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REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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**Extending the Thirteenth General Programme of Work, 2019–2023,  
to 2025**

## **Programme budget 2022–2023: revision**

### **Extending the Thirteenth General Programme of Work, 2019–2023 to 2025**

**Report by the Director-General**

#### **THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023: MEASURABLE IMPACT IN COUNTRIES**

1. In 2022, the Seventy-fifth World Health Assembly adopted resolution WHA75.6, in which it approved the extension of the Thirteenth General Programme of Work from 2023 to 2025. It also requested the Director-General to consult with Member States on the report of the Director-General on extending the Thirteenth General Programme of Work, 2019–2023 (GPW 13) to 2025<sup>1</sup> and to submit the outcome of the consultation to the Executive Board at its 152nd session. Annex 1 details the outcome of that consultation with Member States, held on 30 June 2022.
2. The objective of the GPW 13 extension is to strengthen country capacity and to accelerate progress towards the achievement of the triple billion targets and health-related Sustainable Development Goals. The extension aligns with WHO's five priorities set out in paragraph 3 below and provides strategic direction for the Proposed programme budget 2024–2025. It also aligns with the planning cycle of the United Nations.
3. The five WHO priorities for the extension are to:
  - (i) support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes;
  - (ii) support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage;
  - (iii) urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO;
  - (iv) harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities; and
  - (v) urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture.

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<sup>1</sup> Document A75/8.

The first three priorities are aligned with the triple billion targets of healthier populations, universal health coverage and health emergencies protection, respectively. The fourth and fifth priorities represent the leadership functions of a more effective WHO providing better support to countries on data and innovation, leadership, governance and advocacy.

4. Measurable impact is at the core of WHO's mission to promote health, keep the world safe, and serve the vulnerable. The GPW 13 focuses on making a measurable impact on people's health in all countries. The GPW 13 triple billion targets (one billion more people benefiting from universal health coverage, one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being by 2023) provide a unified approach to accelerating progress towards the achievement of the health-related Sustainable Development Goals. Building on WHO's core functions of stepping up leadership, driving public health impact in every country, and focusing on global public health goods, the Organization continues to transform and be fit for purpose to deliver on its mission.

5. The Secretariat, in consultation with Member States, established a results framework that has been used for reporting on GPW 13 since 2019. The WHO results framework consists of: (a) an impact measurement system for tracking progress on the triple billion targets and 46 outcome indicators (39 of which are health-related Sustainable Development Goals); (b) an output scorecard to ensure that the work of the Secretariat is oriented towards the achievement of the GPW 13 targets; and (c) qualitative country case studies. The output scorecard has been further refined in the programme budget since the approval of the GPW 13. The results framework is used for annual reporting in the WHO results report.<sup>1</sup>

6. The pandemic of coronavirus disease (COVID-19) has caused disruption, devastation, and loss with broader sustainable development consequences; and has led to the shortening of population life expectancy and healthy life expectancy. WHO's coordination of a worldwide response to COVID-19 demonstrates the importance of its mission. Staying focused on achieving the triple billion targets anchored in the GPW 13 is more urgent than ever to break the cycle of panic and neglect. Rigorous monitoring, scaling up implementation, accountability for results, sustainable financing, and coordination among Member States and partners are needed to assure resilient recovery from the impact of the pandemic. The GPW 13 extension by two years allows for investments to be intensified and measures implemented in order to strengthen the response, and support countries to recover from the impact of the pandemic and accelerate progress towards the achievement of the Sustainable Development Goals.

7. Earlier versions of this report, submitted for the consideration of the Executive Board at its 150th session<sup>2</sup> and subsequently the Seventy-fifth World Health Assembly,<sup>3</sup> provided the rationale and proposed actions for the GPW 13 extension from 2023 until 2025. During this period, WHO will intensify its support to countries to enable them to make an equitable and resilient recovery and have a measurable impact on people's health, anchored in the WHO results framework and health-related Sustainable Development Goals.

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<sup>1</sup> See document A75/32.

<sup>2</sup> Document EB150/29; see also the summary records of the Executive Board at its 150th session, eleventh meeting, section 2.

<sup>3</sup> Document A75/8.

## THE RATIONALE FOR EXTENSION

### The world is off track to reach most health-related Sustainable Development Goals by 2030

8. *Healthier populations billion.* **Although the billion target is projected to be almost reached by 2023, progress is around one quarter of that required to reach the Sustainable Development Goals by 2030.** Prior to the COVID-19 pandemic, estimates suggested 900 million more people would be enjoying better health and well-being in 2023 compared with the 2018 baseline. Current progress reflects improvements made in access to clean household fuels, safe water, sanitation and hygiene, and tobacco control. However, in other areas like obesity and malnutrition the situation is stagnant or even worsening. Looking ahead we now know that to achieve the health-related Sustainable Development Goals, the target needs to be almost four billion people reached for every five-year period. To achieve this, a focus will be required on leading indicators for premature mortality and morbidity, such as tobacco use, air pollution, road traffic injuries, mental health, obesity and climate change that will be key levers for increasing healthier lives. Attention to inequalities between and within countries is critical. To achieve global targets, sustained evidence-based policy solutions must be produced and implemented to drive rapid progress in countries.

9. *Universal health coverage billion.* **The billion target will not be reached by 2023, and progress is less than one quarter of that required to reach the Sustainable Development Goals by 2030.** Current estimates suggest that without course correction, we will fall short by 730 million people of one billion more people benefitting from universal health coverage in 2023. Due to a vast majority of countries (94%) experiencing significant disruption to essential health services caused by the COVID-19 pandemic, this shortfall will increase to 840 million.<sup>1</sup> Over the past two decades, 92 countries have experienced little change or even worsening trends in financial protection, which is now exacerbated by the ongoing pandemic. While average service coverage is improving in most countries concerted efforts to meet service delivery targets in priority areas like HIV treatment, childhood immunization, and blood pressure management would reduce the current gap in meeting the billion target by half. Primary health care with its focus on multisectoral action, integrated health services, empowered communities, strengthened health systems and financing is a promising avenue towards realizing universal health coverage.

10. The COVID-19 pandemic has underscored the urgency to improve the measurement of the Sustainable Development Goal indicators on health service coverage (3.8.1) and financial protection (3.8.2). Member States, United Nations partners, and the Inter-Agency and Expert Group on Sustainable Development Goal Indicators have recommended that the Secretariat should pilot an updated measurement of effective service coverage.<sup>2</sup> The Secretariat is reviewing the measure of financial protection and will propose an improved metric for both effective service coverage and financial protection in consultation with Member States to the Inter-agency and Expert Group. This improved measurement will enable countries to track progress in delivering universal health coverage through primary health care to their populations. The COVID-19 pandemic has also demonstrated the importance of monitoring the priorities that have come to the fore, such as: health services capacities and readiness, mental health, primary health care and physical activity. The Secretariat will propose additional indicators of public health importance in the monitoring of the GPW 13 during this extension.

11. *Health emergencies protection billion.* **Although initial projections anticipated this billion could be met by 2023, the COVID-19 pandemic has revealed that no country is fully prepared for pandemics of such scale.** The Prepare indicator shows country-level preparedness capacities have increased since the 2018 baseline. However, the COVID-19 pandemic has highlighted limitations in

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<sup>1</sup> WHO triple billion dashboard (available at <https://portal.who.int/triplebillions/>, accessed 9 May 2022).

<sup>2</sup> Department of Economic and Social Affairs. Meeting report. Eighth meeting of the Inter-Agency and Expert Group on the Sustainable Development Goal Indicators 6–8 November 2018. Stockholm, Sweden.

current metrics and prompted the evolution of assessment methods and systematic processes to ensure that they are more predictive, dynamic and holistic. Some activities central to health emergencies protection have been disrupted by the COVID-19 pandemic, with the Prevent indicator showing more countries experiencing decrease in vaccine coverage for priority pathogens than in the previous year. Equitable access, prevention strategies, and catch-up vaccination efforts must be prioritized, scaled up and accelerated so that coverage does not further decline. The Detect, Notify and Respond indicator shows a different trend – namely, that countries improved the timeliness for detecting events and strengthened critical public health functions such as surveillance. These gains and investments need to be sustained and expanded to cover an increasing number of emergencies. Protecting people in fragile, conflict-affected, and vulnerable settings who are disproportionately affected by health emergencies is also critical to ensure that no one is left behind. The Secretariat is working with Member States and partners to act on recent reviews, recommendations, and resolutions so that the COVID-19 pandemic is the last pandemic of its kind. These insights are being taken into account in the Universal Health and Preparedness Review which is a Member State-led peer-review mechanism to strengthen national capacities for pandemic preparedness and promote global action to make the world safer.<sup>1</sup>

12. *Healthy life expectancy (HALE)*. All three triple billion targets contribute to improvements in healthy life expectancy, which notably is the overarching and comparable indicator of the GPW 13 for monitoring overall progress in improving the health of populations. By using data on mortality and morbidity from WHO's regularly updated Global Health Estimates, the direct and indirect impact associated with the COVID-19 pandemic on healthy life expectancy will be quantified to assess the extent to which the pandemic has harmed population health overall. Rigorous monitoring of population health trends will guide public health priorities and actions.

13. The COVID-19 pandemic underscores the interdependence of the triple billion targets, underlining the importance of equity-focused primary health care and the One Health approach that includes the burden of antimicrobial resistance, novel pathogens, and threats to animal and environmental health. Unless there is significant progress on all three billion targets, the world will continue to be at risk, poorly protected from health threats, unable to detect and respond to emerging conditions, and insufficiently resilient. An ambitiously scaled-up and coordinated effort is critical for recovery and realization of the Sustainable Development Goals.

14. The COVID-19 pandemic has exacerbated the pre-existing social and health inequities, pointing to the need for systematically mainstreaming equity, gender and human rights. This is consistent with the United Nations Secretary-General's Call to Action for Human Rights<sup>2</sup> and the United Nations Secretary-General's report Our Common Agenda.<sup>3</sup> Dramatic increases in violence against women and girls<sup>4</sup> and in unpaid work in households and health care facilities provided by women are among the many examples of inequities experienced during the pandemic. A gender- and culturally-responsive research and policy agenda, including gender-responsive clinical trials for therapeutics and vaccines and disaggregated data, is urgently needed in order to realize the ambition of leaving no one behind. Nothing illustrates these inequities better than inequalities in access to COVID-19 vaccines. The

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<sup>1</sup> See document A75/21.

<sup>2</sup> United Nations Secretary-General. The highest aspiration: a call to action for human rights (<https://www.un.org/en/content/action-for-human-rights/index.shtml>, accessed 19 April 2022).

<sup>3</sup> United Nations. Our common agenda: report of the Secretary-General. New York: United Nations; 2021 ([https://www.un.org/en/content/common-agenda-report/assets/pdf/Common\\_Agenda\\_Report\\_English.pdf](https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf), accessed 19 April 2022).

<sup>4</sup> UN-Women. From insights to action: gender equality in the wake of COVID-19. New York: United Nations Entity for Gender Equality and the Empowerment of Women: 2020 (<https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>, accessed 19 April 2022).

Secretariat will continue to pursue more effective approaches leading to health equity, such as the systematic identification of marginalized populations, barriers to access and the implementation of redress measures, and continuous inequality monitoring.

15. Delivering a measurable impact in countries requires a systematic approach to getting things done. WHO's delivery stocktakes follow a data-driven approach to highlight to senior management where indicators and regions and countries can best accelerate progress towards the health-related Sustainable Development Goals and triple billion targets. The stocktakes help to focus and prioritize actions for the greatest, fastest impact, using data and analysis developed with technical programmes.

## **STRENGTHENING COUNTRY CAPACITY FOR MEASURABLE IMPACT**

16. The Secretariat will strengthen the capacity of country offices through integrated platforms and teams that will advance primary health care, science and innovation, data and delivery to inform national priorities and policies.

17. The five priorities will form the basis of the GPW 13 extension; they will also set a strategic direction for the Proposed programme budget 2024–2025.

## **FIVE PROPOSED AREAS OF FOCUS FOR THE EXTENSION**

18. Within the GPW 13 triple billion strategy, which remains fully intact and operational, the five focus areas for consideration by the Health Assembly form the basis of the resolution for the GPW 13 extension.

### **I. Support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes (healthier populations billion)**

19. Prior to the pandemic, WHO had defined its healthier populations billion target to assist countries in building safer, healthier and more supportive environments. The COVID-19 pandemic has underscored the need to tackle determinants of health across sectors and further centralizes health in development, peace and security. WHO will continue to promote health in all policies in order to support countries in scaling up prevention efforts in respect of noncommunicable diseases and communicable diseases, and addressing existential threats such as climate change and security, together with evolving challenges and trends, including demographic change, migration, urbanization, food supply chains, and antimicrobial resistance.

20. The challenge is to rapidly move towards an enabling social, political, economic and commercial environment that encourages and incentivizes people to live healthier lives. The best way forward is keeping people healthy and building on achievements made to eliminate *trans*-fatty acids, reduce tobacco and alcohol use, and reduce sugar content in diet; and to improve nutrition, air quality, water, sanitation and hygiene, road safety, and more. The work on risk factors that drive the global burden of disease can cut noncommunicable diseases by half, which will in turn reduce the strain on health systems.

21. The Secretariat will promote strategic policy dialogue with Member States, utilizing a whole-of-government approach to provide the best advice on how to make populations healthier. The Secretariat will also build upon delivery plans and stocktakes developed for obesity and tobacco use, extending them to other programmatic indicators related to healthier populations in the WHO results framework.

## **II. Support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage (universal health coverage billion)**

22. Building on the Declaration of Astana on primary health care and the political declaration of the high-level meeting on universal health coverage, endorsed by all Member States at the United Nations General Assembly in 2019, primary health care is a priority across all three levels of the Organization. The WHO Special Programme on Primary Health Care, launched in 2020 as part of WHO's transformation agenda, incorporates the Universal Health Coverage Partnership and health systems building blocks. It is currently delivering technical expertise to 115 countries, as well as support through the placement of health policy advisors in WHO country offices, and the provision of regional health policy advisors, facilitating policy dialogue and providing intensified support in many countries. Primary health care connects all three billion targets, reinforcing health systems, essential public health functions, and multisectoral policy approaches. It has an inherent commitment to promote health equity, human rights, gender equality and empowered communities, with an emphasis on subnational and local impact from actions resulting from universal health coverage, health security and addressing determinants of health. After decades of progress, the COVID-19 pandemic led to backsliding on virtually all health indicators, and out-of-pocket health expenses are pushing millions of people back into poverty. WHO will expand its Special Programme on Primary Health Care to provide intensive support to all low- and lower-middle-income countries and will be active in all countries. Without an increase in financing of primary health care progress will be compromised.

23. The WHO Constitution recognizes the highest attainable standard of health as a fundamental right of every human being. The Secretariat will enhance its focus on the least-served, most marginalized populations. This will include gender equality, alongside migrants and refugees and internally displaced people, sexual and gender minorities and people who experience racism, ethnic minorities and indigenous groups, and people with disabilities. The new WHO Council on the Economics of Health for All is developing recommendations around innovation-led transformation of our health systems that will spur economic well-being. The new WHO Academy will provide millions of people around the world with rapid access to the highest quality learning in health. Most importantly, the Secretariat will further build upon delivery plans and stocktakes developed for health financing and selected service delivery indicators and extend these to other programmatic indicators related to universal health coverage in the WHO results framework.

## **III. Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO (health emergencies protection billion)**

24. The COVID-19 pandemic highlighted that the world was not prepared, and that the global architecture for pandemic preparedness and response is weak and fragmented. Over 300 recommendations from the crucial reviews of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and the Global Preparedness Monitoring Board point to the lessons learned from the COVID-19 pandemic. These recommendations serve as a guide for the world to respond to this crisis and be better prepared while ensuring that a pandemic like that of COVID-19 is the last of its kind. The overall strategic direction that WHO will take to improve and support health emergency preparedness and response capacities, systems and coordination is under discussion.

25. The Second special session of the World Health Assembly, in November 2021, adopted decision SSA2(5), in which it decided, inter alia, to establish an intergovernmental negotiating body to draft and

negotiate a WHO convention, agreement or other international instrument on pandemic preparedness and response. The session focused on the support the Secretariat will provide to Member States, and on governance structures that ensure mutual accountability, including overall strategic directions for emergency preparedness and response. Several steps have been taken towards enhancing local production of high-quality vaccines and medicines in order to enhance health security and universal health coverage. The Secretariat will continue to urge leaders to act with ambition so that negotiations are swift, and countries are ready to respond to the inevitable next pandemic.

26. Many supporting initiatives are under way to close gaps in countries, build resilient health systems and workforce, and strengthen surveillance systems. They include, but are not limited to: the Access to COVID-19 Tools (ACT) Accelerator, the WHO Scientific Advisory Group for the Origins of Novel Pathogens, the WHO Hub for Pandemic and Epidemic Intelligence, based in Berlin, the COVID-19 Technology Access Pool (C-TAP), the WHO COVID-19 mRNA technology transfer hubs and related network of “spokes”, the World Local Production Forum, and the Universal Health and Preparedness Review. The Secretariat has worked with Member States to put in place new initiatives to strengthen global health security, reflecting long-standing mandates from the Health Assembly. WHO has played a critical role in accelerating research and development of COVID-19 health tools, prequalified 10 COVID-19 vaccines in 2021, and estimated excess mortality associated with the COVID-19 pandemic.

#### **IV. Harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities**

27. The COVID-19 pandemic has created an unprecedented demand for timely, reliable and actionable data. Achieving the triple billion targets of the GPW 13 and health-related Sustainable Development Goals will be impossible without robust data and science. Without the underlying infrastructure of accurate information, continuous innovation, and rigorous assessment of the actual impact of programmes and recommendations, there can be no sustained progress. An integrated platform of science and innovation, data and delivery, and digital tools is an essential enabler of equity and accelerator of all priorities for countries.

28. WHO is transforming itself into a modern data-driven organization. Firstly, guided by the global assessment of country capacity in data and health information systems, the Secretariat is supporting countries in improving their public health and disease surveillance, strengthening civil registration and vital statistics and reporting of causes of death, and optimizing routine health information systems.<sup>1</sup> Using the tools and guidance from the SCORE for Health Data Technical Package, the Secretariat will support countries to close data gaps and improve population health statistics, and quantify the impact of COVID-19 pandemic. The Secretariat will propose a new International Conference on Health Statistics to improve the measurement of health through application of global standards and effective coordination. Secondly, as requested by the Member States, the Secretariat will launch the World Health Data Hub<sup>2</sup> as a trusted source for health data, guided by good data governance policies and practices. Thirdly, the Secretariat will scale up the data-driven delivery stocktakes of the triple billion targets at the global, regional and country levels in order to set priorities and acceleration scenarios guided by appropriate policy and programmatic actions.

29. WHO is further strengthening its scientific capacity. To optimize its normative function, and learning from the COVID-19 response, the Secretariat is strengthening its quality assurance system, building on the Guidelines Review Committee and regional publication clearances. By focusing on high priority technical products across the whole Organization, and to ensure that the guidelines have impact in countries, a “living guidelines approach” has been introduced, which will make all WHO’s guidelines easy to update and translate into decision support tools for use directly by health care providers. To

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<sup>1</sup> See document A74/8.

<sup>2</sup> The World Health Data Hub will be available at: <https://data.who.int/> (accessed 5 August 2022).



optimize the impact of innovations on achievement of the health-related Sustainable Development Goals, WHO will lead the implementation of an “innovation scaling framework” to match countries’ health demands and needs with mature implementation-ready innovations (ranging from service delivery innovations to digital technologies) identified and incubated by innovation funders and countries themselves. Through its hosted research entities (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 Alliance for Health Policy and Systems Research), the Secretariat will advance a learning agenda in country health systems to deal with concerns exacerbated by the COVID-19 pandemic, by stimulating future policy research on reproductive health, infectious diseases of poverty and other relevant topics. Moreover, the COVID-19 pandemic has underscored the importance of emergency use listing and prequalification of health products and of ensuring efficient and effective national and regional regulatory systems for health products. WHO has developed an end-to-end approach to catalyse research and innovation by developing target product profiles, offering joint scientific advice to product innovators, and setting up technology transfer hubs to build capacity for local production of vaccines and health products.

## **V. Urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture**

30. The basis for WHO’s leading role at the centre of the global health architecture is its constitutional responsibility “to act as the directing and co-ordinating authority on international health work” and “to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate.”<sup>1</sup> A strong WHO at the centre of the global health architecture prevents fragmentation and improves value for money, not only for Member State investments in WHO, but in the entire global health ecosystem. In the immediate term, WHO is focused on strengthening the global health architecture for health security, including governance, systems and tools, and financing. A strong global health architecture for health security relies on collaboration among multilateral agencies as well as civil society and private sector partnerships.

31. WHO is providing leadership and strengthening its partnerships with other multilateral agencies active in health including through the Global Action Plan for Healthy Lives and Well-being for All.<sup>2</sup> The Global Action Plan brings together WHO and 12 multilateral global health, development and humanitarian organizations to support an equitable and resilient recovery from the COVID-19 pandemic towards attainment of the health-related Sustainable Development Goals. Implementation has been scaled up in more than 50 countries and is being expanded further to respond to demand, for example, in support of recovery approaches focused on primary health care. A monitoring framework will capture feedback on how the multilateral system can best support countries to accelerate progress. The importance of the Global Action Plan as a platform will incentivize collaboration among multilateral agencies for joint funding, monitoring, evaluation, and discussions at the agencies’ governing bodies.

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<sup>1</sup> WHO Constitution. Basic documents: forty-ninth edition (including amendments adopted up to 31 May 2019). Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

<sup>2</sup> For more information, see the Stronger Collaboration, Better Health: The Global Action Plan for Healthy Lives and Well-being for All website (<https://www.who.int/initiatives/sdg3-global-action-plan>, accessed 19 April 2022).

WHO is continuing to strengthen its engagement with high-level multilateral forums, such as the G20,<sup>1</sup> and G7,<sup>2</sup> to reinforce political commitment for coordinated action on critical global health matters.

32. Further, WHO is strengthening its partnerships with civil society, the private sector and parliaments through the implementation of specific engagement strategies. In the case of civil society these partnerships help acceleration, for example, through a focus on accountability, community engagement (including faith communities), and meaningful youth engagement, as well as stronger mechanisms to systematically engage civil society in the work of WHO. In the case of the private sector, these engagements help acceleration through, inter alia, focusing on research and development, data and digital health, providing trustworthy information through social media, improving the health impact of the private sector's core activities, and developing WHO's potential catalytic role in innovative finance and environmental, social and governance metrics.

33. As part of the transformation, the Secretariat has developed its first investment case, held the first partner forum, set up the WHO Foundation, increased core voluntary contributions, introduced thematic funding and updated its investment case. The shift to more flexible funding would give the Director-General the ability to move money where it can have the most impact, and to better implement the priorities that Member States set out in the programme budget. WHO's future success will depend on Member States' support for the proposals of the Working Group on Sustainable Financing – to increase assessed contributions with an aspiration to reach a level of 50% of the 2022–2023 base budget by the biennium 2030–2031, while aiming to achieve this by the biennium 2028–2029, and to supplement the programme budget process with a replenishment model.<sup>3</sup>

## **ACTION BY THE REGIONAL COMMITTEE**

34. The questions regarding the GPW 13 extension during the online Member State consultation held on 30 June 2022 focused on: (a) alignment of the five WHO priorities with the GPW 13 triple billion strategy; (b) implications of the impact of the COVID-19 pandemic on and the Secretariat's contributions to accelerating progress towards the achievement of the triple billion targets and health-related Sustainable Development Goals; (c) implications of the GPW 13 extension and five WHO priorities on the Proposed programme budget 2024–2025; and (d) plans for the results framework, including the impact measurement indicators, and for strengthening country data and health information systems. Annex 3 provides a summary of the consultation.

35. The Regional Committee is invited to note this report and provide its input on the questions contained in paragraph 34 above.

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<sup>1</sup> Argentina, Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Mexico, Republic of Korea, Russian Federation, Saudi Arabia, South Africa, Türkiye, the United Kingdom of Great Britain and Northern Ireland, the United States of America, and the European Union.

<sup>2</sup> Canada, France, Germany, Italy, Japan, the United Kingdom of Great Britain and Northern Ireland, the United States of America, and the European Union.

<sup>3</sup> See document A75/9.

## ANNEX 1

### **UPDATES TO THE GPW 13 EXTENSION BASED ON THE CONSULTATION HELD WITH MEMBER STATES ON 30 JUNE 2022**

1. This annex details the outcome of the consultation held with Member States on 30 June 2022. In addition to refining the narrative on the triple billion targets, clarification is provided on: (a) alignment of the five WHO priorities with the GPW 13 triple billion strategy; (b) plans for the results framework, including the impact measurement indicators; (c) linkages of strategic directions with the Proposed programme budget 2024–2025; and (d) strengthening of country capacity for measurable impact.<sup>1</sup>

#### **THE RATIONALE FOR EXTENSION**

##### **The world is off track to reach most health-related Sustainable Development Goals by 2030**

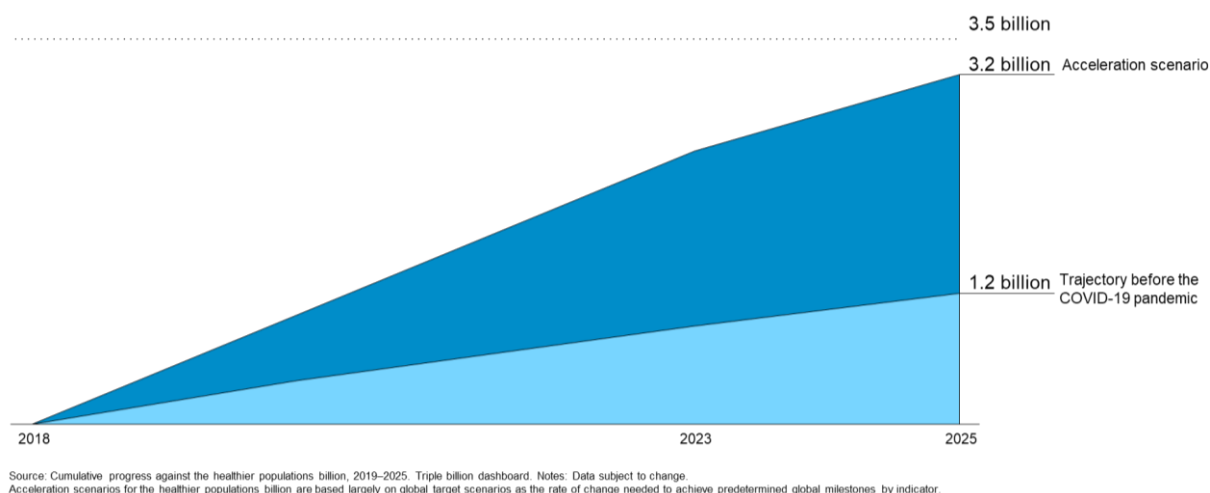
2. Making a measurable impact on people's health in all countries is at the core of WHO's mission. The triple billion targets provide a unified approach to accelerating progress towards the achievement of the health-related Sustainable Development Goals. The results framework established in consultation with Member States is used for programme budget planning and reporting results. It represents a joint commitment by the Secretariat, Member States and partners to tracking progress and delivering measurable impact.

3. *Healthier populations billion.* The billion target is expected to be reached by 2025 backed by progress made in access to clean household fuels, safe water, sanitation and hygiene, and tobacco control. However, many indicators are either stagnant or even worsening, and glaring inequities across and within countries require urgent attention. We now know that to achieve the health-related Sustainable Development Goals, the target needs to be almost four billion people reached for every five-year period. Concentrating on accelerating progress in high impact indicators, such as climate and environment health, malnutrition and tobacco and alcohol, has the greatest potential for promoting health and well-being and preventing disease by addressing the root causes. Fig. 1 shows that by focusing on leading risk factors or causes of premature deaths, two billion more people will benefit from an acceleration scenario by 2025.

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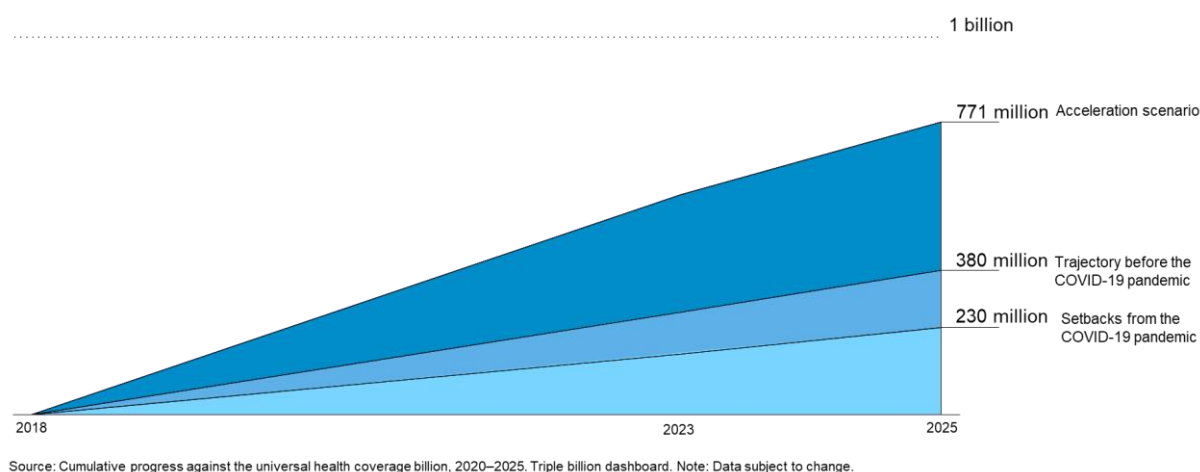
<sup>1</sup> Further information on the GPW 13 extension is available at: <https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023> (accessed 6 August 2022).

**Fig. 1 Acceleration scenario shows that two billion more people will lead healthier lives by 2025**



4. *Universal health coverage billion.* The billion target is not expected to be reached without radically reorienting health systems towards primary health care. Current estimates suggest that without course correction, we will fall short by 770 million people of one billion more people benefiting from universal health coverage in 2025. Catastrophic health spending is worsening, and gains made in health service coverage since the adoption of the Sustainable Development Goals have been disrupted by the COVID-19 pandemic. Addressing indicators with the largest potential gaps, such as access to essential services, financial protection and the health workforce, is essential to making progress. Fig. 2 shows that by focusing on high impact service delivery targets and financial protection, 390 million more people will benefit from an acceleration scenario by 2025. Further acceleration is needed to meet the billion target.

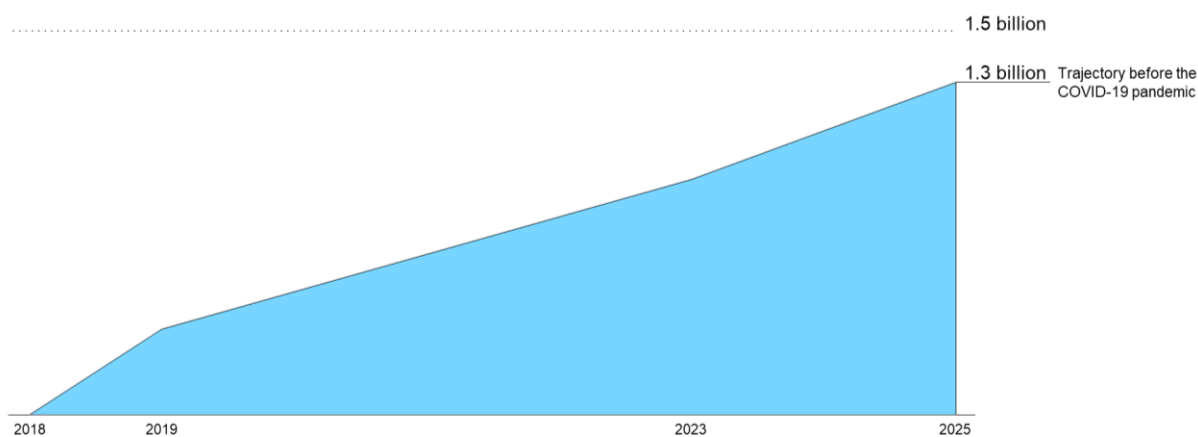
**Fig. 2 An acceleration scenario showing 390 million more people benefiting from universal health coverage by 2025**



5. *Health emergencies protection billion.* The COVID-19 pandemic has demonstrated that the world was and remains unprepared for health emergencies. The recent outbreaks of monkeypox, poliomyelitis and Marburg virus disease have lent a renewed sense of urgency to learning the lessons of the COVID-19 pandemic and strengthening country capacities to prevent, prepare for and respond to future health emergencies. The Prevent indicator, as measured through vaccine coverage for priority pathogens, has been the most impacted by COVID-19 pandemic-related service disruptions. Applying recommendations from pandemic response reviews and urgently strengthening systems and tools for

epidemic and pandemic preparedness and response should be given utmost priority. Countries will need to step up their capacity to better prepare for, prevent, detect, and respond to any health emergency (Fig. 3).

**Fig. 3 Before the COVID-19 pandemic, the world was on track to increase protection of one billion more people by 2025**



Source: Cumulative progress against the health emergencies protections billion, 2020–2025. Triple billion dashboard. Note: Data subject to change.

## WHO results framework remains intact

6. The WHO results framework, a tool for accountability and reporting and impact measurement that tracks the triple billion targets and health-related Sustainable Development Goals, *remains intact* and will not be revised until 2025. However, Member States have recognized the need to: (a) improve certain indicators to better monitor universal health coverage, including progress made in respect of Sustainable Development Goal indicators 3.8.1 (coverage of essential health services) and 3.8.2 (financial hardship); and (b) track emerging areas of public health importance such as climate and health, mental health, physical inactivity and disability, and timely response to health emergencies. As requested by Member States, the Secretariat will pilot the improved universal health coverage index and propose a list of new indicators in a report, including the underlying data and health information systems, for the consideration of Member States by the end of 2023. These elements will also be submitted to the Inter-Agency and Expert Group on Sustainable Development Goal Indicators for the 2025 review.

7. The Secretariat will continue to update the triple billion dashboard<sup>1</sup> and report on progress annually through the WHO results report.<sup>2</sup> It will also quantify the full impact of the COVID-19 pandemic on the triple billion targets and health-related Sustainable Development Goals and will develop scenarios for acceleration, which will be reflected in the triple billion dashboard.

## Linkages of strategic directions with the Proposed programme budget 2024–2025

8. The development of the Proposed programme budget 2024–2025 will be guided by strategic directions, data, evidence and trends in every country and will focus on areas that show potential for the greatest and fastest impact. An iterative approach of priority setting will be applied starting at the country

<sup>1</sup> <https://portal.who.int/triplebillions/> (accessed 27 July 2022).

<sup>2</sup> <https://www.who.int/about/accountability/results> (accessed 20 July 2022).

office level to ensure maximum alignment with respective country situations and priorities, and overall, with regional and global priorities.

9. An analysis of the WHO Global Health Estimates on leading causes of death and leading risk factors globally indicates that the top five causes of death in 2019 were ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lower respiratory infections and neonatal conditions, together accounting for 22 million deaths. The top five risk factors, globally, contributing to a combined 40 million deaths were high blood pressure, tobacco, dietary risks, air pollution and high fasting plasma glucose. Analysing these data alongside indicators within the impact measurement has highlighted priority areas on which to focus acceleration efforts. While these remain priorities at the global level, it is also possible to identify regional and country priorities based on data and respective contexts, where applicable. Technical solutions for the identified priority areas are available; appropriate acceleration measures will be devised for each area, guided by data and evidence.

10. The Secretariat will support the application of a delivery approach that includes the following.

- (a) *Acceleration scenarios*: how much does a programme contribute to closing the gap in the billion?
- (b) *Budget and finances*: what does it cost to implement delivery stocktake commitments?
- (c) *Countries identified for acceleration*: which are the high burden/high impact countries?
- (d) *Delivery plans and solutions*: what are the most effective interventions that WHO can support including norms and standards, technical packages and specific innovations?
- (e) *Executing, tracking and problem-solving*: which metric will we track?

11. Annex 2 contains an overview of the delivery model that the Secretariat has designed to meet the above objectives and serve as a monitoring and accountability function for WHO. It also contains the list of GPW 13 indicators that will track progress towards the achievement of the triple billion targets and health-related Sustainable Development Goals.

12. Deploying solutions to accelerate progress towards achieving the GPW 13 triple billion targets by 2025 and the health-related Sustainable Development Goals by 2030 will depend on: (a) implementing data-driven delivery approaches; (b) promoting integrated models for strengthening country health systems and primary health care; (c) applying ready-to-scale innovations; (d) incentivizing partnerships and multisectoral collaboration; and (e) obtaining innovative financing for public health.

### **Strengthening country capacity for measurable impact**

13. The Secretariat will strengthen the capacity of country offices through the deployment of integrated platforms and teams that will advance national public health priorities. Focus will be placed on cross-cutting platforms such as primary health care; sustainable health financing; health systems including the health workforce; access to essential diagnostics, medicines and supplies; data, digital technologies and health information systems; ready-to-scale innovations; and multisectoral collaboration and policy interventions to advance priority topics identified by countries. Using the delivery model set out in Annex 2, this approach will be adopted in 30 country offices under the Programme budget 2022–2023 and expanded to more countries under the Proposed programme budget 2024–2025. The Secretariat will also introduce improvements in human resource planning and deployment to effectively support and meet the needs of Member States.

## **FIVE PROPOSED AREAS OF FOCUS FOR THE EXTENSION**

14. Outlined below are updates to the third WHO priority: “Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO”. The text for the other four priorities remains unchanged and is reflected in the main body of this report.

### **Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO (health emergencies protection billion)**

15. A new health emergency preparedness, response and resilience architecture will ensure that the world is prepared to face future public health crises. At the Seventy-fifth World Health Assembly, the Secretariat presented 10 proposals to build such a strong, equitable, inclusive and coherent global architecture. As consultations continue, WHO is moving forward at the request of and in close partnership with Member States and other stakeholders to drive change in the three key proposed areas of systems, governance and financing.

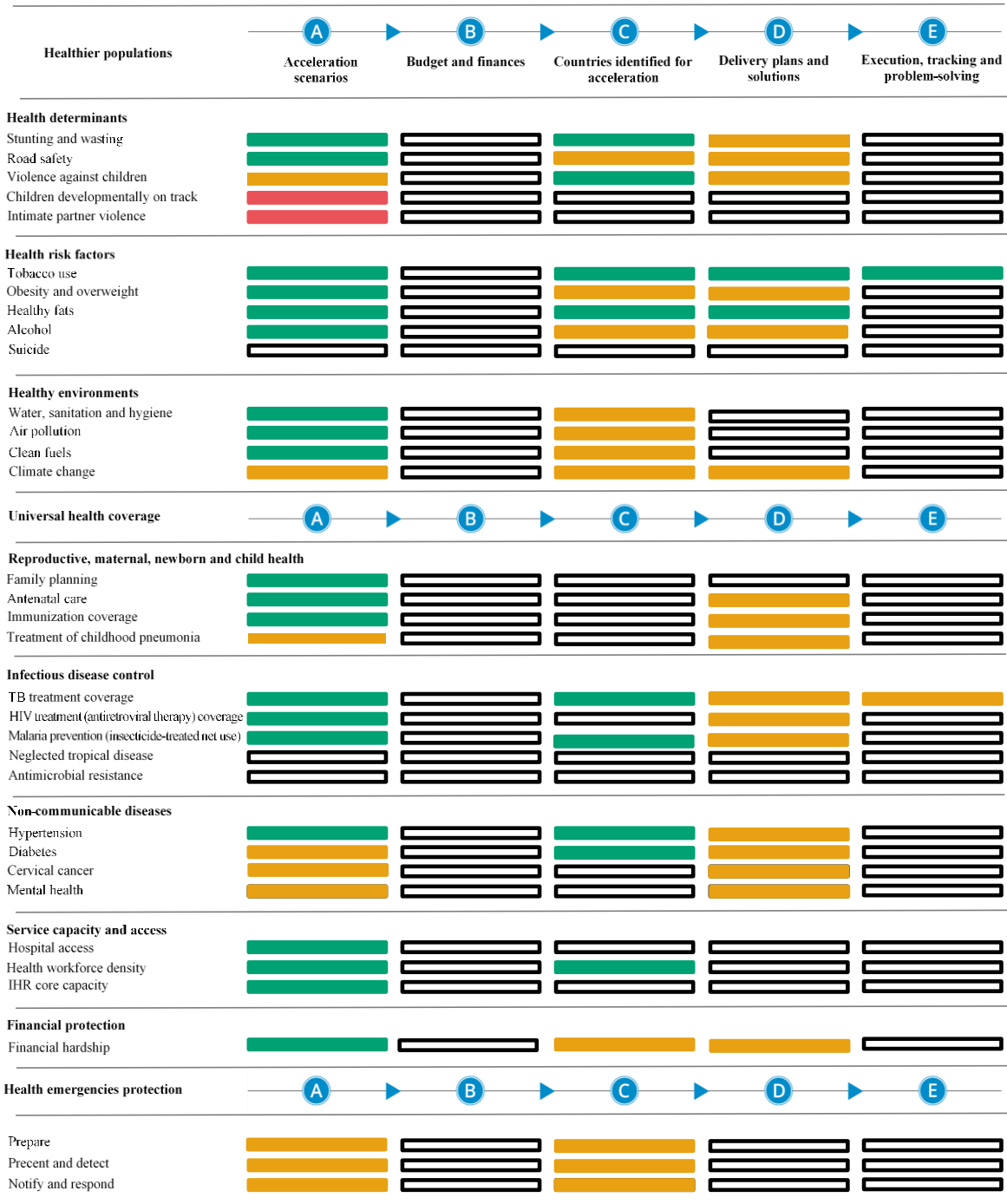
16. The Secretariat will continue to support the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response in its work to reach a legally binding agreement for consideration by the Seventy-seventh World Health Assembly in 2024 and to scale up the adoption of the Universal Health and Preparedness Review, a process designed to make the world safer through cooperation and accountability. In addition, the hubs set up in Berlin, Germany (on collaborative surveillance), Switzerland (on pathogen sharing), South Africa and Korea (on technology transfer), and Kenya (on the health workforce) will be strengthened and a model developed for scaling up the ACT-Accelerator and the C-TAP in order to respond to future public health emergencies of international concern.

17. The Secretariat will continue to help to mitigate harm in conflict settings, including delivering trauma care and emergency medical supplies, advocating for human corridors, documenting and speaking out against attacks on health care facilities, and caring for internally displaced persons.

## ANNEX 2

### WHO'S DELIVERY APPROACH TO TRACK PROGRESS (FOR SECRETARIAT'S USE)

WHO's approach to drive faster progress is being implemented and tracked in this delivery dashboard (see illustration below). This document is regularly updated and content is subject to change.



■ Complete   
 ■ In progress   
 ■ Needs attention   
  Not started

\*All data as of May 2022. \*\*All data displayed in this table is for illustrative purposes only and may be subject to change. Progress on health emergencies and other indicators will be forthcoming. \*\*\*Climate change is not included in calculations for the healthier population billion.

■ Complete  
■ In progress  
■ Needs attention  
 Not started



**Table 1 GPW 13 impact measurement indicators used to track progress towards the triple billion targets**

#	Sustainable Development Goal/World Health Assembly resolution	Indicator
1.	SDG 1.5.1	Number of persons affected by disasters (per 100 000 population)
2.	SDG 1.a.2	Domestic general government health expenditure (% of general government expenditure)
3.	SDG 2.2.1	Prevalence of stunting in children under 5 years (%)
4.	SDG 2.2.2	Prevalence of wasting in children under 5 years (%) Prevalence of overweight in children under 5 years (%)
5.	SDG 3.1.1	Maternal mortality ratio (per 100 000 live births)
6.	SDG 3.1.2	Proportion of births attended by skilled health personnel (%)
7.	SDG 3.2.1	Under-5 mortality rate (per 1000 live births)
8.	SDG 3.2.2	Neonatal mortality rate (per 1000 live births)
9.	SDG 3.3.1	Number of new HIV infections (per 1000 uninfected population)
10.	SDG 3.3.2	Tuberculosis incidence (per 100 000 population)
11.	SDG 3.3.3	Malaria incidence (per 1000 population at risk)
12.	SDG 3.3.4	Hepatitis B incidence (measured by surface antigen (HBsAg) prevalence among children under 5 years) (per 100 000 population)
13.	SDG 3.3.5	Number of people requiring interventions against neglected tropical diseases
14.	SDG 3.4.1	Probability of dying from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease (aged 30–70) (%)
15.	SDG 3.4.2	Suicide mortality rate (per 100 000 population)
16.	SDG 3.5.1	Coverage of treatment interventions for substance use disorders (%)
17.	SDG 3.5.2	Total alcohol per capita consumption in adults aged ≥15 (litres of pure alcohol)
18.	SDG 3.6.1	Road traffic mortality rate (per 100 000 population)
19.	SDG 3.7.1	Proportion of women (aged 15–49) having need for family planning satisfied with modern methods (%)
20.	SDG 3.8.1	Universal health coverage service coverage index
21.	SDG 3.8.2	Population with household expenditures on health >10% of total household expenditure or income (%)
22.	SDG 3.9.1	Mortality rate attributed to air pollution (per 100 000 population)
23.	SDG 3.9.2	Mortality rate attributed to exposure to unsafe water, sanitation and hygiene services (per 100 000 population)
24.	SDG 3.9.3	Mortality rate from unintentional poisoning (per 100 000 population)
25.	SDG 3.a.1	Prevalence of tobacco use in adults aged ≥15 (%)
26.	SDG 3.b.1	Proportion of population covered by three doses diphtheria–tetanus–pertussis-containing vaccine (%) Proportion of population covered by two doses measles-containing vaccine (%) Proportion of population covered by three doses pneumococcal conjugate vaccine (%)

#	Sustainable Development Goal/World Health Assembly resolution	Indicator
27.	SDG 3.b.3	Proportion of health facilities with essential medicines available and affordable on a sustainable basis (%)
28.	SDG 3.c.1	Density of medical doctors (per 10 000 population) Density of nursing and midwifery personnel (per 10 000 population) Density of dentists (per 10 000 population) Density of pharmacists (per 10 000 population)
29.	SDG 3.d.1	International Health Regulations capacity and health emergency preparedness
30.	SDG 3.d.2	Percentage of bloodstream infections due to antimicrobial-resistant organisms (%)
31.	SDG 4.2.1	Proportion of children under 5 years developmentally on track (health, learning and psychosocial well-being) (%)
32.	SDG 5.2.1	Proportion of women (aged 15–49) subjected to violence by current or former intimate partner (%)
33.	SDG 5.6.1	Proportion of women (aged 15–49) who make their own decisions regarding sexual relations, contraceptive use and reproductive health care (%)
34.	SDG 6.1.1	Proportion of population using safely managed drinking water services (%)
35.	SDG 6.2.1	Proportion of population using safely managed sanitation services (%) Proportion of population using hand-washing facility with soap and water (%)
36.	SDG 7.1.2	Proportion of population with primary reliance on clean fuels (%)
37.	SDG 11.6.2	Annual mean concentrations of fine particulate matter (PM <sub>2.5</sub> ) in urban areas (µg/m <sup>3</sup> )
38.	SDG 16.2.1	Proportion of children (aged 1–17) experiencing physical or psychological aggression (%)
39.	Health Emergencies	Vaccine coverage for epidemic prone diseases
40.	Health Emergencies	Proportion of vulnerable people in fragile settings provided with essential health services (%)
41.	WHA66.10	Prevalence of raised blood pressure in adults aged ≥18
42.	WHA66.10	Best practice policy implemented for industrially produced trans fatty acids (Y/N)
43.	WHA66.10	Prevalence of obesity among children and adolescents (aged 5–19) (%) Prevalence of obesity among adults aged ≥18
44.	WHA68.3	Number of cases of poliomyelitis caused by wild poliovirus
45.	WHA68.7	Patterns of antibiotic consumption at national level

## ANNEX 3

### **SUMMARY OF THE GLOBAL ONLINE MEMBER STATE CONSULTATION ON THE GPW 13 EXTENSION, HELD ON 30 JUNE 2022**

1. This annex summarizes the questions by Member States, for further discussion, during the consultation on 30 June 2022.

#### **Background**

2. In 2022, the Seventy-fifth World Health Assembly adopted resolution WHA75.6 in which it approved the extension of the period of the GPW 13 from 2023 to 2025, and requested the Director-General:

- to consult with Member States on the report of the Director-General on extending the Thirteenth General Programme of Work, 2019–2023 to 2025<sup>1</sup> and to submit the outcome of the consultation to the Executive Board at its 152nd session in January 2023; and
- to continue working on the development of the Proposed programme budget 2024–2025, based on the GPW 13 extension with this development work having regard to the priorities set out in the Director-General's report and the Member State consultation thereon.

3. The objective of the GPW 13 extension is to strengthen country capacity and to accelerate progress towards the achievement of the GPW 13 triple billion targets and health-related Sustainable Development Goals.

#### **Member State consultation**

4. For the world to reach the health-related Sustainable Development Goals by 2030, urgent action must be taken to speed up the pace of progress, which currently stands at about a quarter of what is needed. While advancements have been made on many indicators, further efforts are needed. The GPW 13 extension provides renewed impetus to accelerate progress and deliver on the triple billion targets by 2025. By intensifying support to countries, establishing better linkages to the Proposed programme budget 2024–2025 and focusing on priorities informed by data and evidence at the global, regional and country levels, it is possible to recover resiliently and equitably from the COVID-19 pandemic.

5. The GPW 13 triple billion strategy, aligned with WHO's five priorities, is designed to support acceleration efforts by promoting the implementation of data- and evidence-driven delivery approaches and the development of high-impact policy solutions. It also contains provisions aimed at: promoting integrated approaches to building stronger health systems and primary health care in countries; identifying and applying ready-to-scale innovations; incentivizing partnerships and multilateral collaboration; and exploring innovative financing for public health.

6. A global online consultation on this topic was held with Member States on 30 June 2022. A summary of the discussion is provided below:

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<sup>1</sup> Document A75/8.

(a) *Alignment of the five WHO priorities with the GPW 13 triple billion strategy.* WHO's five priorities are aligned with the GPW 13 triple billion strategy. The first three priorities align with the triple billion targets of healthier populations, universal health coverage, and health emergencies protection, respectively. The fourth and fifth priorities represent the leadership functions of a more effective WHO providing better support to countries on data and innovation, leadership, governance and advocacy.

(b) *Implications of the impact of the COVID-19 pandemic on and the Secretariat's contributions to accelerating progress towards the achievement of the triple billion targets and health-related Sustainable Development Goals.* The Secretariat will quantify the full impact of the COVID-19 pandemic on the triple billion targets and health-related Sustainable Development Goals and develop acceleration scenarios, which will be reflected in the triple billion dashboard. WHO will also strengthen the capacity of country offices through integrated platforms and teams that will advance primary health care, science and innovation, data and delivery to inform national priorities and policies.

(c) *Implications of the GPW 13 extension and five WHO priorities on the Proposed programme budget 2024–2025.* The extension provides strategic direction for the Proposed programme budget 2024–2025. The development of the Proposed programme budget 2024–2025 will also be guided by data, evidence and trends in every country and will focus on areas that show potential for the greatest and fastest impact.

(d) *Plans for the results framework, including the impact measurement indicators, and for strengthening country data and health information systems.* The results framework, a tool for accountability and reporting and impact measurement that tracks the triple billion targets and health-related Sustainable Development Goals, remains intact and will not be revised until 2025. Member States supported the need to improve indicators to better monitor universal health coverage, including progress made in respect of Sustainable Development Goal indicators 3.8.1 (coverage of essential health services) and 3.8.2 (financial hardship). The Secretariat will submit a proposal to Member States in 2023.

## **Next steps**

7. The Secretariat will update the report of the Director-General on the GPW 13 extension based on the Member State consultation and feedback from regional committees, and will submit the outcome to the Executive Board at its 152nd session in January 2023.

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