
Programme budget 2022–2023

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. GPW 13 updated WHO's core functions: stepping up leadership, driving public health impact in every country, and focusing global public good on impact. Building upon that update, WHO transformation continues to make the Organization fit for purpose and able 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 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 structure 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.
3. The pandemic of coronavirus disease (COVID-19) has been the most disruptive event in a century, with broader sustainable development consequences, including the likely shortening of population life expectancy and healthy life expectancy. The pandemic reaffirms the significance of WHO, which stands for solidarity and multilateralism. 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 and get the world back on track through scaling up implementation, rigorous monitoring of, and accountability for, results, sustainable financing, and coordination among Member States and partners. Extending GPW 13 by two years would allow for intensifying investments and implementing measures to strengthen the response, and would also support countries to recover from the impact of the pandemic and accelerate progress for the future.

4. This report provides a rationale for the extension of GPW 13 from 2023 until 2025 and proposes focused measures to close major gaps in progress towards achieving the Sustainable Development Goals. The extra two years will allow the Secretariat to re-examine and implement the lessons learned from the COVID-19 pandemic, and to develop acceleration scenarios to drive action beyond “business as usual”. During this period, WHO will pivot and intensify its support to countries to enable them to make an equitable and resilient recovery towards the 2030 Agenda for Sustainable Development, anchored in the GPW 13 results framework.

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.

THE RATIONALE FOR EXTENSION

The triple billion targets are off track

7. *Universal health coverage billion.* The current rate of progress is projected to result in an additional 270 million people being covered by health services worldwide and not experiencing financial hardship by 2023 compared with the baseline value of 2018.¹ There is a significant shortfall of 730 million people to meet the universal health coverage billion target by 2023. Without accounting for the impact of COVID-19, projections extended to 2025 estimate that this shortfall will be reduced to 620 million people. It is important to note that the progress in respect of several underlying indicators is uneven.

8. Initial estimates for two recovery scenarios for 2023 incorporating the impact of COVID-19 on universal health coverage have been developed. The first scenario assumes that pre-COVID-19 coverage levels are resumed by 2021 and estimates a shortfall of 800 million people in meeting the target, while the second scenario assumes pre-COVID-19 coverage levels to be achieved by 2022 with an estimated shortfall of 840 million.¹ Underlying the effect of COVID-19 on the universal health coverage billion are disruptions in essential health services. The WHO pulse surveys on the impact of COVID-19² reported nearly all countries (94%) experienced disruptions to essential health services, such as immunization and reproductive health services. Estimates have shown rises in tuberculosis, malaria and HIV,³ and that higher prevalence of noncommunicable diseases, such as, hypertension and diabetes have a negative impact on the outcomes of COVID-19. Despite these disruptions, the Secretariat launched the Boost initiative and maintained an implementation rate of 75% of its planned work to support and strengthen capacities in countries, to sustain essential health services, and to rebuild national health systems, with a focus on primary health care. Experience from the COVID-19 pandemic demonstrates

¹ WHO, 2021. Triple billion dashboard (<https://www.who.int/data/triple-billion-dashboard>, accessed 18 November 2021).

² WHO 2021. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic (<https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1>, accessed 18 November 2021).

³ The Global Fund, 2021. Results report (<https://www.theglobalfund.org/en/news/2021-09-08-global-fund-results-report-reveals-covid-19-devastating-impact-on-hiv-tb-and-malaria-programs/>, accessed 18 November 2021).

that timely and equitable access to affordable and quality assured health products is essential if the universal target is to be achieved.

9. The COVID-19 pandemic underscores the importance of, and urgency in, improving the measurement of the indicators on health service coverage and financial protection (Sustainable Development Goals 3.8.1 (Coverage of essential health services) and 3.8.2 (Financial protection when using health services)). Member States, United Nations partners, and the Inter-Agency and Expert Group on Sustainable Development Goal indicators recommended that the Secretariat should pilot an updated measurement for effective service coverage that categorizes tracer indicators by type of care (promotion, prevention, treatment, rehabilitation and palliation) and by age group (life course), and a sub-index on primary health care. The Secretariat is also reviewing the current measure of financial protection. The Secretariat will propose an improved method of measurement in consultation with Member States to the Inter-agency and Expert Group on SDG Indicators. Service coverage and financial protection indicators are combined for reporting on the universal health coverage billion target; improving the measurement will ensure countries make comprehensive progress in delivering universal health coverage through primary health care to their populations.

10. *Health emergencies protection billion.* The COVID-19 pandemic has revealed that no country is prepared for a pandemic of such scale and impact. Compared with the baseline value of 2018, almost a billion more people were projected to be better protected from health emergencies in 2023, but the target was not sufficiently ambitious.

11. The experience of monitoring the COVID-19 pandemic revealed deficiencies in the current metrics used for measuring health emergencies protection. Moving forward, the Secretariat is developing a dynamic preparedness metric to improve measurement and actions in addressing preparedness gaps. Vaccination against Ebola virus disease and COVID-19 will be incorporated in the prevent indicator of the health emergencies protection index, and the methodology for the detect, notify and respond indicator will be expanded to include smaller scale events so as to better understand how to respond to events rapidly and effectively. To improve prevention, protection and preparedness in every country, it is essential to measure and report, in real-time and actual practice, the timeliness of rapid detection, investigation, and reporting on, and response to, every potential health threat, including the emergence and spread of antimicrobial resistance. More dynamic metrics will also inform the Universal Health and Preparedness Review, which is being piloted with the aim of strengthening countries' preparedness capacities through a Member State-led cooperative accountability platform.

12. *Healthier populations billion.* Before taking the impact of COVID-19 into account, the healthier populations billion is projected to reach 900 million more people enjoying better health and well-being in 2023 compared with the baseline value of 2018. This is good news, but it leaves a gap of well over two billion people compared with where the world needs to be in 2023 in order to remain on track to achieve the targets for Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and other global targets. The progress made masks important inequities. Current projections show clear improvements in access to clean fuels, safe water, sanitation (WASH), and tobacco control; however, they also point up a worsening of obesity worldwide and mixed progress for malnutrition. A few large countries have made marked overall progress, but much of the world is making limited progress or even moving backwards with regard to this billion and there are gaps in data that mirror inequalities. As the pandemic unfolds, the Secretariat will assess the impact on the overall progress for this billion and the underlying indicators.

13. The COVID-19 pandemic has also illustrated the importance of monitoring the priorities that have come to the fore, such as, mental health, primary health care and physical activity. The Secretariat will

propose these and other indicators of public health importance, in consultation with Member States, for inclusion in the monitoring of GPW 13.

14. *Healthy life expectancy (HALE)*. All the triple billion targets mentioned above contribute to improvements in healthy life expectancy, the overarching and comparable indicator of GPW 13 for monitoring overall progress in improving the health of populations. Using data on mortality and morbidity by causes from the regularly updated WHO's Global Health Estimates, the direct and indirect impact of COVID-19 on healthy life expectancy during the period of GPW 13 (2019–2023) will be quantified to assess the extent to which the pandemic has harmed population health overall, and to provide a roadmap for guiding policies and prioritizing actions in order to put global health back on track.

15. The COVID-19 pandemic underscores the inter-dependence 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, and threats to animal and environmental health. Unless there is significant progress on all three billions, 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.

16. The pandemic has exacerbated the pre-existing social and health inequities pointing to systematically mainstreaming equity, gender and human rights in all components of GPW 13. This is consistent with the United Nations Secretary-General's Call to Action for Human Rights¹ and the United Nations Secretary-General's report "Our Common Agenda".² Dramatic increases in violence against women and girls³ and in unpaid work in households and health care facilities provided by women are among the examples of inequities experienced during the pandemic. A gender-responsive research and policy agenda, including 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 redoubling efforts in combating neglected tropical diseases.

17. The triple billion estimates are projections with inherent uncertainty and will be updated regularly as new information becomes available. New targets for each billion, more closely aligned with the Sustainable Development Goals, are under development.

Supporting countries to get back on track

18. Given the extent to which the world is off track in achieving its targets, the question to be addressed is how the Secretariat can best support countries to accelerate their recovery to meet the health-related Sustainable Development Goals. In that regard, the proposed extension of GPW 13 provides a focus for addressing the question.

¹ United Nations Secretary-General's Call to Action for Human Rights (<https://www.un.org/en/content/action-for-human-rights/index.shtml>, accessed 5 December 2021).

² Our common agenda: report of the Secretary-General (https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf, accessed 5 December 2021).

³ <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>, (accessed 18 November 2021).

19. The approved Programme budget 2022–2023 identifies priority areas for country support as follows: rethinking preparedness and bolstering response capacities in health emergencies; building resilience by strengthening primary health-care-oriented health systems, essential public health functions, and the health security nexus; advancing WHO’s leadership in science, data and delivery; and getting back on track and accelerating progress towards reaching the triple billion targets and Sustainable Development Goals.

20. It is proposed that the extension to GPW 13 will build on these priority areas of the Programme budget 2022–2023, with enhancements based on recommendations from the multiple reviews related to the COVID-19 pandemic, and discussions with WHO’s governing bodies and global, regional and national stakeholders.

21. The extension of GPW 13 will set the direction of the programme budget for 2024–2025; inform the update of WHO’s first investment case; and promote country office models that are more integrated and better poised to deliver on the triple billion targets and Sustainable Development Goals.

22. The consultations on the next General Programme of Work will begin in 2023–2024. The document will be submitted for approval to the Health Assembly in May 2025. The COVID-19 pandemic will continue to create uncertainties, but the trajectories towards achieving the desired impacts will be constantly reviewed by WHO and updated on the GPW 13 triple billion dashboard,¹ and the implications for the future direction of the Organization will be considered in the development of the new General Programme of Work. It is envisaged that the extension of GPW 13 will need sustained financing and provide stronger traction for the next General Programme of Work to achieve the 2030 Agenda for Sustainable Development.

PROPOSED AREAS OF FOCUS FOR THE EXTENSION

23. Within the broader GPW 13 triple billion strategy, which remains fully intact and operational, the three focus areas described below are proposed for consideration by the Executive Board; they form the basis of the resolution for the GPW 13 extension.

Keep the world safe: a resilient recovery and pandemic preparedness (*Health emergencies billion*)

24. Over 300 recommendations¹ point to the lessons learned from the COVID-19 pandemic assessments, including 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, and the Global Preparedness Monitoring Board. Those recommendations are being used to guide how the world will respond to ensuring that a pandemic like COVID-19 is the last. The overall strategic direction that WHO will take in improving and supporting robust health emergency preparedness and response is under discussion.

25. Many supporting initiatives are under way to close gaps in countries, strengthen resilient health systems and workforce, and surveillance systems and place global health at the centre of development.

¹ WHO dashboard of COVID-19 related recommendations
<https://app.powerbi.com/view?r=eyJrIjojODgyYjRmZjQtN2UyNi00NGE4LTg1YzZtYzE2OGFhZjBiYzFjliwidCI6ImY2MTBjMGI3LWJkMjQtNGl3OS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOj9&pageName=ReportSection729b5bf5a0b579e86134>, (accessed 18 November 2021).

They include, but are not limited to: 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-South Africa COVID-19 mRNA Technology Transfer Hub, the WHO BioHub, the World Local Production Forum, the Universal Health and Preparedness Review, and the WHO Academy.

26. 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. The Universal Health and Preparedness Review is being piloted in four countries.

Promote health and serve the vulnerable: primary health care and determinants of health
(Universal Health coverage and Healthier Populations billions)

27. The WHO Special Programme on Primary Health Care was launched in 2020 as part of WHO's transformation agenda and in response to the request to the Director-General, contained in resolution WHA72.2 (2019), to support Member States in strengthening primary health care and implementation of the commitments in the Astana Declaration, in coordination with stakeholders. It incorporates the UHC Partnership and health systems building blocks, including, health financing, health care workforce, medicines and technologies, data and health information systems, and service delivery. It is human rights-based, equity-oriented and gender responsive and draws on technical expertise covering communicable and noncommunicable diseases, mental health across the life course, building manufacturing ecosystem and capacities for essential health products as requested by resolution WHA74.6 (2021) health and migration, poliomyelitis, the containment of antimicrobial resistance, emergency response, and determinants of health. It is currently delivering technical expertise to 115 countries together with support through the placement of 93 health policy advisors in WHO country offices and 21 regional health policy advisors, as well as facilitating policy dialogue and providing intensified support for primary health care in 17 countries. Additionally, WHO and UNICEF jointly lead the primary health care Accelerator of the Global Action Plan for Healthy Lives and Well-being for All under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), thereby facilitating alignment among participating agencies to support countries.

28. Before the pandemic, WHO had recast its healthier populations billion to assist countries in building safer, healthier and more supportive environments to enable everyone to live healthy lives in an inclusive society. Reaffirming the centrality of health in development, peace and security, the COVID-19 pandemic has exacerbated inequities and highlighted the urgency of tackling determinants of health across sectors. The results framework allows the Secretariat to support countries in areas where support is most needed. WHO will intensify its leadership in order to promote multisectoral and health in all policies, to support countries scale up prevention efforts in respect of noncommunicable diseases, and to underscore the indisputable role of health in addressing existential threats, such as, climate change, as well as contemporary challenges and trends, including demographic change, urbanization, and safe and sustainable food systems.

29. Primary health care connects all three billions, reinforcing health systems, essential public health functions, and multisectoral policy approaches. It has an inherent commitment to promote health equity, human rights and empower communities, emphasis on subnational health actions in the areas of universal health coverage, health security and determinants of health. Significantly increased financing

of primary health care will be required to reach the triple billion targets and the Sustainable Development Goals.

Accelerating progress towards the Sustainable Development Goals: data and delivery, science and innovation, and partnerships

30. 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 would be impossible without robust data and science. As part of WHO transformation, the Division of Data Analytics and Delivery for Impact and the Science Division are focusing on strengthening country capacity in data and delivery, expanding the science and evidence base, and scaling up innovations.

31. WHO is transforming itself into a modern data-driven organization. First, guided by the SCORE for health data technical package, together with the global assessment of country capacity in data and health information system, the Secretariat is improving country public health and disease surveillance, strengthening civil registration and vital statistics and reporting of causes of death, and optimizing routine health information systems.¹ For example, the assessment highlighted striking gaps in reporting of the world's deaths – four deaths in every 10 remain unregistered and only 27% of countries have the capacity to survey public health threats. Through the SCORE for health data technical package and assessments, data gaps have been diagnosed for countries, and tools to fill these gaps have been identified. Secondly, the Secretariat is modernizing its end-to-end data systems and developing the World Health Data Hub – a trusted source for health data, guided by data governance policies and practices. WHO will inaugurate a new International Conference on Health Statistics to improve the measurement of health through global standards and better coordination. Thirdly, to facilitate delivery, the Secretariat is promoting the use of tools to set country-level baselines and targets² and is conducting regular delivery stock-takes at the global, regional and country levels to identify priority areas and acceleration scenarios in order to drive progress towards the triple billion targets and health-related Sustainable Development Goals.

32. WHO is also transforming itself into a more science-based organization. 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 the guidelines have impact in countries, a “living guidelines approach” has been introduced, which will make all WHO guidelines computable, easily updated and translate into decision support tools for use directly by health care providers. To optimize the impact of innovations on achievement of SDGs, 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. 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 policy research on reproductive health, infectious diseases of poverty and other relevant topics. Moreover, the COVID-19 pandemic has

¹ See document A74/8.

² See <https://portal.who.int/triplebillions/> (accessed 22 November 2021).

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. Within the Secretariat, the Science Division 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.

33. 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.¹ 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 in countries. Country implementation of the Global Action Plan has been scaled up to cover 37 countries and is being expanded further to respond to demand, for example, in support of recovery approaches focused on primary health care in countries. A monitoring framework for the Global Action Plan has been designed to capture feedback on how the multilateral system can best support countries throughout this push for an acceleration. WHO is also strengthening its engagement with high-level multilateral forums, such as the G20, G7 and the BRICS group of countries (Brazil, the Russian Federation, India, China and South Africa), to reinforce political commitment for coordinated action on critical global health matters. 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.

ACTION BY THE EXECUTIVE BOARD

34. The Board is invited to consider the following draft resolution:

The Executive Board,

Having considered the report by the Director-General,²

RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following draft resolution:

The Seventy-fifth World Health Assembly,

Considering the request in respect of the Thirteenth General Programme of Work, 2019–2023, made to the Director-General in resolution WHA74.3 (2021),

¹ <https://www.who.int/initiatives/sdg3-global-action-plan> (accessed 18 November 2021).

² Document EB150/29.

APPROVES the extension of the period of the Thirteenth General Programme of Work from 2023 to 2025, together with the areas of focus set out in the report by the Director-General.¹

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¹ Document EB150/29.