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# **Thirteenth General Programme of Work, 2019–2025**

## **Report on the outcomes of the Member States consultation process**

### **Report by the Director-General**

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 for its consideration and adoption, through the Programme, Budget and Administration Committee of the Executive Board.

2. The objective of extending the GPW 13 is to strengthen country capacity and to accelerate progress towards the achievement of the triple billion targets and health-related Sustainable Development Goals. Multiple cascading and intersecting crises predominated by coronavirus disease (COVID-19), climate change and conflict are impacting progress towards all Sustainable Development Goals. The COVID-19 pandemic triggered increases in mortality that translated into decreases in life expectancy and healthy life expectancy around the world. Staying focused on achieving the Sustainable Development Goal-based triple billion targets anchored in the GPW 13 is urgent for an equitable and resilient recovery. During this extension period, the Secretariat will intensify its support to countries to rapidly scale up implementation of their public health priorities, establish sustainable financing and accountability for results, and undertake monitoring and coordination.

3. The rationale and proposed actions for the GPW 13 during its extension period were 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> This present report summarizes the outcomes of subsequent consultations with Member States, including those at recent sessions of the regional committees, focusing on:

- (i) alignment of GPW 13 triple billion strategy with WHO's five priorities and the Proposed programme budget 2024-2025;<sup>4</sup>
- (ii) update on the progress towards the Sustainable Development Goal-based triple billion targets and related indicators, including the impact of COVID-19; and

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<sup>1</sup> See document A75/8.

<sup>2</sup> Document EB150/29; see also document EB150/2022/REC/2, summary records of the Executive Board, eleventh meeting, section 2.

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

<sup>4</sup> Document EB152/27.

- (iii) prioritization and scaling up of high-impact interventions driven by data and evidence and country priorities and context in order to deliver faster progress at country, regional and global levels.

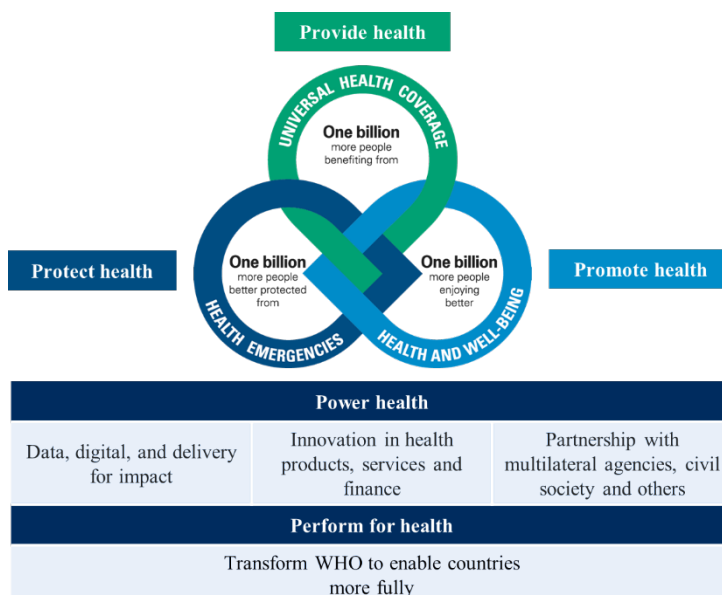
**I. ALIGNMENT OF GPW 13 TRIPLE BILLION STRATEGY WITH WHO’S FIVE PRIORITIES AND THE PROPOSED PROGRAMME BUDGET 2024–2025**

4. The GPW 13 extension maintains the alignment with WHO’s five priorities and provides strategic direction for the Proposed programme budget 2024–2025. It also aligns the General Programme of Work with the planning cycle of the United Nations. WHO’s five priorities are:

- (i) to support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes;
- (ii) to support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage;
- (iii) urgently to strengthen the systems and tools for health emergency preparedness and response at all levels, underpinned by strong governance and financing to initiate and sustain those efforts, connected and coordinated globally by WHO;
- (iv) to harness the power of science, research, innovation, data, delivery and digital technologies as critical enablers of the other priorities; and
- (v) urgently to strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture, building around empowered country offices.

5. The first three WHO 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 strategic functions of a more effective WHO providing better support to countries (Fig. 1).

**Fig. 1. WHO’s five priorities are aligned with the triple billion targets and strategic functions**



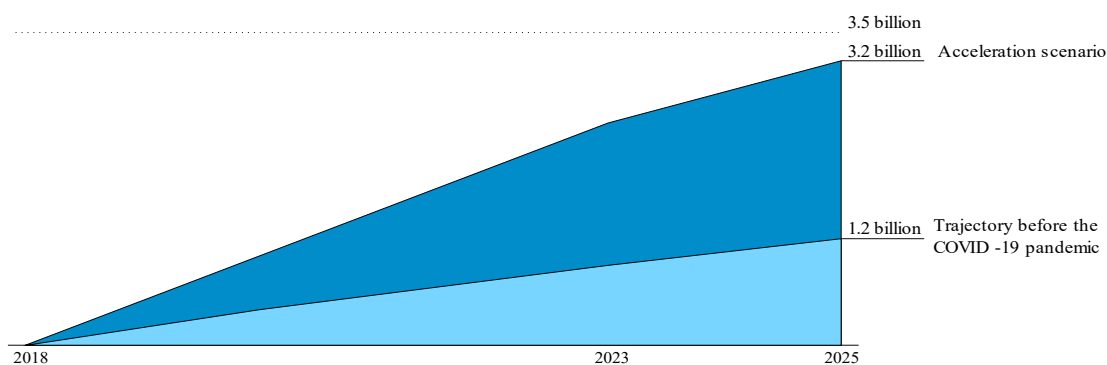
6. The development of the Proposed programme budget 2024–2025 has been guided by a delivery for impact approach (see Annex 1) as a starting point and has focused on having a measurable impact in every country. Prioritization followed an iterative bottom-up and consultative process, continuing the direction established in the Programme budget 2022–2023 to strengthen regional and country offices and ensuring three-level alignment across the Organization.

## II. UPDATE ON THE PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOAL-BASED TRIPLE BILLION TARGETS AND RELATED INDICATORS, INCLUDING THE IMPACT OF COVID-19

7. The world was off track to reach the GPW 13 triple billion targets and health-related Sustainable Development Goals before COVID-19, and we are further off track now. Figures 2–4 show that the rate of progress is less than one-quarter of the pace needed to reach health-related Sustainable Development Goals by 2030.<sup>1</sup> Work is underway to quantify the impact of COVID-19 and update the estimates, projections, and acceleration scenarios. Below are initial estimates for the triple billion targets, which will be updated and shared by April 2023.

8. *Healthier populations billion.* Progress has been made in access to clean household fuels, safe water, sanitation and hygiene, and tobacco control, and the billion target is likely to be reached by 2025. However, progress in many other indicators is either stagnant or even worsening, and widening inequities require urgent attention. If the focus were tightened to leading risk factors, an estimated two billion more people could benefit and the healthier populations target be reached by 2025 (Fig. 2).<sup>2</sup>

**Fig. 2. Acceleration scenario showing that two billion more people could lead healthier lives by 2025 (initial estimates)**



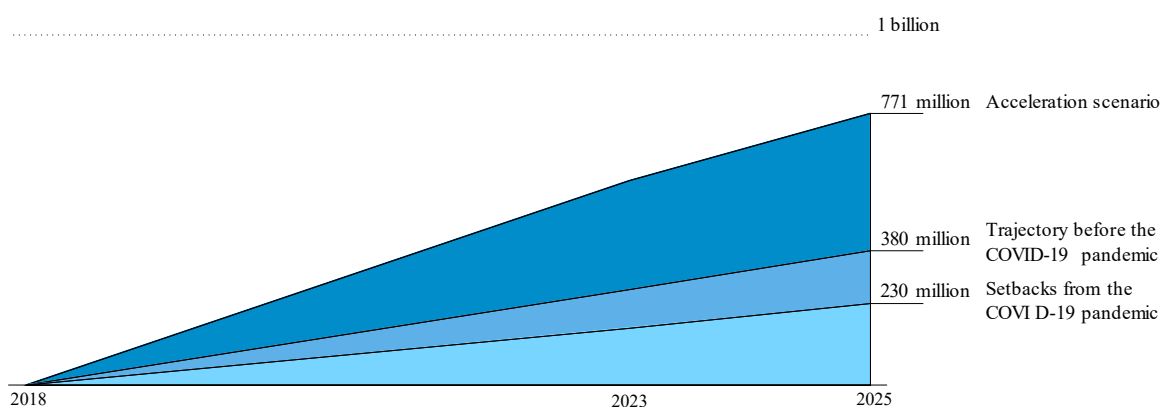
Source: Cumulative progress against the healthier populations billion, 2019–2025. Triple billion dashboard. Notes: Data subject to change. Acceleration scenarios for the healthier populations billion are based largely on global target scenarios as the rate of change needed to achieve predetermined global milestones by indicator.

<sup>1</sup> WHO. The triple billion targets: A visual summary of methods to deliver impact. Geneva: World Health Organization (<https://www.who.int/data/stories/the-triple-billion-targets-a-visual-summary-of-methods-to-deliver-impact>, accessed 9 November 2022). See also: WHO. Thirteenth General Programme of Work (GPW 13): Methods for impact measurement – version 2.1. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/341371/9789240012776-eng.pdf?sequence=1&isAllowed=y>, accessed 9 November 2022).

<sup>2</sup> Data in Figures 2–4 are all pre-COVID-19 estimates.

9. *Universal health coverage billion.* Before COVID-19, the world was falling significantly short in achieving this target. Without radical reorientation of health systems towards primary health care, current estimates suggest a shortfall of 770 million people benefiting from universal health coverage by 2025. Disrupted by the COVID-19 pandemic, the extent of catastrophic health spending and the amount of care foregone have worsened and gains made in health service coverage have been derailed. If high-impact service delivery interventions and financial protection are prioritized, about 390 million more people will likely benefit from universal health coverage (Fig. 3).

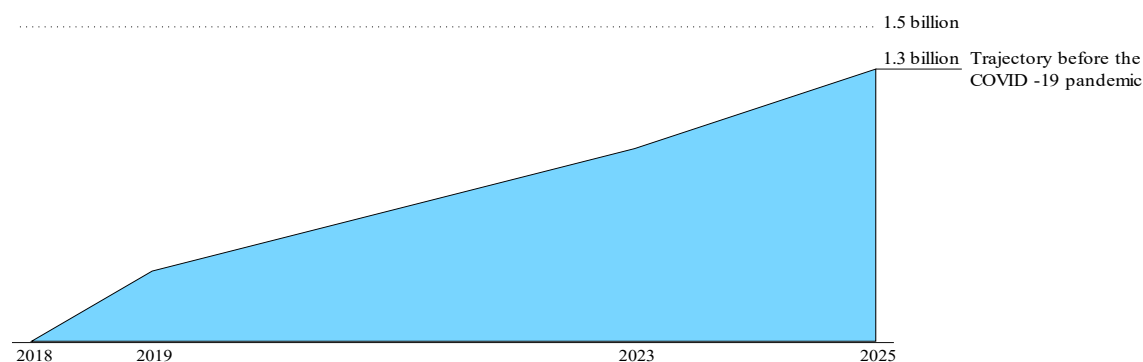
**Fig. 3 An acceleration scenario showing that about 390 million more people could benefit from universal health coverage by 2025 (initial estimates)**



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

10. *Health emergencies protection billion.* Before the onset of the COVID-19 pandemic, the world was estimated to be on track towards this target (Fig. 4), with positive trends against all three major indicators – prepare, prevent, and detect, notify and respond. The prevent indicator, as measured through vaccine coverage for priority pathogens and diseases, has been most impacted owing to service disruptions. The COVID-19 pandemic has demonstrated that the world was and remains unprepared for major health emergencies, and the recent outbreaks of Ebola virus disease, monkeypox, poliomyelitis and Marburg virus disease all underscore the urgent need to apply the lessons and strengthen systems and tools as well as build resilient health systems to prevent, prepare for and respond to future health emergencies.

**Fig. 4. Before the COVID-19 pandemic, the world was on track to increase protection of one billion more people by 2025 (initial estimates)**



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

### **The WHO results framework remains intact as an accountability and reporting tool to drive progress**

11. The WHO results framework is an accountability and reporting tool. Since 2019, it has regularly tracked the joint efforts of the Secretariat, Member States and partners to meet the Sustainable Development Goal-based triple billion targets, and Sustainable Development Goals indicators, and the Secretariat’s contribution to that process. Jointly developed by Member States and the Secretariat, it consists of: (a) an impact measurement system for tracking progress towards the triple billion targets with 46 outcome indicators (39 Sustainable Development Goals, and seven Health Assembly resolutions); (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.

12. The WHO results framework remains intact for the extended GPW 13 period, but Member States have recognized the need to improve indicators so as to monitor universal health coverage indicators 3.8.1 (coverage of essential health services) and 3.8.2 (financial hardship) and to track emerging areas of public health importance such as primary health care, climate and health, mental health, physical inactivity and disability, and timely detection and response to health emergencies. As indicated in the summary of the Global Online Member States Consultation,<sup>1</sup> the Secretariat will prepare a proposal on new indicators to improve universal health coverage index. This proposal will also contain underlying data and mechanisms to strengthen health information systems in countries by end of 2023. The improved measurements will be subsequently submitted to the Inter-Agency and Expert Group on Sustainable Development Goal Indicators for its review in 2025.

<sup>1</sup> WHO. Extending the Thirteenth General Programme of Work, 2019–2023 to 2025. Global Online Member States Consultation, 30 June 2022: Summary. Geneva: World Health Organization; 2022 ([https://cdn.who.int/media/docs/default-source/documents/about-us/thirteenth-general-programme/gpw-13-extension\\_ms-consultation\\_30jun\\_summary\\_8jul22\\_rev.pdf](https://cdn.who.int/media/docs/default-source/documents/about-us/thirteenth-general-programme/gpw-13-extension_ms-consultation_30jun_summary_8jul22_rev.pdf), accessed 16 December 2022).

13. The Secretariat is in the process of quantifying the impact of COVID-19 on global health estimates and attainment of the Sustainable Development Goals. Along with scenarios for acceleration, these updates will be available on the triple billion dashboard.<sup>1</sup>

### **III. PRIORITIZATION AND SCALING UP OF HIGH-IMPACT INTERVENTIONS DRIVEN BY DATA AND EVIDENCE TO DELIVER FASTER PROGRESS AT GLOBAL, REGIONAL AND COUNTRY LEVELS**

14. With limited resources and time, the Organization must be strategic in selecting priorities guided by data and evidence, return on investment and matched with the most effective solutions for every country. Plans to tackle these priorities should be adequately resourced and progress towards the targets periodically reviewed. Member States recommended, through sessions and consultations of the regional committees, that the Secretariat use country priorities to inform decisions in planning, resource mobilization and allocation, tracking progress and reporting results for the Proposed programme budget 2024–2025. The Secretariat should also recognize the unique requirements of each country and provide technical support and resources as reflected in the prioritization process of the Proposed programme budget 2024–2025.

15. In response to the recommendations, the Secretariat has analysed the WHO Global Health Estimates in order to prioritize the leading causes of death and leading risk factors for all countries. Globally, 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 about 22 million deaths. The top five risk factors in 2019, contributing to a combined 40 million deaths, were high blood pressure, tobacco, dietary risks, air pollution and high fasting plasma concentration of glucose. To yield maximum impact, priority interventions should be directed at investing in the health workforce, particularly using primary health care as the vehicle for integrated health service delivery, as well as taking into account broader socioeconomic factors influencing health.

16. A similar analysis, based on the unique context of each country and region, has guided the prioritization and implementation of the Proposed programme budget 2024–2025. An iterative approach to priority-setting has been applied starting at the country office level to ensure maximum alignment with respective country situations and priorities, and overall, with regional and global priorities. This implies a bottom-up and consultative process.

17. During the global and regional consultations, Member States welcomed the alignment of the extension of GPW 13 with the programme budget, and underscored the need for the Secretariat to intensify support to countries, acknowledging the diversified priorities and contexts across WHO regions and countries. Member States expressed a general agreement that prioritization should continue to be a bottom-up, inclusive, and evidence-driven process. It should complement the delivery for impact approach with strategic selection of priorities and development of acceleration scenarios, and the strengthening of regional and country offices, including the integration of solutions and promoting cross-cutting interventions to reduce fragmentation, save resources and ensure synergies. This process will inform planning, resource mobilization and allocation, tracking of progress, and reporting of results. The ultimate goal of this process is to make a measurable impact in countries.

18. The Secretariat will support Member States in using a delivery for impact approach (see Annex 1) aligned with the Programme budget 2024–2025. This approach establishes acceleration scenarios for

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<sup>1</sup> WHO. The World Health Data Hub. Geneva: World Health Organization [website] (<https://data.who.int/>, last accessed 9 November 2022).

the triple billion targets and related indicators based on Member States' priorities, identifies resources needed for acceleration, and supports the securing of budget and finance and rigorous execution of implementation and tracking of high-impact solutions.

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

19. Building the capacity of health ministries, national institutions and WHO country offices is essential and can be accomplished through a three-level alignment and effective coordination of partners. The revision of Programme budget 2022–2023<sup>1</sup> introduced the concept of integrated country office platforms. Such cross-cutting platforms will promote integration and reduce fragmentation. The Secretariat plans to demonstrate the benefit of integrated platforms in implementing the Programme budget 2022–2023 in selected countries and to expand their function to more countries in the Proposed programme budget 2024–2025. Focus will be placed on each of the triple billion targets on the basis of each country's priorities. For example, for healthier populations, a country can focus on addressing commercial determinants of health; for universal health coverage, it could focus on primary health care, sustainable health financing, the health workforce and management of leading causes of death and disability (for example, tuberculosis, HIV, malaria, hypertension, antimicrobial resistance, and reproductive, maternal, newborn and child health); and for health emergencies, the focus could be on rapid response capacity, vaccination and surveillance. To harness data and digital technologies, science and innovation and partnerships, countries can prioritize equity, civil registration and vital statistics, disease and public health surveillance, health information systems, ready-to-scale-up innovations, and coordination among national and international stakeholders to accelerate progress.

20. To strengthen country capacity, as recommended by Member States, the Secretariat will introduce improvements in human resource planning and deployment to effectively meet the needs of Member States and has begun work to support countries in strengthening data and health information systems.<sup>2</sup> Working with partners, the Secretariat will build capacity to strengthen country programmes and national institutions in a sustainable manner, through greater engagement of the WHO Academy, WHO collaborating centres, and technical and expert networks.

21. Through a concerted focus on measurable impact in countries, we lay the path to accelerate progress in health for the 2030 Sustainable Development Goals, avoid premature deaths and improve quality of life by: (a) implementing data-driven delivery approaches; (b) promoting integrated platforms; (c) applying digital health and ready-to-scale-up innovations; (d) incentivizing partnerships and multisectoral collaboration; and (e) obtaining innovative financing for public health.

### **ACTION BY THE EXECUTIVE BOARD**

22. The Board is invited to note the report and to consider and adopt the outcome of the requested consultations with Member States on the report of the Director-General on extending the Thirteenth General Programme of Work, 2019–2023 (GPW 13) to 2025. In its discussions, the Board may wish to provide guidance to the Secretariat on its efforts: (i) to align WHO's priorities with the GPW 13 triple billion strategy; and (ii) to accelerate progress towards achievement of the triple billion targets and health-related Sustainable Development Goals.

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<sup>1</sup> See document A75/6.

<sup>2</sup> For details of ongoing activities to support countries, see *Data, analytics and delivery for Impact: IN FOCUS 2022*. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/m/item/in-focus--2022>, accessed 1 December 2022).

ANNEX

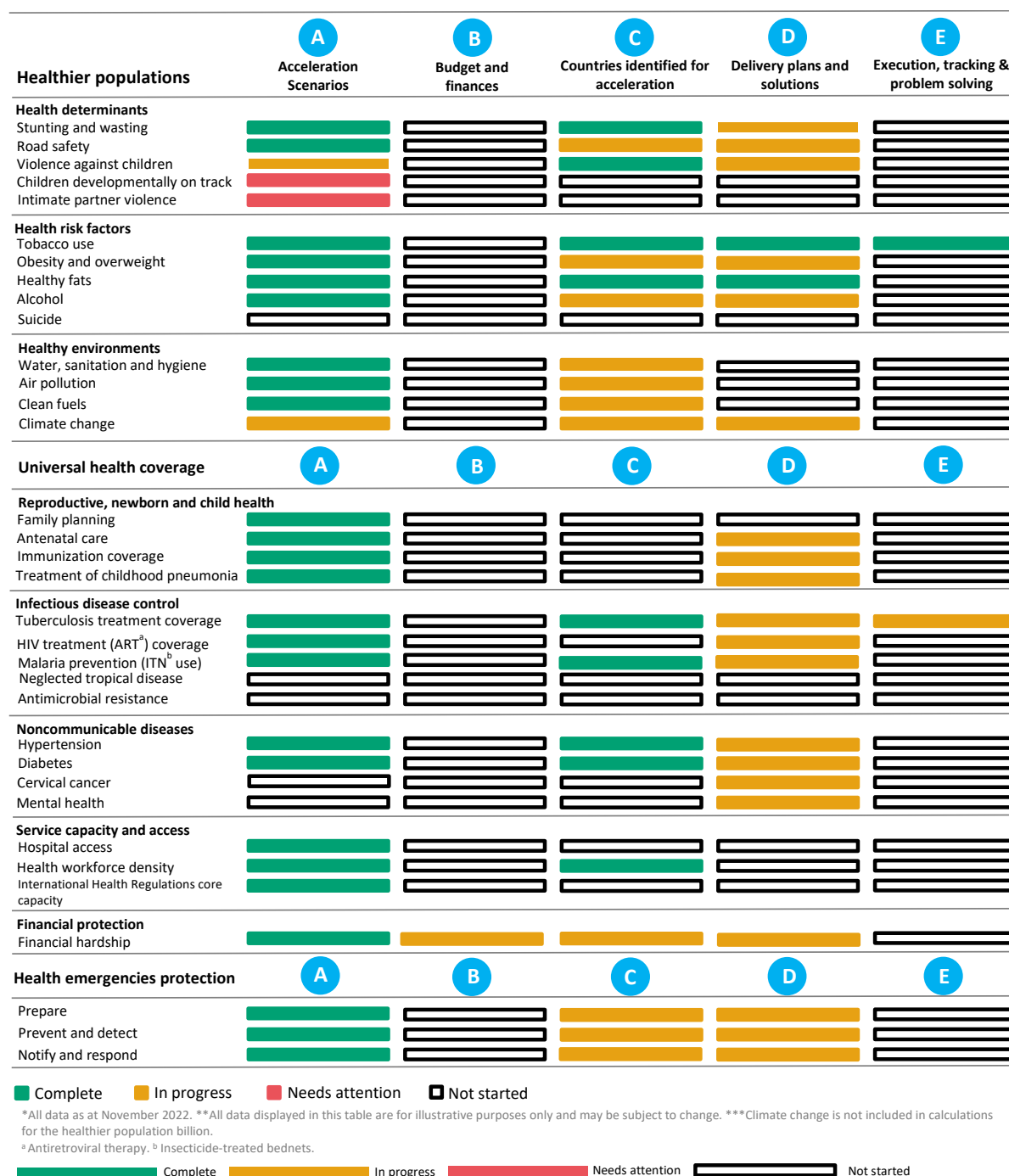
**WHO'S DELIVERY FOR IMPACT APPROACH TO TRACKING PROGRESS**

1. WHO's approach to speeding progress is being implemented and tracked in a delivery dashboard (illustrated below). The data visualized in this way are regularly updated, and the content is subject to change.



## Remaining accountable to accelerate progress

WHO's approach to driving faster progress and higher ambitions is being implemented, and tracked in this delivery dashboard



2. The following Table lists the indicators used to measure impact of GPW 13 for tracking progress towards the triple billion targets and their related Sustainable Development Goals (SDG) and World Health Assembly resolution goals.

**Table. GPW 13 impact measurement indicators used to track progress towards the triple billion targets<sup>1</sup>**

Number	SDG indicator/World Health Assembly resolution	Indicator/variable
1.	SDG 1.5.1	Number of persons directly 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 2.2.3	Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%)
6.	SDG 3.1.1	Maternal mortality ratio (per 100 000 live births)
7.	SDG 3.1.2	Proportion of births attended by skilled health personnel (%)
8.	SDG 3.2.1	Under-5 mortality rate (per 1000 live births)
9.	SDG 3.2.2	Neonatal mortality rate (per 1000 live births)
10.	SDG 3.3.1	Number of new HIV infections (per 1000 uninfected population)
11.	SDG 3.3.2	Tuberculosis incidence (per 100 000 population)
12.	SDG 3.3.3	Malaria incidence (per 1000 population at risk)
13.	SDG 3.3.4	Hepatitis B incidence (measured by prevalence of hepatitis B surface antigen (HBsAg) among children under 5 years) (per 100 000 population)
14.	SDG 3.3.5	Number of people requiring interventions against neglected tropical diseases
15.	SDG 3.4.1	Probability of dying from any of cardiovascular disease, cancer, diabetes or chronic respiratory disease (aged 30–70 years) (%)
16.	SDG 3.4.2	Suicide mortality rate (per 100 000 population)
17.	SDG 3.5.1	Coverage of treatment interventions for substance use disorders (%)
18.	SDG 3.5.2	Total alcohol per capita consumption within a calendar year in adults aged $\geq 15$ years (litres of pure alcohol)
19.	SDG 3.6.1	Road traffic mortality rate (per 100 000 population)
20.	SDG 3.7.1	Proportion of women (aged 15–49 years) having need for family planning satisfied with modern methods (%)
21.	SDG 3.8.1	Universal health coverage service coverage index
22.	SDG 3.8.2	Population with household expenditures on health >10% of total household expenditure or income (%)
23.	SDG 3.9.1	Mortality rate attributed to air pollution (per 100 000 population)
24.	SDG 3.9.2	Mortality rate attributed to exposure to unsafe water, unsafe sanitation and lack of hygiene services (per 100 000 population)
25.	SDG 3.9.3	Mortality rate from unintentional poisoning (per 100 000 population)

<sup>1</sup> WHO. Thirteenth General Programme of Work (GPW 13): Methods for impact measurement – version 2.1. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/341371/9789240012776-eng.pdf?sequence=1&isAllowed=y>, accessed 9 November 2022). Updates to baselines and targets for outcome indicators will be available on the triple billion dashboard by April 2023.

Number	SDG indicator/World Health Assembly resolution	Indicator/variable
26.	SDG 3.a.1	Prevalence of tobacco use in adults aged $\geq 15$ years (%)
27.	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 (%) Percentage of 15 year old girls receiving the recommended doses of HPV vaccine (%)
28.	SDG 3.b.3	Proportion of health facilities with essential medicines available and affordable on a sustainable basis (%)
29.	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)
30.	SDG 3.d.1	International Health Regulations capacity and health emergency preparedness
31.	SDG 3.d.2	Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (%)
32.	SDG 4.2.1	Proportion of children under 5 years developmentally on track (health, learning and psychosocial well-being) (%)
33.	SDG 5.2.1	Proportion of women (aged 15–49 years) subjected to violence by current or former intimate partner (%)
34.	SDG 5.6.1	Proportion of women (aged 15–49 years) who make their own decisions regarding sexual relations, contraceptive use and reproductive health care (%)
35.	SDG 6.1.1	Proportion of population using safely managed drinking water services (%)
36.	SDG 6.2.1	Proportion of population using safely managed sanitation services (%) Proportion of population using hand-washing facility with soap and water (%)
37.	SDG 7.1.2	Proportion of population with primary reliance on clean fuels and technology (%)
38.	SDG 11.6.2	Annual mean concentrations of fine particulate matter (PM <sub>2.5</sub> ) in urban areas ( $\mu\text{g}/\text{m}^3$ )
39.	SDG 16.2.1	Proportion of children (aged 1–17 years) experiencing physical or psychological aggression by caregivers in the past month (%)
40.	Health emergencies	Vaccine coverage for epidemic prone diseases
41.	Health emergencies	Proportion of vulnerable people in fragile settings provided with essential health services (%)
42.	WHA66.10 (2013)	Prevalence of raised blood pressure in adults aged $\geq 18$ years
43.	WHA66.10 (2013)	Best practice policy implemented for industrially produced trans-fatty acids (Y/N)
44.	WHA66.10 (2013)	Prevalence of obesity among children and adolescents (aged 5–19 years) (%) Prevalence of obesity among adults aged $\geq 18$ years
45.	WHA68.3 (2015)	Number of cases of poliomyelitis caused by wild poliovirus
46.	WHA68.7 (2015)	Patterns of antibiotic consumption at national level

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