World Health Organization
African Region

AFR/RC74/12
21 August 2024

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: ENGLISH**

Seventy-fourth session
Brazzaville, Republic of Congo, 26–30 August 2024

Provisional agenda item 16

DRAFT PROPOSED PROGRAMME BUDGET 2026–2027

CONTENTS

Page

INTRODUCTION 1
Results framework 2
Results and strategic significance of priority-setting 6
BUDGET SUMMARY 9
Overall considerations for the Proposed programme budget 2026–2027 9
BUDGET SEGMENT OF BASE PROGRAMMES 11
Budget segment of emergency operations and appeals 13
Budget segment of polio eradication 14
Budget segment of special programmes 15
Total budget proposal 16
MONITORING, PERFORMANCE ASSESSMENT AND EVALUATION 17
Outcome indicators development 19
Output/leading indicators development 19
Joint assessment of results 20
Evaluation 21
WHO'S COMMITMENT TO LEAVING NO ONE BEHIND: ACTION ON GENDER, EQUITY, HUMAN RIGHTS AND DISABILITIES 22
RISK-MANAGEMENT APPROACH TOWARDS ACHIEVING THE BILLION TARGETS BY 2028 23
FINANCING OUTLOOK OF THE DRAFT PROPOSED PROGRAMME BUDGET 2026–2027 24
Increase in assessed contributions 25
ANNEX 1 27
Joint outcome 1.1. More climate-resilient health systems are addressing health risks and impacts 27
Joint outcome 1.2. Lower-carbon health systems and societies are contributing to health and well-being 28
Joint outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health 30

Joint outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches 32
Joint outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making 36
Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage 38
Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved 41
Joint outcome 3.3. Health information systems strengthened, and digital transformation implemented 45
Joint outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance 47
Joint outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved 52
Joint outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced 61
Joint outcome 6.1. Detection of and response to acute public health threats is rapid and effective 64
Joint outcome 6.2. Access to essential health services during emergencies is sustained and equitable 68
Corporate outcome 1: Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind 71
Corporate outcome 2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level 73
Corporate outcome 3: A sustainably financed and efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the draft GPW 14 outcomes 76
ANNEX 2 87
ANNEX 3 89

INTRODUCTION

1. The draft Proposed programme budget 2026–2027 is the first to be fully developed based on the Fourteenth General Programme of Work, 2025–2028 (GPW 14), which prioritizes advancing health equity and strengthening health systems resilience.

2. GPW 14 builds on the foundation established in the Thirteenth General Programme of Work, 2019–2025 (GPW 13) and takes forward WHO's pledge to promote, provide and protect health, while helping power the work of the entire global health ecosystem towards achieving the Sustainable Development Goals, and enhance WHO's own organizational performance.

3. The world continues to face complex and evolving health challenges. From persistent infectious diseases to emerging threats such as pandemics and the rising burden of noncommunicable diseases, our global community requires a robust, adaptive, and responsive health infrastructure. The coronavirus disease (COVID-19) pandemic starkly highlighted the critical importance of resilient health systems, timely and equitable access to health services, and the necessity of coordinated global action.

4. In response to these challenges, GPW 14 articulates a bold vision for the future of global health. It emphasizes the need for WHO to be more agile, transparent and accountable, with a stronger focus on measurable impacts at the country level.

5. This draft Proposed programme budget is designed to translate that vision into action, ensuring that our resources are directed where they are needed most and can make the greatest difference.

6. WHO continues its commitment to strengthening country focus. This means we will continue to prioritize support to Member States in implementing their national health strategies. We recognize that health outcomes are ultimately realized at the country level, and it is there that WHO must direct its efforts to support capacity-building, policy development and implementation of evidence-based interventions. This budget will allocate resources to enhance technical cooperation, foster partnerships and support the achievement of national and global health targets.

7. Accountability is at the heart of this draft Proposed programme budget. We are committed to a results-oriented approach, with clear indicators and benchmarks to track progress and measure success. This will ensure that WHO remains focused on delivering tangible health improvements and can transparently report on its achievements and challenges. Strengthening our accountability mechanisms will also build trust with our Member States, partners and the communities we serve.

8. Our work is guided by the principle of equity, ensuring that no one is left behind. This budget emphasizes support for the most vulnerable populations, including women, children, persons with disabilities and those living in fragile and conflict-affected settings. We will continue to advocate for universal health coverage and the right to health for all, striving to reduce health disparities and improve access to essential health services.

9. However, these objectives cannot be reached without a sustainably financed WHO. The draft Proposed programme budget builds on an increase in assessed contributions, a crucial decision approved by the Seventy-fifth World Health Assembly. This increase is a testament to the shared commitment of our Member States to a stronger, more effective WHO. It ensures that we have the necessary resources to support our work and deliver on our mandate. Sustainable financing is essential for the continuity and stability of our programmes, and for maintaining our capacity to respond to global health emergencies and challenges.

10. As we embark on this new phase, we are acutely aware that the success of our efforts depends on the collaboration and commitment of our Member States, partners, and dedicated health workers around the world. Together, we can achieve the ambitious goals set out in GPW 14 and make a lasting impact on global health.

11. The draft Proposed programme budget 2026–2027 is about turning these aspirations into reality.

Results framework

12. The WHO results framework is a systematic and structured approach to define, organize and assess the expected impacts, outcomes, and outputs of health initiatives. It provides a clear and logical connection between inputs, activities, and the resultant health improvements, ensuring that every action contributes to the overarching goals of the Organization. Fig. 1 depicts the WHO results framework.

Fig. 1. WHO results framework

13. The development of the results framework for GPW 14 builds on the lessons learned from GPW 13, focusing on areas requiring improvement and essential changes while maintaining the integrity of the results chain. This involved balancing the granularity of outputs, ensuring clarity and keeping the number of results: to a minimum to enhance manageability without sacrificing detail.

14. In alignment with the recommendations from the independent evaluations of GPW 13 and of WHO's results-based management framework, this Proposed programme budget incorporates several key improvements to address identified gaps and enhance overall effectiveness. One major recommendation was the need for effective prioritization. The draft Proposed programme budget 2026–2027 builds on the previous experiences of priority-setting, and especially the development of the Programme budget 2024–2025, and reflects a transparent prioritization process, driven by evidence and aligned with strategic objectives of GPW 14. This approach aims to ensure that resource allocation is based on priorities set collectively by the Secretariat and Member States. This approach is expected to enhance the impact and coherence of WHO's efforts, particularly at the country level, by focusing on areas with the greatest potential for significant health improvements.

15. Furthermore, we recognize the importance of building trust and confidence with Member States and other partners. This draft Proposed programme budget includes measures to improve transparency in resource allocation and results reporting. By further improving a robust monitoring system with outcome and output indicators, and integrating lessons learned from previous cycles, we aim to provide a more accurate and comprehensive picture of our progress and challenges. This transparency is crucial for fostering a collaborative environment where all stakeholders can contribute to and support WHO's mission more effectively.

16. By embedding these principles into its results framework, WHO aims to enhance transparency, accountability and effectiveness in its operations, ultimately driving better health outcomes for populations worldwide and ensuring that the Organization's efforts are consistently aligned with the most pressing health needs and the Sustainable Development Goals (SDGs).

17. GPW 14 outcomes were extensively consulted with a wide range of stakeholders as part of the GPW 14 consultations. Draft outputs were developed through a consultative process, with the three levels of the Organization, including country and regional office teams. Member States were also consulted in the development of draft outputs through two white papers.

18. Table 1 presents the outcomes and outputs of the GPW 14, and Annex 1 provides further detail such as outcome and output scopes and outcome indicators. In the Health Assembly version of the Proposed programme budget 2026–2027, the results framework will be finalized with baselines and targets for the output/leading indicators, as well as for the outcome indicators. Dedicated chapters of the present document further detail the process of completing the results framework.

Table 1. Joint and corporate outcomes and outputs

Outcome text	Output code	Output description
Joint outcome 1.1. More climate-resilient health systems are addressing health risks and impacts		
	1.1.1	WHO supports countries in developing health vulnerability and adaptation assessments, and national adaptation plans, and provides guidance, capacity-building and piloting of interventions to enhance the climate resilience of health systems through a One Health approach
Joint outcome 1.2. Lower-carbon health systems and societies are contributing to health and well-being		
	1.2.1	WHO develops norms, standards, policy guidance and builds capacity in countries to reduce carbon emissions from the health sector, and engage other sectors (such as food, transport and energy) that have an impact on health to reduce their emissions
Joint outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health		
	2.1.1	WHO supports countries in designing policies and regulations, shaping resource allocation and investment, and in establishing partnerships within and beyond the health sector to address determinants and reduce health inequities, particularly for populations in situations of vulnerability
	2.1.2	WHO supports countries in developing evidence-informed policies across sectors at all levels of government and adapts public health measures to meet the health needs of populations such as migrants and displaced people
Joint outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches		
	2.2.1	WHO develops norms, standards and technical packages that address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and protect food safety, and supports countries in their implementation, including in the monitoring and development of legislation and regulations
	2.2.2	WHO supports countries to ensure comprehensive access to promotion and preventive health services to populations (such as tobacco cessation services, diet and physical activity, and breastfeeding), including for those in situations of vulnerability, and to monitor their implementation
Joint outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making		
	2.3.1	WHO develops guidance and supports countries to strengthen their capacity to engage with and empower individuals and communities, and all levels of government across sectors to increase health literacy, enable healthier behaviours, advance co-benefits, and improve governance and implementation of settings-based approaches and health promotion policies
Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage		
	3.1.1	WHO strengthens country capacity and provides guidance to reorient and improve the delivery of quality, people-centred comprehensive, integrated individual and population-based services

Outcome text	Output code	Output description
	3.1.2	WHO strengthens the capacity of national public health institutions to deliver essential public health functions and improve the resilience of health systems
	3.1.3	WHO facilitates dialogue and provides guidance to strengthen health governance capacity within and across sectors, including the private sector, and to empower and engage with communities
Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved		
	3.2.1	WHO provides technical guidance and operational support to optimize and expand the health and care workforce for integrated service delivery, essential public health functions and improved health and well-being
	3.2.2	WHO generates evidence, guides design and supports the implementation of sustainable health financing and health-related macroeconomic policies to improve equitable access to efficiently delivered individual and population services and products
	3.2.3	WHO supports countries to implement measures for better access to, and use of, safe, effective and quality-assured health products
Joint outcome 3.3. Health information systems strengthened, and digital transformation implemented		
	3.3.1	WHO builds country capacity and develops tools and platforms to support countries in developing and improving their health information systems to facilitate informed decision-making and harness digital transformation, to expand coverage and equity to accelerate impact
Joint outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance		
	4.1.1	WHO develops evidence-based policies and supports the implementation, scale-up and measurement of best buys and other actions to strengthen prevention, control and management of noncommunicable diseases to improve person-centred health care coverage
	4.1.2	WHO supports the design, scale-up, implementation and measurement of the coverage of people-centred, rights-based services for key mental health, neurological and substance use conditions
	4.1.3	WHO provides leadership, develops evidence-based guidance and standards, and supports Member States to build capacity for delivery of targeted, innovative and integrated people-centred services to reduce incidence, morbidity and mortality and, where applicable, control, eliminate or eradicate communicable diseases
	4.1.4	WHO develops and disseminates evidence-based guidance and standards, builds capacity and supports implementation of a people-centred public health approach and core intervention package to prevent, monitor and respond to antimicrobial resistance
Joint outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved		
	4.2.1	WHO sets norms and standards, provides guidance and builds country capacity to improve sexual, reproductive, maternal, newborn, child, adolescent, adult and older person health across the life course
	4.2.2	WHO sets norms and standards, provides guidance and builds country capacity to strengthen and sustain quality immunization services across the life course, including poliomyelitis, paying particular attention to unvaccinated and under-vaccinated persons and communities
Joint outcome 4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable		
	4.3.1	WHO provides guidance, strengthens capacity and supports countries to collect, track and analyse health expenditure data, including health accounts, and disaggregated data on out-of-pocket expenditures, financial hardship and financial barriers to identify inequities and inform decision-making for financial and social health protection
Joint outcome 5.1. Risks of health emergencies from all hazards reduced and impact mitigated		

Outcome text	Output code	Output description
	5.1.1	WHO collaborates with partners to communicate risks and engage with communities to co-create public health prevention and response interventions for all hazards
	5.1.2	WHO provides technical expertise and operational support to strengthen and scale preventive population and environmental public health interventions for all hazards, utilizing a One Health approach
Joint outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced		
	5.2.1	WHO conducts risk and capacity assessments and supports the development and implementation of national preparedness and readiness plans, including tailored prevention and mitigation strategies for specific hazards
	5.2.2	WHO establishes and manages collaborative networks for fast-track research and development, scalable manufacturing and resilient supply chain systems to enable timely and equitable access to medical countermeasures during health emergencies
	5.2.3	WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients
Joint outcome 6.1. Detection of and response to acute public health threats is rapid and effective		
	6.1.1	WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events
	6.1.2	WHO coordinates rapid and effective responses to acute public health threats, including deploying multisectoral response capacities, surging emergency supplies and logistics support, providing contingency financing, and implementing strategic and operational response plans
Joint outcome 6.2. Access to essential health services during emergencies is sustained and equitable		
	6.2.1	WHO coordinates and leads the health cluster and partners to assess health needs and develop, fund and monitor humanitarian health emergency response plans in protracted emergencies
	6.2.2	WHO ensures the provision of life-saving care and maintains essential health services and systems in emergencies and vulnerable settings, addressing barriers to access and inequity
Corporate outcome 1: Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind		
	7.1.1	Convening, advocating and engaging with Member States and key constituencies in support of health governance and to advance health priorities
	7.1.2	Effectively strategizing, planning, advocating and communicating to promote evidence-informed planning for decision-making for interventions and healthy behaviours in countries *(currently under discussion of clarifying and improving this output)*
Corporate outcome 2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level		
	7.2.1	Evidence-based and quality-assured normative products developed and disseminated and used by countries for health impact
	7.2.2	Scaling science, digital transformation innovation, research, development and the manufacturing capacities of countries to accelerate equitable progress on health
	7.2.3	WHO supports Member States in strengthening health information collection, aggregation, analysis and interpretation to monitor trends and progress towards indicators and targets of the Sustainable Development Goals, including inequality monitoring
Corporate outcome 3: A sustainably financed and efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the draft GPW 14 outcomes		
	8.1.1	Policies, rules and regulations in place to attract, recruit and retain a motivated, diverse, empowered and fit-for-purpose workforce, operating in a respectful, ethical, safe and inclusive workplace with organizational change fully institutionalized

Outcome text	Output code	Output description
	8.1.2	Core capacities of WHO country and regional offices strengthened to drive measurable impact at country level
	8.1.3	Accountability functions enhanced in a transparent, compliant and risk management-driven manner to facilitate Member State oversight as well as to ensure organizational learning, effective internal justice, safety and impact at country level
	8.1.4	Effective end-to-end results-based management realized through a programme budget aligned with evidence-informed country priorities and supported by sustainable financing, transparent resource allocation and sound monitoring and evaluation practices *(currently under discussion of this output's proper placement)*
	8.1.5	Fit-for-purpose, accountable, cost-effective, innovative and secure corporate digital platforms and services aligned with the needs of users, corporate functions and technical programmes
	8.1.6	Working environments, infrastructure, support services, supply chains and asset management are fit for purpose, accountable, cost-effective, innovative and secure for optimized operations
	8.1.7	Sound financial practices managed through an efficient and effective internal control framework

Results and strategic significance of priority-setting

19. The final list of areas of concentration, including integrated solutions where WHO has particular added value in supporting implementation of the GPW 14 in Member States, is informed by country and regional processes to prioritize the support needed from the Secretariat.

20. To identify country priorities for the duration of the GPW 14, an iterative approach is being applied, similar to the process of developing the Programme budget 2024–2025, starting at the country office level to ensure maximum alignment with country situations and priorities. The priority-setting process is being guided by country cooperation strategies where available, and global and regional strategic directions, as well as available credible data, evidence and trends, especially at the country level, and is focused on those areas where WHO's added value is recognized.

21. The country prioritization results are key to developing and implementing the draft Proposed programme budget 2026–2027, informing budget costing, allocation of resources and resource mobilization efforts. Individual country results are the main inputs to planning and implementing the biennial operational plans of country offices.

22. Leadership in WHO country offices was responsible for convening prioritization consultations at the country level, engaging key government counterparts and relevant partners. Each region applied an approach appropriate to its circumstances but used a common set of criteria for prioritizing their needs for WHO support (see Box).

23. For the consultations at the country level, countries received structured and specific data and evidence on health issues that informed their priorities. This resulted in a set of prioritized programme budget outputs and outcomes for countries, classified as "high", "medium" or "low".

24. The priority ranking – “high”, “medium”, “low” – does not indicate the importance of a specific result but rather the level of technical cooperation that Member States can expect from WHO. WHO has the mandate from Member States to work towards the achievement of all outcomes and outputs. Nonetheless, the outcomes that are jointly prioritized as “high” and “medium” are recognized as those where Member States need WHO’s technical cooperation the most to advance their health agendas.

Box. Criteria for priority-setting

Minimum criteria for priority-setting:

(a) Country/Global Health Observatory evidence indicating concentrated accelerated action, status of Sustainable Development Goal (SDG)-related indicators **(Evidence/SDG)**

(b) Alignment with national health/multisectoral strategic and plans or national development plans **(NHSP)**

(c) National United Nations Sustainable Development Cooperation Framework analysis/Country Cooperation Strategy (active or recent) **(UNSDCF/CCS)**

(d) Health ministries and partners highlighting need for WHO support **(Demand)**

(e) WHO constitutional mandate **(Mandate)**

(f) WHO global and regional resolutions/declaration/binding commitments (relevant to country and active ones) **(Binding commitment)**

The degree of WHO’s comparative advantage:

(g) WHO is uniquely positioned to address the scope of an outcome: it has technical capacity and ability to mobilize the necessary resources and/or partners to address the needs of the country. Its value-added/positions can be qualified and quantified as follows:

(i) **low (1)** – the country has strong capacity and/or is working with other partners to address the situation/needs; that is, WHO can shift support or resources to other areas requiring greater attention;

(ii) **medium (2)** – the country has moderate capacity and there are other partners who can provide support, but WHO’s additional support is needed to address the situation/needs;

(iii) **high (3)** – the country has limited capacity and requires the full support of WHO to address the situation/needs.

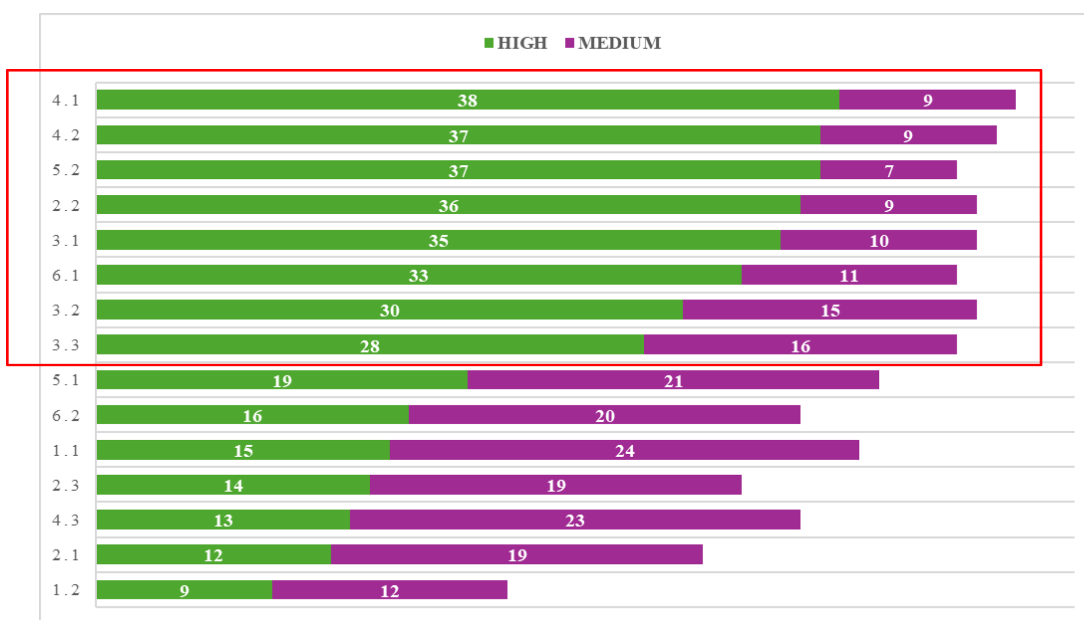
25. For the first time, priority-setting was implemented using the new system for programme management, which was launched in time for the process. One of the significant advantages of this system is that subsequent processes can directly build on the selected priorities within the system. As with any system transition and change management process, the initial use of the system requires a slightly higher effort, as users need to become familiar with the new business processes and the tool itself.

26. The priority-setting process is under way, and as at the time the present document is being prepared, 47 Member States have identified their priority outcomes: 36 in the African Region and 11 in the South-East Asia Region. The present version of the draft Proposed programme budget 2026–2027 presents available data, while the exercise is currently under way in all regional offices.

27. The preliminary results of country prioritization show that, based on the outcomes, which were ranked as high or medium priority (Fig. 2), the majority of countries prioritize WHO’s technical cooperation in areas that are oriented to outcomes 4.1 (Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance), 4.2 (Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved), 5.2 (Preparedness, readiness and resilience for health emergencies enhanced), 2.2 (Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches), 3.1 (The primary health care approach renewed and strengthened to accelerate universal health coverage) and 6.1 (Detection of and response to acute public health threats is rapid and effective).

28. The prioritization of the GPW 14 outcomes follows very closely the prioritization of the Programme budget 2024–2025 when the outcomes related to improved access to quality essential health services, country preparedness and risk factors were the three highest prioritized outcomes.

Fig. 2. Joint outcomes ranked as high or medium priority by 47 Member States (the red box indicates the highest ranked outcomes, and the outcome numbering on the x-axis refers to Table 1)



29. Given the Secretariat's commitment to focusing work on where WHO adds most value, and to better aligning the budget with prioritization, it will be critical to have a limited number of high-priority outcomes once the joint prioritization exercise has been completed. As at the time of the present document's publication, for the 47 Member States, 53% of the outcomes are ranked as high priority (Fig. 3), which is above the threshold recommended in the prioritization guidance (40%). However, it is observed that several Member States have requested support from WHO in the number of outcomes exceeding 40% based on the country context. The prioritization may be further refined with greater understanding of the outputs during the operational planning phase. Also, once the majority of Member States have presented their priorities, this analysis will be revisited. If the share of high-priority outcomes continues to increase, guidance will be sought in the version of the Proposed programme budget 2026–2027 submitted to the Executive Board at its 156th session.

Fig. 3. Preliminary results of the joint prioritization exercise: percentage of outcomes ranked as high, medium or low priority

30. Currently, only two regional offices (for Africa and South-East Asia) have a majority of Member States that have identified the priorities. The regional consolidation of country priorities shows a more nuanced priority-setting that is tailored to the specific regional context (Fig. 4–5).

31. In the South-East Asia Region, all Member States have ranked outcome 2.2 (Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches) as their highest priority. In the African Region, 70% of the countries that have identified their priorities have ranked outcome 2.2 as their highest priority. For both regions, outcomes 4.1 (Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance) and 5.2 (Preparedness, readiness and resilience for health emergencies enhanced) are among the highest prioritized.

32. In comparison, outcome 1.2 (Lower-carbon health systems and societies are contributing to health and well-being) is the lowest prioritized by Member States in both regions, with 26 either ranking it as a low priority (25) or not selecting it (1).

Fig. 4. Ranking of the GPW 14 outcomes by region based on priority-level scoring (number of countries)

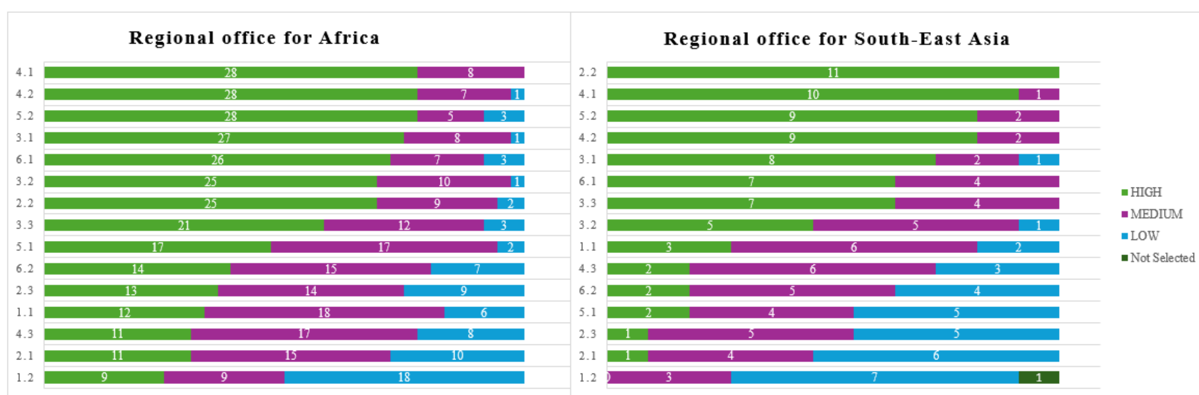
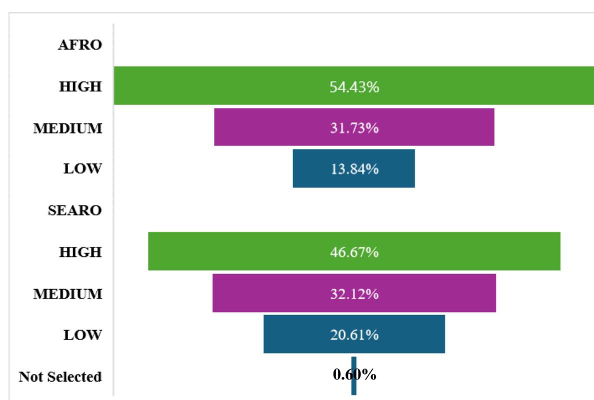


Fig. 5. Prioritization of outcomes according to classification as high, medium or low priority by major office



33. The programme budget digital platform, developed for the Programme budget 2024–2025, will be extended to the Proposed programme budget 2026–2027 to allow for the full transparency of priority-setting results to Member States, and the platform will go live in time for the first Regional Committee. The platform will be regularly updated with the latest results of the prioritization, with the aim of having a full set of priorities and budget costings in time for the version of the Proposed programme budget 2026–2027 that will be submitted to the Executive Board at its 156th session.

34. Member States, as well as the Secretariat, will be cognizant that prioritization may shift over time as country circumstances evolve. As such, the Secretariat, while expecting to maintain the prioritization for the entirety of GPW 14, will ensure to make adjustments based on continuing dialogue and consultations with Member States, including through the development of country cooperation strategy documents and/or the subsequent development of draft programme budgets within GPW 14 and during implementation.

BUDGET SUMMARY

Overall considerations for the Proposed programme budget 2026–2027

35. As in the approved programme budgets of past bienniums, the Proposed programme Budget 2026–2027 is presented in four segments: base programmes; emergency operations and appeals; polio eradication; and special programmes.

36. **Base programmes:** this segment represents the core mandate of WHO and will constitute the largest part of the Proposed programme budget 2026–2027 in terms of strategic priority-setting, detail, budget figures and performance assessment mechanisms. This segment will reflect overall global health priorities trends and show budget distribution by outcome across the major offices.

37. **Emergency operations and appeals:** this segment includes WHO's operations in emergency and humanitarian settings, including protracted crises, as well as its response to acute events. Increasingly protracted, complex and multidimensional crises demand multifaceted responses and greater resources than ever before. The Secretariat is putting forward two scenarios for this segment in the Proposed programme budget 2026–2027 for Member States' consideration and decision: scenario 1 is the budget set at the same level as in previous bienniums (US$ 1 billion, Table 2), and scenario 2 is a more realistic budget estimate (US$ 2.8 billion, Table 3). The rationale for these proposals is detailed in the dedicated section on emergency operations and appeals.

38. **Polio eradication:** this segment represents WHO's share of the implementation of the Global Polio Eradication Initiative strategy budget.

39. **Special programmes:** this segment includes special programmes that have additional governance mechanisms and budget cycles that inform their annual and biennial budgets, namely the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction; the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; and the Pandemic Influenza Preparedness Framework. The distinct budget segment for these programmes provides the necessary flexibility to accommodate the requirements of their respective oversight bodies, while at the same time enhancing the transparency of their contribution to the results of the draft Proposed programme budget 2026–2027.

Table 2. Proposed programme budget 2026–2027 with scenario 1 for the emergency operations and appeals segment (US$ million)

Budget segment	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027	Difference between approved and Proposed programme budgets
Base programmes	4 968.2	5 530.2	+562.0
Polio eradication	694.3	976.3	+282.0
Special programmes	171.7	162.4	-9.3
Emergency operations and appeals – scenario 1	1 000.0	1 000.0	–
Total	**6 834.2**	**7 668.9**	**+834.7**

Table 3. Proposed programme budget 2026–2027 with scenario 2 for the emergency operations and appeals segment (US$ million)

Budget segment	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027	Difference between approved and Proposed programme budgets
Base programmes	4 968.2	5 530.2	+562.0
Polio eradication	694.3	976.3	+282.0
Special programmes	171.7	162.4	-9.3
Emergency operations and appeals – scenario 2	1 000.0	2 846.7	+1 846.7
Total	**6 834.2**	**9 515.7**	**+2 681.4**

40. All budget segments will be contributing to and managed within the results framework presented in Table 1 and Annex 1.

BUDGET SEGMENT OF BASE PROGRAMMES

41. This segment is the core mandate of WHO and constitutes the largest part of the Proposed programme budget 2026–2027 in terms of country, regional and global strategic priority-setting, detail and budget figures. This segment reflects the initial regional and global envelopes within which priority-setting and costing activities will occur before the 156th session of the Executive Board.

42. The base programme budget segment of the draft Proposed programme budget 2026–2027 will be the first full one of GPW 14. It is proposed to be set at US$ 5530.2 million, compared with US$ 4968.2 million for the Programme budget 2024–2025. Building on GPW 14 and aiming to better equip WHO to meet the Sustainable Development Goals – especially those targets specific to Goal 3(Ensure healthy lives and promote well-being for all at all ages) – and bridge the delivery gap, the proposed base programme budget for 2026–2027 factors in an US$ 562 million increase in three main areas (Table 4):

(a) Technical country capacity strengthening: cognizant of the fact that WHO's technical cooperation at the country level will be key to reaching the SDG targets, an increase of US$ 387 million is proposed to strengthen technical and leadership country capacities in 2026–2027. The most important portion of these US$ 387 million represent the second phase of the Core Predictable Country Presence initiative, which aims at better equipping countries/territories based on their multidimensional typology. The initial phase has started in 2024 with top technical priority recruitments across the regions, with special emphasis on countries/territories in emergency contexts.

(b) Data and innovation: additional investment is necessary to enhance health outcomes through digital transformation. Countries should align digital technology investments with health system needs, prioritizing equity, solidarity and human rights. This includes strengthening data and health information systems, especially in low-resource settings, by establishing population mortality monitoring and improving population reporting systems. Developing e-platforms for disease stratification and investment guidance, mainstreaming research and innovation in disease control, and conducting political and social analyses on disease-control actions are essential. Strengthening capacities for using analytics to guide disease-control strategies and investments, with comprehensive data on disease incidence, mortality, intervention coverage and health service access, is also crucial for tailoring national policies and operational responses. It is proposed to split the US$ 75 million increase with 80% for the country level (allocated according to equity criteria) and 20% for headquarters for centralized functions strengthening.

(c) Enhanced accountability: greater operations inevitably translate into a need for increased and enhanced accountability to all stakeholders. WHO will focus on enhancing professional and national evaluation capacities, and ensuring equitable access to its internal justice system by raising awareness among staff. Strengthening accountability will involve bolstering regional and country capacities, emphasizing WHO's country presence and delegating authority to representatives. Achieving structural and cultural change will require sustained commitment from senior management and Member States, despite potential competing priorities. To support this, WHO will introduce a new accountability framework and a global strategy to transform organizational behaviour and culture. It is proposed to split the US$ 100 million increase by allocating 75% to regional offices (on an equity basis) to strengthen the accountability framework. The remaining 25% will be allocated to headquarters, with particular emphasis on designing the new decentralized evaluation and accountability frameworks.

Table 4. Proposed base segment programme budget 2026–2027 compared with the approved Programme budget 2024–2025, with increase by line items (US$ million)

Items	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Baseline	4 968.2	4 968.2
Country strengthening	–	387.0
Strengthening data and innovation	–	75.0
Strengthening accountability	–	100.0
Total	**4 968.2**	**5 530.2**

43. The proposed increase in the base segment is to benefit mostly country and regional offices, with budget growth from 10% in the South-East Asia Region to 20% in the Eastern Mediterranean Region, compared with the approved Programme budget 2024–2025 (Table 5–6). At the same time, it allows for a limited 3% increase at headquarters, mainly to lead and steer the additional investments in data and innovation, and greater accountability.

Table 5. Proposed base segment programme budget 2026–2027 compared with the approved Programme budget 2024–2025, by major office[1]

Major office	Approved Programme budget 2024–2025 (US$ million)	Proposed programme budget 2026–2027 (US$ million)	Difference between approved and Proposed programme budgets (%)
Africa	1 326.6	1 509.5	+14
The Americas	295.6	349	+18
South-East Asia	487.3	537.2	+10
Europe	363.5	419.7	+15
Eastern Mediterranean	618.4	743.3	+20
Western Pacific	408.1	463	+13
Headquarters	1 468.6	1 508.6	+3
Total	**4 968.2**	**5 530.2**	**+11**

[1] Owing to rounding, the totals might differ from the sum of the figures above.

Table 6. Proposed programme budget 2026–2027 base segment compared with the approved Programme budget 2024–2025, by major office and investment item (US$ million)[1]

Major office	Approved base segment Programme budget 2024–2025	Proposed increase for country strengthening	Proposed increase for strengthening data and innovation	Proposed increase for strengthening accountability	Total Proposed programme budget 2026–2027
Africa	1 326.6	131.6	22.8	28.5	1 509.5
The Americas	295.6	42.6	4.8	6	349
South-East Asia	487.3	31	8.4	10.5	537.2
Europe	363.6	42.6	6	7.5	419.7
Eastern Mediterranean	618.4	100.6	10.8	13.5	743.3
Western Pacific	408.1	38.7	7.2	9	463
Headquarters	1 468.6	–	15	25	1 508.6
Total	**4 968.2**	**387**	**75**	**100**	**5 530.2**

[1] Owing to rounding, the totals might differ from the sum of the figures above.

44. Additionally, the Secretariat will include a new budget line equivalent to a major office for global outposted technical centres, labelled "Global technical centres". This is largely for presentational purposes, to allow for greater oversight and transparency of these initiatives in line with Member States' discussions in the Agile Member States Task Group. Currently, these outposted centres are accounted for under "Headquarters", but having a separate budget line would allow for greater transparency in respect of the budget dedicated to the centres, their financing, and implementation at the monitoring and reporting stages.

45. Consequently, US$ 81 million of the current headquarters budget will be shifted to this new line. Additionally, an increase of US$ 52 million in the base segment budget will be required to allow for a better planned budget. This proposal is not reflected in the budget tables of the preceding sections – only if Member States agree will we incorporate the change. To summarize the current proposal:

- Global Centre for Traditional Medicine: US$ 17 million (additional budget requirement);
- Berlin Hub: US$ 60 million (already accounted for in the proposed base segment);

- WHO Academy: US$ 50 million (US$ 15 million already accounted for in the proposed base segment; US$ 35 million additional budget requirement);
- Kobe Centre: US$ 6 million (already accounted for in the proposed base segment); and
- Total: US$ 133 million (US$ 81 million shift from headquarters and US$ 52 million new budget requirement).

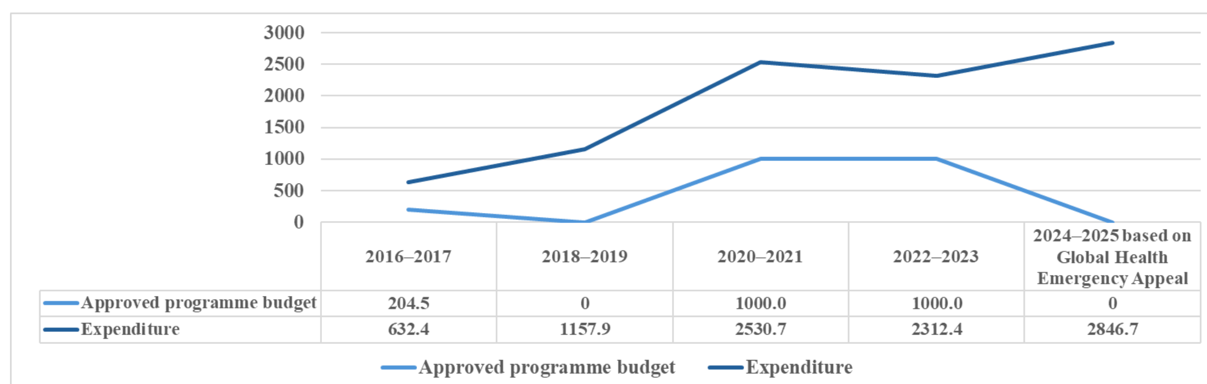
46. Going forward, all future similar global initiatives and centres will be accounted for under this budget line.

Budget segment of emergency operations and appeals

47. Year-on-year, WHO is responding to more frequent, more complex and longer lasting health emergencies than at any time in its history. During 2023, WHO responded to 72 graded emergencies, 19 of which were Grade 3 – requiring the highest level of Organization-wide support. The threats of climate change, extreme weather events, food insecurity, conflict and displacement continued to intersect, causing deeper and increasingly complex health emergencies. As 2023 came to an end, five of the six WHO regions were impacted by worsening conflict and insecurity, in Haiti; the occupied Palestinian territory, including east Jerusalem; Sudan and Ukraine. In these instances, WHO scaled up operations to provide critical life-saving health interventions and prevent, detect and respond to infectious disease outbreaks; strengthened hospitals to ensure continuity of essential services; supplied essential medicines and medical equipment; and worked to enable and strengthen laboratory capacity to diagnose diseases.

48. Owing to the inherent difficulty in estimating the budget for the emergency segment, proposed programme budgets for this segment have been estimates based on previous biennium expenditures, but since the Programme budget 2020–2021, a proxy budget of US$ 1 billion has been used. Fig. 6 shows the disconnect between the proxy US$ 1 billion baseline approved budget and the current level of implementation, which has grown significantly in this segment.

Fig. 6. Comparison of the approved budget levels and expenditures for the emergency operations and appeals segment of the programme budget (US$ million)



	2016–2017	2018–2019	2020–2021	2022–2023	2024–2025 based on Global Health Emergency Appeal
Approved programme budget	204.5	0	1000.0	1000.0	0
Expenditure	632.4	1157.9	2530.7	2312.4	2846.7

49. The level of uncertainty will remain significant for this segment and the final budget will always be driven by the level of operations in emergencies and crisis response. This is the essence of the delegated authority the Director-General has to increase the budget of this segment as appropriate and in line with the level of operations, funding availability and implementation levels. Nevertheless, having a realistic Health Assembly-approved baseline remains useful in many respects, including realistic resource mobilization targets and reporting to Member States against a more realistic budget, while still retaining the delegated authority.

50. In 2022, WHO moved to a structured annual operational planning process, involving all six regions, for the emergency operations and appeal segment of the programme budget, and launched the Organization's first-ever consolidated Global Health Emergency Appeal to cover annual foreseen operational needs. The Appeal

is now published on an annual basis, with updates on new acute onset emergencies and/or the required scale-up of existing response operations.

51. The development of the Proposed programme budget for 2026–2027 represents an opportunity to trigger discussions among Member States on moving to a more realistic costing of the emergency operations and appeals segment.

52. As a result, the Secretariat is putting forward two scenarios for the budget of this segment for Member States' consideration.

(a) The first scenario aligns with the GPW 13 approved programme budgets and sets the baseline budget at US$ 1000 million, while reallocating regional shares based on the results of the annual operational planning process.

(b) The second scenario directly uses the most recent annual operation plan and emergency appeal as the baseline to formulate the proposed level for the biennium 2026–2027, by doubling the 2024 Global Health Emergency Appeal, resulting in a proposed baseline biennial budget of US$ 2846.7 million.

53. The second scenario would be updated for the Seventy-eighth World Health Assembly, by which point the 2025 Global Health Emergency Appeal will have been published, becoming the new baseline for the Proposed programme budget 2026–2027. Both scenarios, however, remain a baseline budget, subject to increase based on the level of operations. Table 7 summarizes the proposal for the Member States consultation.

Table 7. Proposed 2026–2027 programme budget scenarios for the emergency operations and appeals segment, by major office (US$ million)[1]

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027 – scenario 1	Proposed programme budget 2026–2027 – scenario 2
Africa	274.0	219.9	626.1
The Americas	13.0	92.5	263.4
South-East Asia	46.0	34.8	99.1
Europe	105.0	128.9	367.1
Eastern Mediterranean	334.0	495.8	1 411.5
Western Pacific	18.0	10.7	30.5
Headquarters	210.0	17.2	49.0
Total	**1 000.0**	**1 000.0**	**2 846.7**

[1] Owing to rounding, the totals might differ from the sum of the figures above.

Budget segment of polio eradication

54. The proposed budget for polio eradication segment is based on the extension of the Global Polio Eradication Strategy through 2029. The budget begins to ramp down starting in 2027, based on anticipated progress towards the Strategy's twin goals of stopping both wild and variant polioviruses and the certification of eradication in 2029. The segment is estimated at US$ 976.3 million for the biennium 2026–2027 (Table 8).

Table 8. Proposed polio eradication segment programme budget 2026–2027 compared with the approved Programme budget 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Africa	20.2	43.2
The Americas	–	–
South-East Asia	–	0.03
Europe	–	–

Eastern Mediterranean	342.8	295.3
Western Pacific	–	–
Headquarters	331.2	637.7
Total	**694.3**	**976.3**

Budget segment of special programmes

UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

55. Launched in 1988, the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction Programme is the main instrument within the United Nations system for research in human reproduction. It supports and coordinates research on a global scale, synthesizes research through systematic reviews of literature, builds research capacity in low-income countries, and develops norms and standards to support efficient use of its research outputs. Support for the country-level delivery of the Programme's outputs is provided by all the Programme's cosponsors, including through WHO's regional and country offices. The 2026–2027 proposed budget level for the Programme is US$ 72 million, which will be reviewed with the Programme's cosponsors in December 2024 and submitted for approval by the Policy and Coordination Committee in April 2025 (Table 9).

Table 9. Proposed UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction programme budget 2026–2027 compared with the approved Programme budget 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Headquarters	72	72
Total	72	72

UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases

56. The biennium 2026–2027 is part of the 2024–2029 strategy of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, aligned with the Sustainable Development Goals and contributing to the cosponsors' objectives, including the GPW 14 goals. The Special Programme will continue to support innovative global health research, strengthen in-country health research systems and promote the translation of evidence to improve interventions that reduce the burden of infectious diseases for the most underserved and vulnerable populations. It will continue to do this through three strategic priority areas, namely research for implementation, capacity strengthening for health research, and engaging with global and local stakeholders for increased impact and sustainability.

57. The Special Programme will focus its work on identifying and overcoming barriers to effective health interventions and applying a One Health lens to research that specifically addresses four global health challenges: (a) country resilience against outbreaks and epidemics; (b) control and elimination of diseases of poverty; (c) population resilience against climate change's impact on health; and (d) resistance to treatment and control agents. The proposed budget for the Special Programme in the biennium 2026–2027 was discussed and approved by its Standing Committee and the Joint Coordination Board in 2024 (Table 10). It is aligned with the Special Programme's governing bodies review cycle, which ensures their full engagement in the budget development, approval and revision processes, and includes large representations from disease-endemic countries.

Table 10. Proposed UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases programme budget 2026–2027 compared with the approved Programme budget 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027

Headquarters	50	50
Total	**50**	**50**

Pandemic Influenza Preparedness Framework

58. The implementation of the Pandemic Influenza Preparedness Framework in 2026–2027 will be aligned with the objectives of GPW 14 and will focus on strengthening pandemic influenza preparedness through a whole-of-society approach that ensures a more equitable response by building stronger and resilient country capacities. The Framework's priorities will be set in accordance with the High-Level Implementation Plan for 2024–2030. An iterative process will be conducted in 2025 to develop country, regional and global activities of work that deliver against the results expected for the biennium 2026–2027, while ensuring alignment with national priorities and Member States' commitment. The work will focus on (a) strengthening policies and plans, including improving understanding of the burden of disease, assisting countries with their influenza preparedness policies and developing their pandemic preparedness plans; (b) collaborative surveillance through the WHO Global Influenza Surveillance and Response System, including strengthening laboratory capacities and building resilient surveillance systems; (c) strengthening risk communication, community engagement, knowledge translation and infodemic management and (d) improving access to countermeasures, including further enhancing regulatory readiness and resilience as well as building capacities to manage the deployment of pandemic products at a national and global level.

59. The proposed budget level for 2026–2027 is US$ 40.4 million, with 70% of partnership contributions directed towards preparedness work at the regional and country levels (Table 11). After the scale-up of the budget during the biennium 2024–2025 owing to the underutilization of funds during the COVID-19 pandemic, the budget is gradually returning to baseline levels.

Table 11. Proposed Pandemic Influenza Framework programme budget 2026–2027 compared with the approved Programme budget 2024–2025, by major office (US$ million)[1]

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Africa	4.3	3.6
The Americas	5.1	4.3
South-East Asia	4.6	3.9
Europe	4.8	4.0
Eastern Mediterranean	4.6	3.9
Western Pacific	4.2	3.5
Headquarters	22.3	17.2
Total	**49.7**	**40.4**

[1] Owing to rounding, the totals might differ from the sum of the figures above.

Total budget proposal

60. Table 12 summarizes the proposals made in the preceding sections for the total draft Proposed programme budget 2026–2027 at the level of major offices and segments. Once the priority-setting exercise is complete, all major offices will cost their budget requirements based on the principles of the results-based budgeting, which is a strategic management approach that will align budget allocations with anticipated outcomes as defined in this Proposed programme budget 2026–2027. Instead of focusing solely on inputs (such as financial resources), results-based budgeting will set resource requirements based on the priority outputs needed to achieve the outcomes.

61. The next iteration of the Proposed programme budget 2026–2027 will include the costings of outcomes by major office. Costings data will be available on the programme budget web platform at the level of a programme budget result to support consultations with the Member States on the draft Proposed programme budget 2026–2027 and to inform the investment round.

Table 12. Total Proposed programme budget 2026–2027 compared with the approved Programme budget 2024–2025, by major office and segment (US$ million)[1]

Major office/Segment	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027 Emergency operations and appeals – scenario 1	Proposed programme budget 2026–2027 Emergency operations and appeals – scenario 2
Africa	**1 625.1**	**1 776.2**	**2 182.3**
Base	1 326.6	1 509.5	1 509.5
Polio eradication	20.2	43.2	43.2
Special programmes	4.3	3.6	3.6
Emergency operations and appeals	274.0	219.9	626.1
The Americas	**313.7**	**445.8**	**616.7**
Base	295.6	349.0	349.0
Polio eradication	–	–	–
Special programmes	5.1	4.3	4.3
Emergency operations and appeals	13.0	92.5	263.4
South-East Asia	**537.9**	**575.9**	**640.2**
Base	487.3	537.2	537.2
Polio eradication	–	–	–
Special programmes	4.6	3.9	3.9
Emergency operations and appeals	46.0	34.8	99.1
Europe	**473.4**	**552.6**	**790.8**
Base	363.6	419.7	419.7
Polio eradication	–	–	–
Special programmes	4.8	4.0	4.0
Emergency operations and appeals	105.0	128.9	367.1
Eastern Mediterranean	**1 299.8**	**1 538.4**	**2 454.1**
Base	618.4	743.3	743.3
Polio eradication	342.8	295.3	295.3
Special programmes	4.6	3.9	3.9
Emergency operations and appeals	334.0	495.8	1 411.5
Western Pacific	**430.2**	**477.2**	**497.0**
Base	408.1	463.0	463.0
Polio eradication	–	–	–
Special programmes	4.2	3.5	3.5
Emergency operations and appeals	18.0	10.7	30.5
Headquarters	**2 154.1**	**2 302.8**	**2 334.6**
Base	1 468.6	1 508.6	1 508.6
Polio eradication	331.2	637.7	637.7
Special programmes	144.3	139.2	139.2
Emergency operations and appeals	210.0	17.2	49.0
Total	**6 834.1**	**7 668.9**	**9 515.7**

[1] Owing to rounding, the totals might differ from the sum of the figures above.

MONITORING, PERFORMANCE ASSESSMENT AND EVALUATION

62. The draft Proposed programme budget 2026–2027 will use the new GPW 14 results framework to track and assess results using 42 outputs and 19 outcomes (Table 1). The GPW 14 results framework demonstrates the pathway through which the Secretariat's outputs will lead to eventual impacts, to be finalized as part of the development of the Programme budget 2026–2027. It clearly articulates which specific results will be measured and what measurement criteria will be used, namely:

(a) an impact measurement system for tracking progress on the recalibrated WHO triple billion targets;

(b) 98 outcome indicators that are aligned with the health-related Sustainable Development Goals; and

(c) an output scorecard.

63. In addition, qualitative country case studies will be documented and disseminated to provide a qualitative assessment and overview of country-level results and complement the output indicators and output scorecard.

64. Monitoring and assessment are essential for the proper management of the programme budget and to guide necessary revisions to policies and programmes. WHO will continue to monitor, assess and report on programme budget implementation, in line with the results framework described above.

65. The joint results of Member States, partners and the Secretariat will be measured using specific outcome indicators and the WHO composite indices for the triple billion targets. Progress on gender equality and health equity will be tracked through the collection and analysis of data that are disaggregated by sex, age and other metrics that reflect potential vulnerabilities (for example, disability). The preliminary triple billion targets to be achieved by 2028 are:

(a) 6 billion people with better health and well-being

(b) 5 billion people who benefit from universal health coverage without financial hardship; and

(c) 7 billion people better protected from health emergencies.

66. Outcome indicator targets will be included in the Proposed programme budget 2026–2027 for consideration by the Seventy-eighth World Health Assembly in May 2025.

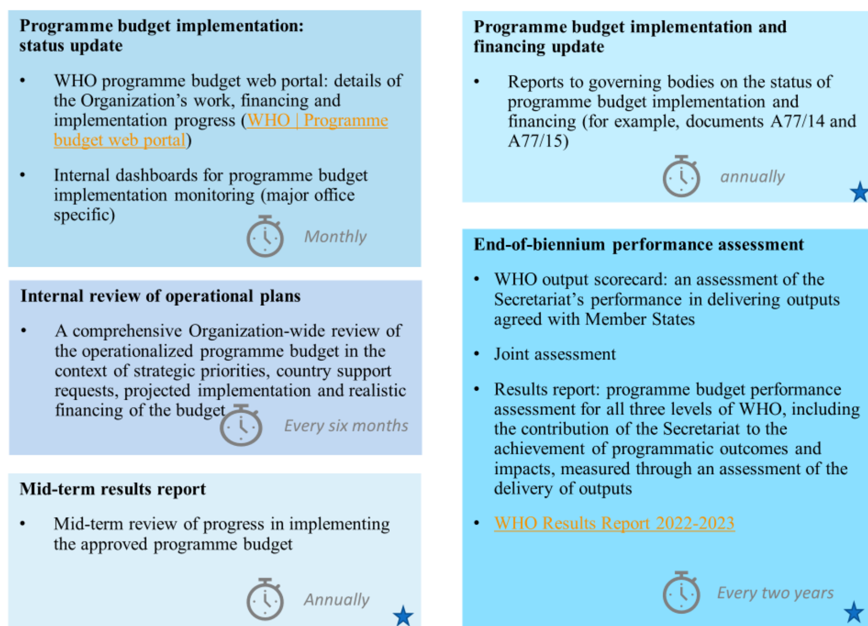
67. The output scorecard is a composite index that was first introduced in GPW 13 and has been refined to better measure the Secretariat's accountability for results and performance. The methodology starts with an internal reflection of the output delivered – this self-assessment is carried out in teams and structured around five dimensions:

Technical outputs	**Enabling outputs**
Effective delivery of technical support in countries	Effective strategic direction and leadership
Effective delivery of leadership in health	Accountability
Effective delivery of global public health goods	Client service delivery
Impactful integration of gender, equity, human rights and disability	
Delivering value for money	
Achieving results in ways leading to impacts	

68. The output scorecard assessments are then aggregated to report on output by major office and for the Organization. A sixth dimension of the scorecard includes output/leading indicators, which link outputs and outcomes and provide quantitative measurement of the former. Once complete, country offices will validate their findings and lessons learned from the scorecard, including output/leading indicators, with national counterparts and other key stakeholders through a joint assessment exercise. Joint assessments were piloted in selected countries for the end-of-biennium performance assessment of the Programme budget 2022–2023, and are expected to be expanded in 2024–2025 and future bienniums.

69. The monitoring and assessment of programme budget implementation will be conducted through the mechanisms outlined in Fig. 7 and in alignment with the Organization's results-based management approach in order to ensure transparency and accountability for results.

Fig. 7. Overview of programme budget monitoring and assessment mechanisms



Outcome indicators development

70. At the core of the GPW 14 results framework is measurement, including healthy life expectancy, the triple billion targets, and 98 outcome indicators that are aligned with the Sustainable Development Goals.

71. To reflect emerging global health priorities in the GPW 14 period, 2025–2028, and beyond, the Secretariat adopted an inclusive process to update the outcome indicators. A wide range of stakeholders – from Member States and partners to civil society and young people – were involved to ensure varying perspectives, relevance and applicability across different health contexts.

72. The key principles for updating the outcome indicators included continuity with GPW 13 and alignment with Sustainable Development Goals; concrete criteria to select proposed indicators that are meaningful, measurable and minimal; reduced additional data collection burden on countries; emphasis on data availability; and extensive consultation with Member States, partners and experts to ensure an inclusive process.

73. Extensive internal technical consultations and discussions with technical programmes and across the three levels of WHO were conducted from August 2023 to April 2024. This involved setting the principles for the addition of indicators, process for proposing indicators, data availability, quality validation, and deduplication of the outcome indicators.

74. Draft proposals for outcome indicators were further consulted in a global meeting with Member States and other stakeholders in March 2024 to finalize the list of outcome indicators, which were shared at the Seventy-seventh World Health Assembly with the draft GPW 14.[1]

75. Some baseline and target values for the outcome indicators will be available for the 154th session of the Executive Board in January 2025, and a complete set will be submitted to the Seventy-eighth World Health Assembly in May 2025.

Output/leading indicators development

76. A process is under way to complete the GPW 14 results framework with output/leading indicators, which will be used to track and improve the Secretariat's performance in countries and its subsequent contribution to

---

[1] Document A77/16.

the delivery of health outcomes. As such, output/leading indicators that have a clear and direct linkage to the output in the results chain, as well as a plausible contribution to the outcomes and outcome indicators, will be selected.

77. The process builds on the GPW 14 consultations that took place on the outcomes, outcome indicators and indicative outputs – with Member States, partners, internal three-level working groups (promote, provide, protect, power and perform), all country offices and three-level output delivery teams. Lessons learned and audit/evaluation recommendations are also being considered, including that the programme budget be monitored and assessed with a single, unified set of output/leading indicators across all three levels of the Organization.

78. Developing the draft Proposed programme budget 2026–2027 is the first assignment for the GPW 14 three-level output delivery teams. These teams are being strengthened based on the independent evaluations of GPW 13 and results-based management, the audit of the results report 2020–2021 and lessons learned. The new GPW 14 results chain has resolved issues arising from outputs that were too broad in scope. The membership is being elevated to ensure that the three-level output delivery teams are comprised of decision-makers, and extended so that an equal number of Heads of country offices are included, to ensure that the focus is always on delivering impact in countries. The output/leading indicators selected by the three-level output delivery teams will be reviewed by all country offices.

79. Detailed selection criteria ensure that the output/leading indicators are measurable with the systems available in countries, the metadata is complete and the values are available yearly (or at least once every two years) for monitoring. Output/leading indicators that have proven to be useful in monitoring output delivery can be reused, and new indicators can be selected based on their merit using the criteria. The aim is to draw on the experience of GPW 13 output/leading indicators – as well as headquarters programmatic indicators, regional key performance indicators and country office management key performance indicators – and offer a single pool of output/leading indicators from which countries can select during planning and then monitor for the yearly corporate reporting on the programme budget. It is also anticipated that the set of output/leading indicators will gather the data needed to report on investment case commitments.

80. The set of output/leading indicators will be shared with all Member States and other stakeholders for review as part of a consultation on the draft Proposed programme budget 2026–2027.

Joint assessment of results

81. A joint assessment is a robust review process of programme budget implementation, building on priority-setting and existing collaboration between Member States and country offices. It aims to:

(a) validate country office self-assessment of achievements and lessons learned implementing programme budgets to improve cooperation in ensuing programme cycles, focusing on the prioritized results;

(b) improve the accuracy of baselines and targets and the reliability of information when measuring and analysing changes in indicators; and

(c) before the start of a new period, ensure baselines, targets and achievements are agreed by all parties and avoid situations where Member States disagree with the indicators to which they have been linked.

82. Joint assessment of results has been proposed by various parties to:

(a) provide an external validation of the output scorecard (item 44 in the Secretariat implementation plan on reform, item 4.1b in the results report audit and item 7.1 in the results-based management evaluation);

(b) provide a mechanism through which reported achievements can be used to make decisions about future planning (item 47 in the Secretariat implementation plan on reform); and

(c) further improve the methodology for indicator reporting (item 4.1b in the results report audit and items 7.1 and 7.2 in the results-based management evaluation).

83. The global rollout of the joint assessment will take place early in 2025, and it will build on the experience of the Regional Office for the Americas/PAHO over several biennium, and the pilots that took place in Bhutan, Chad, Congo, Egypt, Jordan, Maldives, Nepal and Timor-Leste in the first half of 2024.

84. The joint assessment will focus on national interests by building on the prioritization of the Secretariat's support needed during GPW 14, and flexible and adaptable modalities for implementation will be used, as these were appreciated during the pilots. It is, however, important to note that the active and timely involvement of Member States and key in-country stakeholders in the consultation process is crucial.

85. With a joint commitment to baselines and targets, the output/leading indicators will then be submitted to the Seventy-eighth World Health Assembly in May 2025.

Evaluation

86. In addition to yearly reporting by the Secretariat on the achievement of GPW 14 results (that is, in WHO results reports), organizational learning and evaluation approaches will be used to provide insights as to opportunities to improve results-based management during the GPW 14 period.

87. Evaluation is a cornerstone of WHO's results-based management culture. By drawing on lessons learned, enhancing organizational effectiveness and promoting accountability for results, the evaluation function strengthens WHO's added value. To further strengthen its comparative advantage, WHO will continue investing efforts to systematically use evaluation findings and recommendations across all the levels of the Organization and its partners to inform policies, strategies, and programmes, leading to improved health outcomes.

88. Evaluations provide analysis, backed up by evidence, of how and to what extent outcomes (and impact, where applicable) have been achieved by WHO by tracing the output–outcome–impact pathways. Evaluations identify the effects of WHO activities, separating them from the impact of external factors such as epidemics or environmental changes. This provides the basis to properly assess outcome indicators and allow WHO managers to account for results and foster adaptive management.

89. Adequate evaluation coverage is key to providing a representative, unbiased picture of WHO and ensuring that policies, strategies and programmes are evidence based. The design of new strategies, joint programmes and country programmes must be informed by an adequate and relevant body of evaluations. These include Organization-wide thematic or global/joint evaluations; corporate evaluations of WHO instruments and mechanisms; programme- and project-level evaluations; evaluations of WHO's contribution at the country level; evaluation of humanitarian interventions; and decentralized evaluations, United Nations Sustainable Development Cooperation Framework evaluations or other country-level joint evaluations that are part of different costed evaluation plans.

90. The minimum coverage for evaluation at the country, regional and corporate levels, along with responsibilities for evaluation management, is presented in Table 13.

Table 13. The minimum coverage for evaluation at the country, regional and corporate levels, along with responsibilities for evaluation management

Type of evaluation	Frequency	Management
Organization-wide thematic or global/joint evaluations	All strategic outcomes within the strategic plan (general programme of work) period (three bienniums).	WHO Evaluation Office
Corporate evaluations of WHO instruments and mechanisms	(a) At least one corporate instrument or mechanism of strategic importance per biennium. (b) General programmes of work will be evaluated by their penultimate year of implementation.	WHO Evaluation Office
Programme and project evaluations	All programmes or projects above US$ 10 million are evaluated within their life cycle.	According to location, managed by programme with WHO Evaluation Office/regional office support
Evaluation of WHO contributions at country level	At least one country per year per region, including: (a) countries with off-track health indicators and/or high risks are subject to evaluation every programme cycle at a time useful to the country; and (b) countries with country cooperation strategies, if selected for evaluation, during the penultimate year of the strategy period.	Jointly managed by the appropriate regional office and the WHO Evaluation Office
Evaluation of emergency and humanitarian interventions, including inter-agency joint evaluations	At least one evaluation of emergency and humanitarian interventions per year, including: (a) health emergencies where a system-wide scale-up is declared and evaluated through the inter-agency humanitarian evaluation mechanism; and (b) health emergencies scale-up declared by WHO and not covered by the inter-agency humanitarian evaluation mechanism.	(a) Inter-agency humanitarian evaluation mechanism management group (b) WHO Health Emergencies Programme, with the support of the WHO Evaluation Office
Decentralized evaluations	Decentralized evaluations that are not covered in the above categories could be conducted at the initiative of the programme or regional or country office, or at the request of funding partners.	Programme/project, or regional or country office/department
United Nations Sustainable Development Cooperation Framework evaluations or other country-level joint evaluations	Coverage and frequency are determined by: (a) the United Nations Country Team; and (b) as per the country-level arrangement.	(a) United Nations Resident Coordinator Office (b) As appropriate

91. It has been assumed that adequate human and financial resources are available, enabling the evaluation function to meet its objectives.

WHO'S COMMITMENT TO LEAVING NO ONE BEHIND: ACTION ON GENDER, EQUITY, HUMAN RIGHTS AND DISABILITIES

92. WHO is fully committed to going beyond a "do-no-harm" approach to ensure that GPW 14 does not inadvertently maintain or exacerbate inequalities, discrimination or exclusion. Using the GPW 14 results framework, WHO will use a twin-track approach: first, the integration of gender equality, equity, human rights, and disability inclusion into interventions; and secondly, undertaking targeted interventions addressing specific gender equality, equity, human rights and disability inclusion issues, challenges and considerations.

93. The integration track implies that gender equality, equity, human rights and disability inclusion are not the principal goal, but in order to bring about change in processes, outcomes and results, they constitute a significant objective and, as such, need to be addressed in an explicit, visible, measurable and sustained

manner. In comparison, the track of targeted interventions focuses on addressing specific health gaps and challenges related to gender equality, equity, human rights and disability inclusion. Through both tracks, the primary focus remains achieving positive and tangible results in health and well-being at the country level, leaving no one behind.

94. Mirroring the efforts of WHO to strengthen the implementation of results-based management across the three levels of the Organization, programme initiatives related to gender equality, equity, human rights and inclusion will be developed with clear results frameworks aligned with GPW 14 and customizable to specific regional/country priorities and contexts.

95. Through GPW 14, WHO will continue efforts to institutionalize gender equality, equity, human rights and disability inclusion in corporate outputs, ensuring that they are integrated into the regular, sustained and established processes and procedures within the Organization, across its three levels, and supported by clear directives, guidance, methodologies and tools.

RISK-MANAGEMENT APPROACH TOWARDS ACHIEVING THE BILLION TARGETS BY 2028

96. The Secretariat recognizes that the global environment in which WHO delivers its mission is becoming increasingly complex and is filled with uncertainty. In recognition of this uncertainty, WHO will have to take calculated risks to successfully achieve its ambitious mission and the GPW 14.

97. WHO needs to define appropriate approaches and strategies that will allow it to take calculated risks. However, the Organization will not be able to achieve the results it has targeted through the GPW 14 and Sustainable Development Goals if it is "risk blind" or "risk averse". WHO therefore needs to define effective ways to manage risks for optimized results.

98. The Secretariat is implementing an ambitious enterprise risk management strategy, building on international leading practices[1] and the recommendations of the Joint Inspection Unit's review of enterprise risk management practices in United Nations system organizations,[2] which proposes a framework (aligned with leading practices) to ensure that risk management is fit for purpose in order to enable the achievement of organizational objectives.

99. The draft Proposed programme budget 2026–2027 has been prepared to highlight areas in which WHO has lower risk acceptability and in which as a result funds are needed to build and capacitate the necessary systems (people, processes, technology and so forth) to keep risks within acceptable levels (for example, for high-priority risks, such as Prevention and Response to Sexual Exploitation, Abuse and Harassment, and other prioritized principal risks), while recognizing the critical role of output delivery teams in identifying risks and ensuring that the funds needed for mitigation are prioritized.

100. In the context of constrained funding within WHO, it may not be possible to tackle all risks at the same time. The principle of risk-based prioritization will be applied when investing the efforts needed to implement the programme for change. For that reason, the Secretariat will prioritize resources to manage risks that are recognized as critically affecting WHO's work at the country level. By prioritizing these risks, we can achieve maximum impact at the country level while prioritizing scarce resources.

101. The WHO Global Risk Management Committee has prioritized the following principal risks for the biennium 2026–2027:

---

[1] The United Nations Reference Maturity Model for Risk Management is an enterprise risk management framework aligned with leading practices, including the Committee of Sponsoring Organizations of the Treadway Commission (COSO) ERM framework and ISO 31000.

[2] See document JIU/REP/2020/5.

- unsustainable financing
- simultaneous Grade 3 emergencies
- abuse of power and harassment
- fraud and corruption
- sexual misconduct and harassment not prevented or addressed
- cybersecurity breach
- inability to demonstrate results and impact
- strained workforce mental health and well-being
- mistrust in science and WHO
- Business Management System transition.

102. It is important to note that risk assessments are dynamic and that these risks will change over time. Therefore, the risks listed above represent a snapshot of the current assessment and are subject to change.

103. As part of the operationalization of its risk appetite framework, WHO has introduced a new parameter that facilitates the monitoring of principal risks in respect of pre-determined tolerance levels. For each principal risk, a target risk level is set to express the maximum exposure tolerated by WHO. Target risk levels reflect WHO's overall risk appetite, and this parameter guides budget centres to aim for those levels of residual risk by implementing adequate mitigation actions. In this, context it is therefore essential for WHO to have clarity as to where Organization-wide risk mitigation requires additional budget allocation.

104. Through the draft Proposed programme budget 2026–2027, the Secretariat will prioritize resources to build the necessary systems to keep these risks within acceptability levels, as defined in WHO's risk appetite framework. In particular, greater investments are needed to manage risks effectively where risk acceptability levels are minimal (such as risks affecting technical excellence; health, safety and well-being; compliance; and integrity, as defined in the risk appetite framework).

105. It is expected that the following principal risks will require additional budgetary support:

- challenges to WHO's leadership in respect of the effects of climate change on health
- strained workforce mental health and well-being
- unintended consequences of WHO's work and recommendations on climate health
- business services disruptions
- breach in data protection and privacy.

FINANCING OUTLOOK OF THE DRAFT PROPOSED PROGRAMME BUDGET 2026–2027

106. Through decision WHA75(8) (2022) on sustainable financing, a combination of assessed contribution increases alongside higher levels of core voluntary contributions and thematic funding is intended to provide improvements in the predictability and flexibility of programme budget funding, as well as to broaden the donor base and extend the duration of funding commitments. Sustainable financing remains a critical component of WHO's ability to deliver its mandate, and success in increasing sustainability will strengthen

WHO, making it more efficient and focused on results. It will also ensure full financing of the under-resourced and therefore under-implemented parts of the budget, notably at the country level. Furthermore, it will allow the Organization to focus on the delivery of technical guidance and support, as well as to avoid the transaction costs of managing many small grants.

107. In addition to the US$ 229.6 million in assessed contributions forecast for 2026–2027 (see the subsection entitled "Increase in assessed contributions" below), WHO launched its first investment round during the Seventy-seventh World Health Assembly in May 2024. The investment round aims to leverage the power of the collective at the heart of WHO to achieve predictable, resilient and flexible funding. A key element of the investment round is the push to broaden the donor base to reduce dependency on a small set of donors. To this end therefore, every Member State is asked to contribute to the investment round, as well as to continue to provide strong political support for WHO.

108. The launch of WHO's investment case on 28 May 2024 was an encouraging first pledging moment of the investment round. Amid strong statements of support for WHO, a group of donors committed approximately US$ 270 million over the four-year period of GPW 14, half of which will cover the Proposed programme budget 2026–2027. Combined with other projections recorded as at June 2024, this means that projected financing amounts to US$ 154 million already, over and above the assessed contributions total. With the Programme budget 2024–2025 already about 75% financed (or projected to be financed) at the same time, this suggests that accelerated efforts moving forward ought to ensure a reasonable level of financing with which to start the biennium 2026–2027. Although the total amount projected is lower than it was for the biennium 2022–2023, this may reflect a delay on the part of several donors to commit funding until after the many different events of the investment round, which will culminate in Brazil in the final quarter of 2024.

109. Efforts are also being made to increase the quality of funding, as called for by the Agile Member States Task Group, which followed the Working Group on Sustainable Financing to identify possible areas for increased efficiency that could be achieved by both Member States and the Secretariat. This included the area of donor reporting and the huge inefficiencies currently borne by WHO as a result of the associated requirements. An initial study estimated that voluntary contributions to the base segment of the programme budget alone generated in the order of 6000 reports (a combination of technical and financial reports) in a biennium, over half of them for the 10 largest donors alone. Work is being led by the Secretariat to reduce this burden through increased standardization and consolidation of reporting, negotiating reduced frequencies of reporting required, and addressing inefficient ways of working inside the Secretariat. The imminent rollout of the new Business Management System is expected to provide additional tools for streamlining processes.

110. WHO is also making further changes to attract more flexible and predictable voluntary contributions. To encourage contributors to move away from tightly earmarked specified voluntary contributions, a new definition of thematic funding has been agreed upon. Thematic funding is now expanded to outputs at the global level and to the country level with programmatic earmarking no more detailed than the strategic objective level. In parallel, work is continuing to further improve resource allocation and increase the transparency of the three-level Resource Allocation Committee. For information on resource allocation, please see Annexes 2 and 3.

Increase in assessed contributions

111. While the Proposed programme budget 2026–2027 is being developed under the key assumption that the second gradual increase in assessed contributions (US$ 229.6 million, or 20%) – as introduced in report on sustainable financing submitted to the Seventy-fifth World Health Assembly[1] – will be approved, the Secretariat is cognizant that such an increase will not be automatically granted.

112. The report of the Working Group on Sustainable Financing defines the concept and end goal of the gradual increases in assessed contributions. However, it does not define how to achieve nor by when to attain this. Furthermore, the gradual increases are to be granted based on the achievement of the Secretariat

[1] Document A75/9.

implementation plan on reform, with the aim of enhancing budget governance, transparency and overall accountability.

113. Regional committees represent the perfect forums for Member States and the Secretariat to start discussions on the increase in assessed contributions by 20% to fund the Proposed programme budget 2026–2027.

114. With this prospect, the Secretariat is presenting the Proposed programme budget 2026–2027 having taken into consideration the following initial assumptions:

(a) use of resolution WHA76.8 (2023) approved scale of assessment for 2024–2025;

(b) the target assessed contribution increase is set at 50% of the 2022–2023 approved budget for the base segment, at US$ 2182 million, to be reached by 2030–2031;

(c) this absolute figure of US$ 2182 million should not change, even if future programme budgets increase more than the approved Programme budget 2022–2023; and

(d) the increase in assessed contributions will be phased, starting from 2024–2025 (see Table 14).

Table 14. Assessed contributions increase between 2022 and 2031

Biennium	Total assessed contributions (US$ million)	Increase over current level of assessment (%)	Increase per biennium, (US$ million)	% of base budget 2022–2023
2022–2023	956.9	–	–	22
2024–2025	1 148.3	20	191.4	26
2026–2027	1 377.9	20	229.6	32
2028–2029	1 722.4	25	344.5	39
2030–2031	2 182.0	27	459.6	50

ANNEX 1

RESULTS FRAMEWORK: OUTCOMES AND OUTPUTS[1]

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

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

Outcome indicator	Baseline	Target
Index of national climate change and health capacity		

Outputs

1.1.1 WHO supports countries in developing health vulnerability and adaptation assessments, and national adaptation plans, and provides guidance, capacity-building and piloting of interventions to enhance the climate resilience of health systems through a One Health approach

Output/leading indicator	Baseline	Target

[1] The proposed outcome indicators with an asterisk (*) reflect important global health topics, but have limited data availability, and will be areas of intensified focus for data strengthening during the course of GPW 14.

Scope of outputs

1.1.1. WHO supports countries in developing health vulnerability and adaptation assessments, and national adaptation plans, and provides guidance, capacity-building and piloting of interventions to enhance the climate resilience of health systems through a One Health approach

- Leadership of health as a central and positive contribution to climate negotiations.
- Engagement and empowerment of the global health workforce behind climate and health action
- Assessment of evidence for health risks from climate change, and compilation of effective adaptation responses from the national to global levels.
- Definition of prioritized research agendas in health adaptation to climate change.
- Monitoring of country and global progress on health protection from climate change.
- Guidance, tools and technical support for countries to develop climate change and health vulnerability and adaptation assessments, and health national adaptation plans for health systems and health determinants.
- Technical capacity-building and implementation support for climate-informed surveillance and response to heat stress and climate-sensitive infectious disease.
- Facilitation of access to financial support for climate and health action in lower-middle-income countries, with a focus on vulnerable countries and populations, to promote health equity.
- Maintain functionality of health systems and facilities in the face of climate change.
- Nutrition and food safety impacts of climate change.

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

Plans to reduce, where possible, the carbon footprint of health systems, supply chains and care services will be developed, tailored and implemented, accounting for different national and local contexts and aligned with national priorities for scaling up primary health care and universal health coverage, as well as broader climate resilience and mitigation efforts. Work on climate-smart and context-sensitive health products and supply chains will be encouraged. The health community will engage outside the health sector, in partnerships and advocacy, and will play a leadership role in presenting health evidence to accelerate policies and actions (e.g. in the energy, food, transport, urban systems, environment and finance sectors) that both mitigate climate change and enhance health (e.g. by improving air quality, increasing access to healthy and affordable foods, and enhancing environments that promote physical activity). This will include elevating and enhancing work on the interactions between climate change and human health and well-being in the context of the United Nations Framework Convention on Climate Change and related instruments (e.g. the Green Climate Fund, the Global Stocktake, the Loss and Damage Fund).

Outcome indicator	Baseline	Target
Health care sector greenhouse gas emissions		

Outputs

1.2.1	WHO develops norms, standards, policy guidance and builds capacity in countries to reduce carbon emissions from the health sector, and engage other sectors (such as food, transport and, energy) that have an impact on health to reduce their emissions		
	Output/leading indicator	**Baseline**	**Target**

Scope of outputs

1.2.1. WHO develops norms, standards, policy guidance and builds capacity in countries to reduce carbon emissions from the health sector, and engage other sectors (such as food, transport and energy) that have an impact on health to reduce their emissions

- Promotion of a comprehensive approach to minimize carbon emissions from health systems, while also reinforcing universal health coverage and health resilience to climate risks.
- Development of norms, standards and technical guidance to assess carbon emissions from health facilities, systems, and the health care supply chain.
- Compilation and promotion of effective measures to reduce carbon emissions from health care.
- Technical capacity-building and implementation support for Member States to implement WHO's Operational framework for building climate-resilient and low carbon health systems.
- Implementation support and access to finance to provide renewable energy, WASH, waste management; and climate resilience in health care facilities in low-middle-income countries.
- Systematic assessment of opportunities to improve health while reducing carbon emissions from other sectors (energy, transport, food and urban systems).
- Economic assessment and promotion of interventions to promote health, adaptation and mitigation across sectors, including investment in health infrastructure, and fiscal reforms to polluting energy sources.
- Guidance and technical support for counties to integrate health and climate into cross-sectoral climate change mitigation plans, including nationally determined contributions and long-term low emissions development strategies under the United Nations Framework Convention on Climate Change.
- Address the triple planetary crisis, including climate change, pollution and biodiversity loss, as well as zoonotic diseases.
- Provision of climate-resilient diets (healthy and sustainable) in health facilities.

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

Emphasis will be on both health sector and intersectoral actions that foster well-being and health equity as co-benefits across sectors and put health outcomes at the centre of relevant policies and processes. Priority will be given to enhancing decision-making and resource allocation for universal access to key public goods for health (e.g. clean air, safe food, healthy diets and housing, safe and active transport and mobility, education and clean energy, and safe and healthy working environments). The role and capacity of the health sector will be strengthened through enhanced evidence, policy options, analyses (e.g. using health impact and health equity impact assessment tools and methodologies), advocacy and intersectoral action to leverage policy interventions in other key sectors (e.g. for transport and food and agricultural systems, social policy, health-promoting schools and workplaces, housing and WASH) that improve health across the life course through better living and working conditions and utilize a One Health approach. Work will be carried out to increase fiscal space for social protection, early years services, safe and decent employment, gender equality, and food and income security and the impact of demographic change. Health sector capacities to assess the health impact of social inequalities and the differential impact of sectoral policies, and to tackle systemic and structural barriers to health such as those related to gender and age, will be strengthened. This work will also address the increasing influence of commercial practices and agreements on health (e.g. in relation to tobacco and nicotine products, harmful use of alcohol and unhealthy foods) to prevent harm and foster policy coherence and pro-health practices, including the protection of children and adolescents from exploitative marketing. Cities and local governments will be supported to implement actions on health determinants across the life course. Governance for health and well-being will be promoted across and between levels of government. Particular attention will be given to ensuring programmes reach people in vulnerable situations or facing marginalization and discrimination, including among others, persons with disabilities, migrants and displaced and older populations.

Outcome indicator	Baseline	Target
SDG indicator[1] 10.7.2. Does the government provide non-national (including refugees and migrants) equal access to (i) essential and/or (ii) emergency health care (New)		
Proportion of refugees and migrants that have equal access to (i) essential and/or (ii) emergency health care (New) *		
SDG indicator 11.1.1. Proportion of urban population living in slums, informal settlements or inadequate housing (New)*		
SDG indicator 1.3.1. Proportion of population covered by at least one social protection benefit (%) (New and cross-referenced with related indicator under outcome 5.1)		

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

Outputs

2.1.1	WHO supports countries in designing policies and regulations, shaping resource allocation and investment, and in establishing partnerships within and beyond the health sector to address determinants and reduce health inequities, particularly for populations in situations of vulnerability
2.1.2	WHO supports countries in developing evidence-informed policies across sectors at all levels of government and adapts public health measures to meet the health needs of populations such as migrants and displaced people

Output/leading indicator	Baseline	Target

Scope of outputs

2.1.1. WHO supports countries in designing policies and regulations, shaping resource allocation and investment, and in establishing partnerships within and beyond the health sector to address determinants and reduce health inequities, particularly for populations in situations of vulnerability

- Social and structural determinants of health.
- Commercial policies and practices, private sector engagement.
- Economic instruments and fiscal measures (for example, debt reform, investment, trade policies and taxation, including health taxes and subsidies).
- Urban health.
- Sustainable transport and safe mobility.
- Housing quality.
- Ageing, ageism and age-friendly environments.
- Social isolation and connectedness.
- Nutrition-sensitive social protection systems.
- Contribution of health and life insurance schemes to encourage healthy lifestyles.
- Occupational health (for example, safe and healthy work environments for the informal economy).

2.1.2. WHO supports countries in developing evidence-informed policies across sectors at all levels of government and adapts public health measures to meet the health needs of populations such as migrants and displaced people

- Refugee and migrant health system reviews and policy dialogues.
- National data monitoring of equal access to essential and emergency health care services for migrants and displaced populations.

- Capacity-building through competency standards for health workers for refugee and migrant health.
- High-level advocacy to promote refugee and migrant health.
- Global research prioritization and translation of research into evidence-based policy-making through national research agenda setting on health, migration and displacement.

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

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

Outcome indicator	Baseline	Target
SDG indicator 2.2.1. Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)		
SDG indicator 2.2.2. Prevalence of overweight (weight for height more than +2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)		
SDG indicator 2.2.2. Prevalence of wasting (weight for height less than -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)		

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

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

SDG indicator 2.2.3. Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%)

(GPW 13)

Resolution WHA69.9. Exclusive breastfeeding under six months

(New)

SDG indicator 3.9.1. Mortality rate attributed to household and ambient air pollution

(GPW 13)

SDG indicator 3.9.2. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All [WASH] services)

(GPW 13)

Resolution WHA73.5. Proportion of people who have suffered a foodborne diarrheal episode of non-typhoidal salmonellosis

(New)

SDG indicator 3.9.3 Mortality rate attributed to unintentional poisoning

(GPW 13)

SDG indicator 6.1.1. Proportion of population using safely managed drinking water services

(GPW 13)

SDG indicator 6.2.1. Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water

(GPW 13)

SDG indicator 7.1.2. Proportion of population with primary reliance on clean fuels and technology

(GPW 13)

SDG indicator 11.6.2. Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)

(GPW 13)

Resolution WHA66.10. Prevalence of obesity among children and adolescents (aged 5–19 years) (%)

(GPW 13)

Resolution WHA66.10. Prevalence of obesity among adults aged ≥18 years

(GPW 13)

SDG indicator 3.6.1. Death rate due to road traffic injuries

(GPW 13)

Decision WHA75(11). Proportion of population aged 15+ with healthy dietary pattern (New)[1]		
SDG indicator 16.2.1. Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (GPW 13)		
Resolution WHA71.6. Prevalence of insufficient physical activity (New)		
SDG indicator 3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older (GPW 13)		
Resolution WHA66.10. Prevalence of raised blood pressure in adults aged ≥18 years (GPW 13)		
SDG indicator 3.5.2. Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol (GPW 13)		

Outputs

2.2.1 WHO develops norms, standards and technical packages that address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and protect food safety, and supports countries in their implementation, including in monitoring and development of legislation and regulation

2.2.2 WHO supports countries to ensure comprehensive access to promotion and preventive health services to populations (such as tobacco cessation services, diet and physical activity, and breastfeeding), including for those in situations of vulnerability, and to monitor their implementation

Output/leading indicator	Baseline	Target

[1] Replacing "Best-practice policy implemented for industrially produced trans-fatty acids (TFA) (Y/N)" from resolution WHA66.10 (2013).

Scope of outputs

2.2.1. WHO develops norms, standards and technical packages that address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and protect food safety, and supports countries in their implementation, including in monitoring and development of legislation and regulation

- Fiscal measures on health, including health taxes, subsidies and investments across a number of health topics.
- Addressing physical inactivity by setting global policy and evidence-based guidelines, coordinating and collaborating across relevant sectors and monitoring global progress.
- Alcohol control (awareness; advocacy; policies and legislation; restrictions to acceptability, availability and affordability; evidence generation; tracking progress towards the Sustainable Development Goals; and global reporting).
- Comprehensive tobacco control, including WHO Framework Convention on Tobacco Control and MPOWER[1] implementation (legislation to ban nicotine and tobacco product advertising, promotion and sponsorship, and to mandate large, graphic health warning labels on tobacco products; making indoor public places completely smoke-free; increased taxation on nicotine and tobacco products to reduce affordability; offering help to quit nicotine and tobacco use, and to support nicotine and tobacco product regulation; and supporting tobacco farmers to switch to sustainable crops).
- Development of guidance on healthy diets (nutrients, foods, bioactive compounds and the effects of processing), addressing malnutrition and healthy food environments.
- Development of guidance on food safety (food additives, pesticide and veterinary drugs residues, microbiological risks and allergens) in support of the Codex Alimentarius and in line with the implementation of the WHO global strategy for food safety.
- Development of guidance on healthy food environments (taxes and subsidies, regulation of marketing, labelling, public food procurement and trade policies).
- Promotion, protection and support of infant and young child feeding.
- Development of new risk assessment methodologies to consider the complexity of exposures and new food security challenges (for example, novel food sources and technologies).
- Unintentional injuries:
  - Addressing risk factors for road traffic injuries – unsafe vehicles, unsafe roads, behavioural risks (drink driving, speeding, use of seatbelts and child restraint systems, use of motorcycle helmets), post-crash response and rehabilitation.
  - Risk factors for drowning and falls.

---

[1] MPOWER are a set of six cost-effective and high impact measures that help countries reduce demand for tobacco. These measures include: monitoring tobacco use and prevention policies; protecting people from tobacco smoke; offering help to quit tobacco use; warning about the dangers of tobacco; enforcing bans on tobacco advertising, promotion and sponsorship and raising taxes on tobacco.

- Intentional injuries – addressing risk factors for violence against children.
- Environmental risk factors – air pollution, chemicals, waste and radiation management:
  - Address air pollution by assessing exposures and main sources and implementing air quality guidelines and policies across sectors in transport, industry and energy, as well as awareness raising and behaviour change interventions, and generate evidence for solutions to address air pollution.
  - Provide adequate WASH through extending access to safely managed WASH for all.
  - Support the safe management of chemicals through the WHO road map, strengthening poisons centres and other technical tools and packages.
  - Support countries to address children's environmental health, particularly through tackling priority threats such as lead.
  - Ensure workers' health and safety by developing policies, building institutional capacities and scaling up coverage with occupational health services.
  - Protect workers, patients and the general population through safely managing radiation, including electro-magnetic fields, and ionizing and ultraviolet radiation.

2.2.2. WHO supports countries to ensure comprehensive access to promotion and preventive health services to populations (such as tobacco cessation services, diet and physical activity and breastfeeding), including for those in situations of vulnerability, and to monitor their implementation

- Tobacco cessation services.
- Screening, early detection, brief interventions and treatment for the harmful use of alcohol.
- Nutrition/diet support/counselling for adults and children.
- Breastfeeding promotion, protection and support.
- Promotion of physical activity and other behavioural changes.

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

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

Outcome indicator	Baseline	Target
Proportion of a country’s population living in a healthy municipality, city or region (%) (New)		
Proportion of countries with national-level mechanisms or platforms for societal dialogue for health (%) (New)		

Outputs

2.3.1 WHO develops guidance and supports countries to strengthen their capacity to engage with and empower individuals and communities, and all levels of government across sectors to increase health literacy, enable healthier behaviours, advance co-benefits, and improve governance and implementation of settings-based approaches and health promotion policies

Output/leading indicator	Baseline	Target

Scope of outputs

2.3.1. WHO develops guidance and supports countries to strengthen their capacity to engage with and empower individuals and communities, and all levels of government across sectors to increase health literacy, enable healthier behaviours, advance co-benefits, and improve governance and implementation of settings-based approaches and health promotion policies

- Support countries’ work towards creating the conditions for, and building, well-being societies through multisectoral collaboration actions, and strengthening Health in All Policies, whole-of-government and whole-of-society approaches that deliver inclusive public policies for health promotion.
- Promotion and implementation of the well-being framework.
- Healthy cities (WHO corporate framework on healthy cities, including the urban governance framework).
- Health-promoting schools (global standards for health-promoting schools) and public food procurement in schools.
- Healthy, safe and resilient workplaces initiatives, building capacity of work settings to promote, protect and provide health and well-being for all.
- Strengthening health literacy and the application of behavioural science, and mainstreaming health promotion policies into public health programmes to better respond to population’s needs.

- Developing and monitoring community empowerment mechanisms.
- Support countries in the use of behavioural sciences to ensure understanding of drivers and barriers to health behaviours and the design of behaviourally-informed policies and programmes.
- Guidance on the distribution of food outlets in cities.

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

The focus of this outcome is on strengthening core capacities and the approach used to scale primary health care in different contexts to leave no one behind, while monitoring the impact of such initiatives. Particular attention will be given to bolstering public health functions and to the planning, organization and management of quality health services, including nursing, surgery and anaesthetics, from primary to tertiary levels, with strategic planning for capital goods investment and sustainable health infrastructure enhancement, including hospitals. Models of care that are oriented towards primary health care, operate across the life course, promote patient safety and are delivered as close as feasible to people's everyday environments will be defined to ensure the integrated delivery of comprehensive service packages, including health promotion and prevention services (e.g. screening and vaccination), essential nutrition services, acute care and referral services, self-care, evidence-based traditional and complementary medicine, rehabilitation and palliative care, and services to promote, protect and enhance the health of all peoples, including Indigenous Peoples, migrants and refugees.[1] Digital systems that enable continuity of care and persistent health records will be promoted. Communities, with clear road maps for their engagement, will be at the heart of this approach, especially with regard to women, children and adolescents, persons with disabilities and chronic health conditions and populations in vulnerable and marginalized situations, in order to reach the unreached, address barriers in accessing quality health services, including quality preventive measures, diagnostics and treatments, and ensure the acceptability of such services. The scope and capacities of health governance will be strengthened to promote transparency and combat corruption in health systems which is a prevalent barrier to equitable, quality health care; enhance social participation; and advance the multisectoral approach that is needed to: tackle the health implications of climate change; address health determinants and risk factors; take forward the antimicrobial resistance agenda and the One Health approach; engage with communities and community-based organizations; and manage and regulate the contribution of the private sector.

Outcome indicator	Baseline	Target
SDG indicator 3.8.1. Coverage of essential health services (GPW 13) (cross-referenced with related indicator under outcome 4.1)		
Resolution WHA72.2. Primary health care-oriented governance and policy composite (New)		
Resolution WHA72.2. Institutional capacity for essential public health functions (meeting criteria) (New)		
Resolution WHA72.2. Health facility density and distribution (by type and level of care)		

[1] Resolution WHA76.16 (2023).

(New)		
Resolution WHA72.2. Integrated services and models of care composite indicator (New)		
Resolution WHA72.2. Service utilization rate (primary care visits, emergency care visits, hospital admissions) (New)		
Resolution WHA72.2. % of population reporting perceived barriers to care (geographical, sociocultural, financial) (New) *		
Resolution WHA72.2. Service availability and readiness index (% facilities with service availability, capacities and readiness (WASH, infection prevention and control, availability of medicines, vaccines, diagnostics, priority medical devices, priority assistive products) to deliver universal health care package) (New)*		
Gender equality advanced in and through health[1] (New)		
Resolution WHA72.2. People-centredness of primary care (patient experiences, perceptions, trust) (New)*		

Outputs

3.1.1 WHO strengthens country capacity and provides guidance to reorient and improve the delivery of quality, people-centred comprehensive, integrated individual, and population-based services

3.1.2 WHO strengthens the capacity of national public health institutions to deliver essential public health functions and improve the resilience of health systems

3.1.3 WHO facilitates dialogue and provides guidance to strengthen health governance capacity within and across sectors, including the private sector, and to empower and engage with communities

Output/leading indicator	Baseline	Target

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

Scope of outputs

3.1.1. WHO strengthens country capacity and provides guidance to reorient and improve the delivery of quality, people-centred comprehensive, integrated individual, and population-based services

- Selection and planning of services; integrated service packages based on a primary health care approach.
- Service design for integrated response to population needs, models of care, care pathways and referral and counter-mechanisms.
- Service delivery networks and integrated delivery channels, and role delineation per platform.
- Organization and facility management of district health systems, primary care facilities, hospitals and other service delivery platforms.
- Patient, family and community engagement in service planning, design, delivery and accountability.
- Monitoring service delivery capacity, processes, outputs and outcomes; learning systems; and operational research.
- Operational research, learning systems, and innovations in service delivery.
- Integrated clinical guidance and support tools at the point of care.
- Primary care capacity strengthening.
- Systems and practices for quality of care.
- Patient safety and risk management.
- Infection prevention and control, and sepsis prevention and management.
- Patient experience and community health needs surveys.
- Emergency, critical and operative care systems.
- Palliative care and rehabilitative care.
- Traditional and complementary medicine.
- Establish alliances and partnerships and support policy dialogue on service delivery reforms as an integral part of national health policies and universal health coverage/primary health care road maps, aligning with “one plan, one monitoring system” for the integration of noncommunicable and communicable diseases, mental health and population health programmes.
- Provide guidance and tools to assess and improve how health services are planned and designed, and management at the national and subnational levels.
- Build capacity and develop clinical support tools for the integrated delivery of quality and safe services at the point of care.
- Develop operational research and learning agenda and foster the use of information system to accelerate service delivery reforms as part of implementing a primary health care framework.

3.1.2. WHO strengthens the capacity of national public health institutions to deliver essential public health functions and improve the resilience of health systems

- Support for national public health institute institutional reforms.
- Role of national public health institutes in the stewardship of essential public health functions and services.
- Subnational capacity for public health.
- Primary health care in the provision of essential public health functions and services for building resilience.
- Application of essential public health functions in recovery and resilience for humanitarian contexts.
- Measuring health systems' functionality and resilience to deliver public health services.
- Public health reforms and resilience building.
- Building workforce capacity for public health, encompassing emergency management.
- Health services continuity and sustainability as key for resilience.

3.1.3. WHO facilitates dialogue and provides guidance to strengthen health governance capacity within and across sectors, including the private sector, and to empower and engage with communities

- National health sector policy/strategy/plans and monitoring and evaluation.
- Law and institutions.
- Private sector engagement.
- Social participation and community engagement.
- Anti-corruption transparency and accountability.
- Health systems performance measurement.
- Governance diagnostics.
- Harmonization and alignment agenda (one country, one plan, one budget, one monitoring and evaluation).

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

Critical gaps in the health and care workforce will be identified by occupation, including community health workers, and will be addressed through a holistic, long-term approach that includes expanding education and employment in the health and care sector; addressing critical skill gaps; leveraging technology for training and certification; promoting multidisciplinary teams; ensuring decent, safe and healthy working conditions;[1] addressing gender and other social inequities in distribution; recruiting and retaining personnel (including through enhanced understanding of values and motivations); and the ethical management of international migration. This work will also seek to

[1] International Labour Standards on Occupational Safety and Health website (https://www.ilo.org/publications/ilo-guide-international-labour-standards-occupational-safety-and-health, accessed 1 April 2024).

address the lifelong learning needs of health and care workers and the recognition of learning achievements. Particular attention will be given to advancing gender equality and protecting health and care workers from gender-based and other forms of violence. Work on the tracking of financial expenditures on health against political commitments will be enhanced, especially given the recent negative trend in development finance. Evidence-based strategies will underpin work to enhance adequate, sustainable, effective and efficient public financing for health that is aligned with national disease burdens and complemented by the strengthening of national capacities to negotiate and manage the alignment of nongovernmental financing streams with national priorities and plans.[1] The strengthening of national regulatory capacities will be supported. An end-to-end approach will assess and enhance access to safe, effective and quality-assured health products[2] that are affordable and acceptable, while contributing to local and regional resilience and self-reliance, including through geographically diversified, sustainable and quality-assured production capacity.

Outcome indicator	**Baseline**	**Target**
SDG indicator 3.c.1. Health worker density and distribution (by occupation, subnational, facility ownership, facility type, age group, sex) (GPW 13)		
Resolution WHA64.9. Government domestic spending on health (1) as a share of general government expenditure, and (2) per capita (New)		
Access to Health Product Index (New)[3]		
Resolution WHA67.20. Improved regulatory systems for targeted health products (medicines, vaccines, medical devices including diagnostics) (New)		
Resolution WHA64.9. Government domestic spending on primary health care as a share of total primary health care expenditure (New)		

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

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

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

Outputs

3.2.1	WHO provides technical guidance and operational support to optimize and expand the health and care workforce for integrated service delivery, essential public health functions and improved health and well-being
3.2.2	WHO generates evidence, guides design and supports the implementation of sustainable health financing and health-related macroeconomic policies to improve equitable access to efficiently delivered individual and population services and products
3.2.3	WHO supports countries to implement measures for better access to, and use of, safe, effective and quality-assured health products

Output/leading indicator	Baseline	Target

Scope of outputs

3.2.1. WHO provides technical guidance and operational support to optimize and expand the health and care workforce for integrated service delivery, essential public health functions and improved health and well-being

- Competency-based education, skills, and life-long learning
- Gender equality in the health and care workforce, labour rights and equity.
- Health labour market analysis.
- Health professionals regulation (education and practice).
- Human Resources Information System/national health workforce accounts.
- Integrated health and care workforce policy and planning.
- Leadership, governance, and institutional capacity-building.
- Migration and WHO Global Code of Practice on the International Recruitment of Health Personnel.
- Occupation-specific guidance, normative products, education, and life-long learning (all health and care occupations; for example nursing and midwifery, public health and community health workers).
- Protection and safeguards for health and care workers.
- Recruitment, employment and retention.

3.2.2. WHO generates evidence, guides design and supports the implementation of sustainable health financing and health-related macroeconomic policies to improve equitable access to efficiently delivered individual and population services and products

- Health financing strategy and policy development, implementation support, analysis and progress evaluation.
- Evidence-informed resource allocation, including health technology assessment costings and resource needs estimations.
- Sustainability and alignment of health financing flows and functions.
- National investment plans, including capital investments.
- Technical efficiency analysis, including cross-programmatic efficiency analysis.
- Health benefit package design.
- Integrated assessments of policies for health and economic well-being.
- Strategic purchasing and provider payment.
- Public financial management, fiscal space and health financing.
- Political economy of health financing reform.
- Financing of public health services (common goods for health).
- Health-related macroeconomic policies.

3.2.3. WHO supports countries to implement measures for better access to, and use of, safe, effective and quality-assured health products

- Nomenclature and classification of health products.
- Monitoring need, unmet needs, satisfaction, use and country situations in respect of health products.
- Written and physical standards for pharmaceutical and biological products.
- Promoting use of generic and biosimilar products.
- Selection of health products.
- Technical specifications for health products.
- Innovation and emerging technologies.
- Service delivery and workforce capacity for medical devices and assistive products.
- Affordability of health products.
- Management and use of health products.
- Procurement and supply chain management and equitable access to health products.
- Application and management of intellectual property to maximize public health.
- Ethical access to and oversight of transplantation of human cells, tissues, and organs.
- Blood regulatory systems and blood safety.

- Regulatory preparedness and response during public health emergencies and outbreaks.
- Prequalification of medicines, vaccines, in-vitro diagnostics, vector-control products, medical devices, and ancillaries.
- Regulatory systems strengthening at national and regional levels.
- WHO-listed authorities.
- Regulatory harmonization, convergence, networking and reliance.
- Regulatory pathways for faster access to priority medical products.
- Market surveillance of the quality, safety and efficacy of health products – and product alerts.
- National control laboratories (medicines, vaccines).
- Risk-based approach for regulating in vitro diagnostic medical devices.
- Quality and sustainable production and technology transfer.
- Series of WHO benchmarks for training and practices in different systems of traditional, complementary, and integrative medicines.
- WHO international classification and qualification of traditional, complementary and integrative medicine practitioners.

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

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

Outcome indicator	Baseline	Target
Existence of national digital health strategy, costed implementation plan, legal frameworks to support safe, secure and responsible use of digital technologies for health (New)		
SCORE index (New)		
Resolution WHA71.1. % of health facilities using point-of-service digital tools that can exchange data through use of national registry and directory services (by type) (New)*		

Outputs

3.3.1 WHO builds country capacity and develops tools and platforms to support countries in developing and improving their health information systems to facilitate informed guide decision-making and harness digital transformation, to expand coverage and equity to accelerate impact

Output/leading indicator	Baseline	Target

Scope of outputs

3.3.1. WHO builds country capacity and develops tools and platforms to support countries in developing and improving their health information systems to facilitate informed guide decision-making and harness digital transformation, to expand coverage and equity to accelerate impact

- Effective data and digital governance frameworks (for example, civil registration and vital statistics, population and facility-based surveys, disease and behaviour surveys and surveillance systems).
- Target efforts and investments towards capacity-building that benefits the most marginalized communities and ensure no one is left behind (WHO SCORE for Health Data Technical Package).
- Overcome barriers and identify policy solutions and interventions that can be scaled up.
- Trust networks for the cross-border verification and validation of digital health documents.
- Standardized mechanism for representing and operationalizing interoperability standards for data exchange (for example, terminology service, product catalogue, registries and directories).

- Application programming interfaces for standardized classifications and terminologies (for example, the WHO Family of International Classifications and Terminologies, including the International Classification of Diseases).
- Mechanisms to disseminate evidence-based, quality-assured norms and standards for incorporation and use of digital technologies in health.
- Integration of person-centred point-of-service services and applications with aggregate reporting tools and platforms for decision-making, including performance management.
- WHO monitoring and evaluating framework for assessing the performance of the traditional, complementary and integrative medicine system.
- Operationalization of policies and governance of cross-border data exchange, verification and validation of health documents.
- Data, logic and functional requirements for service delivery process optimization for services and applications in health, including interoperability standards for data exchange across digital health interventions.
- Responsible and equitable development and implementation of digital technologies in health.
- Capacity-building for digital literacy, governance, implementation and development across all stakeholders.
- Cybersecurity and digital resiliency.
- Privacy protection and mechanisms for personal data protection, including those of vulnerable and marginalized populations.
- Artificial intelligence and emerging technologies and innovations.
- Digital channels, including social media and other digital communications platforms.
- Ethics and responsible use of digital technologies in health, including policies and governance frameworks.
- Financing and investments in digital technologies for health.

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

The early detection and appropriate management of cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, chronic pain, cognitive impairments, eye hearing and oral health, rare diseases and other noncommunicable diseases will be scaled up. The primary health care approach will be used to emphasize integration in an era of increasing multimorbidity, promote WHO “best buys”, prioritize the unreached, respond to multicountry priorities,[1] bring quality and affordable services closer to the community, and provide counselling to reduce risk factors. Coverage gaps will be reduced and sustainable responses supported in the prevention, early detection and appropriate management of priority communicable diseases, including tuberculosis, HIV, malaria, measles, diarrhoeal and vector-borne diseases, pneumonia and neglected tropical diseases. A person-centred approach will be promoted, with a core set of interventions to prevent infections and ensure universal access to good quality diagnosis and appropriate treatment of infections, including the promotion and responsible use

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

of quality-assured essential antibiotics. The full implementation of national action plans to underpin the fight against antimicrobial resistance will be prioritized. Strengthening public-sector capacity to ensure quality essential services, especially for people in vulnerable and marginalized situations, will be emphasized. New technologies will be pursued to reduce morbidity and, where possible, advance and sustain elimination and eradication targets across multiple disease programmes such as polio, measles and neglected tropical diseases. Mental health, brain health and substance use services will be integrated into primary health care in order to expand access to both psychosocial and pharmacological interventions substantively, complemented by ongoing efforts to reduce stigma, prevent suicide and protect human rights, with comprehensive mental health and social care services available in community-based settings.[1]

Outcome indicator	**Baseline**	**Target**
SDG indicator 3.3.1/Resolution WHA75.20. Prevalence of active syphilis in individuals 15 to 49 years of age (%) (New)		
SDG indicator 3.3.1/Resolution WHA75.20. Number of new HIV infections per 1000 uninfected population, by sex, age and key populations (GPW 13)		
SDG indicator 3.3.2. Tuberculosis incidence per 100 000 population (GPW 13)		
SDG indicator 3.3.3. Malaria incidence per 1000 population (GPW 13)		
Vector-borne disease incidence (New)		
SDG indicator 3.3.4/resolution WHA75.20. Hepatitis B incidence per 100 000 population (GPW 13)		
Resolution WHA75.20. Hepatitis C incidence per 100 000 population (New)		
SDG indicator 3.3.5. Number of people requiring interventions against neglected tropical diseases (GPW 13)		
SDG indicator 3.4.1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (GPW 13)		

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

Indicator
Decision WHA75(11). Prevalence of controlled diabetes in adults aged 30–79 years (New)
SDG indicator 3.4.2. Suicide mortality rate (GPW 13)
SDG indicator 3.5.1. Coverage of treatment interventions (pharmacological, psychosocial, and rehabilitation and aftercare services) for substance use disorders (GPW 13)
Document WHA72/2019/REC/1. Service coverage for people with mental health and neurological conditions (New)
SDG indicator 3.d.2. Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (GPW 13)
Decision WHA74(12). Effective refractive error coverage (eREC) (New)
Resolution WHA66.10. Prevalence of controlled hypertension, among adults aged 30–79 years (New)
Resolution WHA68.7. Patterns of antibiotic consumption at national level (GPW 13)
SDG indicator 3.8.1. Coverage of essential health services (GPW 13) (cross-referenced with related indicator under outcome 3.1)
Resolution WHA73.2. Cervical cancer screening coverage in women aged 30–49 years, at least once in lifetime (New)

Outputs

4.1.1 WHO develops evidence-based policies and supports the implementation, scale up and measurement of best buys and other actions to strengthen prevention, control and management of noncommunicable diseases to improve person-centred health care coverage

4.1.2 WHO supports the design, scale-up, implementation and measurement of the coverage of people-centred, rights-based services for key mental health, neurological and substance use conditions

4.1.3	WHO provides leadership, develops evidence-based guidance and standards, and supports Member States to build capacity for delivery of targeted, innovative and integrated people-centred services to reduce incidence, morbidity and mortality and, where applicable, control, eliminate or eradicate communicable diseases
4.1.4	WHO develops and disseminates evidence-based guidance and standards, builds capacity and supports implementation of a people-centred public health approach and core intervention package to prevent, monitor and respond to antimicrobial resistance

Output/leading indicator	Baseline	Target

Scope of outputs

4.1.1. WHO develops evidence-based policies and supports the implementation, scale up and measurement of best buys and other actions to strengthen prevention, control and management of noncommunicable diseases to improve person-centred health care coverage

- Screening, early detection and appropriate treatment of noncommunicable diseases, including cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, through best-practice tools and normative guidance.
- Targeted interventions to accelerate access to priority health products for noncommunicable diseases.
- Promotion of integrated service delivery (including prevention, treatment, rehabilitative and palliative care) to ensure the delivery of effective noncommunicable disease interventions within existing health systems, with a focus on primary health care and universal health coverage.
- Promotion of essential eye, hearing and oral health care services as an integral part of universal health coverage.
- Quality health services for persons with disabilities as part of universal health coverage.
- Routine health information systems capturing noncommunicable diseases, sensory functions and rehabilitation-relevant data to track patient outcomes.
- Population-based surveillance to understand the burden of noncommunicable diseases, rehabilitation and disability at the country level to inform effective programme implementation.
- Research and innovation, including digital approaches, for noncommunicable disease prevention and control.

4.1.2. WHO supports the design, scale-up, implementation and measurement of the coverage of people-centred, rights-based services for key mental health, neurological and substance use conditions

- Monitoring and assessment of the determinants, public health consequences and governance of mental health, neurological and substance use conditions.

- Identification and management of alcohol, drugs and addictive behaviours.
- Promotion of brain health and prevention and management of dementia, epilepsy and other neurological conditions.
- Mental health promotion across the life-course, suicide prevention and human rights protection.
- Assessment, management and integration of mental health conditions in health care systems.
- Mental health and psychosocial support in emergencies.
- Support in the adaptation and creation of national action plans and integration within national health strategic frameworks.

4.1.3 WHO provides leadership, develops evidence-based guidance and standards, and supports Member States to build capacity to deliver targeted, innovative and integrated people-centred services to reduce incidence, morbidity and mortality and, where applicable, control, eliminate or eradicate communicable diseases

- Leading and advocating a resilient response to communicable diseases as an integral part of primary health care and universal health coverage.
- Developing, disseminating, adapting and supporting country uptake, and measuring the impact of guidance and standards for priority diseases including HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis and sexually transmitted infections.
- Targeted interventions to accelerate access to priority medical products for the diagnosis and treatment of, and vaccinations and care for, HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis and sexually transmitted infections.
- Ensuring equitable delivery by the health system of high-quality services (diagnosis, treatment, immunization and care) for HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis and sexually transmitted infections, and disease elimination.
- Strengthening essential public health interventions (for example, vector control and surveillance) with respect to HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis and sexually transmitted infections, and disease elimination.
- Building on system-wide health infrastructure, workforce, information, financing and delivery systems to deliver on communicable disease/programme objectives, including elimination.
- Leveraging multisectoral and community platforms to address social determinants and barriers faced by people vulnerable to HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis and sexually transmitted infections.
- Putting in place efficient governance structures and processes for (multi-)disease elimination.
- Monitoring and evaluation, reporting on HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis and sexually transmitted infections, and disease elimination.
- Setting the research agenda for the development and deployment of new tools and approaches for HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis and sexually transmitted infections, and disease elimination.

4.1.4. WHO develops and disseminates evidence-based guidance and standards, builds capacity and supports implementation of a people-centred public health approach and core intervention package to prevent, monitor and respond to antimicrobial resistance

- Antimicrobial resistance national action plan governance, financing, implementation and progress monitoring.
- Human health and multisectoral (One Health) coordination.
- Surveillance of antimicrobial resistance and use.
- Antimicrobial access and stewardship for appropriate use.
- Bacteriology and mycology diagnosis; laboratory capacities and systems.
- Antimicrobial resistance awareness, education, and advocacy.
- Priority-setting and evidence generation to guide research and development and public health action.
- Leveraging the role of immunization to reduce antimicrobial resistance.

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

A life-course approach will be taken to address gaps in access to essential services, including essential nutrition services, for maternal, newborn, child and adolescent health, as well as for adults and older people. This will include ensuring universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with targets 3.7 and 5.6 of the SDGs, and related international agreements.[1,2] It will address gender-based violence and harmful practices such as female genital mutilation. Particular emphasis will be given to scaling up proven interventions to reduce maternal and newborn mortality during pregnancy, the intrapartum period and postnatally and to strengthening newborn health services such as essential newborn care and care for small and sick newborns. To reduce child mortality there will be a focus on the well child approach, integrated management of childhood illnesses and detection and prevention of congenital anomalies. For adolescents, efforts will continue to accelerate action for adolescent health and well-being through adolescent health programme development, as well as to strengthen the capacity of health and social systems to respond to adolescent-specific developmental vulnerabilities and needs by leveraging digital solutions for adolescent-responsive primary care, building preventive models of care such as well-adolescent visits and investing in best buys such as school health and school health services. For older persons, integrated health and social care will be promoted to ensure a continuum of care and ageing in place. Research will be advanced in all these areas. In the area of immunization, emphasis will be on fully implementing the Immunization Agenda 2030, especially by reaching missed and zero-dose children with essential routine services, including through the post-COVID-19 pandemic "Big Catch Up" (through 2025); scaling up important vaccines such as the human papillomavirus vaccine; rolling out priority new vaccines, such as those against malaria and, potentially, sexually transmitted infections, tuberculosis and dengue, as guided by robust evidence; prioritizing and optimizing vaccine portfolios, by age group and product, to the country context; and intensifying preventive vaccination campaigns to

---

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

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

advance poliomyelitis eradication and reduce the risk of deadly vaccine-preventable diseases, such as measles.

Outcome indicator	Baseline	Target
Resolution WHA67.10. Postnatal care coverage (New)		
SDG indicator 3.1.1. Maternal mortality ratio (GPW 13)		
SDG indicator 3.1.2. Proportion of births attended by skilled health personnel (GPW 13)		
SDG indicator 5.6.1. Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (GPW 13)		
SDG indicator 5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (GPW 13)		
Resolution WHA67.15. Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines (New)		
SDG indicator 3.2.1. Under-5 mortality rate (GPW 13)		
SDG indicator 3.2.2. Neonatal mortality rate (GPW 13)		
Resolution WHA67.10. Stillbirth rate (per 1000 total births) (New)		
Obstetric and gynaecological admissions owing to abortion (New)		
SDG indicator 3.7.1. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (GPW 13)		

Outcome indicator	Baseline	Target
SDG indicator 3.7.2. Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group (New)		
SDG indicator 3.b.1. Proportion of the target population covered by all vaccines included in their national programme (GPW 13)		
SDG indicator 4.2.1. Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex (GPW 13)		
SDG indicator 5.6.2. Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (New)		
Treatment of acutely malnourished children (New)		
Resolution WHA74.5. Proportion of population entitled to essential oral health interventions as part of the health benefit packages of the largest government health financing schemes (New)		
Decision WHA73(12). Percentage of older people receiving long-term care at a residential care facility and home (New) *		
SDG indicator 5.3.2. Proportion of girls and women aged 15–49 who have undergone female genital mutilation (New)*		

Outputs

4.2.1	WHO sets norms and standards, provides guidance and builds country capacity to improve sexual, reproductive, maternal, newborn, child, adolescent, adult and older person health across the life course
4.2.2	WHO sets norms and standards, provides guidance and builds country capacity to strengthen and sustain quality immunization services across the life course, including poliomyelitis, paying particular attention to unvaccinated and under-vaccinated persons and communities

Output/leading indicator	Baseline	Target

Scope of outputs

4.2.1. WHO sets norms and standards, provides guidance and builds country capacity to improve sexual, reproductive, maternal, newborn, child, adolescent, adult and older person health across the life course

- Sexual health.
- Contraception and fertility.
- Comprehensive abortion care.
- Essential newborn and small and sick newborn care.
- Management and care of normal and complicated pregnancy and childbirth and postpartum.
- Child (28 days to 9 years of age) care, health, growth and development.
- Sexual, reproductive, maternal, newborn, child and adolescent health research and research capacity strengthening.
- Continuum of integrated person-centred care for older people.
- Long-term care.
- Sexual, reproductive, maternal, newborn, child and adolescent health guidelines and policies.
- Adolescent (ages 10–19 years) health and well-being.
- Monitoring sexual, reproductive, maternal, newborn, child and adolescent health morbidity, mortality, coverage and policies.
- Framework for life course trajectories.
- Strengthening health systems for sexual, reproductive, maternal, newborn, child and adolescent health.
- Improving quality of care for sexual, reproductive, maternal, newborn, child and adolescent health.

- Rights and equity across the life course for sexual, reproductive, maternal, newborn, child and adolescent health.
- Gender-based violence and female genital mutilation.

4.2.2. WHO sets norms and standards, provides guidance, and builds country capacity to strengthen and sustain quality immunization services across the life course, including poliomyelitis, paying particular attention to unvaccinated and under-vaccinated persons and communities

- Vaccine-preventable disease surveillance (laboratory and epidemiology).
- Vaccine and immunization policies and strategies, including national immunization strategies.
- Prioritization and decision-making on vaccine and immunization programme portfolios.
- Market surveillance on global vaccine supply, price and access.
- Vaccine and immunization priorities and goalposts for research and development.
- New vaccine introductions.
- Immunization programme development, strengthening and performance monitoring.
- Prevention of, response to and recovery from vaccine-preventable disease outbreaks and emergencies.
- Activities to map behavioural and social determinants of community-centred health delivery services and vaccine acceptance.
- Deployment and implementation of geospatially supported local microplanning methods.

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

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

Outcome indicator	**Baseline**	**Target**
Incidence of catastrophic out-of-pocket health spending (SDG indicator 3.8.2 and regional definitions where available) (New)		
Incidence of impoverishing out-of-pocket health spending (related to SDG indicator 1.1.1 and regional definitions where available) (New)		
Resolution WHA64.9. Out-of-pocket payment as a share of current health expenditure		

(New)

Outputs

4.3.1	WHO provides guidance, strengthens capacity and supports countries to collect, track and analyse health expenditure data, including health accounts, and disaggregated data on out-of-pocket expenditures, financial hardship and financial barriers to identify inequities and inform decision-making for financial and social health protection		
	Output/leading indicator	**Baseline**	**Target**

Scope of outputs

4.3.1. WHO provides guidance, strengthens capacity and supports countries to collect, track and analyse health expenditure data, including health accounts, and disaggregated data on out-of-pocket expenditures, financial hardship and financial barriers to identify inequities and inform decision-making for financial and social health protection

- Global health expenditure tracking, reporting, analysis, institutionalization and capacity-building.
- Financial protection monitoring, reporting, analysis, institutionalization and capacity-building.
- Social health protection for universal health coverage.
- Policies targeting out-of-pocket expenditures, financial barriers and hardship.
- Policies targeting health inequity.

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

Hazard-specific strategies will be updated and adapted to mitigate health emergency risks through dynamic assessments of threats and vulnerabilities, coupled with the continuous refinement and adaptation of hazard-specific plans. Tailored readiness plans and guidelines will address the varied needs of communities that are confronted with environment threats to health, notably those intensified by climate change, such as natural disasters and food security crises. Complex information will be simplified into actionable solutions. Key to this approach will be the scaling up of population and environmental health interventions through a One Health approach, including the expansion of vaccination, infection prevention and control, vector control, WASH and food safety initiatives, as well as programmes that target specific epidemic and pandemic-prone disease.[1] Interventions against antimicrobial resistance will be supported, including through improved low-cost diagnostics, access to quality, affordable antimicrobials and promotion of the responsible use of antibiotics. It will be essential to foster community engagement and leadership and prioritize equitable access to vaccines and other essential products, especially for people in vulnerable and marginalized situations. Equally important

[1] Document EB142/3 Rev.2.

will be empowering communities with effective risk communication and evidence-based strategies to combat misinformation and disinformation. Risk-adjusted public health measures will be developed, as required, for mass gatherings, travel and trade, complemented by advances in biosafety and biosecurity practices that also protect health workers and patients. Recognizing health workers are on the frontlines during health emergencies, infection prevention and control measures will also be strengthened for their protection. This outcome requires robust multisectoral collaboration, the mobilization and coordination of expert technical networks, the bolstering of community resilience and continuous innovation. It will reduce risks from all health hazards, while ensuring communities and health systems are better equipped and prepared to manage them.

Outcome indicator	Baseline	Target
Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens: yellow fever,[1] cholera,[2] meningitis, polio and measles (New)		
Social protection (New and cross-referenced with related indicator under outcome 2.1)		
Number of cases of poliomyelitis caused by wild poliovirus (GPW 13)		
Probability of spillover of zoonotic diseases (New)		
Coverage of WASH in communities and health care facilities (New) *		
Trust in government (New)*		

Outputs

5.1.1 WHO collaborates with partners to communicate risks and engage with communities to co-create public health prevention and response interventions for all-hazards

5.1.2 WHO provides technical expertise and operational support to strengthen and scale preventive population and environmental public health interventions for all hazards, utilizing a One Health approach

Output/leading indicator	Baseline	Target

[1] For high-risk Member States.

[2] For affected Member States.

Scope of outputs

5.1.1. WHO collaborates with partners to communicate risks and engage with communities to co-create public health prevention and response interventions for all-hazards

Leadership, coordination and convening
• Advocate for and provide strategic and technical leadership for community protection through strengthened risk communication and community engagement and infodemic management systems. • Advocate for and develop policies, capacities, capabilities and mechanisms that support community-based health emergency management, including early detection, notification, preliminary response, and monitoring and evaluation. • Advocate for whole-of-society and whole-of-government coordination mechanisms with clearly defined processes for rapid activation in an emergency. • Promote equitable, inclusive and cohesive health emergency programmes, that reduce duplication, increase efficiency and are accountable to affected populations. • Advocate and provide leadership and facilitation for proportionate resource allocation and investment into community protection areas of work. • Purposefully convene and foster partnerships through multistakeholder mechanisms, networks, government agencies, nongovernmental organizations, academia, civil society, community groups and the private sector for community-based preparedness and response. • Convene partnerships to facilitate the monitoring, evaluation, and sharing of best practices/lessons learned in community protection, including through learnings from simulation exercises. • Provide strategic leadership to map, integrate and align community protection activities and investments with other health programmes and initiatives, with a focus on reinforcing preventive and primary health care interventions for acute public health threats. • Advocate for evidence-informed community-centred policies and actions through convening multidisciplinary stakeholders, including public health practitioners, policy-makers, the private sector, scientists, the media, community health workers and civil society organizations.
Norms, standards and technical products
• Provide technical guidance for technically robust risk communication, community engagement and infodemic management practice. • Develop quality-assured normative guidance for using and producing evidence, including rapid, operational evidence, to strengthen community-centred policies and practices in emergencies. • Develop tools for using and producing evidence to develop behavioural interventions that drive impact. • Collate good practices for risk communication, community engagement, infodemic management and behavioural interventions. • Develop quality-assured tools and resources for strategic risk communication, community engagement and infodemic management planning, including for community assets and structures mapping, vulnerability mapping, and partner and information systems mapping. • Provide guidance and resources for developing tailored, timely and action-oriented health information and advice. • Provide technical guidance on data-driven approaches to listening to and dialoguing with at-risk or affected communities to understand their behaviours, experiences, questions, concerns and solutions. • Develop frameworks, guidance, tools, innovative approaches and communities of practice to promote community leadership, build trust, build capacity within communities, and co-develop and implement tailored, context-specific public health and social interventions integrated with primary health care. • Develop tools and guidance to engage community structures, assets and resources for community-centred health emergency partnerships and actions.
Technical and operational support
• Enable access to WHO normative guidance and support for national partners to map and engage, at the national and subnational levels, with existing community groups and networks, including informal

groups and networks, to co-design, plan, collaborate and strengthen efforts to build resilience to public health threats and improve the health and well-being of communities.

- Enable access to WHO technical guidance for local-level engagement with at-risk or affected communities to include them in community risk and vulnerability assessments and community-based emergency risk management, including community simulations and action planning.
- Provide technical and operational support to national and local governments and partners for gap analysis, community assets and structures mapping and action planning to achieve community protection and build community resilience, especially in vulnerable groups, including in humanitarian and urban settings.
- Provide operational support, as requested, for countries to establish or engage with existing community taskforces/coordination groups for prevention, mitigation, preparedness, response and recovery activities that include collection of data, community-based surveillance and reporting, care pathways and referrals, and clear mitigation and response plans.
- Provide operational support, as requested, and enable access to technical guidance for two-way risk communication and community engagement that includes feedback mechanisms and action tracking systems based on the feedback.
- Ensure access to and promote the use of WHO normative products and technical expertise to strengthen the capacities of community workers, including non-technical staff, volunteers and other community actors, for the early detection of and rapid response to health emergencies in communities.
- Enable access to WHO normative products and provide technical or operational support, as requested, for risk communication, community engagement and infodemic management capacity-building.
- Provide, as requested, direct technical and/or operational support for risk communication, community engagement and infodemic management in response to specific emergency events.
- Enable, as requested, exchange programmes, fellowships and peer-to-peer learning opportunities to enhance skills and knowledge sharing across countries and regions.

5.1.2. WHO provides technical expertise and operational support to strengthen and scale preventive population and environmental public health interventions for all hazards, utilizing a One Health approach

Leadership, coordination and convening
• Provide strategic and technical leadership for community protection enabled through evidence-informed population and environmental interventions. • Advocate for and convene partners to strengthen multisectoral action that accounts for and mitigates the social and economic impacts of population and environmental interventions, such as social protection. • Advocate for and convene partners to coordinate a One Health approach at the human–animal–environment interfaces to ensure zoonotic diseases are prevented, detected early and contained promptly at the community level. • Purposefully convene, establish and activate collaborations and partnerships with WASH partners for prevention and control of water- and vector-borne diseases. • Provide strategic and technical leadership for community protection policies, mechanisms and actions for mass gathering events and cross-border collaboration. • Provide strategic and technical leadership to promote and facilitate widespread community-centred vaccination programmes, including those that address the behavioural and social drivers of vaccination to prevent and control infectious diseases in health emergencies. • Promote collaborations and partnerships for research agenda setting and evidence on population, behavioural and environmental interventions to protect community health.
Norms, standards and technical products
• Provide technical guidance and operational tools for the co-development and co-delivery of population and environmental interventions to optimize feasibility, acceptance, accessibility and uptake of these measures within the community. • Provide technical guidance and operational tools to engage communities in urban preparedness. • Develop a training module for WASH practitioners and community volunteers on WASH actions to prevent vector-borne diseases.

• Develop a framework, guide and tools to operationalize a One Health approach among at-risk communities to engage communities and build community capacity for prevention, early detection and containment of emerging zoonotic disease spillovers. • Develop evidence-informed operational tools for preventing zoonotic spillovers through risk mitigation solutions that target critical points for spillovers at the human–animal–environment interface. • Develop a community protection policy, guide and tools for mass gathering events and cross-border areas. • Embed core technical skills for the co-development and co-delivery of population and environmental interventions in core capacity development packages, including those with a disease-specific focus.
Technical and operational support
• Provide technical and operational support to define contextually shaped, community-based actions and interventions for the prevention and detection of emerging zoonotic disease spillovers at the human–animal–environment interface by applying a One Health approach at the community level. • Enable access to and use capacity strengthening materials and coordination and partnership mechanisms at community and local levels to prevent, detect and respond to emerging zoonotic disease spillovers. • Provide technical and operational support, as needed, to engage and empower communities for community-based vector control, including WASH, to prevent and control infectious disease outbreaks. • Provide global/regional support to countries to effectively consult and engage with communities to co-create interventions, services and plans, including public health and social measures. • Enable the implementation of WHO normative guidance for community-based WASH initiatives to prevent and control infectious disease outbreaks through evidence-informed actions. • Enable the uptake and use of tools to steer decision-makers in evidence-based approaches to implementing and scaling public health and social measures for health emergencies, including for mass gatherings and in relation to travel and trade.

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

Prioritized national action plans for health security will be created, regularly updated and aligned with the International Health Regulations (2005). These plans will aim to strengthen essential capacities for health emergency preparedness and response, utilizing expert networks and evidence-based tools. Readiness plans and guidelines will address specific threats, such as those associated with natural disasters, food crises and famines, severe weather and other extreme events driven by climate change,[1] with ongoing assessment and threat monitoring.[2] Emphasis will be on enhancing the emergency workforce, supporting health systems' resilience to ensure safe and scalable care during emergencies, and strengthening key public health and clinical institutions. This will include integrated disease, threat and vulnerability surveillance; augmented diagnostics and laboratory capacities; enhanced pathogen and genomic surveillance capabilities; and complementary systems such as wastewater surveillance. Support for health systems strengthening work will focus on ensuring their capacity to absorb, adapt or transform in the face of shocks. Coordination across all relevant sectors and stakeholders will be intensified to advance equitable access to medical countermeasures and ensure the capacity to maintain essential health and nutrition services in emergencies. To facilitate these efforts, increased attention and resources will be given to enabling and coordinating the "networks of networks" that require sustained support, including those for research and development (including clinical trials), geographically diversified

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

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

production and scalable manufacturing of medical countermeasures, strategic stockpiling and resilient supply chains, as well as cross-border digital infrastructure for verifiable health credentials.

Outcome indicator	Baseline	Target
National health emergency preparedness (New)		
SDG indicator 3.d.1. International Health Regulations (2005) capacity and health emergency preparedness (GPW 13)		

Outputs

5.2.1 WHO conducts risk and capacity assessments and supports the development and implementation of national preparedness and readiness plans, including tailored prevention and mitigation strategies for specific hazards

5.2.2 WHO establishes and manages collaborative networks for fast-track research and development, scalable manufacturing and resilient supply chain systems to enable timely and equitable access to medical countermeasures during health emergencies

5.2.3 WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients

Output/leading indicator	Baseline	Target

Scope of outputs

5.2.1. WHO conducts risk and capacity assessments and supports the development and implementation of national preparedness and readiness plans, including tailored prevention and mitigation strategies for specific hazards

Leadership, coordination and convening
• Collaborate with a wide range of partners and experts, leverage the expertise of WHO collaborating centres, and convene technical networks to translate knowledge into strategic and technical solutions that are adapted to meet the specific needs of a given setting/population and implemented.
Norms, standards and technical products
• Develop and implement targeted, evidence-based strategies for prevention and mitigation based on assessments at the national, subnational and community levels (including urban areas). • Collaborate with national and international partners to tailor global strategies to local needs and capacities.

• Develop/update/align global strategies, frameworks and technical tools, including for country assessments, that support the development of national preparedness and readiness plans and actions, and are prioritized, aligned with strategic objectives, costed, implemented and monitored.
Technical and operational support
• Under the Sendai Framework for Disaster Risk Reduction (and in line with Sustainable Development Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), work with countries and partners to strengthen countries' sustainable capacities for coordinated health actions to reduce disaster risks through prevention, mitigation, preparedness, response and recovery towards resilience. • Conduct context-specific assessments of the threats and vulnerabilities related to health emergencies from all hazards through the lens of climate change. • Conduct comprehensive assessments of national health emergency capacities. • Develop/update prioritized, country-specific action plans based on assessment outcomes using multisectoral and One Health approaches. • Establish strategic and operational plans with clear lines of responsibility and timelines for implementation. • Facilitate the monitoring and periodic review of the progress of action plans using the International Health Regulations (2005) Monitoring and Evaluation Framework along with technical and financial support afforded to countries. • Develop/update national investment plans/profiles to support countries mobilizing financial resources to implement action plans.

5.2.2. WHO establishes and manages collaborative networks for fast-track research and development, scalable manufacturing and resilient supply chain systems to enable timely and equitable access to medical countermeasures during health emergencies

Leadership, coordination and convening
• Promote research and development in medical countermeasures, including vaccines, therapeutics, and diagnostics. • Enable fast-tracked research and development through global coordination, fostering an environment conducive to research and discovery, supporting clinical trial platforms, and enhancing regulatory and legal frameworks. • Advocate for fair pricing and allocation policies based on public health needs to ensure that all populations have access to necessary treatments, and that emergency-related services are provided for free at the point of delivery. • Work towards needs-based allocation and equitable access to essential medical countermeasures, including vaccines, therapeutics, diagnostics and other health products.
Technical and operational support
• Support the scalable manufacturing of medical countermeasures by building local, distributed, adaptable and ever-ready manufacturing capabilities. • Strengthen and coordinate emergency supply chains and emergency distribution. • Establish and maintain strategic stockpiles of essential medical supplies and equipment. • Support the facilitation of the provision of financial support to WHO country offices to support the procurement of essential medicine during emergencies.

5.2.3. WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients

Leadership, coordination and convening
• Foster collaborations and partnerships to ensure safe and scalable care during health emergencies, including adapted clinical care pathways, a skilled clinical and technical workforce, scalable infrastructure and required supplies. • Lead collaborations and partnerships to scale oxygen at the national level to meet the needs of the health system and be able to meet surge needs during health emergencies.

• Lead collaborations and partnerships in the prioritization of clinical research questions and collaborative research programmes to improve the clinical care of those most affected by priority health threats. • Encourage investment in health infrastructure, including medical oxygen systems, that can withstand and adapt to emergencies, ensure patient and health worker safety and are acceptable to communities. • Establish/activate infection prevention and control and WASH coordination mechanisms to provide strategic, technical and operational oversight during health emergencies.
Norms, standards and technical products
• Develop and support the implementation of standards, protocols, tools and capacity-building to deliver safe care for affected persons during a health emergency and ensure the continuity and quality of care in crisis situations. • Develop and support the implementation of standards for clinical data collection/surveillance to understand disease severity and impact on health systems during health emergencies. • Develop evidence-based standards, guidance, and protocols for infection prevention and control and WASH in health facilities and communities during emergencies. • Develop rapid assessment tools and key performance indicators to ensure effective oversight and continuous improvement of infection prevention and control and WASH practices. • Establish/strengthen the implementation of health care-associated infections surveillance, including health and care worker infections, during health emergencies.
Technical and operational support
• Leverage WHO's technical and operational capabilities to ensure appropriate, required medicine/supplies are readily available to patients and health workers during health emergencies, including for clinical trials to assess the safety and efficacy of investigational products. • Ensure the implementation of infection prevention and control measures and WASH services in health facilities during health emergencies. • Strengthen screening and isolation capacity for health and care workers, patients and visitors in health facilities during health emergencies. • Strengthen health and care worker capacity through the provision of training, mentorship and supportive supervision on infection prevention and control and WASH. • Ensure the availability and appropriate use of infection prevention and control /WASH supplies, including personal protective equipment for health and care workers. • Support strategic stockpiling to ensure adequate infection prevention and control and WASH supplies and other critical equipment, enhancing readiness for and response to outbreaks.

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

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

Outcome indicator	Baseline	Target
Timeliness of detection, notification and response of International Health Regulations (2005) notifiable events (7–1–7 as new target in draft GPW 14) (GPW 13)		

Outputs

6.1.1 WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events

6.1.2 WHO coordinates rapid and effective responses to acute public health threats, including deploying multisectoral response capacities, surging emergency supplies and logistics support, providing contingency financing, and implementing strategic and operational response plans

Output/leading indicator	Baseline	Target

Scope of outputs

6.1.1. WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events

Leadership, coordination and convening
• Leverage WHO's convening role to create and support networks and partnerships across all regions and disciplines to foster a collaborative surveillance environment that supports countries to better prevent, detect and mitigate public health threats. • Support Member States to define suitable governance approaches and establish shared priorities, coordination and collaboration mechanisms that facilitate collaboration among stakeholders in emergencies. • Lead the development and implementation of a global strategies to strengthen diagnostics and laboratory capacities in health emergencies, mobilizing and leveraging laboratory networks and technical partners. • Under the purview of the International Health Regulations (2005), work with countries to ensure the rapid detection and verification of public health threats of potential international concern, assess these risks, and alert public health authorities and the world about potential emergencies. • Facilitate networks across borders, partners, sectors, organizations and fields of expertise to build relationships and establish protocols for enabling secure access to and the sharing of data, information, intelligence and capacities in a timely manner.
Norms, standards and technical products
• Provide standards, strategies, tools, training packages, and other technical and operational resources for improved data collection and management, analysis and interpretation, data and information-sharing and effective communication for public health decision-making. • Ensure norms, standards and products support Member States to strengthen early warning systems for the timely detection of and response to public health threats, especially at the community level.

• Establish evidence-based best practices for surveillance and public health intelligence. • Develop and disseminate guidance, tools and learning programmes to strengthen laboratory systems and networks, with enhanced leadership and governance, infrastructure and capabilities, biosafety and biosecurity, workforce, and data analytics for pathogen detection and characterization, and better coordination of laboratory capacities with national surveillance systems. • Foster innovation and the open and equitable dissemination of diagnostic tools and methods, which includes the evidence-based application of emerging technologies (for example, genomics). • Establish methods, protocols and tools to enhance signal verification, and event risk assessment processes and capabilities. • Establish standards and protocols to improve how surveillance data, information and health intelligence are structured, represented and exchanged to enable more effective public health decisions.
Technical and operational support
• Enhance surveillance and public health intelligence capacities for the prevention, early detection of and effective response to health threats, ensuring systems capture signals from all hazards indicative of potential health threats and vulnerabilities. • Engage and support national authorities, public health institutes, operational partners, policymakers and other stakeholders to strengthen systems that integrate data from multiple sources and foster collaboration across systems, sectors, geographical levels and emergency cycles, including for contextual, community and One Health insights. • Support national public health agencies to implement core health emergency preparedness and response capabilities. • Strategically leverage innovative surveillance tools and methods to enhance early detection and monitoring, where appropriate. • Support and recognize the delivery of the core functions of national reference laboratories for pathogens of epidemic and pandemic potential, including genomic surveillance, complemented by decentralized testing capabilities at or near the point of care. • Facilitate the establishment and application of ethical, equitable and scalable infrastructure to link secure data, integrate and share intelligence, and leverage emerging technologies (for example, artificial intelligence) to the benefit of public health. • Alert Member States and the world to public health threats of potential international concern to assist their prevention, preparedness and response efforts. • Conduct thorough risk assessments to understand the potential impact and severity of these events. • Implement a grading system to categorize public health events based on urgency, and seriousness and response capacity, to guide appropriate response measures.

6.1.2. WHO coordinates rapid and effective responses to acute public health threats, including deploying multisectoral response capacities, surging emergency supplies and logistics support, providing contingency financing, and implementing strategic and operational response plans

Leadership, coordination and convening
• Facilitate collaboration among global, regional and national stakeholders during health emergencies. • Provide strong coordination and leadership in emergency responses, including coordination across a range of partners, and lead or support, as appropriate, the development of strategic response plans/action plans/flash appeals. • Foster collaborations between governments, academia and industry to build a robust public health infrastructure, such as public health emergency operations centres. • Collaborate with international financial institutions and donors to secure additional financial resources when needed and augment contingency financing. • Leverage WHO's convening role in setting up the Global Health Emergency Corps as a body of professionals from all countries and leading emergency response networks who are globally connected and work together in times of international health crises. • Convene national authorities and partners through regional and global initiatives and networks (including the Global Health Emergency Corps, the Global Outbreak Alert and Response Network, the Emergency Medical Teams initiative, the Standby Partnership Network, the Global Health Cluster, the Preparedness and Resilience for Emerging Threats initiative and the Public Health Emergency Operations Centre Network) to coordinate the development of relevant norms and standards, as well as operational and technical support for Member States in emergency preparedness and response.

• Facilitate collaboration and coordination between national public health agencies or equivalent, including national International Health Regulation (2005) authorities, in preparedness for and response to transnational health threats. • Convene regular networking opportunities to identify lessons learned, develop new guidance, develop and maintain pandemic plans, and enhance the collective ability to respond to health emergencies (including and as appropriate through the Global Outbreak Alert and Response Network, the Emergency Medical Teams initiative, the Standby Partnership Network, the Global Health Cluster, the Preparedness and Resilience for Emerging Threats initiative and the Public Health Emergency Operations Centre Network, and the Global Health Emergency Corps Leaders Network).
Norms, standards and technical products
• Emergency operations adopt a standardized approach under the WHO Emergency Response Framework through the incident management system, with a centralized platform for information sharing managed by public health emergency operations centres. • Establish and maintain effective public health emergency operation centres that can be activated quickly in response to health threats. • Develop global and regional strategies, best-practice guides and tools, and provide assistance in the implementation of functional public health emergency operations centres to promote interoperability and partnership for the effective coordination of response operations. • Design a framework document that countries can use to assess, structure and invest in their national health emergency corps and that outlines the modalities of collaboration and support between countries and partners to collectively constitute regional and global health emergency corps. • Develop and disseminate operational and technical standards, benchmarks and guidance for the establishment of rapid response capacities to ensure quality and interoperability. • Undertake operational research to improve the evidence base for targeting preparedness and response activities on health emergency workforce capacity strengthening. • Coordinate the development of predictable triggers and mechanisms for gathering leaders across countries and regions to enable common situational awareness and collective decision-making to prevent, contain and respond to regional/global health threats. • Coordinate the development of global, regional and national public health emergency workforce strategies, policies and plans.
Technical and operational support
• Provision of technical support to responses across all key technical areas, and facilitation of the use and implementation of state-of-the-art response tools. • Support the monitoring and evaluation of emergency responses to ensure continuous learning and adaptation of operations. • Maintain and rapidly deploy stocks of emergency supplies, including medical equipment and essential medicines. • Establish robust logistics systems to ensure the timely and efficient delivery of these supplies to affected areas. • Allocate and manage contingency funds to enable swift financial responses to emerging health threats. • Ensure transparent and accountable mechanisms for the disbursement and utilization of contingency funds. • Provide operational support to local and national authorities, including national International Health Regulations (2005) authorities, to enhance their health emergency preparedness and response capabilities and capacities to implement the International Health Regulations (2005). • Support countries in determining the right size, expertise and skills of the health emergency workforce, and in assessing and addressing gaps through planning, resource mobilization and technical expertise. • Provide interdisciplinary training exercises and knowledge exchange for the health emergency workforce, including community-level first responders and health emergency professionals at all levels in the country, deployable surge capacities and health emergency leaders. • Promote and support capacity strengthening and the necessary coordination structures for multidisciplinary rapid response capacities, including through quality-assurance processes, to ensure they are equipped with the necessary skilled staff, systems, structures and supplies/resources to be deployed, nationally or internationally, upon request.

- Mobilize, deploy and coordinate, as appropriate, multidisciplinary rapid response capacities comprising teams and experts from various sectors and disciplines, and through the appropriate networks and mechanisms.
- Conduct health emergency simulation exercises, including multi-country exercises, for transnational health threats, with countries and partners to practise coordinated leadership, deployable and interoperable rapid response capacities, and a well-practised emergency workforce. Review the outcomes of simulation exercises to identify areas for improvement in workforce capacity, coordination mechanisms and rapid response capacities.

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

Life-saving care interventions will be immediately deployed during all health emergencies, building on pre-existing cooperation agreements where these exist. Public health needs will be rapidly assessed as the basis for adapting the package of essential health and nutrition services across the continuum of care during an emergency[1] and monitoring coverage over time. Particular attention will be given to ensuring the continuity of sexual and reproductive health services[2] and meeting the needs of populations in particularly vulnerable or marginalized situations, including women and children and those living with noncommunicable diseases, disabilities and mental health conditions. Robust coordination mechanisms will be implemented to support critical functions, including the equitable allocation of and prompt access to medical countermeasures, supply chain management, and health cluster planning and financing, with specific provisions to sustain collective health action during protracted crises and through the recovery phase. A strong emphasis will be given to maintaining routine health services and systems during emergencies to ensure ongoing equitable access to health care, with early recovery planning to build back better. WHO will further strengthen its leadership of the Global Health Cluster in order to implement comprehensive public health needs assessments as the basis for the development, funding and management of targeted response plans in support of Member States. The systematic monitoring of attacks on health care during emergencies will continue to be essential for developing effective prevention strategies, protecting health care workers, and ensuring access to care. These combined efforts will aim to meet the constantly increasing humanitarian demands in order to guarantee that no one is left behind and ensure that health for all remains a fundamental priority, especially for people in vulnerable and marginalized situations.

Outcome indicator	Baseline	Target
Composite indicator comprising three tracer indicators for essential health services among population in settings with humanitarian response plan (New)		
Proportion of vulnerable people in fragile settings provided with essential health services (%) (GPW 13)		

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

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

Outputs

6.2.1	WHO coordinates and leads the health cluster and partners to assess health needs and develop, fund and monitor humanitarian health emergency response plans in protracted emergencies
6.2.2	WHO ensures the provision of life-saving care and maintains essential health services and systems in emergencies and vulnerable settings, addressing barriers to access and inequity

Output/leading indicator	Baseline	Target

Scope of outputs

6.2.1. WHO coordinates and leads the health cluster and partners to assess health needs and develop, fund and monitor humanitarian health emergency response plans in protracted emergencies

Leadership, coordination and convening
• As the Inter-Agency Standing Committee (IASC)-designated cluster lead agency for health/lead of the global health cluster, WHO coordinates the design and delivery of impartial assistance in collaboration with approximately 900 cluster partners worldwide. These partners have the operational expertise and presence to support health service provision in some of the most hard-to-reach, security compromised environments. • Provide leadership and coordination for the health cluster response in protracted emergencies and support alternative humanitarian coordination approaches as defined by resident coordinators/humanitarian coordinators, humanitarian country teams and IASC entities. • Provide surge capacity for cluster coordination for IASC scale-up activation and/or WHO Health Emergencies Programme G3 response. • Engage in strategic planning and resource mobilization processes (primarily humanitarian needs overviews/humanitarian response plans) to sustain health services over extended periods. • Engage with de facto local health authorities where needed to reach affected communities in non-government-controlled areas, applying a conflict-sensitive approach. • Facilitate collaboration among health cluster partners, including government agencies, local and national non-state actors, international nongovernmental organizations and international organizations. • Advance the meaningful engagement of local and national actors in the health cluster as per Grand Bargain and Global Health Cluster (GHC) localization strategy commitments.
Norms, standards and technical products
• Define and deliver a context-adapted H3 (High-priority Health Services for Humanitarian Response) package at the national and subnational levels. • Monitor the provision of and access to essential health services, and monitor effectiveness of the interventions to address the main barriers to access and utilization. • Contribute to the implementation of a monitoring system for attacks on health care, and promote adaptive programming to mitigate impact of attacks on health access and health care workers.
Technical and operational support
• Conduct thorough assessments to identify people-centred, public health, humanitarian and protection needs during emergencies in compliance with IASC and GHC standards and methodologies. • Advocate identified service needs/gaps to key stakeholders and guide the deployment of service provider capacities to address them.

• Support country health cluster teams and partners to implement IASC and GHC policies, guidance and tools to ensure the provision of quality, accountable and context-appropriate, people-centred health cluster action. • Periodically assess country health cluster quality and performance using standard IASC and GHC processes and tools, and support required action through remote and/or in-country missions. • Support the advancement of inter-cluster/intersectoral programming to address overlapping needs and improve health outcomes.

6.2.2. WHO ensures the provision of life-saving care and maintains essential health services and systems in emergencies and vulnerable settings, addressing barriers to access and inequity

Leadership, coordination and convening
• Coordinate the scale-up and maintenance of essential health services and the implementation of critical public health functions during all emergencies. • Map and monitor physical, psychological, sociocultural, economic, security and other barriers to access to health services and coordinate additional measures to increase equity – particular attention will be given to barriers faced by persons with disabilities and persons with certain sociocultural, economic, migration characteristics that render them vulnerable to being left behind. • Collaborate with global partners to overcome barriers to access, including those that are caused by a given emergency; the prevailing sociocultural, economic, migration, security contexts and dynamics; and/or the public health and social measures to control the emergency, especially in limited resource settings. • Enhance/leverage/strengthen partners' health logistics capacities through health logistics working group coordination. • Lead efforts in the recovery and/or transition phase following emergencies, including a "build back better" approach to enhance health system resilience and preparedness for future emergencies. • Coordinate with governments and partners to integrate lessons learned and strengthen health systems.
Norms, standards and technical products
• Provide guidance for the development of adapted packages of essential health services for populations affected by emergencies, and the reallocation of resources to ensure continuity of care and develop an operational plan with a mix of service delivery platforms and models of care adapted to local accessibility, security and capacities. • Implement strategies to protect health workers and patients, ensuring safe service delivery. • Develop contextualized operational guidance for the implementation of critical public health functions in emergency settings, with a particular focus on equity and addressing barriers to access to health for persons and populations vulnerable to being left behind, namely persons with disabilities, persons less able to access health care owing to their sociocultural, migration or economic circumstances, and so forth.
Technical and operational support
• Deploy technical experts, medical teams, operations support, equipment and supplies for the delivery of essential health services and functioning of health systems, particularly in operationally difficult contexts and settings. • Periodically analyse and evaluate the health risks and needs of people and populations affected by emergencies, and the wider context and dynamics of emergencies influencing health. • Adapt health service delivery models to meet the changing risks and needs of a population based on the emergency context. • Monitor barriers to access to health and quality of care, identify and implement contextualized interventions to overcome these barriers and increase quality of care. • Conduct joint analyses of the health system and identify operational approaches for strengthening the foundations of the health system that build on humanitarian response and local capacities, to implement the humanitarian–development–peace nexus and develop early recovery plans.

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

Under this corporate outcome, WHO will facilitate the strengthening of its governing bodies to set global health priorities more efficiently and effectively. It will champion the health, health equity and well-being agenda in key policy and multilateral political and technical forums at all three levels of the Organization, and will engage in strategic policy dialogue and advocacy to raise or keep health and well-being high on the political agenda with the aim of ensuring that no one is left behind. It will highlight the central role of health in achieving wider development goals as part of the indivisible Sustainable Development Goals agenda. WHO will scale up its strategic, evidence and data-informed communications in order to promote both the individual behaviours and the policy changes needed to meet all health needs and the right to health, with a central focus on reaching those left behind and combating misinformation and disinformation. It will continue to facilitate agreement on international frameworks and strategies for health.[1] WHO will mobilize collective action among Member States and partners and will catalyse engagement and collaboration across the diverse array of health actors and sectors that are needed to achieve the GPW 14 outcomes, including the mobilization of sustainable resources for health work and WHO at all levels. Recognizing the important and rapidly growing trends in regional cooperation for health, WHO's capacity at the regional level will also be strengthened to leverage the increasing opportunities for – and the Organization's own increasing responsibility within – regional partnerships, enhance collaboration with regional health entities, and better support the health investments made by the regional multilateral development banks.

Outcome indicator	Baseline	Target
These indicators will measure WHO's work in engaging and aligning health actors around a common agenda for health and well-being at global, regional and country levels. The scope of these indicators will include assessing, for example, how GPW 14 priorities are reflected in: – United Nations resolutions and other international and regional political declarations – the strategic agendas of major international health organizations – relevant national health and other frameworks[2]		

Outputs

7.1.1 Convening, advocating and engaging with Member States and key constituencies in support of health governance and to advance health priorities

7.1.2 Effectively strategizing, planning, advocating and communicating to promote evidence-informed planning for decision-making for interventions and healthy behaviours in countries (*currently under discussion of clarifying and improving this output*)

Output/leading indicator	Baseline	Target

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

[2] For example, the United Nations Sustainable Development Cooperation Framework to be agreed after 1 January 2025, including the goal of leaving no one behind.

Scope of outputs

7.1.1. Convening, advocating and engaging with Member States and key constituencies in support of health governance and to advance health priorities

- Bring countries together to negotiate conventions, regulations, resolutions and technical strategies and support their implementation to achieve greater coherence.
- Expand WHO's engagement with regional political forums and entities to advance action on health, including the specific challenges of small island developing States.
- Support the implementation of initiatives such as the Lusaka Agenda to enhance the alignment of national and international resources with government health priorities and under government leadership.
- Facilitate the strengthening of the WHO governance processes by harmonizing and aligning these across the Organization.
- Lead country work driven by national priorities that are identified through WHO's multiyear Country Cooperation Strategy[1] and the United Nations Sustainable Development Cooperation Framework, and the outcome prioritization exercise that countries conduct with WHO as part of the Organization's biennial programme budget process.
- Combine stronger, a more predictable in-country presence, targeted regional and multi-country office technical assistance, and specialized headquarters support to work with countries on their national priority outcomes under GPW 14 and mutually agreed-upon Country Cooperation Strategy priorities.
- Improve and deepen the partnerships that WHO hosts, convenes and/or participates in – within and beyond the health sector.
- Leverage global and regional partnerships to support WHO's health leadership role in United Nations country teams and engagement with development, technical and humanitarian partners, including civil society, at the country level.
- Strengthen WHO's expanding engagement with civil society organizations, parliamentarians, the private sector and affected populations.
- Work with multilateral and bilateral development partners, United Nations agencies and national partners to increase and promote the greater alignment of resources.
- Continue to strengthen the Global Health Cluster.
- Organize strategic dialogues with Member States and development partners, strengthen engagement with multilateral development banks, including through the Health Impact Investment Platform, and facilitate engagement at the country level.
- Continue advocacy for health at the highest political levels at the country, regional and global levels, drawing attention to the need for action on important health issues, especially those that are neglected or exacerbate health inequities.

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

7.1.2 Effectively strategizing, planning, advocating and communicating to promote evidence-informed planning for decision-making for interventions and healthy behaviours in countries (currently under discussion of clarifying and improving this output and the scope is therefore incomplete)

- Use communications to mobilize regional political forums and entities to prioritize health and, at the country level, to raise awareness of important health issues in the local context, support policy changes and facilitate robust, rights-based and equity-oriented programme implementation.
- Fight disinformation and misinformation with evidence and support political diplomacy on health within the context of international commitments, to support and promote informed decision-making and healthy behaviours.
- Support countries to improve and enhance national capacities in health communication.

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

WHO's core normative and technical work plays a central and unique role in the health ecosystem, supporting and enabling the work of Member States and partners at all levels by providing global reference standards and nomenclature, internationally recognized policy options and guidelines, global research priorities and agendas, prequalified products, validated assessment tools and benchmarks, and standard health indicators, data and analytics. For the period 2025–2028, these WHO "public health goods" will be directed and prioritized in support of the GPW 14 strategic objectives and outcomes.[1] WHO will leverage and scale its cross-cutting capacities in the areas of science, evidence and research, including with hosted partnerships and WHO collaborating centres; digital health, data and information systems; gender equality, human rights and health equity; and innovation for this purpose. This corporate outcome will also encompass the Organization's norms- and standards-setting processes, expert advisory group procedures, regulatory and product prequalification work, health situation monitoring and reporting work, and quality-assurance practices in support of the development, adoption and effective delivery of its public health goods. It will implement recent recommendations[2] to further align its normative products with WHO's prequalification and Member State priorities, strengthen feedback loops, enhance monitoring and evaluation, and ensure the systematic integration of gender equality and equity considerations.

Outcome indicator	Baseline	Target
These indicators will monitor the uptake of WHO normative, technical and data products at country level, including the impact of the WHO prequalification process, and measure progress in scaling up science, innovation and digital transformations in countries. The scope of these indicators will include assessing, for example, the degree to which, during the course of GPW 14: – new national strategies for advancing health and well-being reflect WHO norms or technical guidelines; – national approaches to expand innovation, science or digital technologies for health reflect WHO guidance;		

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

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

– alignment and parallel development of guidelines and prequalification; and

– WHO data products include disaggregated data by sex, age and at least one additional stratifier, to support country and partner decision-making.

Outputs

7.2.1 Evidence-based and quality assured normative products developed and disseminated and used by countries for health impact

7.2.2 Scaling science, digital transformation innovation, research, development and the manufacturing capacities of countries to accelerate equitable progress on health

7.2.3 WHO supports Member States in strengthening health information collection, aggregation, analysis and interpretation to monitor trends and progress towards indicators and targets of the Sustainable Development Goals, including inequality monitoring

Output/leading indicator	Baseline	Target

Scope of outputs

7.2.1. Evidence-based and quality assured normative products developed and disseminated and used by countries for health impact

- Produce and maintain evidence-based, methodologically rigorous, up-to-date, quality-assured and living public health guidelines and other normative products, including in the areas of social and behavioural sciences.
- Rapidly assess new evidence, update products to incorporate that evidence and work towards "digital-first" delivery to facilitate the national adaptation of WHO products. Strengthen support for the adaptation of these products to national and local contexts, their implementation, and the monitoring and documentation of their use.
- Strengthen the focus on health equity in its science, innovation and evidence-generation work by ensuring all relevant research, normative products and technical products consider how sex, age, ethnicity/race, income, education and development differentials have an impact on uptake.
- Enhance processes to ensure systematic access to WHO standards, policy options, guidelines and other normative products by all countries and partners, and advice for their application.
- Facilitate the uptake and use of WHO's normative and technical products through proactive engagement with and understanding of national evidence ecosystems, the provision of digital SMART guideline packages, the work of the WHO Academy, and enhanced in-country technical assistance.
- Provide advice, technical support and guidance and training curricula.
- Monitor, evaluate and learn from the use of normative products at the country level and identify additional needs that require prioritized action.

7.2.2. Scaling science, digital transformation innovation, research, development and the manufacturing capacities of countries to accelerate equitable progress on health

- Stimulate the generation of and expand access to new evidence and knowledge on key existing and emerging challenges and the effectiveness of interventions to address them.
- Identify innovations that have the potential to enhance health or that are already doing so, and support countries to maximize the benefits by identifying and scaling those innovations sustainably and equitably.
- Support countries by enhancing science and innovation ecosystems, support domestic scientific health infrastructure, ensure research policy that bridges the gap between evidence and tangible impact, and strengthen country research capacities.
- Work with countries to strengthen priority national institutions and capabilities, including research capacity, to achieve GPW 14 outcomes by facilitating network connections and collaborations through WHO collaborating centres, the WHO Academy, regional technical networks and knowledge hubs.
- Provide assistance in establishing robust multisectoral evidence ecosystems that draw from global research, local data, and other forms of evidence.
- Assist Member States in enhancing their capabilities to translate different forms of evidence systematically and transparently into actionable insights for policy-making and national decision-making processes.
- Scale up WHO's technical and operational support to Member States in planning robust and resilient digital health systems, and implementing contextually appropriate technologies, open standards and quality-assured content that support national health priorities, including through WHO's global and regional coordination mechanisms (for example, the Global Initiative on Digital Health), and fostering communities of practice.
- Develop digital tools and policies that help governments strengthen the enabling environment for digital health transformation, including the production of guidance, guidelines, technical specifications and benchmarking tools to assess, select and govern appropriate digital health solutions, including artificial intelligence solutions to support this process.
- Support countries in issuing and verifying digital health documents in a secure, person-centred manner, supporting the cross-border continuity of care and ensuring data security, privacy and ethical use.
- Forge multisectoral, public and private partnerships to build resilience to emerging challenges, including the responsible use of artificial intelligence, cybersecurity threats, and misinformation and disinformation.

7.2.3. WHO supports Member States in strengthening health information collection, aggregation, analysis and interpretation to monitor trends and progress towards indicators and targets of the Sustainable Development Goals, including inequality monitoring

- Lead a time-bound initiative to enhance international cooperation, strengthen health information systems, and improve data availability, accuracy and timeliness at the country level.
- Implement a focused and systematic approach to enhance further international cooperation and national capacities in population health analytics, contributing to a more complete data architecture and leveraging data for better health in the digital age.
- Reduce the data generation/sharing burden on Member States; enhance national multisectoral coordination mechanisms; strengthen health data governance and national health surveillance, data availability and quality, as well as information and management systems to monitor current trends and new health challenges; and analyse fresh data and update health targets to improve programmes and policies.

Corporate outcome 3: A sustainably financed and efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the draft GPW 14 outcomes

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

Outcome indicator	Baseline	Target
These indicators will measure the extent to which WHO's funding is aligned with GPW 14 priorities, the strengthening of WHO country office core capacities and capabilities, and transparency and joint accountability for results. The scope of these indicators will include assessing, for example: – how well the WHO budget for the GPW 14 priority outcomes is funded – the percentage of WHO country workforce positions that are filled and the roll out of the core predictable country presence model – the joint Member State-Secretariat assessment of GPW 14 results		

Outputs

8.1.1 Policies, rules and regulations in place to attract, recruit and retain a motivated, diverse, empowered and fit-for-purpose workforce, operating in a respectful, ethical, safe and inclusive workplace with organizational change fully institutionalized

8.1.2 Core capacities of WHO country and regional offices strengthened to drive measurable impact at the country level

8.1.3 Accountability functions enhanced in a transparent, compliant and risk management-driven manner to facilitate Member State oversight as well as to ensure organizational learning, effective internal justice, safety and impact at the country level

8.1.4 Effective end-to-end results-based management realized through a programme budget aligned with evidence-informed country priorities and supported by sustainable financing, transparent resource allocation and sound monitoring and evaluation practices *(currently under discussion of this output's proper placement)*

8.1.5 Fit-for-purpose, accountable, cost-effective, innovative and secure corporate digital platforms and services aligned with the needs of users, corporate functions and technical programmes

8.1.6 Working environments, infrastructure, support services, supply chains and asset management are fit for purpose, accountable, cost-effective, innovative and secure for optimized operations

8.1.7 Sound financial practices managed through an efficient and effective internal control framework

Output/leading indicator	Baseline	Target

Scope of outputs

8.1.1. Policies, rules and regulations in place to attract, recruit and retain a motivated, diverse, empowered and fit-for-purpose workforce, operating in a respectful, ethical, safe and inclusive workplace with organizational change fully institutionalized

WHO continues fostering a work environment that values its mission and impact, embraces modern human resources and managerial practices, and promotes a culture of respect, inclusivity, safety, gender equality and health in the workplace across the three levels of the Organization. To comply with workforce-related commitments in respect of the Working Group on Sustainable Financing and the Agile Member States Task Group, the Secretariat has included several initiatives to improve transparency and accountability practices related to human resources in the Secretariat implementation plan on reform.

The Secretariat will continue to implement WHO's human resources strategy, aiming to strengthen the Organization's human resources management, through the optimization of organizational design and workforce planning, the acquisition and management of talent, and the creation of a respectful and enabling working environment. In that regard, initiatives related to improving transparency and accountability practices in respect of human resources continue to be developed, implemented and monitored in a working environment where diversity, gender balance and geographical representation remain a priority.

WHO will concentrate on enhancing its people strategy, and its diversity, equity and inclusion strategy and framework, aiming to establish itself as a best-in-class organization that supports impactful country delivery and global public health. The focus will be on career development and workforce well-being throughout the employee professional life cycle, from young professionals to support for retirement and succession planning, and on embedding these strategies into the fabric of the Organization's culture and operations to substantially raise the standard of inclusivity, leadership, and management skills across its three levels. This will include the introduction of comprehensive metrics and enhanced training to foster a more inclusive environment, aligning workforce capabilities with the complex demands of global health challenges. The Organization will also prioritize the creation of a learning ecosystem that promotes continuous improvement and adaptability, while specific programmes will focus on enhancing workforce resilience, ensuring well-being across all settings. The diversity, equity and inclusion strategy and framework will be complete with a robust scorecard system for monitoring, evaluating and reporting on its progress. This will ensure dynamic adaptation to the changing needs and challenges, positioning WHO as a leader in diversity, equity and inclusion practices. This approach will ensure the diligent tracking and fulfilment of WHO's obligations to the United Nations (including the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, the United Nations Disability Inclusion Strategy, and Geneva Alliance against Racism pledges) and Member States, reinforcing its commitment to leading by example in global health.

The evaluation and audit of the transformation agenda recognized that, while it has not fully achieved its objectives, the transformative changes were critical and timely in helping WHO to respond to COVID-19. It further recognized the significant progress made in positioning the Organization's

leadership in global health, and strengthening engagement with partners, ways of working and the alignment of structures to support this globally and at the country level. Based on this, the Secretariat will embed a long-term organizational change and continuous improvement agenda that will build on the achievements and lessons of the transformation agenda, which introduced new ways of working; aligned all three levels of WHO with a common mission, strategy, and values; built new capacities; and advanced key initiatives such as mobility and new contract modalities. The focus will be on developing change management skillsets and expanding and institutionalizing more effective and collaborative ways of working across WHO's three levels to promote vertical and horizontal integration across programmes, with an emphasis on cross-cutting issues and themes in line with the GPW 14, and optimizing programmatic and operational synergies, efficiency and productivity.

At the same time, WHO will uphold zero tolerance for all forms of abusive conduct and sexual misconduct. It will manage related risks systematically and monitor the accountabilities of all members of its workforce. The Organization will also address organizational culture and systemic shortcomings that underpin misconduct.

How will the Secretariat deliver?

- The Secretariat will implement and monitor deliverables related to the workforce and transformation agenda, as committed to in its implementation plan on reform to strengthen WHO's budgetary, programmatic, finance, governance processes and accountability.[1]

- In line with the Organization-wide three-level workforce plan, as well as streamlined and harmonized job descriptions across WHO, the distribution of human resources will align with country focus. Staff mobility across the three levels of the Organization will enrich the capacity and knowledge of staff members and ensure that country needs are met effectively.

- WHO will develop a diversity, equity and inclusion strategy and framework, complete with a robust scorecard system for monitoring, evaluating and reporting on its progress. This will ensure dynamic adaptation to the changing needs and challenges, positioning WHO as a leader in diversity, equity and inclusion practices.

- WHO will leverage cutting-edge collaborative technologies (Business Management System) to streamline communication and enhance coordination effectively. Comprehensive strategic evaluations will be conducted routinely, utilizing real-time data to dynamically adapt to the evolving global health landscape.

- The Secretariat will continue pursuing WHO's goals of ensuring zero tolerance for sexual misconduct as outlined in WHO's Policy on Preventing and Addressing Sexual Misconduct and its three-year strategy on prevention and response to sexual exploitation, abuse and harassment (2023–2025).

- The Secretariat also continues efforts to create and promote a more respectful, safe and healthy work environment. Measures to ensure staff safety and well-being include safety and security in the workplace, flexible working arrangements, contractual modalities, specialized mechanisms and the mental health of the workforce, as well as improving or developing new policies and procedures, improving knowledge management, and strengthening existing initiatives and launching new ones to strengthen the engagement and effectiveness of the workforce.

[1] Document EB152/34.

- The Secretariat will continue promoting and pursuing a culture of "country offices first" in strengthening its three-level operating model, including communications, decision-making, resource allocation and managing the mobility of the workforce.

- The Secretariat will introduce changes that enable the Organization to be agile in more concrete terms, whereby staff from different organizational groups can work more easily and coalesce around delivering certain tasks. The Secretariat will establish a better monitoring system, beyond staff surveys, to demonstrate the impact of its transformation initiatives and action plan.

8.1.2. Core capacities of WHO country and regional offices strengthened to drive measurable impact at the country level

As the Organization shifts its strategic focus towards country impact, it will focus on empowering country offices, including leadership in country offices and establishing a core predictable country presence in every country.

In line with a differentiated approach to WHO's support to countries, the Secretariat will establish capacities in country offices that are tailored to the purpose of WHO's support implementation and operations at the country level.

The Secretariat will commit to guaranteeing core capacities in country offices to enable the Organization to function as a strategic partner, technical assurance provider, policy adviser, operations coordinator or service provider – whatever is needed at a given time at the country level.

The above will be accompanied by empowering country offices not only through establishing needed capacities but also by placing the most suitable and empowered leadership in every country, with ways of working that demonstrate better effectiveness, efficiency, accountability and transparency. This will require greater delegation of authority to country offices to align decision-making more closely with on-the-ground human resources, financing and operations.

The Secretariat will implement changes that ensure WHO operates better as one Organization, reducing duplication and fragmentation in all of its processes and in terms of how it delivers its work at all levels, towards driving impact in every country.

Not only will these changes at the country level need to be sustained, but the necessary changes should also be made at the other levels of the Organization, especially in regional offices. To better support Member States through stronger country offices, WHO will need to work better as one Organization, with greater synergies across its three levels. Regional offices and headquarters will need to reorient their capacities and ways of working to complement the role of country offices and to perform new functions that enable the Organization to be more efficient and effective. Regional offices especially will need different capacities to enable them to perform quality assurance, capacity-building and backstopping functions.

With the foundation established through the core predictable country presence model, the Secretariat will work towards bringing the right capacities from all levels of the Organization, and from other stakeholders, including United Nations and bilateral partners and WHO collaborating centres, to support its work.

How will the Secretariat deliver?

- Maintaining the full range of initiatives to strengthen WHO leadership in country offices, including the WHO Representative pipeline, roster, selection, comprehensive development strategy, handbook, proper handover and succession planning, and implementing measures to improve diversity.

- Establishing and financing core predictable country presence staff positions based on the core predictable country presence differentiated model in all 152 country offices (Type A2 to E countries). The model will be periodically updated and core predictable country presence needs will be adjusted in every country office. The scope will also include development and the implementation of training (including through the WHO Academy) to ensure that every core predictable country presence position is capacitated to deliver a programme of work that is coherent across the Organization – this will include capacity-building programmes for the communities of practice for every grouping of such positions.

- Strengthening capacities (both staff and training) in regional or intercountry offices should be reoriented towards supporting the needs of countries and the changing capacities and delegation of authority to country offices.

- Monitoring and tracking the core predictable country presence in every country, each typology, and mobilizing ways to fill capacity gaps.

- Enhancing the ability to make operational decisions on the ground through implementing greater delegation of authority, including training and monitoring. This will include staffing capacities in regional offices to support the implementation of delegations of authority.

- Culture change initiatives and monitoring the movement of the Organization towards real country focus in implementing its work.

- Monitoring how well WHO is meeting its core predictable country presence targets, reporting results periodically to Member States and maintaining the WHO Country Presence Portal.

- Advocacy of strengthening country presence and country offices and regional offices for enhanced country impact.

8.1.3. Accountability functions enhanced in a transparent, compliant and risk management-driven manner to facilitate Member State oversight as well as to ensure organizational learning, effective internal justice, safety and impact at the country level

The Secretariat is adapting and strengthening its internal oversight and accountability functions to meet the standards expected by governing bodies, Member States, donors and partners, including within the United Nations system and in the context of United Nations reform. This includes compliance with principles and agreements, promoting transparency, identifying efficiencies through the value-for-money strategy and fostering a culture that empowers staff while upholding WHO values, especially at the country level.

Priority actions for the draft Proposed programme budget 2026–2027 include implementing and concluding the actions contained in the Secretariat implementation plan on reform from the Agile Member States Task Group on Strengthening WHO’s Budgetary, Programmatic, and Financing Governance. WHO will also continue aligning with best practices by updating its accountability, regulatory and policy frameworks, and managing principal risks such as security, fraud and sexual misconduct, with a zero-tolerance policy for sexual misconduct, as well as strengthening its legal function and the implementation of the Framework of Engagement with Non-State Actors.

The integrity and reputation of WHO will be protected through multiple actions. WHO’s comprehensive risk management framework extends beyond financial aspects, encompassing business and programme-related risks. Through its Global Risk Management Committee, the Secretariat will oversee the prevention, mitigation and management of principle risks, including security, fraud and sexual exploitation, abuse and harassment. In line with continuing efforts to strengthen its accountability

framework, the Secretariat will continue to engage with external oversight mechanisms, such as the Independent Expert Oversight Advisory Committee and the External Auditor.

Member States expect that the Secretariat adequately resource and continuously strengthen the performance of its business integrity functions (namely compliance, decentralized evaluation functions, risk management and ethics, internal oversight and the Office of the Ombudsman and Mediation Services, as well as the prevention of and response to sexual misconduct) to achieve best-in-class standards.

How will the Secretariat deliver?

- The Secretariat will pursue a more effective culture of accountability by applying best-practice policies and procedures that enable rigorous tracking, monitoring, efficiency and transparency of all essential business integrity operations, and by improving the relevant aspects of WHO's accountability and internal control frameworks, with the goal of achieving best-in-class status for its accountability functions.

- The Secretariat will continue to strengthen, promote and foster ethical principles as the basis of the work of WHO, improving its adherence to internal controls and its compliance with the regulatory framework, while also, in accordance with risk appetite, identifying and mitigating risks to the Organization's objectives and mandate that could affect the Secretariat's performance.

- The Secretariat will implement and monitor deliverables as committed to in its implementation plan on reform for strengthening WHO's budgetary, programmatic, finance, governance processes and accountability.[1]

- The Secretariat will continue strengthening its legal function and the implementation of the Framework of Engagement with Non-State Actors.

- The Secretariat, through the Global Risk Management Committee and in collaboration with regional risk management committees, will develop, implement and monitor mitigation plans to address principal risks at all three levels of the Organization, following WHO's risk appetite framework. The Secretariat will also monitor how the global risk management strategy is set into action to ensure risk management is part of operations and business processes, and that WHO reaches the level of an established organization in terms of risk management using the High-Level Committee on Management.

- The Secretariat will continue to enhance its capacity for audits and investigations, including the capacity to respond to audit observations at the country level, particularly in country offices based in challenging operating environments. In the context of the investigation of allegations of suspected misconduct, the Office of Internal Oversight Services will implement revised policies and procedures to reflect best-in-class practices and strengthen resources to improve the timeliness of the processing of cases and justice for those involved.

8.1.4. Effective end-to-end results-based management realized through a programme budget aligned with evidence-informed country priorities and supported by sustainable financing, transparent resource allocation and sound monitoring and evaluation practices (currently under discussion of this output's proper placement)

The programme budget is WHO's most important tool for programme accountability and for reflecting priorities that are jointly agreed by Member States. With this, the Secretariat will continue

[1] Document EB152/34.

building and strengthening the programme budget to better align with Member States' priorities. This alignment will be supported by sustainable financing, transparent resource allocation, and robust monitoring and evaluation practices.

Within the context of WHO's approach to results-based management, this output focuses on results for accountability, transparency, learning, and decision-making. This requires that planning, budgeting, the allocation of all types of resources, implementation, monitoring, performance assessments of technical and enabling work, evaluations and reporting across the general programme of work and programme budget cycles are oriented towards the efficient delivery of results that meet country priorities, while continuing to stress the importance of leaving no one behind as well as planning and implementing **targeted initiatives** to support people or groups in vulnerable and marginalized situations.

To better measure its results, the Secretariat is building a new set of country-facing output indicators that will monitor WHO's contributions to outcomes more clearly – this will be accompanied by a refined output scorecard to demonstrate accountability for results committed to across the three levels of the Organization that will inform decision-making. To promote and ensure joint accountability for results, the joint assessment of the Secretariat's results with Member States, which was piloted for the end-of-biennium assessment of the Programme budget 2022–2023, will be scaled up to all the countries for the mid-term review of the Programme budget 2024–2025. Specific markers will be used as instruments to facilitate gender equality, human rights and disability inclusion in the results-based management life cycle.

How will the Secretariat deliver?

- The Secretariat will implement and monitor relevant deliverables for its implementation plan on reform to strengthen WHO's budgetary, programmatic, finance, governance processes and accountability.

- The Secretariat will strengthen the implementation of results-based management across all levels of the Organization, building on the recommendations of the independent evaluation of WHO's results-based management framework and ensuring the complementarity and harmonization of all planning, budgeting, implementation, monitoring and reporting activities within the Organization. This will be aligned with the Sustainable Development Goals principle of leaving no one behind, and will harness a culture of accountability, tailored and evidence-based planning and budgeting. To realize its commitment to the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women and the United Nations Disability Inclusion Strategy, the Secretariat will continue mainstreaming gender, equity and human rights, including by empowering people with disability in its results-based management process.

- The Secretariat will continue improving its methods for setting priorities and strategic planning so that the global health and country-level priorities agreed with Member States drive the three-level, transparent organizational planning of the Secretariat's contributions to improve health in countries, as well as their implementation, financing and monitoring, with continuous information sharing to optimize results and resources.

- The Secretariat will better align country priorities, results framework and budget so that investment decisions and resource allocation are geared towards delivering results and delivering them with value for money.

- The Secretariat will continue improving its monitoring systems with more comprehensive and meaningful outcome and output indicators, and move from self-assessments to joint assessments with Member States of its contributions. The Secretariat will place results at the

centre of management attention and facilitate evidence-based, targeted decision-making at all levels of the Organization. To measure impact in countries, the Secretariat will develop output indicators that align with the GPW 14 results framework, and improve reporting through the output scorecard methodology, to ensure that the work of all offices is assessed meaningfully to show how they add value to the achievement of outcomes. The Secretariat will use the lessons learned for organizational decisions in respect of performance improvement. When applicable, the Secretariat will apply the Delivery-for -impact approach to boost the systematic use of data and greater rigour in the planning and delivery of joint activities to achieve national priority outcomes.

- The Secretariat will continue fostering better coordination, clarity of roles, coherence and synergy within major offices and among the levels of the Organization, including internal networking arrangements within WHO, such as output delivery teams, with the purpose of ensuring three-level organizational support for impact in countries.

- The Secretariat will continue enhancing and ensuring a rigorous structure for resource allocation and grant management processes, including strengthening its mechanism for the allocation of flexible resources and harnessing the role of the Resource Allocation Committee.

- The Evaluation Policy (2018) will be reviewed and strengthened in the light of the recommendation from the recent comparative study of the WHO evaluation function with selected United Nations entities and the Executive Board. Specific measures will be taken to track and implement evaluation recommendations.

- The Secretariat will continue to participate in inter-agency evaluations in areas of shared substantive and strategic interest.

8.1.5. Fit-for-purpose, accountable, cost-effective, innovative and secure corporate digital platforms and services aligned with the needs of users, corporate functions and technical programmes

A robust information technology function is critical to provide and continuously improve the digital working environment of the Organization. Fit-for-purpose digital platform and services help WHO deliver results, allow members of the workforce to perform their functions effectively, make internal processes efficient and drive innovation.

Initiatives implemented over the past few bienniums have resulted in an increasingly harmonized digital working environment across the Organization. Global information technology services using modern cloud platforms have helped enable members of the workforce to work anywhere seamlessly, communicate effectively and collaborate, manage data and run business processes more efficiently. They have also helped expedite interactions with external partners and disseminate WHO information and digital products. New developments in technology infrastructure and cloud platforms and the wider availability of artificial intelligence services will help further improve digital workplace services to be more effective and efficient.

The implementation of the Business Management System to replace the current Enterprise Resource Planning system (namely the Global Management System) will harmonize and strengthen process flows across WHO in the areas of programme management, human resources, finance, supply chain management, travel, meetings and events. The modern cloud-based digital platforms underpinning the Business Management System will provide opportunities to generate more value from them and help improve organizational performance through continuous improvement and the optimization of critical business processes.

Frameworks and processes are essential for implementing and managing digital solutions. They ensure that solutions are technically sound and deliver tangible value to the Organization. Governance

of the information technology function ensures that investment in information technology supports the Organization's strategic objectives. Strong project management and change management approaches are vital for the successful implementation and adoption of information technology initiatives. User adoption and training activities ensure the adoption of digital solutions and thus empower members of the workforce. Together, these frameworks and processes ensure that WHO can realize the full benefits of its digital investments.

Cybersecurity continues to be a major concern and risk with the increased digitalization of the Organization's working environment. Management of this area will continue to ensure the safety of the digital working environment.

How will the Secretariat deliver?

The Secretariat will ensure that WHO information systems, processes and tools facilitate the implementation of the vision inherent in GPW 14 to modernize the Organization's internal ways of working and empower its workforce through the optimization of its digital working environment.

- The Secretariat will work closely with businesses to understand their needs and deliver value, and strengthen engagement and governance of information technology functions with administrative and health technical departments to better understand their intended long-term outcomes and help them achieve results.

- The Secretariat will drive corporate digital transformation through innovation and partnerships. Different business units across the Organization are driving the digitalization of the core work of the Secretariat. The information and management technology team will work to support these initiatives by partnering with these units in respect of innovative solutions, artificial intelligence, machine learning and others.

- The Secretariat will rationalize, modernize and extend technical architecture to support business capabilities. It will continue to deliver and improve the technology infrastructure and digital environment to reduce its technology footprint, incorporate new capabilities, have a product-centricity mindset and improve its disability-inclusive services to meet the needs of the Organization.

- The Secretariat will develop its information technology workforce as global virtual teams to deliver value to the business. It will bring together the information technology workforce as agile teams to multiply forces, and encourage cross-fertilization and learning, to develop new skills, competencies and behaviours across the entire WHO workforce for effective delivery.

- The Secretariat will protect WHO's digital assets, ensuring its ability to deliver services with an acceptable level of risk. It is critical for the Secretariat to continue to invest in and support efforts made in respect of cybersecurity to prevent the loss or breach of data.

8.1.6. Working environments, infrastructure, support services, supply chains and asset management are fit for purpose, accountable, cost-effective, innovative and secure for optimized operations

WHO premises, facilities and operations will be managed efficiently, sustainably and ethically in order to ensure a safe and secure working environment. Environmental, social, inclusive and governance consciousness and sustainability principles will be incorporated into all facets of WHO's operations, from procurement to supply chain and facilities management, in line with best practices and common standards across the United Nations system.

The Secretariat is dedicated to creating a safe and healthy environment that ensures the physical and mental health and well-being of the workforce, under acceptable security risk levels, in any

environment (for example, normative, emergency or conflict situations). By developing comprehensive occupational health and safety policies, the Secretariat aims to protect, promote and support staff, enabling them to thrive and contribute effectively to the mandate of WHO.

In this regard, the Secretariat will continue to focus and closely oversee compliance with security risk management measures and related security policies. This will facilitate the level of preparedness of all WHO staff, assets and facilities, and operations, while enhancing the security and safety posture, capacities, capabilities and resilience of the Organization, and ensuring that all measures have been taken to contribute to the safety and security of its workforce.

In addition, the Secretariat's commitment includes fostering a supportive culture and implementing measures that enhance the overall health and productivity of the Organization. Through these efforts, the Secretariat strives to cultivate a work environment that not only prioritizes safety and health but also empowers employees to achieve their highest potential.

The Global Service Centre will continue providing appropriate, cost-effective administrative services – including – human resources management, building management, asset management, security, local procurement, logistics, privileges and immunities – in support of its five hosted global functions to ultimately best serve its customers at headquarters and regional and country offices. The Global Service Centre will ensure that its workforce can operate in a conducive, secure and safe environment. In this context, the Centre will continue cooperating with local authorities.

8.1.7. Sound financial practices managed through an efficient and effective internal control framework

The Secretariat will continue its commitment to strengthen its efficient, transparent and sound management of resources entrusted to WHO by Member States and donors.

In line with existing discussions[1] and commitments during the Working Group on Sustainable Financing and, more recently, the Agile Member States Task Group, as well as corresponding internal initiatives including the Heads of WHO country offices-led plan of action to strengthen operations across the three levels of the Organization and the Secretariat implementation plan on reform, the Secretariat will dedicate the biennium 2026–2027 to improving financial management, transparency and financial reporting to Member States, taking into consideration best practices in place within the United Nations system and elsewhere.

How will the Secretariat deliver?

- The Secretariat will continue to implement sound financial management practices and robust internal controls in order to manage, account for and report on the Organization's assets, liabilities, revenue and expenses. This will include a greater focus on quality-assurance activities in country-level implementation mechanisms, such as direct financial cooperation, direct implementation and grant letters of agreement.

- The Secretariat will manage the corporate treasury and all accounts in a transparent, competent and efficient manner and ensure that it is delivering value for money in respect of the Organization's financial management.

- The Secretariat will further ensure that all contributions received by the Organization are properly accounted for, spent and reported in accordance with International Public Sector Accounting Standards and donor requirements.

---

[1] See document A75/9.

- The Secretariat will continue to strengthen internal controls and further improve the timeliness and quality of financial reporting, particularly in graded emergency operations.

ANNEX 2

IMPROVING RESOURCE ALLOCATION

1. In line with the recommendations emanating from the Working Group on Sustainable Financing, the Organization has increased its efforts to improve the alignment between the priorities set out jointly with Member States and the related budget costing, as well as to improve the allocation of resources towards the achievement of priorities and across the three levels of the Organization. At the same time, WHO's partners have committed to increasing the flexibility and predictability of the financial resources with which they support WHO, according to their own possibilities and demands from their constituents and boards.

2. The Secretariat is broadly financed by two main types of funds: **assessed contributions** and **voluntary contributions** (see summary in Table 1). **Assessed contributions** refer to the "dues" from Member States and Associate Members used to finance the programme budget. In comparison, voluntary contributions can be of several different types, depending on their degree of flexibility. When voluntary contributions are fully flexible, these are denominated **core voluntary contributions account**. Core voluntary contributions account, along with the indirect costs levied on each voluntary contribution and the assessed contributions from Member States and Associate Members, constitute WHO's **flexible funds**. For the Programme budget 2024–2025, the Secretariat incorporated a new approach to the allocation of flexible resources, while leaving flexibility of the relevant management levels to manage the funds according to their specificities.[1] The new approach calls for ensuring that at least 80% of the budget of high-priority outputs – that is, those that drive the Secretariat's contribution to the achievement of outcomes – is funded through a combination of voluntary contributions and flexible funds. The increase in assessed contributions adopted by Member States for 2024–2025 has been mainly directed at the regional and country levels to strengthen capacities where impact is needed. The current mechanism for the management of flexible funds is expected to continue into 2026–2027.

3. **Voluntary contributions specified** refers to those voluntary contributions that are earmarked. They are ruled and managed by the responsible managers as per conditions mutually agreed with the donor, defined in line with a detailed project. The majority of the financial resources mobilized and implemented by WHO still fall under this category.

4. While specified funds are highly appreciated, they have traditionally been less flexible and predictable. This limits the ability of the Organization to cover financial gaps and prevents it from better aligning resources with priorities. This was recognized during the discussions of the Working Group on Sustainable Financing, with Member States calling for all WHO's partners to contribute more flexible and predictable voluntary contributions.[2] Member States recently approved the investment round[3] as a mechanism to raise more flexible and predictable thematic funding.

5. **Thematic funding** is a type of voluntary contribution, characterized by earmarked contributions that are fully aligned with programme budget results and with full flexibility in terms of expenditure type. As they are traceable and provide different options for geographical and programmatic earmarking, thematic funds align with multiple donors' commitment to providing better conditions for funds to WHO while still responding to their own board/government requirements that may not allow for the full flexibility of funds. The investment round will constitute the main mechanism to mobilize this type of fund.

[1] See paragraphs 96 and onwards of document A76/4.

[2] See decision WHA75(8) (2022) and document A75/9.

[3] Decision EB154(1) (2024).

6. Thematic funds are managed and allocated via the Resource Allocation Committee, which involves senior management from the three levels of the Organization to make strategic decisions on the allocation of resources. The Committee started operations in late 2021, and fully operated in 2022–2023. Many lessons have been learned and implemented to make the mechanism more transparent, agile and fit for purpose. The main challenge faced by the Committee in 2022–2023 was the amount of resources received: only US$ 53 million was received and allocated via this mechanism. At the time of writing, less than US$ 10 million has been assigned for the allocation via the Committee in 2024–2025. It is expected that the investment round will bring in additional thematic funding that will make this transparent and inclusive mechanism more relevant. The terms of reference of the Committee can be found in Annex 3.

Table 1. Type of fund and the main resource allocation mechanisms that govern them

<table>
<tr><th>Type of fund</th><th>Detail</th><th>Type of earmarking</th><th>Allocation mechanism</th></tr>
<tr><td>Assessed contributions</td><td></td><td>Fully flexible</td><td>Flexible funds mechanism</td></tr>
<tr><td rowspan="4">Voluntary contributions</td><td>Core voluntary contributions account</td><td>Fully flexible (typically for technical outcomes)</td><td>Flexible funds mechanism</td></tr>
<tr><td>Programme support costs</td><td>Fully flexible (typically for enabling outcomes)</td><td>Flexible funds mechanism</td></tr>
<tr><td>Thematic</td><td>Earmarking that is fully aligned with the programme budget results and has full flexibility in terms of expenditure</td><td>Managed through the Resource Allocation Committee</td></tr>
<tr><td>Specified</td><td>Earmarked as agreed with donor conditions</td><td>Managed as agreed with donor conditions</td></tr>
</table>

7. Altogether, the different resource allocation mechanisms that coexist in the Organization are being continuously revised and strengthened with a view to improving sustainable financing for WHO, while increasing transparency, fairness in allocations and accountability to Member States. Improvements in sustainable financing are being monitored and reported to Member States on a periodical basis via a series of key performance indicators concerning how the Organization is advancing to achieving this goal.[1]

[1] See key performance indicators in the Programme budget 2024–2025 explainer (https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025/allocation-of-flexible-funds-and-proposed-key-performance-indicators-for-sustainable-financing, accessed 13 August 2024).

ANNEX 3

TERMS OF REFERENCES OF THE RESOURCE ALLOCATION COMMITTEE

BACKGROUND

1. Uneven financing levels of programme budget results and major offices were highlighted in multiple WHO reports, and discussions at different levels. Contributors also requested WHO to ensure better coordination to finance its programme budget. As a response, the Secretariat committed to revise or strengthen existing processes to improve the equitable and timely allocation of resources across the three levels of the Organization, thereby improving the funding of the approved budget, notably at the country and regional levels.

2. The Resource Allocation Committee was established in late 2020 as a mechanism to review and decide on the allocation of thematic voluntary contributions that had a certain degree of flexibility and where appropriate, advise on large, specified agreements with the potential to support multiple technical areas and/or major offices. The Committee operated in full in 2022–2023, and it has consistently refined its procedures to effectively address the changing circumstances encountered to date. The Committee's terms of reference, as well as the main responsibilities of the related networks, are detailed below.

FOCUS

3. The Committee considers the overall resource situation of WHO in order to decide the allocation of relevant funds and to advise on the mobilization of voluntary contributions that have the potential to support multiple technical results and/or parts of the Organizational structure as set out in the approved programme budget.[1] The Committee decides on the following types of support:

- **thematic funding** (funding earmarked to programme budget results or broad priority areas, with geographic flexibility as well as flexibility on type of expenditure);[2]

- **corporate grants with flexible arrangements** (arrangements covering support for multiple parts of the organizational structure but managed centrally according to a single agreement); and

- **voluntary contributions specified** of at least US$ 5 million with potential for distribution across outcomes and more than one major office.

4. The Committee does not decide on the allocation or mobilization of flexible funding or major office-specific support. However, it does take into consideration the distribution and implementation rates of all funds to inform the wider perspective of resource requirements and implementation, and to allow it to provide guidance with regard to resource mobilization approaches.

5. The members of the Committee assume corporate responsibility, as opposed to responsibility for a particular outcome, division or major office. They act ex officio and are tasked with ensuring that specified and thematic funds are employed strategically so that they support the achievement of the results of the approved programme budget, and that global results are timely, transparently and evenly financed. The Committee decides on the levels of funds to be allocated across outputs, with an eventual view to ensuring full financing of the approved programme budget at all levels. Once funds have been

[1] The term "programme budget" is used throughout the present document to refer to the approved programme budget, focusing on the base segment, although other segments might be considered when necessary.

[2] For the revised definition of thematic funding, see document A77/17.

allocated, the Committee considers the capacity of outputs to implement available resources to achieve results.

6. With a participatory approach that involves the three levels of the Organization, the Committee, once it has agreed on the allocation of resources to global outputs, gives the responsibility for recommending their distribution to major offices to the three-level output delivery teams[1] who are, in turn, accountable to the Committee for their resource allocation.

7. The Committee is an integral part of the revised resource mobilization process. It provides guidance based on analysis and interpretation of the data it receives. At a later stage, the Committee will provide guidance on the recommended outputs for resource allocation in corporate grants under negotiation with donors. The Committee cannot take a binding decision on such allocations, though, since discretion must be left to the donors concerned, but it informs these negotiations where WHO input is possible.

PRINCIPAL OBJECTIVES OF THE COMMITTEE

(a) To monitor resource requirements, allocations and mobilization, and to decide on global allocation levels of relevant funds across global outputs that will enable the timely implementation of the approved programme budget.

(b) To provide recommendations for donor negotiations where proposals can be made for thematic or specified funding at outcome and/or output levels.

(c) To provide advice, including to WHO senior management, on resource needs, focusing on planned investment rounds and future negotiations on specified grants.

(d) To promote a corporate approach to resource mobilization, in which the Organization reduces individual negotiations of specific topics towards the full financing and delivery of the approved general programme of work and its respective programme budgets.

COMMITTEE COMPOSITION

8. Committee membership guarantees full representation across the three levels of the Organization, as follows:

(a) four high-level managers at the level of Assistant Director-General to ensure a full awareness of the needs of each of the four base programme strategic priorities;

(b) two Directors of Programme Management representing the technical arms of the regional offices;

(c) one Director of Administration and Finance, representing the enabling areas of the regional offices;

(d) one Regional Emergency Director;

(e) two WHO Country Office Representatives; and

---

[1] In all instances, “output delivery teams” refers here to the teams.

(f) Secretariat of the Committee, with no executive role; facilitated by the Departments of Planning, Monitoring and Performance, and Coordinated Resource Mobilization.

DELIVERABLES

(a) **Allocation or re-programming of resources to the level of global outputs** for signed agreements that do not contain detailed allocations, but which are not fully flexible.

(b) **Guidance on and review of** three-level output delivery teams recommendations on resource allocation ways to improve the process and propose corrective actions, as needed.

(c) **Review draft proposals and agreements** (over US$ 5 million), as applicable.

(d) **Guidance on strategic priorities for resource mobilization**.

ROLE OF THE THREE-LEVEL OUTPUT DELIVERY TEAMS

9. In line with Committee decisions, the principal tasks of the three-level output delivery teams are:

(a) To assess strategic programmatic needs to allocate funding across, major offices and the three levels of the Organization as per programme budget requirements.

(b) To advise the Committee on resource mobilization strategies and opportunities relevant to their respective outputs and, by extension, outcomes.

(c) To advise on countries that have chosen a specific output as "high priority" during the country prioritization process, in line with the strategic focus discussed within the output delivery team. This is to support countries to finance high-priority outputs to 80% with any type of resources.

(d) **80/20 principle:** Except where specified otherwise by donors, output delivery teams should allocate a minimum of 80% of resources to the regional office level. Regional offices, in turn, should aim at maximizing allocations to the country level.

10. The above functions will be carried out in consultation with Directors of Programme Management and Assistant Directors-General/Executive Directors to ensure that the distribution and implementation of all related resources fully complements the use of other funds to deliver the approved programme budget.

ROLE OF THE GLOBAL PROGRAMME MANAGEMENT NETWORK, IN COLLABORATION WITH DIRECTORS OF PROJECT MANAGEMENT/ ASSISTANT DIRECTORS-GENERAL OFFICES

11. The Global Programme Management Network[1] supports the coordination, operationalization and implementation of the Committee's decisions in each of the major offices. Its principal tasks are to:

(a) liaise with the respective senior management office to guarantee the coordination of major office priorities with output delivery teams discussions;

[1] At the regional level, the Global Programme Management Network consists of the leads of planning, budget and monitoring units, responsible for the programme management of each regional office, and in many cases housed under a Director of Programme Management. At headquarters, it includes the Management Officers' network.

(b) coordinate submissions to be delivered by output delivery teams;

(c) guarantee a better linkage between operational planning and output delivery team network discussions;

(d) act as the main focal point for a given region for Committee-output delivery team funding allocations;

(e) coordinate and facilitate prompt and correct distribution and award budgeting as per Committee decisions; and

(f) act as the main focal point for the oversight of the monitoring and implementation of Committee funds allocated to each major office as required.

= = =