be measured using the 2005 International Health Regulations (IHR). 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.
WHO role	Build and sustain national and global systems to prevent, detect, and respond to epidemics. Strengthen country capacity for early warning, risk reduction and management of national and global health risks. Ensure health events are detected, and risks are assessed and communicated for action. Ensure that all countries utilize evidence-based risk mitigation strategies for high threat infectious hazards, assess and address critical gaps, and report.
Target	Increase number of people in fragile settings with access to essential health services
Description	Number of people in fragile, conflict, and vulnerable settings with access to essential health services. This target is consistent with the overall target on service delivery under UHC listed above but focused on people in need in fragile, conflict and vulnerable settings. [methodology under finalization].
WHO role	Ensure that populations affected by emergencies have access to essential and life-saving health services. Strengthen the capacity of national authorities and local communities to detect, prevent and respond to health emergencies taking an all hazards approach. Focus on the protection of health systems from collapse and rebuilding health systems after conflict. Ensure health of displaced populations through integration and with active participation of regions and countries.

Health Priorities

GOAL 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Target	35% reduction in the number of children under-five who are stunted
Description	Childhood stunting is one of the most significant impediments to human development. In 2015, 155 million children were stunted and only 49 countries were on track to meet this target. Urgent investments are necessary to achieve the target of 100 million children by 2023. Stunting is linked to other global nutrition targets (anemia in women of reproductive age, low birth weight, childhood overweight, exclusive breastfeeding and wasting).

WHO role	Strengthen surveillance, monitoring and evaluation. Support policy action to improve access for infant and young child feeding practices, provision of micronutrients and help with implementation, including populations in fragile settings.
Target	Reduce childhood wasting by 35%
Description	In 2016, an estimated 52 million children under 5 years of age suffered from wasting, usually the result of an acute and significant food shortage and/or disease. The global wasting rate in 2012 was 8 percent. At current trends, a 35% reduction is required to achieve the target of less than 5% by 2023 worldwide, and further investment and action are needed in order to achieve the target.
WHO role	Improve surveillance, monitoring and evaluation. Support integration of treatment services across sectors, policy action and financing.
GOAL 3: Ensure healthy lives and promote well-being for all at all ages	
Target	Reduce maternal deaths (maternal mortality ratio) by 50%
Description	By 2023, reduce maternal mortality ratio to 108 per 100,000 live births from the baseline level of 216 per 100,000 live births in 2015. This target is central to SDG 3.1 to reduce global maternal deaths from pregnancy and childbirth complications.
WHO role	Update standards and guidelines. Strengthen surveillance, monitoring and evaluation systems. Improve cause of death certification and reporting to eradicate preventable deaths from direct obstetric causes, including hemorrhage, sepsis, hypertensive disorders and abortion complications. Support task shifting and application of new technologies like hemorrhage control, innovate information systems, and finance of services and transport.
Target	Reduce the rate of under-five child deaths by 30%
Description	Reduce the rate of under-five child death by 30%, from 43 per 1,000 live births in 2015 to 30 per 1,000 live births in 2023. Reducing child deaths is central to SDG 3.2.
WHO role	Promote use of and support the implementation of treatment guidelines, including neonatal sepsis and asphyxia guidelines. Support the implementation of the Global Action Plan for Pneumonia and Diarrhea. Roll-out and expand coverage with pneumococcal and rotavirus vaccine as well as other childhood vaccines. Support maternal immunization programmes proven to reduce neonatal mortality tetanus, influenza, respiratory syncytial virus and group B streptococcus.
Target	Increase contraceptive demand satisfied with modern methods by 10%
Description	Increase the percentage of contraceptive demand satisfied with modern methods by women and girls from 65% in 2017 to 72% in 2023. An estimated 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method. This target relates to SDG 3.7 and 3.8.
WHO role	Adoption of guidelines to reduce medical and non-medical barriers to family planning. Develop and promote integrated service delivery models to improve access, such as task sharing, and scale up the availability of high-quality contraceptive commodities at lower cost through product prequalification.
Target	Increase coverage of cervical cancer vaccine by 40 percentage points
Description	Increase the global coverage of cervical cancer vaccine from the average of 10% in 2016 to 50% in 2023. Cervical cancer is a leading cause of premature deaths in women in LMICs. Introduction and scale up of HPV vaccination in girls will result in a substantial reduction in cervical cancer and pre-cancer. Vaccination will lead to reduction of other related cancers, including in males through indirect protection. This target relates to SDGs 3.7 and 3.8.
WHO role	Establish standards and guidelines for national vaccination policies and strategies. Strengthen surveillance and monitoring systems for tracking vaccination coverage and impact. Support policy action for the introduction, pre-qualification, and scale up of HPV vaccines.
COMMUNICABLE DISEASES	
Target	At least 1 million fewer new HIV infections per year
Description	At least 1 million fewer new HIV infections globally per year. Focus on reaching all vulnerable groups, particularly key populations. This target relates to SDG 3.3.
WHO role	Develop guidelines and establish monitoring system for impact measurements. Ensure access and innovation (e.g. optimal quality-assured ARVs and diagnostics). Support prevention, testing, treatment and sustained viral load suppression (the 90, 90, 90 targets), and reduction in new infections within health sector reform.

Target	Reduce TB deaths by 50%
Description	Deaths from TB will be reduced by 50%, i.e. from the baseline deaths of 1.7 million in 2016 to less than 850,000 per year in 2023. Achieving the target requires full implementation of the End TB Strategy.
WHO role	Set standards and guidelines for prevention and care for drug-susceptible and drug-resistant TB. Monitor the global epidemic and track progress using national notification and vital registration systems, and promote use of the multisector accountability framework. Ensure reduction in premature deaths by fully implementing the End TB strategy. Strengthen country capacity to design, implement and evaluate health system improvements to reduce barriers to service us, improve quality and popularize new technologies.
Target	Reduce malaria deaths by 50%
Description	The malaria mortality will be reduced by 50%, i.e. from the baseline deaths of 429,000 in 2015 to 249,000 in 2023. Achieving the target requires full implementation of the Global Technical Strategy for Malaria 2016-2030 and represents a significant contribution to reductions in maternal, neonatal and under-five mortality throughout sub-Saharan Africa.
WHO role	Implement the new Global Technical Strategy for the next 15 years. Support elimination efforts in at least 20 countries to interrupt malaria transmission by 2020, and respond to emergencies and humanitarian crisis in malaria endemic countries.
Target	Prevent half million deaths per year from HBV and HCV related liver disease
Description	Provide access to hepatitis treatment from currently less than 10% coverage (1.34 million) to 50% coverage (less than 830,000) of eligibles by 2023. Support integration of HIV and tuberculosis treatment in health sector reform. Prevent mother to child transmission of HBV as part of the standard maternal and child health package. Strengthen country capacity to design, implement and evaluate health system improvements to reduce barriers to and improve quality of services.
WHO role	Implement the global hepatitis strategy and support optimized procurement of commodities. Ensure standard monitoring, evaluation and economic analysis. Focus on vulnerable population (e.g. prisoners, migrants, indigenous people, persons who inject drugs).
Target	Eliminate at least one neglected tropical disease in 35 countries
Description	In endemic countries, control and eliminate neglected tropical diseases (NTD)- at least one disease in 35 eligible countries between 2019–2023. This target will be driven by progress on guinea worm disease, lymphatic filariasis and trachoma. It is projected that guinea worm disease will be globally eliminated (eradicated) in this period.
WHO role	Coordinate the delivery of quality-assured, essential medicines made available through donors, and other interventions to eliminate NTDs. Provide technical expertise in the decision to stop interventions. Support implementation of the Global Vector Control Response, One Health approach to human and animal diseases, and joint Water, Sanitation and Hygiene (WASH)-NTD strategies to create the environmental conditions for elimination. Monitor progress to ensure efficiency and equity of services.
Target	Eradicate polio: zero cases of poliomyelitis caused by wild poliovirus (WPV) or circulating vaccine-derived poliovirus (cVDPV)
Description	Eradicate polio with certification-level surveillance. Barring major access challenges in some parts of the world, the Global Commission for the Certification of polio eradication will certify wild polio virus eradication and the world will celebrate the eradication of a human disease for the second time in history.
WHO role	Lead technical and coordinating agency of the Global Polio Eradication Initiative. Implement Post Certification Strategy by ensuring: a) surveillance in all countries, including areas affected by conflict (acute flaccid paralysis and environmental surveillance, supported by the WHO global Polio Laboratory Network; b) outbreak response capabilities and management of global vaccine stockpiles so that any detection of poliovirus is immediately addressed by a timely and effective response including, when appropriate, with an immunization response; c) containment of the wild and vaccine-derived viruses in laboratories and vaccine manufacturing plants, in line with WHO <i>Global Action Plan (GAPIII)</i> ¹ will have to be certified for all countries which maintain poliovirus essential facilities; and d) full withdrawal of Oral Polio Vaccine (OPV) by all countries still using OPV within 18 months of global certification of eradication, building on the successful experience of the April 2016 global withdrawal of trivalent OPV.
Target	Increase coverage of MDR/RR-TB treatment to 80% of estimated incidence
Description	Increase coverage of MDR/RR-TB diagnosis and treatment to 80% of estimated incidence globally.
WHO role	Provide norms and standards for TB drug resistance prevention, diagnosis, treatment and medicine safety. Develop guidelines, support for policy change, ensure access and innovation, and service delivery models. Monitor and track the global epidemic of drug-resistant TB from national TB drug-resistance surveillance and case-notification systems, and provide technical assistance.

Target	Reduce the percentage of deaths from sepsis related to AMR organisms by 10%
Description	Reduce the percentage of deaths from sepsis related to Antimicrobial Resistance (AMR) pathogens by 10%. Sepsis causes approximately 6 million deaths worldwide every year, which are mostly preventable. Comprehensive and decisive action is needed to enhance infection prevention and control activities to prevent the emergence and spread of AMR.
WHO role	Support development of an integrated global package (a one-health approach) to combat AMR spanning human, agricultural, food and environmental aspects. Strengthen surveillance and laboratory capacity- Global AMR Surveillance System (GLASS), ensure uninterrupted access to essential antibiotics of assured quality, regulate and promote the rational use of antibiotics, and foster innovations in science and technology for the development of new antimicrobial agents.
NONCOMMUNICABLE DISEASES, MENTAL HEALTH, SUBSTANCE ABUSE, AND INJURIES	
Target	Reduce tobacco use by 25%
Description	Reduce tobacco use among adults aged 15 years and older from 22% in 2015 to 17% by 2023. SDG target 3a supports strengthening of FCTC implementation as key to achieving SDG 3 and target 3.4.
WHO role	Implement the MPOWER technical package, in line with the WHO Framework Convention on Tobacco Control, in an additional 30 LMICs where tobacco prevalence is highest.
Target	Reduce harmful alcohol use by 10% (per capita consumption)
Description	Reduce the harmful use of alcohol by 10%, as measured by per capita consumption from 6.4 in 2015 to 5.8 litres of pure alcohol in 2023. SDG 3.5 supports this target.
WHO role	Implement the WHO Global Strategy to Reduce the Harmful Use of Alcohol in at least 20 low- and middle-income countries with the highest or greatest increase in the health and social burden caused by alcohol.
Target	Keep the levels of overweight (including obesity) in children and adolescents stable
Description	Prevent overweight and reduce obesity rates in children and adolescents. This target will contribute to the reduction of mortality from NCDs. SDG 2.2 and 3.4 support this target.
WHO role	Set standards and guidelines to improve children's diets and physical activity, prevent overweight and obesity throughout the life course. Strengthen surveillance systems to monitor and track progress. Support implementation of best practices.
Target	Eliminate industrially produced trans fats
Description	Eliminate industrially produced trans fats (TFA) in 1.3 billion people by 2023. An estimated 537,000 deaths in 2010 were attributed to increased intake of TFA. Increased intake of trans-fatty acids (>1% E) is associated with increased risk of CHD mortality and events. In 2016, approximately 300 million people were covered by prevention policies. The target to eliminate industrially produced TFA in 1 billion people will be achieved through reducing the exposure of industrially produced TFA by strengthening the implementation and enforcement of legislative actions including bans and mandatory labelling.
WHO role	Set standard protocols and establish laboratory capacity to measure industrial TFA. Establish guidelines for implementing evidence based policy interventions for global elimination of industrial TFA. Engage with the private sector to address reformulating food products and labelling. Establish independent reporting mechanisms to track progress and support public awareness campaigns.
Target	Reduce prevalence of raised blood pressure by 20%
Description	Reduce prevalence of raised blood pressure by 20%, from 22% in 2015 to 18% by 2023. An estimated 1.4 billion people worldwide have high blood pressure, but just 14% have it under control. Approximately 10 million people die each year due to high blood pressure.
WHO role	Implement the Global Hearts Initiative to Reduce Heart Attacks and Strokes. Support the implementation of the HEARTS and SHAKE technical packages in at least 20 low- and middle-income countries where the burden of cardiovascular diseases is highest.

Target	Increase service coverage for severe mental health disorders by 40 percentage points
Description	Increase service coverage for severe mental health disorders from 30% to 70%. Increasing service coverage for severe mental disorders (moderate and severe depression, psychoses, bipolar disorder, substance use disorders) beyond the baseline will require prioritization, and supporting task shifting to increase access to care in at least 24 low- and middle-income countries with lowest treatment coverage. This target relates to SDG 3.5, 3.b and 3.8.
WHO role	Implement evidence-based technical packages with UHC focusing on governance, care (pharmacological and psychological), promotion and prevention, and surveillance, monitoring and research.
Target	Reduce road traffic fatalities by 20%
Description	Reduce road traffic fatalities by 20%. In 2015, road traffic fatalities were responsible for 1.34 million deaths.
WHO role	Advocate, build capacity and provide technical support to strengthen road-safety legislation (e.g. on speed, drink-driving, helmet and seat-belt wearing) and enforcement. Improve emergency trauma care and rehabilitation services. Strengthen national road safety surveillance and monitoring systems.
Target	Reduce the mortality rate from air pollution by 5%
Description	110.1 deaths per 100,000 population ¹ in 2015 were attributed to the joint effects of household (indoor) and ambient (outdoor) air pollution. Compared to a 2015 baseline, by 2023 the mortality rate from air pollution will be reduced by 5%. Achievement of this target will be measured by the number of cities and countries with commitments to reduce air pollution exposures, including household indoor air pollution, per WHO Air Quality Guidelines.
WHO role	Strengthen standard surveillance and monitoring systems. Scale-up health-promoting household fuels and technologies. Develop and deploy tools to accelerate the transition to sustained clean household energy use and reduce urban health risks. Advocate for protecting public health through sustainable energy, transport, housing and urban health initiatives.
GOAL 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
HUMAN CAPITAL INCLUDING EARLY CHILD AND ADOLESCENT BRAIN DEVELOPMENT	
Target	Increase the proportion of children under five who are developmentally on track in health, learning and psychosocial well-being, by 15%
Description	Increase the percentage of children under five who are developmentally on track in health, learning and psychosocial well-being to 80%. This target relates to the SDG target 4.2 and 2.2 and emphasizes interventions in the early years or first 1,000 days. It is paramount for every child to have an equal opportunity to achieve optimal physical growth and psycho-emotional development.
WHO role	Set guidance to ensure measurable impact on early child development. Utilize the global Nurturing Care Framework to promote a life-course approach. Influence health sector to strengthen its role in the first 1,000 days of a child's life, and provide tools and services to establish enabling environments for child development.
GOAL 5: Achieve gender equity and empower all women and girls	
Target	Decrease the prevalence of physical and/or sexual violence by an intimate partner by 10%
Description	Addressing violence against women is critical to achieving many health related SDGs. 1 in 3 women experience physical and/or sexual intimate partner violence in their lifetime, leading to multiple health problems, i.e. unplanned pregnancies, unsafe abortions, sexually transmitted infections, and numerous mental health, chronic conditions, and injuries and death. During pregnancy, can result in miscarriage, premature birth and low-birth weight babies and impact uptake of treatment for HIV and TB. This target relates to SDG targets 5.2.1.
WHO role	Provide guidance and tools to support multisector capacity to reduce violence against women, including in humanitarian settings. Set measurement standards and systems for monitoring.
GOAL 6: Ensure availability and sustainable management of water and sanitation for all	
Target	Provide access to safe drinking water for 1 billion people

¹Mortality rate provided is the WHO SDG reported value for 2012 (see <http://apps.who.int/gho/data/view.main.SDGAIRBODREGV?lang=en>) and serves as placeholder while 2015 estimates are finalized.

Description	In 2015, 71% of the global population (5.2 billion people) used safely managed drinking water services. Compared to a 2015 baseline, by 2023, 1 billion people are to gain access to drinking water. ² Achievement of the target will be measured by the number of countries implementing water-safety planning policies.
WHO role	Monitor and report on access to safe water. Support inclusion of the WHO Guidelines of water safety planning in national policies.
Target	Provide access to safe sanitation for 800 million people
Description	In 2015, 39% of the global population (2.9 billion people) used safely managed sanitation services. Compared to 2015 baseline, 800 million people will gain access to safe sanitation. ¹ Achievement of this target will be measured by the number of countries with established national targets in alignment with the SDG criteria of safe management of excreta along the sanitation chain.
WHO role	Monitor and report on access to safe sanitation. Support policy action for improvements where the need is greatest. In target countries, support health-promoting municipal and community sanitation service delivery.
Target	Reduce the number of people in LMICs served by hospitals without reliable electricity, basic water, and sanitation services, by 40-50%
Description	Reduce the number of people in LMICs served by hospitals without reliable electricity and basic water and sanitation services by 40–50%. In 2018, 20–30% of hospitals in LMICs lack basic water, sanitation and hygiene services, and the number of people served by such hospitals could be greater than 1 billion. Approximately 300 million people, primarily in sub-Saharan Africa, are covered and or served by hospitals that lack reliable electricity. ³
WHO role	Develop standards and policy guidance to ensure hospital energy and WASH needs are prioritized. Establish monitoring and tracking systems. Work with partners to access financing.
Goal 13: Take urgent action to combat climate change and its impacts	
	Double the amount of climate finance for health protection in LMICs
Description	The annual average of US\$7 million per year during 2011–2015 was from multilateral climate funds, and the 2023 target set the doubling the amount of climate finance for health protection in LMICs, compared to the 2010–2015 baseline. ⁴ Achievement of this target will be measured by the volume of climate funding for health projects.
WHO role	Obtain accreditation to the Green Climate Fund to access financial support to increase health resilience to climate risks, and to gain the health benefits of climate-change mitigation. Generate evidence on climate and impact on health and provide policy and technical expertise. Focus on Small Island Developing States, and Least Developed Countries, as a first priority.
Target	Reduce mortality from climate-sensitive diseases by 10%
Description	In 2015, 2,981,000 people died from climate-sensitive diseases. ⁵ A 10% reduction in mortality from climate-sensitive disease will save 2,981,000 deaths. Climate change causes malaria and other vector-borne diseases, diarrhoea, undernutrition, and deaths in extreme weather events, including heatwaves.
WHO role	Provide policy and technical expertise to integrate climate resilience into health systems (increase coverage of climate-informed early warning systems for heat stress and infectious disease). Focus on Small Island Developing States, and Least Developed Countries, as a first priority. Support surveillance and monitoring systems to track progress.

²Target estimates take into account projected population growth, along with annual rates of change assumptions. Assumption based on the annual rate of change in 2015–30 would be 25% higher than the rate of change from 2000–2015. Focus on quality of systems, economic and technical development will accelerate progress.

³Tentative baseline figure based on available data on electricity services from WHO SARA, DHS SPA, AMDD EMONC surveys and national health facility assessments. Revised estimates expected in early 2018.

⁴Data accessed from the independent “Climate Funds Update” site <http://www.climatefundsupdate.org/data>. WHO will eventually follow the data source adopted by the UN system.

⁵WHO mortality and global health estimates http://www.who.int/gho/mortality_burden_disease/en/, and IHME Global Burden of Disease <http://ghdx.healthdata.org/gbd-results-tool>.