

## **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. Measurable impact is at the core of WHO's mission to promote health, keep the world safe, and serve the vulnerable. The Thirteenth General Programme of Work, 2019–2023 (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 benefitting 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.
2. The Secretariat, in consultation with Member States, established a results framework which 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 GPW 13. The results framework is used for annual reporting in the WHO results report.<sup>1</sup>
3. 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 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 assure resilient recovery from the impact of the pandemic. Extending GPW 13 by two years would allow 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 achievements of the Sustainable Development Goals.

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

4. An earlier version of this report, submitted for consideration by the Executive Board at its 150th session,<sup>1</sup> provided the rationale and proposed actions for extension of the GPW 13 from 2023 until 2025. The extra two years will allow the Secretariat to re-examine and implement the lessons learned from the COVID-19 pandemic, while recognizing the social, political and economic uncertainties. 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.

5. An extension of GPW 13 to 2025 was contemplated in the original document, albeit for other reasons: "WHO recognizes the option in 2023, subject to satisfactory progress, of extending GPW 13 to 2025, thereby aligning WHO's strategic planning cycle with that of the wider United Nations family."

6. Resolution WHA74.3 (2021) approving the Programme budget 2022–2023, requested the Director-General to submit to the Seventy-fifth World Health Assembly, through the 150th session of the Executive Board in January 2022, a draft resolution to extend the Thirteenth General Programme of Work, 2019–2023 to 2025, and its possible revisions and updates. At that session, the Board noted the report on the proposed extension and adopted resolution EB150.R4, recommending the Health Assembly to approve that action together with the areas of focus set out in the report.

## THE RATIONALE FOR EXTENSION

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

7. *Healthier populations billion. Although the billion target is projected to be almost reached by 2023, progress is around 1/4 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 wellbeing in 2023 compared with the 2018 baseline. Current progress reflects improvements made in access to clean household fuels, safe water, sanitation and hygiene (WASH), 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.

8. *Universal health coverage billion. The billion target will not be reached by 2023, and progress is less than 1/4 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 reaching one billion more people covered by universal health coverage in 2023. Due to a vast majority of countries (94%) experiencing significant disruption to essential health services caused by the pandemic, this shortfall will increase to 840 million.<sup>2</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

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<sup>1</sup> Document EB150/29; see also the summary records of the Executive Board at its 150th session, eleventh meeting, section 2.

<sup>2</sup> WHO Triple Billion Dashboard (available at <https://portal.who.int/triplebillions/>, accessed 9 May 2022).

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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.

9. 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>1</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 GPW 13 during this extension.

10. *Health emergencies protection billion. Although initial projections anticipated this billion could be met by 2023, COVID-19 has revealed that no country is fully prepared for a pandemic of such scale.* The Prepare indicator shows country-level preparedness capacities have increased since the 2018 baseline. However, COVID-19 has highlighted limitations in current metrics and prompted the evolution of assessment methods and systematic processes to ensure 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 COVID-19 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>2</sup>

11. *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 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 COVID-19 pandemic on healthy life expectancy will be quantified to assess the extent

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<sup>1</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.

<sup>2</sup> See document A75/21.

to which the pandemic has harmed population health overall. Rigorous monitoring of population health trends will guide public health priorities and actions

12. 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.

13. The 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>1</sup> and the United Nations Secretary-General's report Our Common Agenda.<sup>2</sup> Dramatic increases in violence against women and girls<sup>3</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 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.

14. 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**

15. 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. For the next five years, WHO will focus on five priorities: (1) to support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes; (2) to support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage; (3) to 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; (4) to harness the power of science, research innovation, data and digital technologies as critical enablers

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<sup>1</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>2</sup> United Nations. Our common agenda: report of the Secretary-General. New York: United Nations; 2021 ([https://www.un.org/en/content/common-agendareport/assets/pdf/Common\\_Agenda\\_Report\\_English.pdf](https://www.un.org/en/content/common-agendareport/assets/pdf/Common_Agenda_Report_English.pdf), accessed 19 April 2022).

<sup>3</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).

of the other priorities; and (5) to urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture.

16. These five priorities will form the basis of 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**

17. 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 extension of the GPW 13.

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

18. 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 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.

19. 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 (WASH) and 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.

20. The Secretariat will promote strategic policy dialogue with Member States, utilizing a whole-of-government approach to provide the best advice on how to keep 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**

21. Building on the Astana Declaration on Primary Health Care and the political declaration 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, COVID-19 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.

22. It is important to recognize health as a fundamental human right that is enshrined in the constitution of nearly all nations and not merely as a service that governments provide. 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 wellbeing. 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**

23. The 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 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 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.

24. 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.

25. 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 Accelerator, the Scientific Advisory Group on the Origins of Novel Pathogens, the WHO Hub for Pandemic and Epidemic Intelligence, based in Berlin, the COVID-19 Technology Access Pool, 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 longstanding 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.

26. Several steps have been taken towards enhancing local production of high-quality vaccines and medicines, to enhance health security and universal health coverage. The decision of Member States at the Second special session of the World Health Assembly to move forward on a new instrument on pandemic prevention, preparedness and response is a historic step forward. 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.

#### **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 GPW 13 and the 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. First, 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. WHO will inaugurate 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 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 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 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

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

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 pre-qualification 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." 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>1</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 COVID-19 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. WHO is continuing to strengthen its engagement with high-level multilateral forums, such as the G20,<sup>2</sup> and G7,<sup>3</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,

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<sup>1</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).

<sup>2</sup> Argentina, Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Mexico, Republic of Korea, Russian Federation, Saudi Arabia, South Africa, Turkey, the United Kingdom of Great Britain and Northern Ireland, the United States of America, and the European Union.

<sup>3</sup> Canada, France, Germany, Italy, Japan, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the European Union.



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 raise assessed contributions to at least 50% of WHO's budget by 2028–2029, and to supplement the Programme Budget process with a replenishment model.<sup>1</sup>

### **ACTION BY THE HEALTH ASSEMBLY**

34. The Seventy-fifth World Health Assembly is invited to note the report and to adopt the draft resolution recommended by the Executive Board in resolution EB150.R4 (2022).

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<sup>1</sup> See document A75/9.