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Contents

INTRODUCTION.....	3
KEY STRATEGIC FOCUS OF THE PROPOSED PROGRAMME BUDGET 2022–2023	3
THE PATHWAY TOWARDS IMPACT: THE INTERCONNECTED TRIPLE BILLION TARGETS	10
BUDGET	13
FINANCING	27
MONITORING AND REPORTING	28
STRATEGIC PRIORITIES OF THE GPW 13 – THE TRIPLE BILLION TARGETS	29
ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE	29
ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES	30
ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING	30
IMPLEMENTATION OVERVIEW	31
Outcome 1.1. Improved access to quality essential health services irrespective of gender, age or disability status	31
Outcome 1.2. Reduced number of people suffering financial hardship.....	47
Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	54
Outcome 2.1. Countries prepared for health emergencies.....	66
Outcome 2.2. Epidemics and pandemics prevented	72
Outcome 2.3. Health emergencies rapidly detected and responded to.....	80
Outcome 3.1. Safe and equitable societies through addressing health determinants.....	87
Outcome 3.2. Supportive and empowering societies through addressing health risk factors.....	94
Outcome 3.3. Healthy environments to promote health and sustainable societies	100
MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES.....	106
Outcome 4.1. Strengthened country capacity in data and innovation.....	106
Outcome 4.2. Strengthened leadership, governance and advocacy for health	112
Outcome 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	125

INTRODUCTION

1. The development of this Proposed programme budget 2022–2023 comes at a unique moment for WHO. The world is in the grip of the coronavirus disease (COVID-19) pandemic and faces health, social and economic consequences on an unprecedented scale. Although it is not known when the COVID-19 pandemic will end, recent encouraging vaccine results, in addition to the examples of countries that have achieved good results through public health measures, hold out the prospect of better days ahead. The full impact of the pandemic cannot yet be determined. But whatever its implications, the Secretariat will rise to the challenge and is ready to adapt so that it is fully equipped to support Member States for any eventuality in the future – to make sure that the world will never again have to face this kind of crisis.

2. After every major epidemic, WHO learns and improves. After the 2014 Ebola virus disease epidemic, Member States created the WHO Health Emergencies Programme, which **better positioned WHO to respond to the COVID-19 pandemic**. There has been no bigger public health crisis in the past 100 years than COVID-19 in terms of the speed and severity with which it has affected the lives and livelihoods of all people in the world. A crisis of this magnitude will offer important lessons for WHO and how the Secretariat can even more effectively support its Member States. Since the most significant transformation for impact was already under way before COVID-19, these lessons will be incorporated by the Secretariat into what is already a results-driven and agile platform. However, in parallel to the development of the Proposed programme budget 2022–2023, the Secretariat anticipates that key recommendations will emerge from various reviews on enhancing emergency preparedness and response capacities, including those that build sustainable health systems resilience.

3. This Proposed programme budget 2022–2023 incorporates the lessons learned by the Secretariat from its experience in recent health emergencies, as well as the implementation of the programme budget 2020–2021, including shifts already made to respond to the crisis brought about by the COVID-19 pandemic.

4. As this Proposed programme budget 2022–2023 is being finalized, the findings of various reviews, including the review by the Independent Panel for Pandemic Preparedness and Response,¹ are being finalized for the consideration of the Seventy-fourth World Health Assembly. The directions provided by Member States following the analyses and discussions during and after the Seventy-fourth World Health Assembly may significantly reshape this Proposed programme budget. The crucial information that emerges from this process will be incorporated as agreed by the Executive Board in the mid-term revision of the Programme budget 2022–2023, which will be presented for approval by the Health Assembly in May 2022. As part of its preparation, the Secretariat is providing a strategic paper together with this Proposed programme budget 2022–2023 to address the findings of the report in order to add to the perspectives and propose bold ideas as Member States **determine the future direction of WHO**, especially with a view to equipping the Secretariat to better support the world to deal with ongoing pandemics and prevent future pandemics.²

KEY STRATEGIC FOCUS OF THE PROPOSED PROGRAMME BUDGET 2022–2023

5. WHO's commitment to accomplishing its mission – to promote health; keep the world safe; and serve the vulnerable – remains at the core of the Secretariat's work and of its investments in the immediate and the long term. The COVID-19 pandemic not only reinforced the fact that WHO will need to be prepared for future health

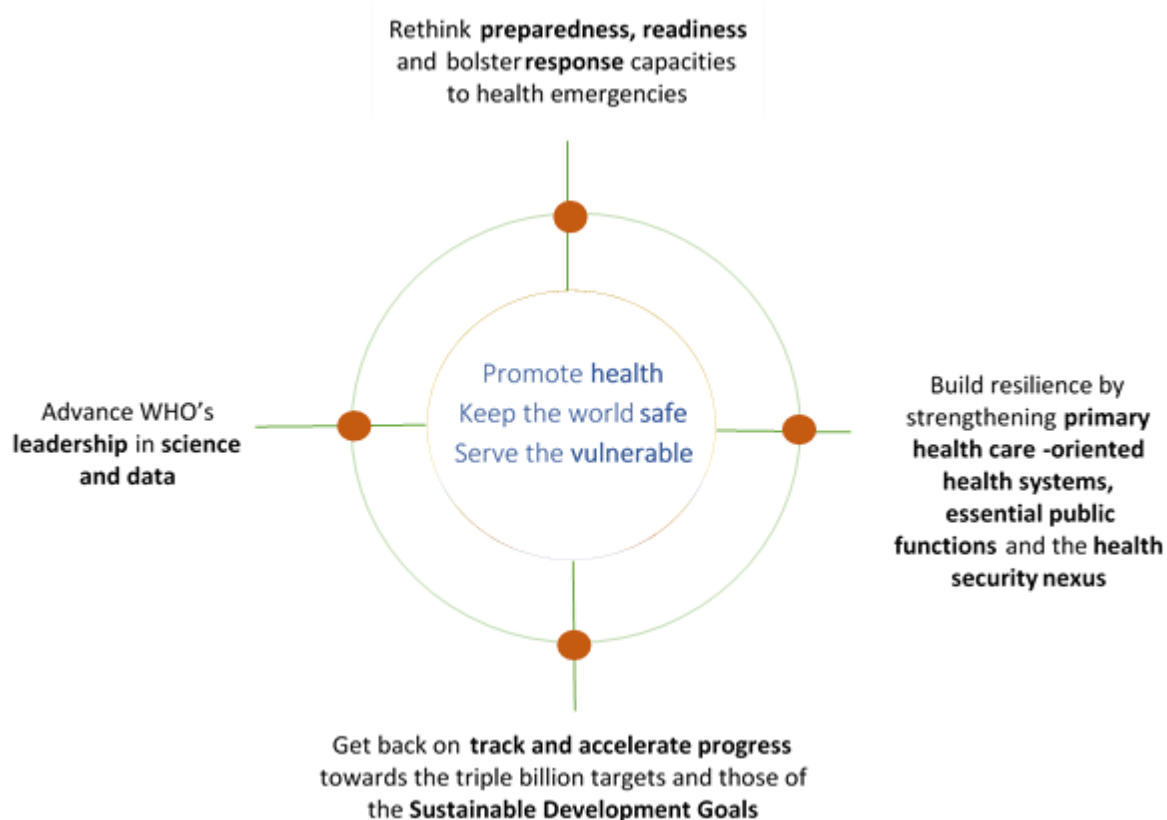
¹ Document A74/INF./2. In line with World Health Assembly resolution WHA73.1 (2020), the Independent Panel will review experience gained and lessons learned from the WHO-coordinated international health response to the COVID-19 pandemic. Within that broad mandate, it will examine the effectiveness of the mechanisms at WHO's disposal, the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous International Health Regulations (2005) review committees.

² Document A74/15.

emergencies, but it also showed that the Organization cannot completely turn its attention away from its enormous task of helping people of all ages achieve healthy lives and well-being. Meeting this twin requirement will involve continuing to strengthen the performance and resilience of health systems and services in all countries as they work to strengthen health security.

6. The breadth and depth of this work are reflected in this Proposed programme budget 2022–2023.

7. There are **four key areas of strategic focus that shape this Proposed programme budget 2022–2023**, all of which are mutually reinforcing and clearly demonstrate how WHO is rising to the challenge of accomplishing its overarching mission.



RETHINK HEALTH EMERGENCY PREPAREDNESS AND READINESS AND BOLSTER RESPONSE CAPACITIES TO HEALTH EMERGENCIES

8. A recent report by the Global Preparedness and Monitoring Board estimated that the cumulative cost of the COVID-19 pandemic was of the order of US\$ 11 trillion in less than one year, whereas investments in the preparedness capacities that could have prevented the pandemic would have amounted to only US\$ 5 per person per year.

9. It is clear that the world needs to rethink its approach to health emergency preparedness in general and pandemic preparedness in particular. The world must break free from the destructive cycle whereby we panic in the face of a crisis and then, once the moment of crisis has passed, quickly forget or simply ignore the work required to prepare for future risks. **Substantial investments are needed in health emergency preparedness and readiness within countries as well as in global governance systems.** These investments must be targeted at core public health capacities and systems for health security, as outlined in the International Health Regulations (2005) and other relevant frameworks. These include trusted governance, with clear command-control-

coordination functions; a well-trained, motivated and agile health workforce; and resilient systems that are ready to prevent, detect, respond to and recover from emerging threats and risks.

10. The COVID-19 pandemic has laid bare the fact that many countries are not prepared to respond to a rapidly evolving pandemic, including countries that were assessed to have a high score on International Health Regulations core capacities. Emerging evidence suggests that the countries that could draw on an effective public sector – as well as on governance that emphasized engagement with populations, communities and civil society – were able to contain the virus more effectively and with less collateral economic damage. **Trust, solidarity and leadership** were key factors. Dynamic decision-making – not static capacity alone – seemed to determine a successful response. These lessons learned demonstrate the need to rethink not only how core capacities are assessed but also how to build the necessary pandemic preparedness and readiness to ensure that this kind of crisis will never happen again.

11. The sustained prioritization of, and investment in, pandemic preparedness and response capacities is fundamental and investments in them will pay dividends. Agile responses mitigate the impact of crises, save lives, preserve systems and avert economic loss. Further investment is needed to enable WHO to build on the Organization's core strength as a technical and normative agency by further adapting and refining ways of working to meet the unique demands of health emergencies. WHO is the only Organization able to rapidly gather and synthesize evidence into authoritative technical guidance across a broad range of thematic areas that span the entire health emergency cycle, from prevention to recovery. It is the only health Organization with governance that involves 194 Member States – a mechanism for building trust and solidarity – making **WHO a unique and vital platform for managing future pandemics preparedness and response**. Strengthening WHO's ability to exercise its technical and normative functions will include adopting new platforms for convening and working with expert networks and advisory groups; harnessing the power of WHO collaborating centres; and strengthening ties with regional and national knowledge and expertise. Equally important, the Organization must build on the success of the OpenWHO platform, translate this experience into the WHO Academy and continue to bring this accumulated knowledge to life in the daily practice of the millions of health workers who look to WHO as an essential resource for training and development.

12. The recent report on the assessment of gaps in pandemic preparedness emphasized that preparedness for pandemics of zoonotic origin also requires the engagement of the environment, veterinary public health, agriculture and livestock sectors. It cited several human-mediated risk factors that drive the emergence of zoonotic diseases, including unsustainable agricultural intensification, the increased use and exploitation of wildlife, changes in food supply and climate change. Addressing these risks requires improvements to health governance through the engagement of environmental stakeholders; expanded scientific inquiry into the environmental dimensions of zoonotic diseases; implementation of stronger biosecurity measures in livestock production; and building capacity among health stakeholders to incorporate the environmental dimensions of health and mainstream One Health approaches.

13. The experience of recent health emergencies, which was reinforced by the COVID-19 pandemic, has highlighted five gaps and areas for further strengthening that need to be addressed to ensure WHO's effective response to health emergencies of any scale.

14. **Better capacitating the global health emergency workforce.** WHO-led initiatives – such as the Global Health Cluster, the Global Outbreak Alert and Response Network, emergency medical teams and the Standby Partnerships programme – have resulted in a flexible, deployable pool of expertise consisting of key international and regional partners who can respond rapidly to health emergencies across the world. At the same time, WHO's training platforms have helped to strengthen workforce capacity and readiness at country level, often in real time during emergencies. This work must continue to be strengthened, notably through the WHO Academy. However, in the most vulnerable and fragile contexts, there is an urgent need for a more predictable and embedded standing capacity for health emergency surveillance, alert, case investigation and rapid response. During the COVID-19 pandemic, this need has been filled to good effect by teams that had previously specialized in the prevention, detection of and response to poliomyelitis. This gap will need to be addressed as the polio

assets are transitioned into a much broader capacity, performing integrated public health functions, including health emergency support and especially in vulnerable contexts. This transition of the specialized polio programme capacity to a broad-based public health capacity represents a generational opportunity to bring about a step change in the most vulnerable contexts. The cost of this transition over the biennium 2022–2023 is estimated at a small fraction of the investment that would be required to attain the same capacity from a standing start and achieve the same impact for the most vulnerable communities.

15. **Better harnessing new technologies to create new capabilities to predict, detect and verify health emergencies.** The speed and accuracy with which we identify and verify a threat determines the speed and accuracy with which we can take appropriate action. The COVID-19 pandemic is just the latest in a long line of infectious disease outbreaks that demonstrate how deficits in public health intelligence can so often make the difference between a localized outbreak and a national crisis and between a national crisis and a global public health emergency. However, new technology has the potential to catapult global public health intelligence into the 21st century and save lives in the process. The Epidemic Information from Open Sources platform is already changing the way – and the speed with which – we can detect outbreaks using open source data, but that is only the beginning. Working closely with partners, WHO has developed a blueprint for a global data ecosystem that would enable it to gain a new understanding of health emergency risks and to develop powerful new predictive, analytical and communication tools. Building such an ecosystem will require a substantial initial investment in WHO’s digital platform capabilities, but the result will be a radical improvement in its global capacity to predict and detect threats early and act to save lives.

16. **Investing more in emergency management.** Through the Emergency Response Framework, WHO has institutionalized the capacity to trigger a systematic, predictable, coordinated and rapid response – from risk assessment, grading and financing through the Contingency Fund for Emergencies to deployment from a roster of dedicated responders within an incident management structure that operates seamlessly across all levels of the Organization. However, as the COVID-19 pandemic has shown, the integration of WHO’s incident management structure with national emergency management systems often presents a challenge. WHO must invest in strengthening coordination of national responses in all countries through a dedicated and professional emergency operations centre. There is an increasing need to build on the work of the Public Health Emergency Operations Centre Network and accelerate the standardization and interoperability of national emergency operations centres in order to form an international network of centres that are connected through WHO and able to coordinate the management of incidents together in real time.

17. **Building capacity to fight disinformation and misinformation.** Disinformation and misinformation, especially in both social and traditional media, has been a significant exacerbating factor during recent health emergencies. The widespread use of mobile technology and social media has fundamentally changed many aspects of our daily lives, including the production and consumption of risk communication during emergencies. WHO will need to invest in managing infodemics and its own media platform, as well as in cultivating knowledge and community engagement. New technology also has the potential to fundamentally change not only how WHO is able to communicate public health messages but also how it understands, engages with and adapts to community perceptions during health emergencies. WHO has adapted rapidly through its work to understand and combat the infodemics during health emergencies and its more than 120 news conferences have been a standout feature of the response – but it must go further. Ultimately, the goal is to harness the power of that same technology through which misinformation and disinformation is propagated in order to engage with affected communities and shape WHO’s response to health emergencies in real time to better reflect and adapt to community attitudes, knowledge and perceptions.

18. **Consolidating supply chain and logistics services.** In the early stages of the COVID-19 pandemic, normal market mechanisms and supply chains failed completely to deliver the commodities that were essential for the response. The increasing availability of medical countermeasures for COVID-19 from 2021 onwards will once again test the procurement and logistic capacities of many governments. WHO, together with key partners, responded to that challenge by rapidly scaling up an end-to-end supply chain service that incorporates demand forecasting, specification-setting, quality control and assessment, procurement, collective purchasing power and

distribution. By consolidating this platform and refining its service to countries in the future, WHO will be able to profoundly increase the speed and scope of its impact for the benefit of communities affected by health emergencies. This improved capability is also essential to the Organization's ability to rapidly initiate and sustain field operations in remote and often insecure settings.

BUILD RESILIENCE BY STRENGTHENING PRIMARY HEALTH CARE-ORIENTED HEALTH SYSTEMS, ESSENTIAL PUBLIC HEALTH FUNCTIONS AND THE HEALTH SECURITY NEXUS

19. Supporting countries to have well-functioning and resilient health systems is not a new priority. Health systems strengthening as a means to achieve universal health coverage has been a key emphasis of the work of WHO for many years. However, health system strengthening efforts have not adequately accentuated effective preparedness, response and recovery capacities for health security and have not invested sufficiently in essential public health functions as key requirements for sustainable resilience towards universal health coverage and health security. Efforts have relied too heavily on reacting to events instead of emergency and disaster risk management and developing foundational capacities to effectively reduce the risks of occurrence and the impact of events on health services in all contexts.

20. In recovering from and building on lessons learned from the COVID-19 pandemic, **countries should build resilient, primary health care-oriented health systems that contribute to both universal health coverage and health security goals.** This will necessitate adopting an all-hazards risk management approach; strengthening governance; and maintaining essential public health functions and continued access to quality essential health services. Primary health care provides countries with greater resilience to shocks like the COVID-19 pandemic and, by providing essential public health functions, also provides enhanced preparedness. Primary health care includes essential health services, empowered communities and multisectoral actions. WHO will use the opportunity to implement the polio transition strategy to bolster this integrated public health capacity in countries.

21. During the ongoing COVID-19 pandemic, **countries have a significant window of opportunity to do things differently.** The pandemic has prompted huge political impetus and grass-roots awareness of the need to make health and resilience a top priority. The global health community's current imperative is therefore to fully leverage this attention in order to ensure that in recovering and building back better from the COVID-19 pandemic, countries will reform, transform and upgrade their health systems with both health security and universal health coverage in mind.

22. The achievement of universal health coverage and health security relies on having an adequate and competent health and social care workforce with an optimal skills mix at facility, outreach and community levels, which is also equitably distributed, adequately supported and enjoys decent work. WHO will invest in scaling up its training capacity and quality assurance in order to generate the needed skills of health and social care workers. The new Organization-wide approach of the WHO Academy will help to deliver this constitutionally mandated function.

23. This is not only a question of mobilizing enough resources. The cost calculated by WHO to ensure universal health coverage and health security in 67 countries is extremely low compared with the cost of the pandemic – not to mention the potential cost of future threats, including climate change. Recent economic analyses estimate that emergency preparedness and all-hazards risk management could cost less than US\$ 1 per person per year in low- and middle-income countries. This means that the Secretariat will need to focus on supporting countries to **invest in key governance capacities and reinforce primary health care as the entry point to address both the population's essential health needs and protect them from health emergencies.**

24. Supporting a whole-of-government, whole-of-society approach will also be central to the strategic approach of the Organization to addressing health issues – not only health emergencies but also other public health issues, such as communicable and noncommunicable diseases, antimicrobial resistance, air pollution and the health impacts of climate change. At the heart of this is **building mutual trust and accountability for health**

by bringing together different sectors, communities, the private sector and civil society. The alignment of policy, planning, investments and monitoring of performance at all levels and sectors in health emergencies management, health systems strengthening and disease control programmes in addressing the determinants of health will be crucial for greater effectiveness, efficiency and sustainability.

ADVANCE WHO'S LEADERSHIP IN SCIENCE AND DATA

25. Science and data are not only the basis of evidence but also catalysts for progress towards the triple billion targets and those of the Sustainable Development Goals. Science is the basis for developing innovations, which when scaled up eventually accelerate impact. Data can be translated into delivery through the better identification of bottlenecks in order to advance and better target interventions. The Secretariat will strengthen data by supporting countries to strengthen data systems through the SCORE (Survey, Count, Optimize, Review, Enable) for Health Data Technical Package, while improving the governance and presentation of data through the World Data Hub.

26. WHO will **identify key advances in science and technology that will affect global health and shape health care in the future** in order to ensure that the Secretariat and Member States can anticipate and proactively implement appropriate frameworks to harness the benefits.

27. To remain at the cutting edge of science, WHO has established a high-level Science Council to advise the Director-General on the most critical health and scientific issues in which the Secretariat and Member States should invest. It will operationalize the new "foresight" function in order to identify the key advances in science and technology that will affect global health and shape health care in the future and to ensure that the Secretariat and Member States can anticipate and proactively implement appropriate frameworks to harness their benefits.

28. In strengthening research and development for health emergencies, WHO will **establish an end-to-end, scalable platform to catalyse and deliver research and innovation.** The WHO R&D Blueprint had its genesis in West Africa, was refined during several outbreaks after that and has shaped the way that research and development has been conducted with speed and unity of purpose during the COVID-19 pandemic – research that is now bearing fruit in the form of treatments, therapeutics and vaccines. As a logical progression of the work of the Blueprint, in April 2020, the Director-General launched the Access to COVID-19 Tools (ACT) Accelerator to ensure the equitable distribution of new technologies on the basis of need. Consolidation of the blueprint and its linkage with a continuation of the ACT-Accelerator will further accelerate, incentivize and streamline research and development efforts in future outbreaks, including the research and development of non-pharmaceutical interventions.

29. To optimize the impact of innovations, WHO will lead the implementation of **a new WHO framework for scaling up health innovations to link country health demand and needs**, including clusters of mature innovations, sourced and incubated by innovation funders, and will support the process of scaling one innovation at a time at country level.

30. In strengthening the impact of its normative functions, WHO will institutionalize critical changes in the mechanisms established during the COVID-19 pandemic in order to **rapidly review, coordinate and disseminate scientific evidence and technical guidance to inform decision-making for public health measures.** A fast-track process for guidance review will become the "new normal" working model for better response to future health crises.

31. The WHO Secretariat will enhance its support to Member States by delivering timely high-quality guidance, strengthening research and innovation capacities in lower-middle-income countries and turning science and research evidence into country action and impacts. WHO envisions a future where everyone in the world benefits fully and immediately from clinical, public health, and data-use recommendations. To this end,

The WHO Secretariat is implementing SMART Guidelines,¹ a new approach to systematize and accelerate the consistent application of recommended, life-saving interventions in the digital age. WHO has launched its first SMART Guideline, a landmark effort to accelerate the availability and impact of WHO health and data recommendations within digital systems at the country level, starting with antenatal care.

32. The WHO Secretariat will implement the global strategy on digital health 2020–2025, which was endorsed by the Seventy-third World Health Assembly in decision WHA73(28) (2020). The overall aim of the strategy is to support countries to **harness the enormous potential of digital technologies to maximize health outcomes**. It will promote global collaboration and advance the transfer of knowledge on digital health through capacity-building. This global collaboration will include the creation of a global digital health community – the digital health network of networks – a global, inclusive, multisectoral collaborative that will enable the sharing of best practices and lessons learned with Member States.

GET BACK ON TRACK AND ACCELERATE PROGRESS TOWARDS THE TRIPLE BILLION TARGETS AND THOSE OF THE SUSTAINABLE DEVELOPMENT GOALS

33. The Sustainable Development Goals represent where the world wants to be in 2030. Three years after Member States committed to achieving the Sustainable Development Goals, the Health Assembly approved the Thirteenth General Programme of Work, 2019–2023 (GPW 13) and committed to the triple billion targets of healthier populations, universal health coverage and protection from health emergencies. This was conceived as the compass to determine whether – or not – the world is on track to achieving the health-related Sustainable Development Goals.

34. The analysis of available data showed, **before the COVID-19 pandemic, that the world was off track to meet the triple billion targets and therefore the health-related Sustainable Development Goals as well**. The devastating impacts of the COVID-19 pandemic have put the world much further off track now. The pandemic has led to a rolling back of hard-earned gains in achieving universal health coverage. The diversion of resources, coupled with reduced utilization and availability, have led to a disruption of essential health services – including vaccination, maternal and child health care, and mental health.

35. To accelerate progress towards the triple billion targets, the Secretariat will step up its leadership and partnership work to help countries get back on track and accelerate progress towards the Sustainable Development Goals.

36. First, identifying and **overcoming the key bottlenecks to achieving the triple billion targets** will be a critical step. The WHO Secretariat will support Member States to strengthen their data systems, provide better data governance and focus the Organization’s own efforts on supporting countries to overcome key bottlenecks, using stocktakes of the achievement of the triple billion targets.

37. Second, WHO will need to focus its efforts in **scaling up innovations, which provide better, faster or cheaper ways of reaching people to improve impact**. This will be done by better matching the health needs of countries and the potential of innovations to achieve impacts, while advocating for investments to scale up and sustain innovations that meet those health needs, including from domestic sources.

38. Third, strengthening collaboration in the multilateral system for health will be crucially important. Through stronger collaboration, the multilateral system can better support Member States to achieve health outcomes for their citizens. Continued **alignment within United Nations reform at country level and the integration of health in the United Nations development agenda** will further support the joint delivery of the

¹ SMART Guidelines — Standards-based, Machine-readable, Adaptive, Requirements-based, and Testable -- are a comprehensive set of reusable digital health components (e.g., interoperability standards, code libraries, algorithms, technical and operational specifications) that transform the guideline adaptation and implementation process to preserve fidelity and accelerate uptake.

Sustainable Development Goals and the GPW 13, especially at country level. These efforts, alongside a broader approach to leadership through the engagement of non-State actors (including civil society and the private sector).

39. Fourth, redressing inequity will have the biggest impact on optimizing outcomes. Equity has been a bedrock principle of WHO since its founding and continues to be at the heart of WHO today. It is central to the Sustainable Development Goals, as expressed in the concept of leaving no one behind. WHO will work with lead partnerships to ensure that the **health needs of the vulnerable and marginalized populations** – such as residents of countries in fragile, conflict-affected and vulnerable settings, refugees and internally displaced persons, the homeless and those living in informal settlements – will be given greater focus. The Organization upholds the principle that a world in which all people attain the highest possible standard of health and well-being can only be built if health systems are accessible on an equal basis with others. Moreover, WHO will place emphasis on supporting the delivery of targeted interventions to empower people with disabilities.

40. Equally important is **bringing nations together in solidarity to support a whole-of-government approach** that mutually reinforces national capacities for emergency preparedness, universal health coverage and healthier populations. To that end, in November 2020, the Director-General proposed to Member States the concept of a universal health and preparedness review. These efforts are further described under the Secretariat's deliverables for output 4.2.1.

THE PATHWAY TOWARDS IMPACT: THE INTERCONNECTED TRIPLE BILLION TARGETS

41. Guided by the GPW 13, the Proposed programme budget 2022–2023 remains focused on the overall goal of driving impact in every country. The GPW 13 sets ambitious triple billion targets, to be achieved by 2023. The pandemic has demonstrated how the triple billion targets are mutually reinforcing. Health and well-being, universal health coverage and emergency preparedness and response are three strands of a rope that provides strong and integrated support for social, economic and political stability.

42. While the complete picture of the consequences of the COVID-19 pandemic is still emerging, the initial assessments of the direct and indirect impacts of COVID-19 on various health outcomes, health determinants and health services already point to even greater challenges in achieving the triple billion targets by 2023. Many countries are focused fully on the COVID-19 response, while response measures have also led to significant disruptions of the services designed to accelerate progress on specific indicators that underpin the measurement of those triple billion targets.

43. For this reason, this Proposed programme budget 2022–2023 seeks to extend the achievement date of the triple billion targets to 2025. The proposed extension will provide these opportunities:

(a) It will provide the opportunity to re-examine what is needed to achieve the triple billion targets. WHO is currently doing stocktakes of the delivery of the triple billion targets in order to determine the specific areas in which countries are lagging behind and identify potential solutions to accelerate progress.

(b) It will provide valuable time to allow countries to regain their momentum, put themselves back on the trajectory towards achieving these targets and accelerate the level of essential services and interventions needed to achieve the triple billion targets. The lessons learned and experience gained from the COVID-19 pandemic may also allow fine-tuning of the indicators based on data analysis and empirical evidence. Over the next few years, it will also allow time to understand the lasting impacts of COVID-19 on all aspects of the triple billion targets.

(c) It will provide a more meaningful benchmark to assess whether the world is on track to recover from the pandemic and achieve the Sustainable Development Goals. The assessment of progress in 2023 will provide an indicator as to how effectively countries have emerged from the COVID-19 crisis to accelerate their march towards the Sustainable Development Goals.

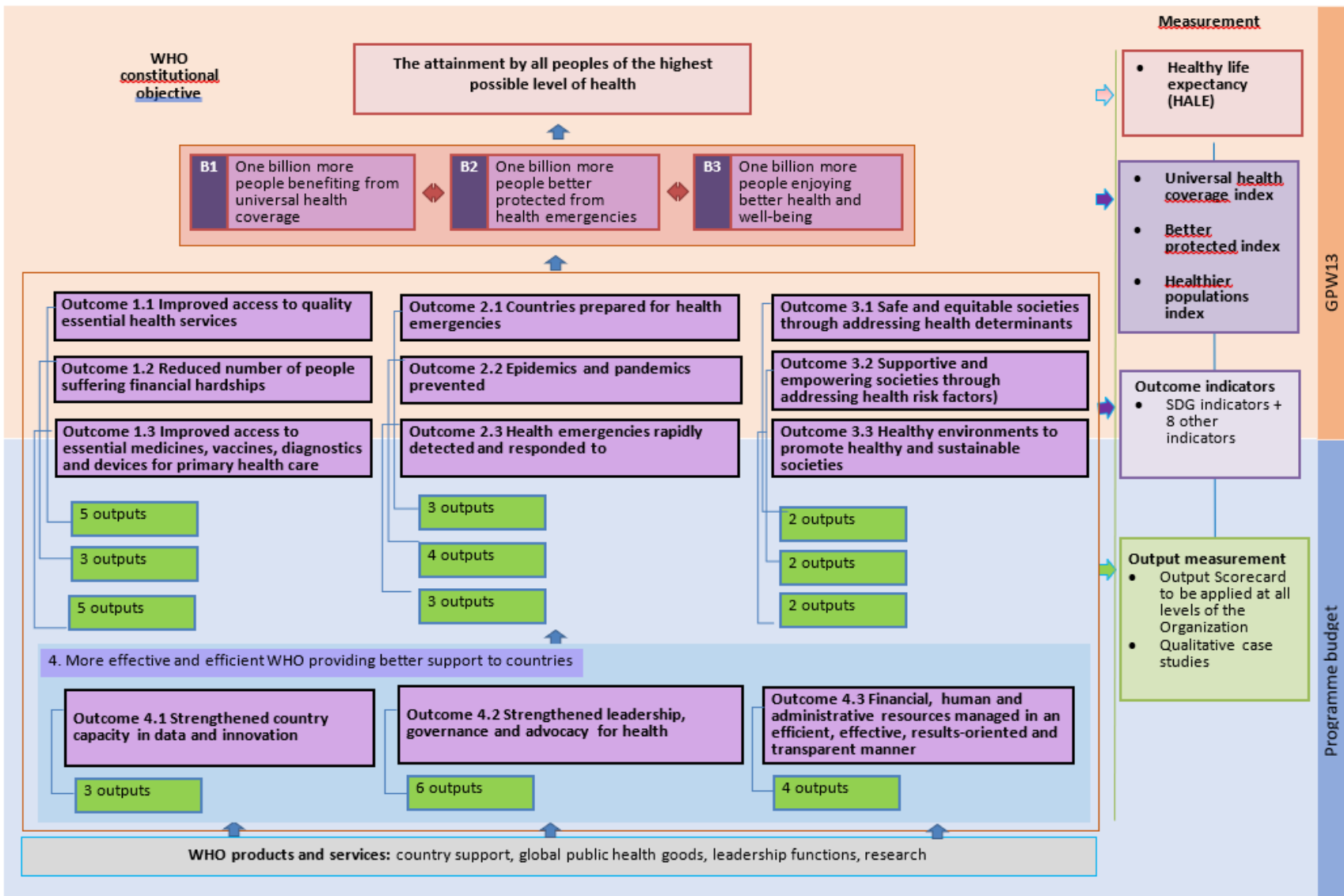
44. The implications of extending the GPW 13 will be both programmatic and budgetary. The time gained will be spent on strengthening data systems and capacity in countries, better analysing the situation of countries and determining tailored solutions to accelerate their progress. While the Programme budget 2020–2021 already provided a strong emphasis on strengthening the capacity of countries in the area of health information and data systems, the financing of those strengthening efforts will need to increase in order to accelerate progress towards achieving the triple billion targets. Targeted investments will be needed in strengthening an integrated approach to health systems resilience, population health surveys, civil registration and vital statistics systems, and the production of health facility data in order to ensure timely, reliable, disaggregated and actionable data and to monitor progress. Moreover, the Secretariat will need to expand its dialogue with the Member States and partners in planning and implementing solutions that are specific to each country context. During the extended time period, the Secretariat will also focus country support on addressing the foundational gaps and cross-system issues identified by stocktakes.

45. The strategic direction and the required strategic and organizational shifts of the GPW 13 remain relevant. These have been guiding the Organization's transformation, programme budget and work planning in line with the delivery of the triple billion targets.

46. This Proposed programme budget 2022–2023 continues to pursue implementation of the GPW 13, while taking into account the Organization's transformation and emerging information on lessons learned from the COVID-19 pandemic. These will serve to refine its strategies and approaches for delivering outputs and achieving outcomes. This Proposed programme budget 2022–2023 uses the same integrated results framework to demonstrate how the outputs of the Organization's various areas of work come together to build synergies in achieving the outcomes and accelerating progress towards achieving the triple billion targets. The integrated results framework will continue to serve as an organizing frame for programmatic work and budgeting and will define clearly the Secretariat's contributions to results, as well as those results for which both Member States and the Secretariat will be jointly accountable. It represents a theory of change, demonstrating the pathway through which WHO's outputs will lead to eventual impacts. It clearly articulates what specific results will be measured and what measurement criteria will be used.

47. The results framework, which reflects the interconnected nature for the triple billion targets envisaged by the GPW 13 and reinforced by the reality of the COVID-19 pandemic, is illustrated in Fig. 1.

Fig. 1. Results framework of the GPW 13



BUDGET

48. The investment case is an important reference for the Proposed programme budget 2022–2023, in that it provides the financial requirements estimated for the Thirteenth General Programme of Work, 2019–2023 (GPW 13).¹ This estimate anticipates a base budget for 2022–2023 of US\$ 4254 million – a 7.8% increase compared with 2020–2021.

49. This estimate was made considering the change needed to implement the GPW 13, as known and anticipated in 2018. At the time of developing the estimate, the focus was on strengthening normative work, innovation and research – all with the main objective of achieving impact at country level. The base budget estimate was also built on the assumption that priority-setting by Member States would be valid for the duration of the GPW 13, with only incremental changes required between the 2020–2021 and 2022–2023 biennia. Therefore, an increase of 7.8% for 2022–2023 was deemed adequate to implement the GPW 13 in its five-year time frame.

50. As a result of the COVID-19 pandemic, the Secretariat took stock of the adjustments required for the biennium 2020–2021 and beyond. It identified the critical needs of WHO in sustaining and expanding the basis for health in both crisis and non-crisis situations. The review of the Programme budget commitments for the biennium 2020–2021 has shown that many of the priorities that were envisaged by the GPW 13 for programme budgets 2020–2021 and 2022–2023 – including achieving universal health coverage; addressing noncommunicable disease risk factors through multisectoral actions; ensuring equitable access to efficacious and safe medicines and vaccines; and tackling antimicrobial resistance – remain valid and should constitute a large proportion of the Proposed programme budget 2022–2023. However, three streams of additional budgetary elements were identified that suggest an upward trend for this Proposed programme budget:

(a) **Strengthening country capacity to respond to the four strategic focus areas of the Proposed programme budget 2022–2023.** This element merges the increases foreseen by the financial requirements estimated for the GPW 13 (i.e. strengthening country capacity) with the need for changes triggered by the COVID-19 pandemic response, such as integrating the approaches to primary health care-oriented health system strengthening and health security as a requirement for building resilience; rethinking health emergency preparedness and readiness and bolstering response capacities to health emergencies; emerging global public health goods; and elements of the Access to COVID-19 Tools (ACT) accelerator that need to be integrated into the base budget. These have already been described above.

(b) **Delivering on the transformation agenda of the GPW 13.** Several important global transformation initiatives were conceived in the last biennium and have since been articulated more clearly, in particular the WHO Academy (see output 1.1.5); implementation of the global strategy on digital health; and advancing WHO's leadership in science, research and normative work (see output 4.1.3 among others). Full implementation of these initiatives is expected in 2022–2023 and their costing is included in this Proposed programme budget. As a part of the transformation process in the European Region, budget increases will be invested to take the Pan-European Transformational Leadership Academy to scale, as well as to strengthen the representational office to the European Union in Brussels for the benefit of both the European Programme of Work and the GPW 13 as it supports all major offices in working with the European Union and its institutions.

(c) **Polio transition: to mainstream essential public health functions carried out by the polio eradication programme into the WHO base budget.** To pursue the implementation of the WHO strategic action plan on polio transition, this Proposed programme budget 2022–2023 integrates public health functions, which will sustain a polio-free world after eradication of the poliovirus; support surveillance and immunization systems; and strengthen emergency preparedness, detection and response capacity in

¹ Document EBPBAC28/5: Financial Estimate for the Thirteenth General Programme of Work (2019–2023).

countries. The COVID-19 pandemic has further exposed the need to strengthen essential public health functions in countries. In the past, because of limited resources the human resources and operational infrastructure built through the polio programme has been the backbone of the WHO Secretariat's technical and public health operational support to countries. This proved to be critical in WHO's effective emergency response in immunization campaigns and in surveillance, especially in fragile, conflict-affected and vulnerable settings. In the Proposed programme budget 2022–2023, rather than continuing to combine these functions together under one output these essential public health functions will be integrated, as appropriate, under different outputs. The WHO Secretariat has undergone a comprehensive process to review all non-endemic countries in order to:

- clearly delineate the polio eradication budget from the budget for integrated public health functions;
- cost the base budget requirements for integrated public health functions (i.e. update estimates of the WHO strategic action plan on polio transition); and
- mainstream polio transition from output 2.2.4 of the Programme budget 2020–2021 into relevant technical outputs.

51. The results of this process are presented in this chapter.

52. The base segment of the Proposed programme budget 2022–2023, including the review of the Proposed programme budget commitments and the three streams of additional budgetary elements described above, is presented in Table 1. The total increase of the base budget between the approved Programme budget 2020–2021 and the Proposed programme budget 2022–2023 is 16% or US\$ 0.6 billion.

Table 1. Base segment of Proposed programme budget 2022–2023, explaining increases (US\$ million)

Increases explained	2020–2021 Approved Programme budget (US\$ million)	2022–2023 Proposed programme budget (US\$ million)	Change
Initial envelope (approved Programme budget 2020–2021)	3 541.3	3 541.3	0%
Polio transition	227.4	322.1	42%
Strengthening country capacity to respond to the four strategic focus areas of the Proposed programme budget 2022–2023	–	344.7	100%
Increase in accountability, transparency and compliance	–	28.5	100%
Delivering on the transformation agenda of the GPW 13		127.3	100%
<i>Strengthening science and research functions</i>	–	32.2	100%
<i>Digital health strategy</i>	–	73.4	100%
<i>WHO Academy</i>	–	10.0	100%
<i>WHO Regional Office for Europe transformation</i>	–	11.7	100%
Grand total	3 768.7	4 364.0	16%

BUDGET SEGMENTS

53. As in the approved Programme budget 2020–2021, the Proposed programme budget 2022–2023 is presented in four segments (Table 2):

- **Base programmes:** this segment of the core mandate of WHO constitutes the largest part of the proposed programme budget in terms of strategic priority-setting, detail and budget figures. WHO has exclusive strategic and operational control over the activities concerned and over the choice of means, the location and the timing of implementation. This segment reflects overall health priorities and shows budget distribution by outcome across the major offices. The base programme budget is detailed above, with a proposed level of US\$ 4.36 billion.
- **Emergency operations and appeals:** this segment’s activities are event-driven and the level of its budget can only be an estimate, which is subject to increase as necessary. Historically, the level of the emergency operations and appeals budget is baselined against the previous biennium. However, the level of the emergency operations and appeals budget in the biennium 2020–2021 has been unprecedented due to the COVID-19 pandemic response. Implementation exceeded the approved budget after only the first two quarters of 2020 and is likely to double in 2021. It is therefore proposed to retain the level at US\$ 1 billion, similar to the biennium 2020–2021.
- **Polio eradication:** this segment represents WHO’s share of the Global Polio Eradication Initiative strategy budget. It is expected that the work under this budget segment in 2022–2023 will focus primarily on new and intensified key interventions in countries in which wild poliovirus is endemic and on polio outbreak response. However, as the five-year strategy for the period 2019–2023 to achieve global certification of the eradication of wild poliovirus is currently under review, the figures presented in the proposed budget for this segment (US\$ 0.56 billion) are preliminary estimates. This represents a 35% decrease in the proposed budget compared with 2020–2021 due to the budget for non-endemic countries being mainstreamed into the relevant outputs and outcomes of the base budget.
- **Special programmes:** this segment includes special programmes that have additional governance mechanisms and budget cycles that inform their annual and biennial budgets, namely the Special Programme of Research, Development and Research Training in Human Reproduction; the United Nations Development Programme/United Nations Children’s Fund/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; and the Pandemic Influenza Preparedness Framework. The distinct budget segment for these programmes provides the necessary flexibility to accommodate the requirements of their respective oversight bodies, while at the same time enhancing the transparency of their contribution to the results of the Proposed programme budget 2022–2023. The budget level for this segment is set at a level similar to that of the 2020–2021 biennium (US\$ 0.2 billion).

54. The total Proposed programme budget 2022–2023 is US\$ 6.1 billion, which represents a 5% increase compared with the total approved Programme budget 2020–2021.

Table 2. Segments of the Proposed programme budget 2022–2023 and comparison with the approved Programme budget 2020–2021 (US\$ million)

Budget segment	2020–2021 Approved Programme budget (US\$ million)	2022–2023 Proposed programme budget (US\$ million)	Change
Base programmes	3 768.7	4 364.0	16%
Polio eradication	863.0	558.3	-35%
Special programmes	208.7	199.3	-4%
Emergency operations and appeals	1 000.0	1 000.0	0%
Grand total	5 840.4	6 121.7	5%

PROPOSED PROGRAMME BUDGET 2022–2023, BY OUTCOME

55. The four key areas of strategic focus – as described above – that shape the Proposed programme budget 2022–2023 are well correlated with the proposed increased investments in relevant outcomes (Table 3, shaded rows).

56. The first key area of strategic focus “Rethink preparedness and readiness and bolster response capacities to health emergencies” corresponds to outcomes 2.1 (Countries prepared for health emergencies) and 2.3 (Health emergencies rapidly detected and responded to), for which increases of 19% and 22%, respectively, compared with the previous biennium are proposed. In budget prioritization, all WHO regions gave a high priority to preparedness, prevention and responding to health emergencies.

- The budget of the WHO Region of the Americas was refocused towards preparing countries to become operationally ready to assess and manage identified risks and implement proven prevention strategies for priority pandemic/epidemic-prone diseases, while maintaining the country capacity to respond to emergencies and disasters related to any hazard.
- Based on the lessons learned from COVID-19 pandemic and due consultation with Member States the WHO Eastern Mediterranean Region will guide and build capacity of the country health service delivery staff on essential services continuity in an emergency context and to strengthen service delivery innovatively (including through online means, telemedicine and mobile units).
- In the WHO Western Pacific Region, country capacities and systems for public health emergency preparedness and response will be further strengthened, guided by both the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies and lessons learned from the COVID-19 pandemic response.

57. The second key area of strategic focus is “Build resilience through primary health care-oriented health systems strengthening and the health security nexus”. One of the main lessons learned from the pandemic is that Member States need to continue building strong and resilient health systems. Addressing this lesson, while also considering the emerging challenges and impact of the COVID-19 pandemic on health and health systems, the need to protect health gain and the value-added of WHO’s technical cooperation, results in a budget increase in all WHO regions for the global outcomes 1.1 (Improved access to quality essential health services) and 1.3 (Improved access to essential medicines, vaccines, diagnostics and devices for primary health care).

- The Region of the Americas' proposed total budget increase is mainly focused on outcomes 1.1 and 1.3. As part of the strategic review of priorities, countries and territories collectively continue to prioritize technical cooperation primarily in areas that are oriented to noncommunicable diseases and mental health; access to health services; actions related to access to medicines and technologies; increased immunization schemes; and risk factors for both noncommunicable and communicable diseases.
- In the South-East Asia Region, the increased polio transition budget under outcome 1.1 reflects the regional context, in which countries are expected to fully integrate the relevant core functions of the polio transition and its assets within a health systems approach to routine immunization programmes. This is expected to improve and maintain surveillance, coverage, delivery and achieving the regional targets set for vaccine-preventable diseases, as well as the introduction and delivery of COVID-19 vaccines to target populations in the region effectively.
- The Eastern Mediterranean Region will focus among other priorities on scaling up family practice and referral to maximize the availability, accessibility, acceptability and quality of essential health services and basic benefit packages, within an integrated district health system approach, including public and private sectors. The Region will strengthen national regulatory and procurement systems to ensure the availability, quality, safety and efficacy of health products.

58. The third and fourth key areas of strategic work – “Get back on track and accelerate progress towards the triple billion goals and Sustainable Development Goals” and “Advance WHO’s leadership in science and data” – will be addressed through increased investment in outcomes 4.1 (Strengthened country capacity in data and innovation) and 4.2 (Strengthened leadership, governance and advocacy for health). The following examples show how budget increases will generate impacts.

- The African Region will focus additional investment in digital health and innovation on the implementation of the Strategy for scaling up health innovations in the African Region and the development of a regional integrated e-health platform that will facilitate the identification and scaling up of needs-driven innovations at the country level. This will build capacity in countries to leverage emerging technologies and digital solutions and establish health innovation clusters.
- The South-East Asia Region will promote better data analysis for decision-makers, such as enabling health monitoring dashboards; providing national equity and subnational analysis; and benchmarking for cross-country comparison the disaggregated data required to show the impact of the COVID-19 pandemic and other health issues.
- To accelerate progress towards the triple billion targets and Sustainable Development Goals, the European Region will take bold and innovative steps, and will forge new alliances to address access to affordable medicines, for example by increasing health investments and rethinking regional health and social policies in light of the pandemic.

59. There are also smaller increases in most other outcomes due to the integrated nature of the results framework, since contribution from several outcomes is necessary to tackle any given health challenge.

Table 3. Base segment of Proposed programme budget 2022–2023, by outcome (US\$ million)

Outcomes	2020–2021 Approved Programme budget (US\$ million)	2022–2023 Proposed programme budget (US\$ million)	Change
1.1 Improved access to quality essential health services	997.0	1432.8	44%
1.2 Reduced number of people suffering financial hardships	98.9	100.5	2%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	262.9	306.6	17%
2.1 Countries prepared for health emergencies	231.1	274.6	19%
2.2 Epidemics and pandemics prevented	380.4	231.8	-39%
2.3 Health emergencies rapidly detected and responded to	277.3	339.5	22%
3.1 Safe and equitable societies through addressing health determinants ^a	141.9	96.4	
3.2 Supportive and empowering societies through addressing health risk factors ^a	194.9	165.4	
3.3 Healthy environments to promote health and sustainable societies ^a	94.3	163.0	
4.1 Strengthened country capacity in data and innovation	287.6	370.6	29%
4.2 Strengthened leadership, governance and advocacy for health	443.6	485.8	10%
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	358.9	396.9	11%
Grand total	3 768.7	4 364.0	16%

^a Since Billion 3 outcomes have been reframed for this Programme budget, it is not possible to compare budget figures with those of the Programme budget 2020–2021.

60. The comparison of outcomes (grouped by triple billion goals and pillar 4) is shown in Table 4, which illustrates the shifts and increases proposed for 2022–2023.

- **Outcomes 1.1-1.3 (triple billion goal 1).** There are several reasons for the proposed increase: (1) this outcome was identified as a high priority for most Member States; (2) the mainstreaming of essential public health functions (immunization, surveillance, laboratory) from the polio eradication programme into this outcome (US\$ 252.6 million); (3) the shift of the antimicrobial resistance budget from outcome 3.2 to 1.3; and (4) US\$ 10 million of the WHO Academy budget under this outcome.
- **Outcomes 2.1-2.3 (triple billion goal 2).** In the Programme budget 2020–2021, polio transition was fully accounted under outcome 2.2; its implementation continued under the polio eradication programmes and it was funded by the Global Polio Eradication Initiative. In the Proposed programme budget 2022–2023, polio essential public health functions are fully integrated into the relevant outcomes and will be integrated into the relevant technical teams. Therefore, the comparison of these three outcomes will be most meaningful if polio transition is considered separately in 2020–2021.

This also explains the apparent decrease in the proposed budget for outcome 2.2 (Epidemics and pandemics prevented) compared with the approved Programme budget 2020–2021. If considered net of polio transition (US\$ 227.4 million, Table 4), the budget for outcome 2.2 in the biennium 2020–2021 was US\$ 153 million. Compared with the proposed budget of US\$ 231.8 million for this outcome in 2022–2023, this corresponds to a 52% increase.

- **Outcomes 3.1-3.3 (triple billion goal 3).** The total budget anticipates a slight decrease due to a shift of the budget for combat antimicrobial resistance from outcome 3.2 to outcome 1.3.
- **Outcomes 4.1-4.3 (pillar 4).** A 15% increase is anticipated (1) to strengthen science, research and normative functions (Table 1); (2) to incorporate the implementation of the global strategy on digital health (Table 1); (3) to further strengthen data and innovation as anticipated by the financial estimate of the GPW 13 (Table 1); and (4) to strengthen transparency, accountability and compliance (Table 1; see also separate section below).

Table 4. Base segment of Proposed programme budget 2022–2023, by triple billion and pillar 4 outcomes, showing change compared with approved Programme budget 2020–2021 (US\$ million)

Outcomes	Programme budget 2020–2021			Proposed programme budget 2022–2023			Total change	Change excluding polio transition	% total change	% change excluding polio transition
	Budget excluding polio transition	Polio transition	Total	Budget excluding polio transition	Integrating polio functions	Total				
1.1–1.3	1 358.8		1 358.8	1 587.3	252.6	1 839.9	481.1	228.5	35%	17%
2.1–2.3	661.5	227.4	888.8	776.4	69.5	845.9	(42.9)	114.9	-5%	17%
3.1-3.3	431.1		431.1	424.9		424.9	(6.2)	(6.2)	-1%	-1%
4.1–4.3	1 090.0		1 090.0	1 253.4		1 253.4	163.4	163.4	15%	15%
Total base	3 541.3	227.4	3 768.7	4 041.9	322.1	4 364.0	595.3	500.6	16%	14%

PROPOSED PROGRAMME BUDGET 2022–2023, BY MAJOR OFFICE

61. The Proposed programme budget 2022–2023 continues to demonstrate the essence of the GPW 13 and its objective of achieving impacts at country level. Country-level operations are captured under the regional budgets, all of which are seeing a significant proposed increase in budget for 2022–2023, ranging from 10% for the South-East Asia Region to 20% for the Eastern Mediterranean Region (Table 5). All of the increases correspond to the detailed increases of the base budget, i.e. strengthening country capacity to respond to the four strategic focus areas; increases to implement the global strategy on digital health, as specified in the costing of Health Assembly resolution WHA73.1 (2020); and mainstreaming of essential public health functions from the polio eradication budget segment into outcomes 1.1 and 2.3 of the base budget.

62. Unlike the 2020–2021 budget, in which the WHO headquarters' budget was kept at zero growth, the Proposed programme budget 2022–2023 includes an increase for headquarters within the range of increases in the regional offices (14%; see Table 5). This increase for headquarters, as for the regional offices, is required to address the four key areas of strategic focus that shaped this proposed budget, as detailed in Table 1, and will directly address the areas of advancing leadership in science and normative work; these global functions are carried out by headquarters and will be critical in building forward better after the COVID-19 pandemic.

63. The breakdown of the Proposed programme budget 2022–2023, by major office and by segment, is presented in Table 6.

Table 5. Base segment of Proposed programme budget 2022–2023, by major office and WHO Academy (US\$ million)

Major office and WHO Academy	2018–2019 Approved Programme budget (US\$ million)	2020–2021 Approved Programme budget (US\$ million)	2022–2023 Proposed Programme budget (US\$ million)	Change 2020–2021 to 2022–2023	Change 2018–2019 to 2022–2023
Africa	834.1	992.4	1 168.2	18%	40%
The Americas	190.1	215.8	252.6	17%	33%
South-East Asia	288.8	388.5	426.3	10%	48%
Eastern Mediterranean	336.0	391.2	469.6	20%	40%
Europe	256.4	277.9	320.5	15%	25%
Western Pacific	281.3	309.2	352.0	14%	25%
Headquarters	1 213.6	1 193.7	1364.8	14%	12%
WHO Academy		–	10.0	100%	100%
Grand total	3 400.3	3 768.7	4364.0	16%	28%

Table 6. All segments of Proposed programme budget 2022–2023, by major office (US\$ million)

Budget segment	Africa	The Americas	South-East Asia	Eastern Mediterranean	Europe	Western Pacific	Headquarters*	Grand total
Base	1 168.2	252.6	426.3	469.6	320.5	352.0	1 374.8	4 364.0
Polio eradication	63.5	–	–	187.6	–	0.4	306.8	558.3
Special Programmes	3.6	4.3	3.9	3.8	4.1	3.4	176.3	199.3
Emergency operations and appeals	274.0	13.0	46.0	334.0	105.0	18.0	210.0	1 000.0
Grand total	1 509.3	269.9	476.2	995.0	429.6	373.8	2 067.9	6 121.7

*The WHO Academy budget is shown under the WHO headquarters base budget.

PROPOSED PROGRAMME BUDGET 2022–2023, COUNTRY-LEVEL BUDGET

64. Similar to the approved Programme budget 2020–2021, the Proposed programme budget 2022–2023 envisages increased investment in country capacity and delivery towards impacts at country level, including at subnational levels.

65. WHO regions will continue to build on their long-standing focus of putting countries at the centre by further increasing support to countries to deliver on their health priorities and accelerate progress towards universal health coverage and the Sustainable Development Goals.

- In the Western Pacific Region, this work will be guided by the Region’s implementation framework for the GPW 13 “For the Future”.
- To further maximize WHO’s impact in countries and as a part of a transformation process in the European Region, strengthened investment will help to develop and implement engagement strategies for Member States with and without country offices – with the aim of gathering, analysing and presenting information to inform WHO’s strategic engagement for country impact – and will help to enhance and facilitate effective collaboration with individual countries and between countries and partners at subregional level.

- Human capacities in the 47 country offices of the African Region will be reinforced in the areas of leadership, programme management, monitoring and evaluation, external relations and communication; this will enhance accountability, transparency and delivery towards the triple billion goals.

66. Table 7 shows a budget increase of 17% (US\$ 290 million) in comparison with the 2020–2021 budget for base programmes at the country office level. In absolute terms, the budgets of the regional offices and headquarters increased compared with 2020–2021. However, the country-level proposed base budget increased the most, both as a share of total budget and in absolute terms.

67. A detailed planning exercise at the regional and country office levels was carried out for the mainstreaming of the essential health functions currently carried out by the polio eradication programme into the relevant technical outputs of the base budget, with 75% of the planned budget to be at country office level.

68. The budget increases at the country office level in terms of percentage increase in comparison to 2020–2021 are similar across regions, varying between 22% in the African Region and 11% in the South-East Asia Region. In absolute terms, the increase is the highest in African and Eastern Mediterranean regions (US\$ 150 million and US\$ 45 million, respectively). These increases are partly due to further mainstreaming of the essential public health functions currently carried out by the Polio eradication programme in these two regions, as described above.

Table 7. Proposed programme budget 2022–2023, base segment only, by level of the Organization (US\$ million)^a

Major offices	Country offices			Regional offices			Headquarters			TOTAL		
	Programme budget 2020–2021	Proposed Programme budget 2022–2023	Change	Programme budget 2020–2021	Proposed Programme budget 2022–2023	Change	Programme budget 2020–2021	Proposed Programme budget 2022–2023	Change	Programme budget 2020–021	Proposed Programme budget 2022–2023	Change
Africa	688.0	838.5	22%	304.4	329.7	8%				992.4	1168.2	18%
The Americas	127.9	149.2	17%	87.9	103.4	18%				215.8	252.6	17%
South-East Asia	277.9	308.6	11%	110.6	117.7	6%				388.5	426.3	10%
Europe	111.2	128.0	15%	166.7	192.5	15%				277.9	320.5	15%
Eastern Mediterranean	267.0	312.1	17%	124.2	157.5	27%				391.2	469.6	20%
Western Pacific	185.2	210.6	14%	124.0	141.4	14%				309.2	352.0	14%
Headquarters							1 193.7	1 374.8	15%	1 193.7	1 374.8	15%
Grand Total	1 657.1	1 947.0	17%	917.9	1 042.3	14%	1 193.7	1 374.8	15%	3 768.7	4 364.0	16%

^a Unless otherwise indicated.

69. Table 8 shows the growth of the WHO investment in technical capacity in country offices (that is, operational segment 1 as defined in document EB137/6, which excludes regional levels and headquarters and also excludes enabling areas at country level). Continued growth in 2022–2023 demonstrates the serious intent of the GPW 13 to increase country capacity, with a substantial budget shift towards the country office level. In 2022–2023, the budget of the country offices will almost have doubled compared with 2014–2015.

Table 8. Evolution of WHO budgets for technical cooperation at the country level (segment 1)^a, by region (US\$ million)

Major offices	2014–2015 (Model C) ^b	2016–2017 ^c	2016–2017 revised ^d	2018–2019	2020–2021	Proposed Programme budget 2022–2023	Increase from 2020–2021 to 2022–2023
Africa	369	447	483	470	588	697	109
The Americas	78	98	98	105	109	128	19
South-East Asia	146	158	154	159	245	274	30
Europe	42	57	62	68	75	96	21
Eastern Mediterranean	133	148	165	175	210	255	45
Western Pacific	138	136	135	138	157	184	27
Grand total	906	1044	1097	1115	1384	1635	251

^a As outlined in document EB137/6.

^b Model based on zero need for indicators above the Organisation for Economic Cooperation and Development (OECD) median, as outlined in document EB137/6.

^c Without the WHO Health Emergencies Programme (WHE).

^d Revised in 2016, taking into account the WHE.

70. Table 9 shows the relative share of the strategic budget space allocation specifically for segment 1. The relative share for country-level budget per region is within the trajectory of the agreed percentage share that should be achieved by 2022–2023 and in line with Health Assembly decision WHA69(16) (2016). However, several important changes have occurred since that decision which have affected the final budget allocations for segment 1. One of the most important developments was the mainstreaming of the polio essential health functions into the base budget since 2020–2021, which has pushed the final percentages of some regional offices over the model's calculation and therefore led to decreases for others.

Table 9. Evolution of strategic budget space allocation for technical cooperation at the country level, for segment 1 only^a (%)

Region	2014–2015 (Model C) ^b	2016–2017 ^c	2016–2017 (Revised) ^d	2018–2019	2020–2021	Proposed programme budget 2022–2023
Africa	42.3	42.8	44.0	42.1	42.5	42.6
The Americas	8.4	9.4	9.0	9.5	7.9	7.8
South-East Asia	15.7	15.1	14.1	14.2	17.7	16.8
Europe	4.5	5.5	5.7	6.1	5.4	5.9
Eastern Mediterranean	14.3	14.2	15.0	15.7	15.2	15.6
Western Pacific	14.8	13.0	12.3	12.4	11.4	11.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

^a As outlined in document EB137/6.

^b Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

^c Without the WHE.

^d Revised in 2016, taking into account the WHE.

71. In addition to the base budget, other segments have significant budget shares and operations at the country office level. In 2020–2021, emergency operations and appeals have 75% of their operations at country level, while polio eradication 65%. This trend will continue in 2022–2023.

72. The Proposed programme budget 2022–2023 by outcome and level, including a comparison to the approved Programme budget 2020–2021, is shown in Table 10.

Table 10. Proposed programme budget 2022–2023 by outcome and level

Outcomes ^a	Country offices			Regional offices			Headquarters			TOTAL		
	2020–2021 Approved Programme budget	2022–2023 Proposed programme budget	Change	2020–2021 Approved Programme budget	2022–2023 Proposed programme budget	Change	2020–2021 Approved Programme budget	2022–2023 Proposed programme budget	Change	2020–2021 Approved Programme budget	2022–2023 Proposed programme budget (US\$ million)	Change
1.1 Improved access to quality essential health services	492.5	755.9	53%	248.6	328.6	32%	255.9	348.4	36%	997.0	1432.8	44%
1.2 Reduced number of people suffering financial hardships	56.2	57.9	3%	17.0	18.5	9%	25.6	24.1	-6%	98.9	100.5	2%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	89.8	107.9	20%	43.8	54.3	24%	129.3	144.4	12%	262.9	306.6	17%
2.1 Countries prepared for health emergencies	112.7	144.1	28%	60.8	65.0	7%	57.5	65.5	14%	231.1	274.6	19%
2.2 Epidemics and pandemics prevented ^b	219.5	109.9	-50%	67.6	52.3	-23%	93.3	69.6	-25%	380.4	231.8	-39%
2.3 Health emergencies rapidly detected and responded to	131.1	166.3	27%	74.0	79.1	7%	72.3	94.1	30%	277.3	339.5	22%
3.1 Safe and equitable societies through addressing health determinants	59.4	39.2		38.3	28.6		44.3	28.6		141.9	96.4	
3.2 Supportive and empowering societies through addressing health risk factors	91.7	89.8		47.6	37.6		55.6	38.0		194.9	165.4	
3.3 Healthy environments to promote health and sustainable societies	42.9	61.9		26.3	45.8		25.1	55.3		94.3	163.0	
4.1 Strengthened country capacity in data and innovation	88.3	102.2	16%	61.3	84.8	38%	137.9	183.7	33%	287.6	370.6	29%
4.2 Strengthened leadership, governance and advocacy for health	153.1	170.6	11%	136.2	147.2	8%	154.2	168.1	9%	443.6	485.8	10%
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	119.8	141.4	18%	96.6	100.5	4%	142.5	155.0	9%	358.9	396.9	11%
Grand total	1 657.1	1 947.0	17%	917.9	1 042.3	14%	1 193.7	1 374.8	15%	3 768.7	4 364.0	16%

^a Comparison for outcomes 3.1, 3.2, 3.3 is not possible due to the changed results framework between the two biennia. Outcome statements for 3.1–3.3 are according to the new results framework; figures for the approved programme budget 2020-2021 are as per the 2020–2021 results framework.

^b The apparent decrease in the budget of outcome 2.2 is due to mainstreaming of polio transition into the relevant technical outcomes from outcome 2.2 which captured all of polio transition budget in 2020-2021

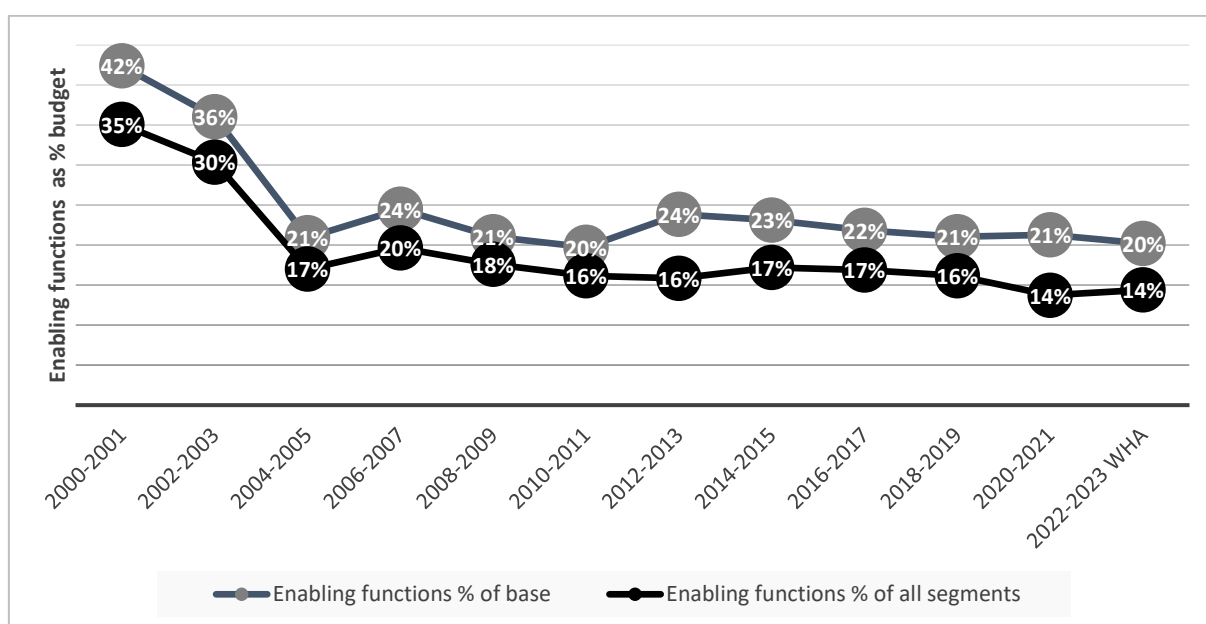
ENABLING FUNCTIONS

73. Outcomes 4.2 (Strengthened leadership, governance and advocacy for health) and 4.3 (Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner) represent the enabling functions of the Organization, which are required to maintain the integrity and efficient functioning of WHO and to enable the other outcomes to deliver and addresses challenges. These outcomes include the leadership functions that enable WHO to play a more effective role in global health governance, which cannot be overemphasized at the time of the COVID-19 pandemic. These functions also include governance, strategic communications, forging partnerships and mobilizing both the scientific and financial resources to improve the health of populations. They encompass a variety of essential services that contribute to organizational integrity, an enabling work environment and managing the work at country, regional office and headquarters levels. Accountability, transparency, compliance, risk management, organizational learning and evaluation are an integral part of these functions.

74. The Twelfth General Programme of Work, 2014–2018, committed to a reduced resource requirement in enabling areas. As a result, a share of enabling areas as a percentage of the total programme budget or base budget was steadily decreasing, which has recently raised concerns among Member States, in particular with respect to how this reflects on the Secretariat's continuous commitment to being more accountable, transparent and responsive as reflected in the GPW 13. An unwavering commitment on the part of the Secretariat to best practices related to risk management, ethics, internal controls, compliance and evaluation is central to the success of WHO. This was also reiterated by the discussions in the recent governing bodies meetings and in Executive Board decision EB148(4) (2021).

75. The Proposed programme budget 2022–2023 includes a US\$ 28.5 million increase in the area of accountability, transparency and compliance (Table 1) and a further US\$ 51.5 million increase in other areas of enabling functions across all levels and major offices. With this increase, enabling functions will remain at the 14% of the total planned budget as compared with 2020–2021 and will constitute 20% of the total base programmes.

Fig. 1. Enabling functions as % of WHO approved budgets from 2006–2007 to 2020–2021 and Proposed programme budget 2022–2023



76. The budget figures by outcome by major office by level are presented in Table 11. The preliminary costing of outputs by organizational level (country, region and headquarters), as well as by activity/staff split, is presented in a separate information document, which also contains the crosswalk for outcomes 3.1–3.3.

Table 11. Proposed programme budget 2022–2023, by major office (US\$ million)

Outcomes	Africa			The Americas			South-East Asia			Europe			Easter Mediterranean			Western Pacific			Headquarters	Total
	Country Offices	Regional Office	Total	Country Offices	Regional Office	Total	Country Offices	Regional Office	Total	Country Offices	Regional Office	Total	Country Offices	Regional Office	Total	Country Offices	Regional Office	Total		
1.1 Improved access to quality essential health services	277.8	119.1	396.9	50.4	33.2	83.6	181.0	40.1	221.1	46.4	55.7	102.1	123.1	38.8	161.9	77.1	41.8	118.9	348.4	1 432.8
1.2 Reduced number of people suffering financial hardship	24.8	5.8	30.6	2.4	1.3	3.7	6.0	1.7	7.7	8.7	3.9	12.6	10.0	3.0	13.0	5.9	2.9	8.8	24.1	100.5
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	52.8	15.8	68.5	10.0	9.4	19.4	19.0	7.6	26.6	4.5	9.7	14.2	9.2	5.7	14.9	12.4	6.2	18.5	144.4	306.6
2.1 Countries prepared for health emergencies	57.9	17.3	75.2	12.8	7.1	19.9	13.4	4.9	18.3	8.4	11.7	20.1	31.8	11.3	43.1	19.8	12.6	32.4	65.5	274.6
2.2 Epidemics and pandemics prevented	63.8	16.3	80.1	13.6	3.9	17.5	6.8	3.9	10.7	4.0	7.1	11.1	17.1	15.4	32.5	4.6	5.7	10.3	69.6	231.8
2.3 Health emergencies rapidly detected and responded to	104.2	29.4	133.6	9.0	3.5	12.5	8.3	6.3	14.7	9.1	7.9	17.0	26.3	14.8	41.2	9.4	17.1	26.5	94.1	339.5
3.1 Safe and equitable societies through addressing health determinants	19.2	10.8	30.0	3.0	2.2	5.1	4.3	2.1	6.4	1.6	6.3	7.9	4.9	1.7	6.5	6.2	5.6	11.8	28.6	96.4
3.2 Supportive and empowering societies through addressing health risk factors	34.0	6.7	40.7	12.9	7.6	20.5	14.1	3.6	17.7	5.9	10.9	16.8	6.8	3.7	10.5	16.0	5.2	21.2	38.0	165.4
3.3 Healthy environments to promote health and sustainable societies	18.9	10.0	28.9	8.3	6.0	14.4	7.2	2.6	9.8	4.0	17.3	21.3	5.8	3.2	9.0	17.7	6.7	24.3	55.3	163.0
4.1 Strengthened country capacity in data and innovation	43.6	14.7	58.3	5.8	8.8	14.6	14.2	9.0	23.2	3.3	11.4	14.7	20.0	31.6	51.6	15.3	9.4	24.6	183.7	370.6
4.2 Strengthened leadership, governance and advocacy for health	86.4	47.0	133.4	7.8	8.5	16.3	16.7	16.9	33.6	20.7	38.8	59.5	23.7	15.8	39.5	15.3	20.1	35.4	168.1	485.8
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	55.2	37.0	92.2	13.2	11.9	25.1	17.5	19.0	36.5	11.4	11.8	23.2	33.3	12.5	45.8	10.9	8.2	19.1	155.0	396.9
subtotal base	838.5	329.7	1 168.2	149.2	103.4	252.6	308.6	117.7	426.3	128.0	192.5	320.5	312.1	157.5	469.6	210.6	141.4	352.0	1 374.8	4 364.0
Polio Eradication			63.5			-			-			-			187.6			0.4	306.8	558.3
Special programmes			3.6			4.3			3.9			4.1			3.8			3.4	176.3	199.3
Emergency operations and appeals			274.0			13.0			46.0			105.0			334.0			18.0	210.0	1 000.0
TOTAL PB 2022–2023	838.5	329.7	1 509.3	149.2	103.4	269.9	308.6	117.7	476.2	128.0	192.5	429.6	312.1	157.5	995.0	210.6	141.4	373.8	2 067.9	6 121.7

FINANCING

77. Fully financing the WHO programme budget is an investment towards a world safe from pandemics and health emergencies. It is an investment in driving impacts in every country so that every man, woman, child, older adult and person with disabilities can enjoy healthy lives and well-being. It is an investment in countries' and the worlds' economic prosperity. It is also an investment in delivering the Organization's collective ambition to achieve the Sustainable Development Goals.

78. At the Seventy-third World Health Assembly, Member States recognized not only that adequate funding will be required for the response to the COVID-19 pandemic but also that WHO should be provided with sustainable resources, both to respond to health emergencies and to ensure that its core work as the leading international agency in public health will be maintained so that critical health needs can be met under any circumstances.¹ Member States also asked for more detail on some of the challenges related to existing financing models and for ideas and proposals to be set out with respect to future financing.

79. Since the Programme budget 2020–2021 was approved, a number of key initiatives to improve WHO's financing model have been launched.

- Member States endorsed the WHO resource mobilization strategy² to finance the GPW 13.
- WHO has been successful in launching thematic funding and has received positive responses from contributors and a resulting increase in this funding source;
- The COVID-19 pandemic has underlined the need for sustainable financing of WHO, which has resulted in a Member States-led review of how WHO is currently financed and should be sustainably financed in the future. The Member States-led Working Group on Sustainable Financing was established by Executive Board decision EB148(12) (2021). The Working Group has commenced its mandate and will focus on determining principles for what should be funded sustainably, how much funding should be provided sustainably and who should provide such funding. In 2022, Member States will decide how to take forward the findings of the Working Group forward.
- A new WHO new investment case (IC 2.0) was launched to maintain and attract further funding for the GPW 13. The key focus on IC 2.0 will be the benefits of investing in WHO, with the ultimate core objective of raising additional resources to fully fund WHO across the 2022–2023 and 2024–2025 bienniums, as well as to build the case for further funding towards 2030.

FORECAST FINANCIAL OUTLOOK FOR PROPOSED PROGRAMME BUDGET 2022–2023

80. While assessed contributions remain at the same level as 2020–2021, the entire increase for the Proposed programme budget 2022–2023 will be financed from voluntary contributions, which consist of three major groups: core voluntary contribution, thematic funding and specified funding.

81. The overall forecast financing of the Proposed programme budget 2022–2023 is estimated to be about 50% of the entire Proposed programme budget 2022–2023 at US\$ 3039.0 million (as of Quarter 1 figures 2021). This is reflected in Table 12, by segment. Key highlights on the forecast financing include the following.

- (a) The base segment estimated financing is 46% or US\$ 1986.1 million. Compared with the previous biennium 2020–2021, this level of financing is slightly lower than estimated for the previous biennium. The estimate for 2020–2021 at a similar forecast time point was US 2070 million. It should be noted that

¹ Resolution WHA73.1 (2020).

² Document EB146/29 (2020).

forecasts do not include all projected funding; only funding that is relatively certain of being signed agreements are included in these figures. At present, no forecast data from the United States of America is included.

(b) The top contributors to WHO that continue to provide longer-term financing for the base segment of the Proposed programme budget include France, Germany, Luxembourg, the Netherlands, the United Kingdom of Great Britain and Northern Ireland, the Bill & Melinda Gates Foundation and the European Commission. Other contributors also make up this vital forecast financing, which provides WHO with the necessary predictability to sustain programme work at all levels of the Organization.

(c) Core voluntary contributions are forecast at US\$ 150 million, which is similar to previous bienniums. The forecast in thematic funding is relatively lower at this stage of the biennium, at only US\$ 11.2 million. This lack of predictability provides uncertainty and could leave programmes that are underfinanced with funding difficulties early in the biennium.

Table 12. Forecast Financing by segment of the Proposed programme budget 2022–2023 (US\$ million)

Budget segment	Projections for Proposed programme budget 2022–2023	2022–2023 Proposed programme budget	Projected funding level (as of Q1 2021)
Base programmes	1 986.1	4 364.0	46%
Polio eradication	740.5	558.3	133%
Special programmes	30.1	199.3	15%
Emergency operations and appeals	282.3	1 000.0	28%
Grand total	3 039.0	6 121.7	50%

82. However, a more sustained means of financing will be required as noted in the section above to ensure that WHO is appropriately financed to carry out its mandate under the GPW 13.

83. In addition, the WHO Foundation was created in 2020 to open opportunities to broaden the donor base of the Organization. It aims to attract contributions from high net worth individuals and the private sector in order to supplement the Organization's resource mobilization efforts, especially for chronically underfunded areas of work and programmes. It is designed as a mechanism for enabling the receipt of public donations and the provision of funding to WHO in as flexible a manner as possible, so as to support activities that are fully in line with the GPW 13, which are measured against our existing results framework. Its goal is to raise substantial funds over the next three years, of which three quarters is intended to flow directly to WHO for financing the programme budget. The remainder will be provided to finance partners whose work supports the GPW 13.

MONITORING AND REPORTING

84. The measurement system for the results framework of the GPW 13 has been described in document A73/16 Rev.1. This measurement system will be applied to the monitoring and reporting of achievements committed in this Proposed programme budget 2022–2023, building on the assessment of the prior biennium.

85. To demonstrate accountability in line with the programme budget, the Planning, Resource Coordination and Performance Monitoring Department will coordinate the preparation of the results report for the mid-term review and at the end of the biennium. It will progressively include all aspects of the new reporting structure, including reporting on the output scorecard, the outcome indicators and the triple billion targets. The results report for the biennium 2020–2021 will be the first to contain an output scorecard on the performance of output delivery at each level of the Organization. It will include quantitative reports on the indicators and indices; qualitative reports that explain progress, risks, challenges and lessons learned; and case studies that illustrate the impacts resulting from WHO's work in countries and from its normative functions.

86. The Secretariat will prepare a comprehensive report summarizing progress made towards the 2023 outcome targets, the triple billion targets and the Secretariat's contribution, as measured through the output scorecard and the qualitative case studies over the period 2019–2023. Selective country and impact qualitative case studies will showcase the WHO's impact by sharing experiences on successes and lessons learned, including areas for further improvements, strengthening its role as a learning Organization. Case studies at the country, regional or global levels may be included and clear country results will be demonstrated, as well as the impact of WHO's work on the lives of people. Given the recent developments in global health and the increased focus on monitoring and accountability, as well as advances in population health measurement and in responding to emergencies, the WHO Secretariat is accelerating efforts to provide support to Member States in ensuring that optimal gains in population health are achieved through policies and programmes informed by data, analytics, interpretation and reporting.

STRATEGIC PRIORITIES OF THE GPW 13 – THE TRIPLE BILLION TARGETS

ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

Universal health coverage, which allows everyone to receive essential health services without suffering financial hardship, has been and remains a top priority for WHO. WHO's concept of universal health coverage spans the range of services across health promotion, prevention, treatment, rehabilitation and palliation, while also spanning the life course.

Target 3.8 of the Sustainable Development Goals focuses on achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. In working towards that target, WHO pursues the concept of effective coverage: seeing universal health coverage as an approach to achieve better health and ensuring that quality services are delivered to patients safely and have their intended effect.

WHO emphasizes primary health care as the foundation of achieving universal health coverage and leaving no one behind. WHO will coordinate support to countries, working with partners and across its three levels to ensure a comprehensive, coherent, balanced and flexible approach tailored to each country. The Organization will continue to work closely with the Universal Health Coverage 2030 Partnership, a multisectoral platform hosted jointly by WHO and the World Bank that coordinates health system strengthening and is made up of countries and territories, multilateral and philanthropic organizations, civil society and the private sector.

WHO will also continue to employ its successful agile primary health care approach, having formed an Organization-wide programme to work intensively with countries. The Organization will help to assess progress in primary health care and provide feedback to countries. With the COVID-19 pandemic, along with the actions to support countries to maintain safe and good quality essential health services and carry out essential public health functions, planning for long-term health systems recovery and transformation in line with lessons learned will be the immediate focus.

The Proposed programme budget 2022–2023 follows this logic closely, mirroring the two key concepts of access to quality essential health services, medical products and other health technologies and reduced financial hardship in accessing them with the aim of ensuring healthier lives and improved health security for all.

ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

The COVID-19 crisis and other recent health emergencies have shown that the world is still not sufficiently prepared to prevent a multi-country outbreak or pandemic. The risks of a crisis on the scale of the COVID-19 pandemic were known but were not addressed with adequate conviction and commitment. The risks of a similar or more severe emergency in the future have been multiplied by the COVID-19 pandemic itself and its devastating impact on the resilience of health systems, economies and societies. The COVID-19 crisis must mark a turning point. Collectively, the world must take the path of sustained, considered and concerted action now if we are to achieve global health security and avoid the catastrophic impact of global health emergencies in the future.

The challenges presented by the COVID-19 pandemic have been profound, but it is important to note that as a result of the investments in the WHE, WHO has been able to respond to the pandemic and other emergencies throughout 2020 in a way that would not have been possible as recently as five years ago. Since the launch of WHE in 2016, WHO has built the capacity to coordinate a truly international response, while ensuring that the Organization's unique regional footprint delivers impacts on the ground to benefit countries. While the COVID-19 pandemic has dominated WHO's work in emergencies throughout 2020, it has also continued to respond to many other simultaneous complex emergencies and infectious disease outbreaks. Protracted Grade 3 emergencies – requiring the greatest degree of Organization-wide support – are ongoing in the Democratic Republic of the Congo, Nigeria, Somalia, South Sudan and the Syrian Arab Republic. In all, WHO is currently responding to more than 60 graded emergencies. The COVID-19 pandemic has added an extra layer of complexity to health emergency responses in a context that was already increasingly challenging due to the intensifying effects of climate change and its intersection with mass population movements, insecurity and conflict.

It is envisaged that the WHE will expand and consolidate its core capabilities, particularly in line with work on implementing the International Health Regulations (2005), based on initial reviews of, and lessons learned from, the response to the COVID-19 pandemic. In responding to the COVID 19 pandemic, WHO has worked with Member States and partners to build new and necessary capabilities and platforms for health emergency preparedness and response. These capabilities need to be sustained, institutionalized and adapted in order to protect people from health emergencies. Although it is difficult to predict with any degree of precision the form that the next national, regional or global health emergency will take, investments in these core capabilities provide WHO and the world with flexible, agile platforms that can be rapidly scaled up and adapted to any and every eventuality.

The WHE will prioritize the full integration of its preparedness and response work with health systems strengthening efforts to ensure resilient health systems that are prepared for future shocks without disruption to regular health service delivery.

ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

Achieving healthier populations entails also addressing the other factors that affect health and well-being, including working with and through other sectors to address:

- the determinants of and risks to health; and
- nutrition, violence and injuries, road safety, gender, water, sanitation and hygiene (WASH), air pollution, climate, tobacco use, trans-fatty acids, harmful use of alcohol, obesity and physical activity.

The focus is on health and well-being and not mortality alone. These are addressed through multisectoral actions that are not limited to the health system alone and often use the stewardship/policy, advocacy and regulation functions of health and other ministries. Tackling the threats to health, such as antimicrobial resistance, food safety and zoonoses, will require WHO's leadership and a collaborative effort across sectors at global, regional and country levels, including tripartite collaboration with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health to develop and support global governance structures and instruments that deliver an effective One Health response.

In addition to the above determinants and risks, the channels through which these determinants and risks are addressed – including private sector and civil society engagement; healthy cities, schools, workplaces and other settings; and multilateral conventions – will be also be important.

Collectively, these determinants and risks influence mortality, but they also have a serious impact on morbidity. That is why they are measured in a healthier population index, which focuses on lives improved and the target of one billion more people enjoying better health and well-being.

The measurement methods for the triple billion targets have been described in document A73/16 Rev 1. The Secretariat is fully committed to delivering impact to billions of people around the world, backed by the highest standards of health data. However, there are significant gaps in the existing availability of data on health-related Sustainable Development Goals indicators in many parts of the world, which need to be addressed as a matter of priority. WHO will ensure that countries with the greatest needs are given priority in producing reliable, timely, affordable, country-owned, accessible and disaggregated data, as appropriate.

WHO is accelerating efforts among global partners to improve data collection and health information systems and analytical capacity in countries by establishing data standards; identifying health data gaps and developing data collection platforms and tools; and reporting progress towards achieving the health-related Sustainable Development Goals and triple billion targets to ensure that no one is left behind.

IMPLEMENTATION OVERVIEW

Outcome 1.1. Improved access to quality essential health services irrespective of gender, age or disability status

Together with Member States, we aim to strengthen health and community systems to progress towards achieving universal health coverage, whereby all people and communities have access to the full range of essential services across the life course through a strong and resilient, people-centred health system, without suffering from financial hardship. On this journey, we prioritize primary health care as the entry point to universal health coverage. WHO's focus is on accelerating progress through global leadership, the production of global public health goods, providing differentiated support to countries and ensuring that no one is left behind.

The COVID-19 pandemic has exposed the reality that many health systems are not adequately equipped or organized to protect the health of populations and is demonstrating the results of years of disinvestment or underinvestment in primary health care-oriented health systems. Reflecting the learning from this pandemic, our priorities to build back better are fourfold:

First, to support countries to rapidly scale up their investments in health infrastructure and essential public health functions. These include inclusive governance structures; comprehensive national health sector strategies and plans, health information systems, data analysis and surveillance; laboratory capacity; regulation of quality products; promotion of healthy behaviours; and sustainable financing for subsidies to public health institutes and programmes. Emphasis will be placed on making sustainable investments and technical support to address critical gaps in health systems foundations and bottlenecks to maintaining health services and emergency capacities, especially in fragile, conflict and vulnerable settings.

Second, to help countries strengthen the capacities of the health workforce to deliver by investing in scaling up numbers, capacity and quality assurance to meet needs for health sector jobs, particularly for women and young people, with the right skills, in the right numbers and in the right places. This includes skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted.

Third, to ensure that countries increasingly adopt cost-effective and evidenced-based interventions to address communicable and noncommunicable diseases, including vaccine-preventable diseases, as well as mental health conditions. A vital element to achieve impact is the uptake of coherent strategies, action plans, norms and standards, as well as guidance that can be adapted to changing epidemiological and country contexts and population needs. These provide the foundation for the delivery of quality essential health service packages that can be consistently applied in public, private and community health care settings to benefit countries that are striving to achieve the control, elimination or eradication of diseases and health conditions that pose public health threats.

Fourth, to ensure that countries maintain the provision of quality essential health services, including prevention, early detection, screening, testing, diagnosis, treatment, rehabilitation and palliative care, to their populations across the life course. Without this, the burden of morbidity and mortality from preventable health threats will only increase. Not sustaining essential expanded programmes on immunization and the sexual, reproductive, maternal, newborn, child and adolescent health services will have a major impact on women's, newborns', children's and adolescents' health and survival, especially in low- and middle-income countries. With the projected growth of the older population, care for older people is essential as well. Countries need to make a concerted effort to reach the most at-risk, vulnerable and marginalized populations in order to ensure their equitable access to quality services. Failure to do so will have severe negative impacts on health, wealth and sustainable development.

These priorities are fully aligned with our promotion of human rights, gender equality and the empowerment of women and girls around the world across the life course.

Renewed focus on these four key drivers for the outcome will strengthen health and community systems to provide comprehensive high-quality, people-centred health services, including at the primary health care level; deliver on condition- and disease-specific service coverage results; and address population-specific health needs and barriers to equity across the life course. Stronger governance and targeted investment, including to increase the capacities of the health workforce and to ensure that polio programme functions and activities are integrated so as to sustain and strengthen vaccine-preventable disease surveillance and routine immunization to enhance coverage and equity, will set the world on the path to achieve the triple billion targets. This is because stronger, resilient health systems that are ready to prevent, detect, respond to and recover from emerging threats and risks are critical to delivering essential health promotion functions and promote greater collaboration across other sectors.

Indicators associated with outcome 1.1 are set out in Box 1 and the proposed budget by major office is set out in Table 13 below.

Box 1. Indicators associated with outcome 1.1

1.1.IND.1	Maternal mortality ratio
1.1.IND.2	Proportion of births attended by skilled health personnel
1.1.IND.3	Under-5 mortality rate
1.1.IND.4	Neonatal mortality rate
1.1.IND.5	Proportion of women of reproductive age (15–49 yrs) who have their need for family planning satisfied with modern methods
1.1.IND.6	Proportion of the target population covered by all vaccines included in their national programme
1.1.IND.7	Number of people requiring interventions against neglected tropical diseases
1.1.IND.8	Tuberculosis incidence per 100 000 population
1.1.IND.9	Malaria incidence per 1000 population
1.1.IND.10	Hepatitis B incidence per 100 000 population
1.1.IND.11	Number of new HIV infections per 1000 uninfected population, by sex, age and key populations
1.1.IND.12	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
1.1.IND.13	Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure
1.1.IND.14	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
1.1.IND.15	Health worker density and distribution
1.1.IND.16	Suicide mortality rate
1.1.IND.17	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)
1.1.IND.18	Percentage of bloodstream infections due to antimicrobial-resistant organisms

TABLE 13. PROPOSED BUDGET FOR OUTCOME 1.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1. Improved access to quality essential health services	396.9	83.6	221.1	102.1	161.9	118.9	348.4	1 432.8
Total outcome 1.1	396.9	83.6	221.1	102.1	161.9	118.9	348.4	1 432.8

Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

For health care to be truly universal and resilient to disruptive emergencies, health systems must be redesigned around people, with high-quality and strong linkages between communities and health institutions. When health systems are people-centred, they are often more effective and efficient, fostering stronger individual, family and community engagement in their own health and promoting better health literacy. A key priority for achieving this output is a renewed focus on integrated service delivery networks, with an emphasis on safe and quality primary health care services. The introduction of innovations, such as digital health is also critical for improving health outcomes and reaching underserved populations to ensure that no one is left behind.

The COVID-19 pandemic has shown the need to invest in renewed and differentiated service delivery models, which reduce the risk of COVID-19 transmission by keeping patients away from health facilities and providing services closer to home, while ensuring quality of care is not compromised and avoiding any interruption in treatment for chronic diseases and conditions by, for example extending the prescription periods of essential

medicines. There is also an opportunity to further refine the parameters of essential services and adapt innovative approaches and interventions in the medium-to-long-term, including through strengthening health security, such as by establishing integrated laboratory networks and sharing skilled community health workers.

Work to deliver this output involves close collaboration on enabling a strengthened health workforce (output 1.1.5), effective governance (output 1.1.4) and the development of financing strategies (output 1.2.1); supporting access to essential health products and national supply chain management capacity (output 1.3.2); and enabling the strengthened capacity of health systems to monitor and assess progress (output 4.1.1). It also involves strong collaboration to provide essential services in fragile, conflict-affected and vulnerable contexts (output 2.3.3), enable the use of digital health technologies to support differentiated service delivery models and increase access to essential health services (output 4.1.3). Close collaboration will also be established for integrating equity, gender and human rights to ensure delivery of people-centred health services (output 4.2.6).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by supporting global and national efforts to achieve universal health coverage and enact the vision of the Declaration of Astana. The Secretariat will work with the Universal Health Coverage 2030 Partnership and other partners to complete and implement the Global Action Plan for Healthy Lives and Well-being for All, including the Primary Health Care Accelerator, the Primary Health Care Operational Framework and other high-impact disease and condition-specific flagship initiatives and related global campaigns.

The Secretariat will **support countries** to:

- expand access to comprehensive care across the care continuum – from promotion and prevention to treatment, rehabilitation and palliative care – and across delivery platforms, including self-care, home care, community health centres, school health services, primary care, specialized services and emergency and hospital care in the public and private sectors, using both traditional and innovative delivery approaches, such as digital health;
- promote and institutionalize an integrated approach to health systems strengthening and health security efforts across legislative, policy, planning and operational levels in order to ensure resilience in public health in all contexts and changing epidemiology;
- integrate early-recovery approaches in multisectoral planning and build on these to lay the foundation for longer-term health systems resilience with essential public health functions;
- develop and refine comprehensive essential health service packages according to country-specific epidemiological burdens and local contexts, including patients' needs;
- scale up primary health care services in order to provide a comprehensive range of services and care, including but not limited to vaccination; screening; the prevention, control and management of noncommunicable and communicable diseases and, where feasible, the elimination of some of these diseases; the promotion, maintenance and improvement of maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health interventions;
- strengthen health services planning and management capacity to support the provision of comprehensive essential health services, including at the subnational level, while developing strong accountability mechanisms and community engagement (from needs identification to prioritization and joint implementation across the Organization);
- exchange with other countries the lessons learned on successful models of service delivery;
- integrate traditional and complementary medicine into health services;
- develop frameworks for comprehensive performance assessment and improving the services provided and quality of care, including by improving patient safety, fostering a safety culture and reducing medical errors and associated patient harm in both public and private facilities;

- improve infection prevention and control, including in the context of outbreak prevention, preparedness and response, and strengthen efforts to combat antimicrobial resistance through training (through the WHO Academy);
- critically analyse the root causes of underperformance in primary health care, including by examining long-standing health system barriers, such as systematic underfunding, a range of health workforce issues (including insufficient pay to facilitate retention), poor transparency in decision-making and funding, and adverse financial incentives that undervalue health promotion, prevention, early detection and care coordination, as well as weak infrastructure; the Secretariat will also support countries to develop policy options for improving performance;
- promote the use of digital and information technologies in order to empower the health workforce to deliver care closer to where people live, adopt the most effective interventions to meet specific health needs and improve access for the most vulnerable; and
- empower and engage communities, families and patients as a core element of universal health coverage, including by improving and mainstreaming health literacy, increasing the capacity for cross-sectoral collaboration, developing mechanisms for civil society participation and recognizing and integrating behavioural insights into policies.

In producing **global public health goods**, the Secretariat will:

- develop evidence-based norms, standards and guidance on: strengthening population-based approaches to planning, organizing and delivering services; using key policy levers to strengthen integrated and people-centred health service delivery through a primary health care approach; building an organizational safety culture; assessing, measuring and improving patient safety; promoting good-quality health services delivery; integrating traditional and complementary medicine; integrating high-impact communicable disease prevention and responses into health benefit packages; implementing hypertension and priority noncommunicable disease-control programmes in low-resource settings; developing plans for embedding surgical, obstetric and anaesthesia care services within national health policies; strengthening patient safety education and training (through the WHO Academy) and building leadership capacity in patient safety; developing global training standards on infection prevention and control; and adopting standard approaches to data collection, analysis and reporting in relation to service delivery and organization;
- build data products, such as global and regional monitoring reports on universal health coverage; provide public health policy decision-making recommendations based on sustained surveillance systems; maintain databases that reflect information on health services performance, such as through the Primary Health Care Performance Index and country-focused health systems capacity-building initiatives; and continue to develop and make available topic-specific datasets, such as the Global Database on Blood Safety;
- develop health systems review mechanisms in order to identify and address barriers to primary health care performance with a view to establishing regular dialogues for system improvement;
- generate research products, including reports on implementation research that support the scale-up of primary health care and studies in specific areas, such as by estimating the burden of patient harm due to unsafe care in low- and middle-income countries;
- report regularly on progress made in strengthening primary health care, including the implementation of the vision and commitments of the Declaration of Astana;
- develop a package of technical tools and guidance (Resilience Toolkit) to promote countries' integrated approach to building health systems resilience.

LEADING INDICATORS

Number of countries with comprehensive essential service packages defined based on integrated models of care
Number of countries with quality strategies aligned with national health policies or plans
Number of countries with up-to-date performance assessments on the provision of primary health care

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Universal health coverage requires countries to increase the coverage of essential and integrated health services across the life course, by delivering cost-effective and evidenced-based interventions through a public health approach, to address communicable and noncommunicable diseases. Interventions to achieve this output address a wide range of priority communicable diseases, including but not necessarily limited to HIV, viral hepatitis, tuberculosis, malaria, sexually transmitted infections, neglected tropical diseases and other vector-borne diseases; noncommunicable diseases, including cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, as well as eye, ear and oral diseases, blindness and deafness; harmful use of alcohol and substance use disorders; and mental health conditions (including suicidal behaviour and neurological substance use disorders), as well as rehabilitation and disability.

The Organization's work to achieve this output involves developing and facilitating the uptake of evidence-based technical strategies, norms and standards, as well as strengthening health service delivery with a focus on continuity of care, equity and coordination of services beyond the health sector. This work also includes building national capacity for surveillance and engaging in high-level policy dialogue on the prevention, control and elimination of communicable and noncommunicable diseases. WHO will also continue to provide guidance and support for countries that are nearing disease elimination and request acknowledgement of disease-free status.

A vital element for achieving impact – as learned from the response to the COVID-19 pandemic – is to develop norms and standards that are adaptable to changing epidemiological contexts and at-risk population needs, and that can be delivered through a primary health care-oriented health systems approach. Health interventions need to be delivered through adaptable essential service packages that include prevention, early detection, screening, testing, diagnosis, treatment, rehabilitation and palliative care for communicable and noncommunicable diseases, including mental health conditions. Maximizing the achievement of impacts will also require that gender, equity, disability and human rights considerations are fully mainstreamed in developing and implementing interventions.

The COVID-19 pandemic has resulted in a huge disruption of essential health services and underscored the importance of investing in health systems, research and development, norms and standards and integrated strategies, in order to ensure a rapid response and maintain essential health services, including those that target communicable and noncommunicable diseases.

Accelerating progress to achieve the disease-related Sustainable Development Goal targets and the Thirteenth General Programme of Work (GPW 13) outcomes will be the result of synergies between strengthened health systems and technical strategies, including the norms and standards work of the Organization. The Organization will further strengthen its efforts to provide tailored support to countries to ensure that disease-control health interventions and services are integrated into the broader essential health services package, especially at primary health care level, synergistically with the work to achieve output 1.1.1.

Work to deliver this output involves close collaboration on evidence-based technical strategies, norms and standards and other interventions for disease control and elimination with the work done to towards other outputs, such as the delivery of high-quality, people-centred health services based on primary health care (output 1.1.1); addressing population-specific health needs (output 1.1.3); health financing (output 1.2.1); cost-effectiveness of strategies (output 1.2.3); norms and standards for health products (1.3.1); access to medical

products (output 1.3.2); research and development of medical products (output 1.3.4); antimicrobial resistance (output 1.3.5); emergency preparedness and response plans (outputs 2.1.2, 2.2.3, 2.3.2 and 2.3.3); social determinants (output 3.1.1) and creating an enabling environment for healthy settings (output 3.3.2); risk factors (3.2.2); data coordination (output 4.1.1 and 4.1.2); and data research and innovation (4.1.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- advocating for scaling up and funding the prevention and control of communicable and noncommunicable diseases in the context of the Sustainable Development Goals, and linking work on communicable and noncommunicable diseases to risk factors and social and environmental determinants of health;
- advocating the uptake of integrated and linked technical strategies, action plans, norms and standards, and innovations for the prevention, control and elimination of multiple conditions and diseases;
- advocating access to medicines, health products and technologies and their inclusion in essential medicines lists, and market shaping and target product profiles that support prevention and treatment strategies tailored to specific population groups;
- advocating improved-quality health services and standards in relation to prevention, diagnosis, treatment, control, rehabilitation, elimination and eradication for vulnerable populations;
- partnering with the Global Fund to Fight AIDS, Tuberculosis and Malaria, United Nations agencies, funds and programmes, Unitaid, the Stop-TB Partnership, the Roll Back Malaria Partnership to End Malaria and Uniting to Combat Neglected Tropical Diseases in support of the development by WHO of norms and standards for communicable and noncommunicable diseases and health financing; and
- engaging with community-based and community-led organizations, civil society and other non-health actors to strengthen the implementation of condition- and disease-specific interventions.

The Secretariat will **support countries** to:

- develop, implement and monitor policies and strategies to reduce the burden of and eliminate or eradicate communicable and noncommunicable diseases and mental health conditions;
- conduct dialogues to identify public health priorities and develop policies to deliver condition- and disease-specific service coverage and strengthen domestic funding;
- translate research into policy, practice and feedback;
- adapt norms and standards for condition- and disease-specific service coverage to inform implementation decisions and integrate best practices and recommendations by, for example, establishing communities of practice;
- strengthen interlinkages such as those between health services for HIV and tuberculosis, viral hepatitis, noncommunicable diseases and other sexually transmitted infections (e.g. human papillomavirus) in order to improve access for those most vulnerable and at risk;
- strengthen the integration of health services for communicable diseases, noncommunicable diseases and mental health conditions in primary health care and universal health care essential packages;
- develop service continuity plans that are linked to advocacy for funding from donors for preparedness related to communicable diseases and noncommunicable diseases;
- assess preparedness and readiness and develop national preparedness and response plans related to communicable diseases, noncommunicable diseases and mental health and psychosocial support, especially in fragile, conflict and vulnerable settings;

- establish multi-partner, in-country programme performance and accountability frameworks for priority-setting, early identification and resolution of bottlenecks and decision-making through joint policy dialogues;
- enhance surveillance systems to identify health needs, detect outbreaks and monitor the impact of interventions, and progress towards control, elimination and eradication;
- strengthen the collection, analysis and use of routine programme data (including research, scorecards, dashboards and disease mapping) to support disease-specific interventions that improve responses;
- cooperate with other countries and coordinate across borders; and
- strengthen community-led and community-based health systems, including through co-creation with people living with or affected by specific diseases or impairments, in order to achieve person-centred care.

In producing **global public health goods**, the Secretariat will:

- update policies, strategies, road maps and frameworks for communicable and noncommunicable disease programmes;
- develop research agendas to fill gaps in existing norms and standards on the cost-effectiveness of strategies and rights-based interventions for the prevention, screening, diagnosis, treatment, control, rehabilitation, elimination and eradication of conditions and diseases;
- develop norms and standards for the prevention, screening, diagnosis, treatment, control, rehabilitation, elimination and eradication of conditions and diseases among vulnerable populations and in fragile or conflict settings;
- contribute to the development of norms and standards on the prevention and management of vector-borne, epidemic-prone diseases and zoonotic diseases; the environmental determinants of health relevant to communicable diseases and noncommunicable diseases, including water, sanitation and hygiene and climate change; and the elimination of barriers to access due to equity, gender and human rights;
- conduct landscaping to optimize vaccines, medicines and diagnostics and vector-control tools; develop target product profiles and target policy profiles for products; and contribute to the development of norms and standards on the quality, safety and efficacy of medicines and diagnostics;
- support operational and implementation research to inform the implementation of innovative interventions, including digital health advances, integrated diagnostic platforms, biomarkers and informatics) and diagnostic platforms;
- develop guidance on integrated screening, testing and diagnosis for high-impact diseases;
- develop a global framework for multi-disease elimination to guide an integrated approach to eliminating multiple diseases at the same time and standardizing disease elimination terminology, definitions and validation processes;
- develop service delivery implementation guidance and tools that can be linked to basic/essential packages to ensure that priority interventions are delivered most effectively through differentiated service delivery;
- generate data, surveillance, burden-of-disease assessments, incidence studies and global status reports to monitor progress on disease control, elimination and eradication, as well as to determine the programme gaps and population coverage of integrated packages of services;

- contribute to enhanced joint technical support for the prevention and management of vector-borne, epidemic-prone diseases and zoonotic diseases; and
- monitor and evaluate the impact of WHO disease-specific norms and standards, and contribute to establishing related integrated data repositories and analytics platforms.

LEADING INDICATORS

Number of countries that report on the key health indicators on communicable and noncommunicable diseases identified and recommended by WHO
Number of countries that developed multi-disease approaches to elimination (countries targeting three or more conditions or diseases for elimination)
Number of countries implementing WHO norms and standards to address conditions and diseases most relevant for the respective country

Output 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

The Organization's work to deliver this output contributes to improving quality and access to basic health services through interventions that address health through the life course and contribute to the delivery of primary health care. Providing care across the life course includes interventions that leave no one behind and are tailored to all stages of human life, from pregnancy and childbirth through childhood, adolescence, middle age, ageing and death. Equity, quality and human rights-based approaches are essential to ensure comprehensive access to services that cater to the needs of all ages, with special attention to the most vulnerable and at risk. A life course approach is critical to operationalize the global commitment of using people-centred primary health care as the means to cover 1 billion more people of all ages.

However, some of the key health issues, including the following, have proven to be challenging.

- Ending preventable maternal, newborn and child mortality is an unfinished agenda due to challenges related to the availability, accessibility and use of quality health services. Each year, approximately 290 000 women die during pregnancy and childbirth and 2.4 million newborns die within their first month of life, mostly from preventable causes.
- Family planning is a highly cost-effective intervention for promoting the improvement of women's health, yet every year 214 million women have an unmet need for family planning services; meeting this need would save 77 000 women from dying during pregnancy or childbirth.
- One of the most cost-effective interventions for children is immunization, yet millions of children are not routinely vaccinated; 1.5 million lives per year could be saved if global immunization coverage were to improve.
- Progress in mitigating the causes of adolescent death has been limited.
- Demographic and social shifts call for attention to a wider range of conditions to prevent morbidity and mortality and promote health, growth and development.
- Many health systems around the world are struggling to respond to the complex health needs of older people, yet the proportion of the world's population aged 60 years or older will nearly double between 2015 and 2050.
- Disability affects one in seven people worldwide and will continue to increase due to the increasing prevalence of chronic health conditions and ageing populations. When accessing essential health services throughout the life course, people with disabilities face a range of barriers, including stigmatization and discrimination, which results in worse health outcomes for them than for people without disabilities.

Essential interventions for addressing women's, children's and adolescents' health are available and feasible for implementation at scale, including in resource-constrained settings. In order to address the gaps in effective coverage of interventions, investments in improving the quality of care are as important as improving availability of and access to care, including the use of a range of interventions, from health technologies to community-based integrated care and self-care support to prevent care dependence in older persons. Immunization systems that serve to sustain a polio-free world after the eradication of the poliovirus are also being integrated with broader health systems, strengthening efforts to achieve this output. The integration of public health functions at the country level will be tailored to the capacity of countries and oriented towards the achievement of broader health impacts.

In order for measures to effectively address the health needs of populations with a life course approach and universal health coverage, health systems should also address barriers to access to quality care, including discrimination and gender inequalities and those linked to geographical settings, migration status, race and ethnicity, and socioeconomic status, among others.

Work to deliver this output involves close collaboration with the delivery of quality, people-centred health services (output 1.1.1), addressing the social determinants of health across the life course, such as the causes of mortality among adolescents related to road injury, suicide and interpersonal violence (output 3.1.1), addressing environmental determinants (output 3.3.1) and creating an enabling environment for healthy settings (3.3.2). The life course approach involves multisectoral engagement (output 3.2.2) and implementation research to identify innovative delivery platforms beyond the conventional target population (output 4.1.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- advocating for and developing strategic communications on advancing an evidence-based agenda of health and well-being across the life course as part of universal health coverage, while ensuring that a gender-sensitive, equitable and human rights-based approach is taken;
- developing partnerships that foster improved health outcomes for each stage of life and across the life course, including the Partnership for Maternal, Newborn and Child Health, the H6 Partnership, Family Planning 2020 and the Global Financing Facility in support of Every Woman Every Child, as well as bilateral relationships with entities such as Gavi, the Vaccine Alliance, for joint action to scale up programmes to support countries in delivering positive health impacts across the life course;
- leading work to eliminate cervical cancer worldwide;
- setting global policies for vaccines and immunization by implementing the Immunization Agenda 2030: A Global Strategy to Leave No One Behind and promoting the vaccine leadership of the WHO Research and Development Blueprint; and
- leading the coordination of global and regional plans, tackling specific health issues along the life course such as the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and the Decade of Healthy Ageing (2020–2030).

The Secretariat will **support countries** to:

- reduce maternal mortality and morbidity by strengthening health systems to address needs specific to this population and reducing barriers to equity;
- scale up integrated community case management of pneumonia, diarrhoea and malaria, while reducing vulnerabilities and increasing resilience through the inclusion of diverse stakeholders to ensure that different perspectives are taken into account;
- implement the guidance in the Global Accelerated Action for the Health of Adolescents and work across traditional boundaries of government sectors to operationalize adolescent well-being frameworks;

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- accelerate efforts to control prioritized vaccine-preventable diseases such as polio, measles, rubella, hepatitis B, cervical cancer and maternal and neonatal tetanus, as well as to introduce or increase the uptake of pneumococcal, haemophilus influenzae type B and rotavirus vaccines;
 - build vaccine-related capacity to strengthen and expand immunization systems along the life course, including by improving laboratory-supported surveillance, and deliver national immunization programmes that are equitably distributed across urban and rural areas, including isolated communities, in order to ensure that no one is left behind, achieve the greatest impact and respond to disease outbreaks;
 - integrate public health functions (that support the polio programme and were previously funded from the Global Polio Eradication Initiative, including immunization) and activities to sustain and strengthen vaccine-preventable disease surveillance and routine immunization to enhance coverage and equity;
 - gather the evidence base to inform national policy dialogues on sexual and reproductive health within universal health coverage and strengthen the response capacity for survivors of sexual, domestic and intimate-partner violence;
 - provide health care providers with practical advice on communicating with patients and other members of the community (including leaders in diverse groups, such as faith-based and indigenous communities) in order to prevent the practice of female genital mutilation and care for people with related health complications; and
 - apply tools and guidance to provide community-based integrated health care for older people that responds to the needs of older adults, reduces or delays care dependency and ensures priority interventions for older adults, including for dementia; and ensure that a minimum package of long-term care is part of essential packages of services, while also addressing barriers to access and quality care for older persons, including age-based and other forms of discrimination, gender inequalities, geographical location and socioeconomic status, within the context of the Decade of Healthy Ageing 2020–2030.

In producing **global public health goods**, the Secretariat will:

- develop norms, standards and guidance on preventing the direct causes of maternal mortality, especially haemorrhage, eclampsia and labour complications, preventing and treating infertility, and using digital technologies for improving maternal and newborn health outcomes;
- develop a life course framework to strengthen the interdependence of the first and second halves of life and build peoples' intrinsic capacity and optimal functional ability across the life course;
- update guidelines on family planning based on emerging evidence;
- develop guidance on developing the necessary health workforce and human resources to achieve women's, children's and adolescents' health;
- develop a framework for redesigning child and adolescent health programming to achieve the Sustainable Development Goals, which call for all children and adolescents to not only survive but also thrive;
- develop norms and standards on a human rights-based approach to adolescent health care that articulate the importance of adolescents' involvement in their own care and recognize the increasing complexity of adolescent health care needs across mental health and substance use disorders, communicable and noncommunicable diseases, sexual and reproductive health and violence prevention;
- update programmatic tools to plan, implement and monitor women's, children's and adolescents' health and development, taking into consideration state-of-the-art evidence, new guidelines and strategies, such as the Nurturing Care Framework for Early Childhood Development and the Global Accelerated Action for the Health of Adolescents guidance;

- develop new guidelines on immunization, including on surveillance; on developing, introducing, scheduling and increasing access to, and utilization of, new vaccines; and on strategies for generating and sustaining the demand for, and acceptance of, vaccination;
- report on achievement of milestones in the Global Immunization Vision and Strategy (2021–2030) and provide annual estimates of vaccination or treatment coverage, vaccine or treatment coverage and investments, and maternal, newborn, stillbirth and child mortality, using data disaggregated beyond sex and age;
- implement research agendas on improving reproductive, maternal, newborn, adolescent and child health programmes, piloting new vaccines and developing target product profiles;
- develop guidance on evidence-based interventions to provide care for, and support to, older adults with declines in intrinsic capacity and functional abilities and associated conditions, such as dementia, undernutrition and chronic pain, as well as long-term care packages, in order to ensure the availability of social care and support for a dignified and meaningful late life; and
- build data products, such as a monitoring framework for a maternal, newborn, child and adolescent continuum of care, reporting on the implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), the global strategy and action plan on ageing and health, the Global Report on Birth Defects, and the global strategy to accelerate the elimination of cervical cancer.

LEADING INDICATORS

Number of countries that have developed multisectoral programmes for integrated childhood development
Number of additional countries transitioning out of support from Gavi, the Vaccine Alliance, that have increased their allocation to vaccine procurement compared with the 2019 allocation
Number of countries that have introduced human papillomavirus tests for cervical screening

Output 1.1.4. Countries’ health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

Strong governance of health systems is characterized by transparency, accountability and responsiveness to public expectations as well as appropriate investment in adequate institutional arrangements and capacities, sound regulatory measures and effective community engagement in health decision-making. It includes the Organization’s work on the Health Systems Governance Collaborative, which aims at advancing governance in health systems for universal health coverage by convening a great variety of stakeholders involved in health systems governance.

The importance of inclusive and participatory mechanisms to trust, responsiveness and community ownership and empowerment has been highlighted by the current COVID-19 pandemic – and the variable response to it – and they are essential to reaching the triple billion targets of GPW 13, in line with the Sustainable Development Goals.

Work to deliver this output involves close collaboration on financing strategy development (output 1.2.1), the health workforce (output 1.1.5), capacity strengthening for emergency preparedness (output 2.1.2), synergies with social determinants of health work (output 3.1.1), addressing environmental determinants (output 3.3.1) and creating an enabling environment for healthy settings (output 3.3.2.), as well as the governance aspects of all outputs that contribute to achieving the triple billion targets and the focus on equity, gender and human rights (output 4.2.6).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- synthesizing and disseminating WHO's guiding values and principles on health systems governance for universal health coverage;
- ensuring that comprehensive plans and strategies, and legal and institutional arrangements exist and are combined with effective oversight, coalition-building, regulation and attention to system design;
- promoting collective action, transparency and accountability and mitigating the risk of corruption;
- supporting gender-responsive, equity-oriented and human rights-based participatory approaches to ensure that no one is left behind;
- leveraging a variety of knowledge networks, including the Health Systems Governance Collaborative, to drive consensus among key stakeholders (countries, partner entities, multilateralism, parliamentarians, academia, civil society and private sector);
- partnering in the Health Systems Governance Collaborative, which aims to advance governance in health systems for universal health coverage by convening a great variety of stakeholders involved in health systems governance; and
- shaping the health governance policy agenda at global, regional and country levels.

The Secretariat will **support countries** to:

- engage with national health assemblies and parliamentarians' networks, civil society and the private sector and enact societal dialogue to take action on common goods for health (e.g. policy formulation and analysis; health sector coordination; integrated strategic health information, analysis and communication; regulation and legislation; fiscal instruments; and population services);
- build and maintain fit-for-purpose health sector institutional arrangements at national and subnational levels in order to strengthen mixed health systems governance and the integration of national, subnational and local health governance;
- engage with non-State health actors and citizens, particularly voiceless and disempowered groups (beneficiaries) in public health policy formulation, analysis, coordination, implementation, oversight and regulation at national and subnational levels;
- manage dialogue on national health policies, strategies and plans, as well as governance transformation, in order to enhance diverse and balanced participation;
- develop comprehensive and gender-responsive, equity-enhancing and human rights-based national health policies and strategies that enable universal health coverage;
- establish health laws, regulatory arrangements and programmes that reach all health sector stakeholders, including in the public and private sectors, and are grounded in human rights approaches and consistent with the Sustainable Development Goals;
- establish and improve institutional and regulatory arrangements for community participation in health decision-making in order to increase transparency, accountability and responsiveness to public expectations at national, subnational and local levels;
- engage in health systems governance networks and platforms for collaborative and actionable governance;

- strengthen health sector governance and leadership capacities and skills at national, subnational and local levels; and
- increase health systems accountability and mitigate the risk of corruption by strengthening institutional arrangements and supportive regulations.

In producing **global public health goods**, the Secretariat will:

- update and continue to develop the Country Planning Cycle resource, which provides a country-by-country overview of national planning, health programmatic and project cycles and information on donor involvement and technical support for Member States;
- update and continue to develop the From Whom to Whom visualization of data on development assistance as evidence of the volume, trends and purposes of health-related aid against the background of total development aid, major donor priorities and specific country contexts;
- update and continue to develop the national health planning toolkit resource centre in order to provide WHO tools to support health authorities, at both national and subnational levels, in elaborating health policies, strategies and plans with access to international best practices;
- develop norms and standards to support the strengthening of health institutions so that they can deliver more effective governance for the achievement of universal health coverage;
- produce a synthesis of global evidence and guidance to support Member States' efforts to improve health systems governance as a core contributing factor in countries' efforts to achieve universal health coverage, and support the maintenance of essential health services as part of the COVID-19 pandemic response;
- develop and update an online repository of universal health coverage technical tools recommended by the WHO Secretariat; and
- provide a comprehensive WHO strategy for policy development and operational engagement for universal health coverage in emergency contexts, covering all programmes that contribute to primary health care and the health systems on which they depend.

LEADING INDICATORS

Number of countries that have a comprehensive national health sector policy/strategy/plan, with goals and targets that have been updated within the last five years
Number of countries that have monitored the progress of their national health policy/strategy/plan during the biennium
Number of countries that have an inclusive societal dialogue process in place for health policy development

Output 1.1.5. Countries enabled to strengthen their health and care workforce

In 2016, WHO estimated a projected shortfall of 18 million health workers by 2030, mostly in low-income and lower-middle-income countries. The COVID-19 pandemic has exacerbated these shortages, while at the same time the demands for health services have increased in order to respond to the crisis, maintain essential services and provide COVID-19 vaccine distribution. The pandemic has also demonstrated the challenges faced by health workers during outbreaks, including a lack of adequate personal protective equipment; increased stress; the effects of infection, isolation and quarantine; social discrimination and attacks; and competing responsibilities to care for friends and family members.

The achievement of universal health coverage and health security relies on having an adequate supply of competent, coordinated and appropriately skilled health and care workers at facility, outreach and community levels, who should be equitably distributed, properly supported and able to enjoy decent work. Other critical human components of the health system include managers, planners, statisticians and information technology specialists.

Universal health coverage and keeping the world safe during health emergencies are two sides of the same coin. Strengthening the health workforce is key to attaining both goals. The Secretariat's efforts to achieve this output will require the uptake by Member States of strategies that consider the health labour market, including workforce education and training; employment; deployment; retention in rural, remote and underserved areas; mobility and migration; and performance. Understanding the health and care workforce profile, including its size, composition and distribution, can generate insights into the needs and options for strengthening it. Core indicators that support health workforce policy, planning and investment are available from WHO's National Health Workforce Accounts online data platform.¹

WHO will work with countries on an overarching approach to workforce readiness, education and learning. It will develop and implement strategies at national, subnational and facility levels that educate and employ the workforce necessary to manage the pandemic, maintain essential health services and build a sustainable workforce capacity for the future.

The WHO Academy will be key to transforming the Organization's approach to strengthening the health and care workforce. It will revolutionize WHO's approach to lifelong learning and strengthen capacity at country, regional and global levels in order to achieve health impacts on a greater scale and with better quality and efficiency. The Academy's learning design approach incorporates adult learning science, behavioural science and cutting-edge learning technologies, such as artificial intelligence and virtual reality technologies. The Academy will combine this approach with WHO norms, standards and evidence in order to deliver high-impact, quality, immersive and tailored multilingual learning that meets a wide range of needs.

In addition, WHO will provide platforms for strengthening communities of practice and networking among the health and care workforce, including for midwifery and nurses. The Secretariat will establish the Nursing and Midwifery Global Communities of Practice to create opportunities to develop and share best practices to build relationships and work towards contributing to the triple billion targets.

Investment in the health and care workforce is critical for the successful implementation of primary health care, universal health coverage and health security strategies. Investment contributes to the achievement of the Sustainable Development Goals, notably Goal 4 (ensuring quality education), Goal 5 (achieving gender equality), Goal 8 (promoting economic growth and decent work) and Goal 10 (reducing inequalities). Workforce investments are also essential for ensuring strong service delivery and better health outcomes; therefore, there is close collaboration with outputs 1.1.1, 1.1.2, 1.1.3, 2.1.3 and 2.3.3, as well as responding to the crisis, maintain essential services (output 2.3.2) and provide COVID-19 vaccine distribution (output 1.3.2) will be critical. Output 1.1.5 addresses gender, inequalities and diversity in all aspects of the health and care workforce, notably gender inequality and the rights, roles and responsibilities of health and care workers.

¹ See the National Health Workforce Accounts platform website (<https://www.who.int/hrh/statistics/nhwa/en/>).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- convening and engaging multisectoral partners (education, employment, finance and gender) to achieve a Sustainable Development Goals dividend (under Goals 3, 4, 5, 8 and 10) resulting from investments in jobs.
- as part of its transformation agenda, supporting accelerated learning towards the achievement of the health-related Sustainable Development Goals by progressively scaling up the WHO Academy. The Academy will leverage WHO's mandate, convening authority and technical advantage to foster cooperation among WHO, Member States, higher education institutions and industry leaders in advancing workplace learning and digital education to optimize competencies in the health and care labour market; and
- establishing and managing the Nursing and Midwifery Global Communities of Practice.

The Secretariat will **support countries** to:

- build effective workforce leadership and strengthen institutional capacity, including health and care workforce management functions and systems;
- strengthen education, training, competencies and lifelong learning to meet population health and care needs, including by promoting and strengthening effective regulations on education and practice;
- develop health and care workforce policies and strategies to address the gaps that impede the achievement of universal health coverage and health security; and support the implementation of such policies and strategies and the monitoring of their progress;
- develop and cost investment cases and plans in line with population health and care needs, including job creation that takes into consideration equity, diversity and gender;
- maintain effective multisectoral and multistakeholder policy dialogues in relation to the health and care workforce;
- support decent work for health and care workers, including optimal working conditions, labour protection and respect for rights at work, as well as the prevention of violence against, and sexual harassment of, health and care workers;
- strengthen investment to support and sustain health and care workers' health and well-being, including to ensure manageable workloads, determine appropriate staffing levels, protect mental health and provide occupational health support;
- support the reform of workforce models and occupations (for example, with respect to skills mix and roles and scopes of practice) in order to effectively and efficiently deliver the essential package of services to respond to population health and care needs;
- improve and integrate workforce information systems; strengthen national capacities to monitor, analyse and utilize health labour market data, including by strengthening human resources for health observatories and implementing and reporting on National Health Workforce Accounts; and promote data disaggregation that accounts for gender, diversity and equity;
- increase investment (leadership, scope of practice, education and training) in the multidisciplinary primary health care workforce, including nursing and midwifery, in line with population health and care needs;

- support management of the international mobility of health workers, including through bilateral and regional cooperation, as well as by reporting on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- support health workforce capacities for health interventions that are required to deliver a comprehensive package of essential services to cover population needs across the life course, while taking into account the needs of vulnerable and marginalized individuals and communities;
- strengthen a multidisciplinary, multisectoral workforce to build resilience and recovery in the context of health outbreaks, such as the COVID-19 pandemic, and in line with population health and care needs;
- ensure dissemination and country support for the implementation of global public health goods;
- support Member States in developing agile, high-impact and scalable digital learning solutions that are multilingual, credentialled and tailored to learners' needs through the WHO Academy; and
- as part of implementation of the workplan related to the Nursing and midwifery Global Community of Practice, conduct capacity building, campaigns and policy dialogue at the country level, as well as identify gaps in research, which will inform the overall research agenda.

In producing **global public health goods**, the Secretariat will:

- develop norms, standards and tools on themes such as education, migration and the WHO Global Code of Practice on the International Recruitment of Health Personnel; an integrated health and care workforce; and retention and health labour market analysis;
- maintain and update data products such as the National Health Workforce Accounts platform, which is designed to facilitate the annual reporting of Member States on their workforce data; and
- develop new norms, standards and tools for the WHO Academy and lifelong learning, such as WHO quality standards for learning programmes, standardized quality management systems, internationally benchmarked standards for the recognition of learner achievement and an open certification framework for credentialled WHO learning courses; WHO will also ensure that scalable learning technologies are made available as global public health goods.

LEADING INDICATORS

Number of countries implementing National Health Workforce Accounts: data reported by Member States through the National Health Workforce Accounts platform
Number of countries reporting on migrant health workers (as measured by foreign-born/foreign-trained health workers): data reported by Member States through the National Health Workforce Accounts platform and/or the WHO Global Code of Practice on the International Recruitment of Health Personnel
Number of countries reporting on the production of health workers (such as graduates of schools of dentistry, medical, midwifery, nursing or pharmacy): data reported by Member States through the National Health Workforce Accounts platform

Outcome 1.2. Reduced number of people suffering financial hardship

Every year, about 800 million people suffer severe economic hardship as a consequence of payments made at the point of use in care; of these, an estimated 100 million are pushed into extreme poverty. The Global Monitoring Report on Universal Health Coverage noted that while service coverage has improved since 2000, protection against financial hardship has not.

The impact of the COVID-19 pandemic on the macroeconomic and fiscal contexts of countries has reinforced core universal health coverage messages in revealing that flexible and accountable health financing (particularly budgetary) arrangements and the reduction of financial barriers to essential services are important parts of

preparedness and response, as well as being critical for universal health coverage. However, the macroeconomic and fiscal shocks arising from the COVID-19 pandemic pose a challenge to progress because income growth was a key driver of the gains in service coverage, while increasing poverty implies that even small expenditures for health services can cause financial hardship. Moreover, the COVID-19 pandemic appears to be associated with lower use and delivery of essential services, making tracking forgone care and unmet need important in this context. In the face of this emerging threat to progress, success in achieving this outcome will imply stopping the rise in the number of people suffering financial hardship, while at the same time ensuring that both the levels of, and equity in, health service coverage are maintained.

The outputs that contribute directly to outcome 1.2 comprise work on health financing as an integral part of country health systems. This includes efforts to support Member States to design, implement and periodically assess their health financing policies relative to good practice principles; increase value-for-money in health spending through explicit priority-setting mechanisms; align resources to priorities and support delivery through appropriate financial incentives; and track expenditures and progress on financial protection. Through a combination of norms and standards, policy dialogue, technical assistance, facilitation of partnerships and knowledge exchange and capacity strengthening, Member States will be supported to enable greater progress towards both service coverage and financial protection objectives and to transparently report on this. Prioritizing core cross-cutting public health functions (common goods for health)¹ for funding and supporting improvements in public financial management practices in the sector in order to enable both flexibility and accountability will also contribute to enabling systems to prepare for and respond to crises. Support for the design of pro-health fiscal policies will also contribute to improved population health.

Indicators associated with outcome 1.2 are set out in Box 2 and the proposed budget, by major office, is set out in Table 14.

Box 2. Indicators associated with outcome 1.2

- 1.2.IND.1 Proportion of population with large household expenditures on health as a share of total household expenditures or income
1.2.IND.2 Proportion of total government spending on essential services (education, health and social protection)

TABLE 14. PROPOSED BUDGET FOR OUTCOME 1.2, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.2. Reduced number of people suffering financial hardship	30.6	3.7	7.7	12.6	13.0	8.8	24.1	100.5
Total outcome 1.2	30.6	3.7	7.7	12.6	13.0	8.8	24.1	100.5

Output 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

Building strong, adaptive and resilient health financing arrangements, aligned with national health policies, is essential for ensuring health security and progress towards universal health coverage by 2023. Coherent policies and effective implementation require a wide range of health financing dimensions.

The approach to working under this output is system-wide, with specific tailoring, as appropriate, for services related to communicable and noncommunicable diseases, neglected tropical diseases and maternal, newborn, child and adolescent health, as well as for vulnerable, marginalized and otherwise disadvantaged groups, such

¹ Common goods for health are population-based functions or interventions that require collective financing, either from the government or donors based on the following conditions: (1) contribute to health and economic progress; (2) there is a clear economic rationale for interventions based on market failures, with focus on (i) public goods (non-rival, non-exclusionary) or (ii) large social externalities.

as disabled people, older people, migrants, refugees, asylum seekers, internally displaced persons, neglected minorities and people at risk of poverty and social exclusion.

The impact of the COVID-19 pandemic on the macroeconomic and fiscal contexts of countries has reinforced many of WHO's core universal health coverage messages. COVID-19 has revealed that flexible and accountable health financing arrangements (particularly budgetary) and the reduction of financial barriers to essential services are important parts of preparedness and response, as well as being critical for universal health coverage. Analyses of health financing arrangements are part of what is and will continue to be needed to assess the quality of pandemic response and the ability to ensure continuity of essential health services.

Because health financing contributes to much more than the goal of financial protection, work contributing to this output links to many other parts of the draft Proposed programme budget. Secretariat engagement in health financing will contribute to health systems strengthening and service delivery (outputs 1.1.1, 1.1.2 and 1.1.3) and will be aligned with the work on governance and national health strategies (output 1.1.4) and the health workforce (output 1.1.5). Additionally, in connection with the COVID-19 pandemic, work in this area contributes to and involves close collaboration with outputs 2.1.2, 2.2.2 and 2.3.3. Finally, the Secretariat's work to support more effective cooperation between health and finance authorities, as well as on common goods for health, will have important links with the fiscal measures supported to address health risk factors, which are among the key actions in outputs 3.1.1., , 3.2.1, 3.2.2 and 3.3.1.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by driving consensus among key stakeholders – countries, partner entities, academia and civil society – and shape the policy agenda for equitable health financing at global, regional and country levels.

COVID-19 has revealed the consequences of underinvestment in preparedness. Going forward, adequate preparedness will require reinforcement, prioritization and adaptation of certain key areas of work. The Secretariat will raise the profile of the work on common goods for health and related cross-programmatic efficiency analysis,¹ emphasizing the efficient financing of common goods as “step zero” towards universal health coverage. Higher priority will also be given to engagement on fiscal policy and public financial management.

The Secretariat will **support countries** to:

- develop skills, systems and governance arrangements in order to implement more strategic health services financing and purchasing and adapt those mechanisms over time to align payment mechanisms with promised benefits; to improve contracting with public and private providers; to use payment systems data to guide policy; and to drive greater efficiency, equity and quality as a means of sustaining progress on extending service coverage with financial protection;
- use the health financing progress matrix to track the extent of country progress consistent with good practices, and provide a basis for linking future quantitative findings to specific health financing actions;
- formulate results-oriented health budgets and align health financing reforms with national public financial management arrangements that ensure more efficient and equitable use of resources;
- apply technical frameworks and diagnostics in developing health financing policies and designing implementation, taking into account political economy challenges and the need to align such tools with public financial management systems if reforms are to be institutionalized and sustained;
- incorporate public health services and programmes into national health financing strategies and plans for transitioning away from aid funding;

¹ Cross-programmatic efficiency analysis is a system-wide approach to analysing efficiency across health programmes.

- design fiscal policies that are pro-health and pro-support for poor communities, aligned with broader Sustainable Development Goal priorities;
- assess options and identify priorities for financing arrangements in fragile and conflict-affected situations;
- conduct strategic health services purchasing across both the set of defined benefits and approaches tailored to the specificities of particular diseases and interventions, and to develop related governance arrangements to align financing with health system goals;
- engage with non-health government sectors on key areas, such as budgetary space for health and public financial management; and
- strengthen capacity in health financing through e-learning and face-to-face training (through the WHO Academy) programmes, knowledge exchanges, managed study tours and peer-to-peer learning.

In producing **global public health goods**, the Secretariat will:

- develop norms, standards and guidance, for example,
 - by adapting the health financing progress matrix to make health security considerations more explicit;
 - by refining guidance for real-time assessment of progress in developing and implementing health financing reforms for health security and universal health coverage;
 - by synthesizing lessons learned and refining global guidance on the design and implementation of national health financing policies for universal health coverage and health security, including in politically decentralized contexts;
 - by developing guidance to enable health authorities to engage more effectively with their counterparts in finance ministries on issues of budgetary space for health and public financial management, in order to encourage both higher-level and more effective use of budget funding for health, while working closely with relevant staff of international financial institutions; and
 - by producing guidance and related training (through the WHO Academy) and technical assistance tools on financing common goods for health and cross-programmatic efficiency as integral features of strategies to achieve health security and sustain progress towards universal health coverage;
- prepare a global synthesis of evidence on key elements of strategic purchasing, including provider payment reforms, methods tailored to specific diseases and information, design elements critical to information systems for payment, and policy uses of resulting data and relevant governance arrangements;
- develop health financing strategies, implementation support, and related analyses and diagnostics to enable assessment of progress towards universal health coverage and the achievement of health security;
- provide analyses of cross-programmatic efficiency and sustainability/transition planning across the health sector, as well as for specific interventions;
- produce demand-side analyses and strategies, such as cash transfers, to minimize financial barriers to access and reduce financial hardship, particularly for poor and vulnerable populations; and
- assess and report on progress in health financing reforms.

LEADING INDICATOR

Number of countries supported showing evidence of progress in their health financing arrangements

Output 1.2.2. Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making

Work contributing to this output has two main components. The first is producing high-quality data and analyses to track indicators of catastrophic and impoverishing out-of-pocket payments; monitoring financial protection as an integral part of universal health coverage; and monitoring forgone care and unmet need for services. The second is producing high-quality, comparative health expenditure data as the foundation for understanding the sources and uses of health resources in all countries.

Work contributing to this output links to several other parts of the draft Proposed programme budget, largely because health expenditure tracking and the analysis of financial barriers to service use is highly relevant to assessing progress on service coverage. Hence, Secretariat engagement on these issues will also contribute to health systems strengthening and service delivery (outputs 1.1.1, 1.1.2 and 1.1.3) and will be aligned with the work on governance and national health strategies (output 1.1.4) and the health workforce (output 1.1.5).

The COVID-19 pandemic is associated with reduced use and delivery of essential services, making tracking forgone care and unmet need important in this context. There is also high demand for more real-time data on expenditures related to health security, connecting this work to outputs 2.1.2, 2.2.2 and 2.3.3.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by mobilizing countries, partners and civil society organizations around a global agenda for improving the quality of information and analyses that promote transparency in the use of resources, accountability for reducing financial hardship arising from the use of health services, and reductions in forgone care and unmet need for health services.

Responding to the COVID-19 pandemic has increased domestic and international spending. There is a need to track this spending in real time to ensure transparency and support any needed adjustments to implementation. The pandemic is leading to a slowdown in economic growth and increased poverty levels, as well as increased financial hardship due to health spending for those who do seek care, and a decline in the use of needed services, especially among the poor. The Secretariat will maintain its tracking of key Sustainable Development Goals indicator 3.8.2, and, where possible, focus on the issue of forgone care and unmet need for essential services to give visibility to people who are not getting the services they need for financial reasons. This will complement measures focused on the impact of out-of-pocket spending on household capacity to meet the other basic needs, and the living standards of those who seek care. The objective is to see reductions in both financial hardship and forgone care and unmet need for financial reasons.

The Secretariat will **support countries** to:

- produce and analyse high-quality and policy-relevant data on the sources and uses of funds in the health sector in order to increase transparency and inform policy at country level, while also enhancing country capacity to provide robust data for the annual update of the WHO Global Health Expenditure Database;
- carry out analyses of household survey data to enable policy-relevant analysis of financial barriers to access, coping mechanisms, forgone care and unmet need, and financial hardship arising from out-of-pocket payments for health services;
- develop country-level health accounts, including disaggregation by funding source, input, function, disease and/or intervention (for example, HIV, tuberculosis, malaria, noncommunicable diseases, maternal and child services, immunization);

- strengthen capacities for data collection, analysis and use for policy development and implementation; and
- conduct in-depth policy analyses using routine administrative and survey data.

In producing **global public health goods**, the Secretariat will:

- produce norms and standards, for example, by preparing guidance documents on data collection methods and interpretation of health expenditure and financial protection data; and by setting global and regional standards and methods for improving the quality of the information available on financial protection;
- build data products, for example, by preparing annual reports on global health expenditure patterns and global health spending, as well as biennial global reports, regional analyses and scientific papers on access and financial protection in Member States;
- update and perform quality control of the global health expenditure database; and
- generate analyses of financial protection which include household survey data analysis to monitor Sustainable Development Goals indicator 3.8.2 and other regional and country-tailored measures of financial hardship as a result of out-of-pocket payment for health services. The analyses will also include disaggregation for population groups where the data are available.

The Secretariat's work will include:

- preparing global reports every two years on financial protection and universal health coverage featuring regional context specific analyses; and
- preparing regional and country-specific reports focusing on specific trends and policy analysis.
- update the WHO financial protection database, including regional adaptations of global metrics and the relevant health-related indicators of the United Nations Sustainable Development Goals database;
- generate analyses of household survey data aimed at gathering information on the composition of household out-of-pocket health spending on medicines, health products, outpatient and inpatient services, and, where possible, on financial and other barriers to access;
- develop survey instruments for collecting information on both household out-of-pocket health spending and financial barriers to access, and, where possible, test them using different data collection approaches, including computer-assisted personal interviewing, computer-assisted telephone interviewing, and other high-frequency platforms better suited to capturing rapid changes in the context of health security; and
- generate analyses of forgone care and unmet need for health services, including, where possible and relevant, for specific interventions and population groups.

LEADING INDICATORS

Increased number of countries producing country-specific health accounts using classifications from <i>A System of Health Accounts 2011: Revised edition</i>
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Increased number of countries that have completed or updated an analysis of financial protection since 2015

Output 1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy

Delivering universal health coverage requires country-level capacity to make evidence-informed decisions, through fair and transparent processes, about what services to provide or finance and the necessary health system investments for implementation. Countries also need to be able to analyse the impact of universal health coverage and health on economic performance, and develop policies that maximize the contribution of the health sector to the economy.

All the work contributing to this output will take place at the health system level, while collaborating with key technical programmes in applying the guidance and tools developed to support countries. This work contributes to the outcome of promoting financial protection by increasing gains in allocative and technical efficiency, thus making more resources available for governments to provide more services to more people with better financial protection.

The work to deliver this output also informs determination of what the best buys are as countries progress towards universal health coverage (output 1.1.2 and 1.1.3), prepare for and respond to health emergencies (outputs 2.1.2, 2.2.2 and 2.3.3) and improve the health of populations (outputs 3.1.1 to 3.3.1). The work contributing to this output will be aligned to the delivery strategies of outputs under health financing and health governance and national health strategies (output 1.1.4).

One example is the robust analysis of the role of universal health coverage in building a resilient health system, in particular, in the decision-making processes leading to sustainable financing and the ability to maintain continuity of essential health services and functions, as one of the determinants of good pandemic response.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by promoting transparent decision-making processes in countries through the use of robust economic data analysis and evidence; by leading the development of new guidance and tools on methodologies for generation and use of economic data in decision-making processes; by developing capacity in countries using online technologies; and by promoting a network of partners to align technical assistance approaches with WHO best practice.

The Secretariat will **support countries** to build institutional capacity for transparent decision-making in priority-setting and make resource allocation choices across three facets through a 3D (data, dialogue, decision) approach, as follows:

- data: building capacity to use costing, budget impact and cost-effectiveness tools to provide evidence for decision-making related to health benefit packages, as well as supporting countries to collect and analyse relevant data, including by using generic health gains/impact/projection models as part of the WHO-CHOICE (choosing interventions that are cost-effective) project;
- dialogue: supporting countries to engage in dialogue with stakeholders to ensure fair choices; and
- decision: promoting institutionalization of transparent, evidence-driven decision-making processes, including supporting countries to develop legal frameworks, to engage in institution-building, build capacity in conducting the procedural aspects of data analysis and utilization, and implement monitoring and evaluation.

In producing **global public health goods**, the Secretariat will:

- develop norms and standards, for example, by creating an expanded repository of health interventions, as recommended by WHO technical programmes, which include information on inputs, effectiveness, service delivery arrangements, economic benefits and resource requirements, and by making the expanded repository available through an online platform; by developing guidance on the procedural aspects of using data to support health benefit package selection and promote best practices; and by continuously updating and expanding the Universal Health Coverage Compendium to support health sector decision-making and planning processes;
- create or refine tools to estimate costs, health impacts, cost-effectiveness and economic returns associated with investing in the health system in support of universal health coverage, including the One Health tool (costing), WHO-CHOICE (cost-effectiveness analysis), EPIC (impact on the national economy) and AccessMod (geographical accessibility to health services), and to support evidence-based allocation of resources, such as facilities and health workforce, according to population distribution;
- develop new models for building country capacity, including mentorship, using networks of partners and online learning modules designed to sequentially and progressively build technical skills;
- create research products, for example, by using and advancing robust scientific methods to produce technically defensible estimates of the economic impact of changes in health status, identify how changes in health status affect labour markets and labour supply and economic growth, and determine the impact of growth in the health sector on the economy as a whole;
- produce new analyses or updates of global price tags and investment cases extending to macroeconomic impact;
- develop new or updated generic models of cost-effectiveness analysis and other forms of economic or impact evaluation to inform best buys, incorporating equity outcomes where possible;
- develop and test new methodologies, including dynamic modelling, microsimulation and projections and scenario generation, with relevant partners;
- refine guidance on priority-setting and selection processes for health benefit packages, including health intervention and technology assessment; and
- produce guidance on technical efficiency analysis to support value-for-money considerations.

LEADING INDICATOR

Increased number of countries systematically incorporating economic evidence when developing new products (for example, packages of essential services and investment cases) or improving decision-making processes (for example, health technology assessments) with the aim of increasing efficiency
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Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Equitable access to quality health products, including medicines, vaccines, medical devices, diagnostics, protective equipment and assistive devices, is a global priority. The availability, accessibility, acceptability and affordability of health products of assured quality need to be addressed in order to achieve the Sustainable Development Goals. Every disease management strategy requires access to health products for prevention, diagnosis, treatment, palliative care and rehabilitation. Improving access to health products is a multidimensional challenge that requires comprehensive national policies and strategies.

Access is a global concern given the high prices of new pharmaceuticals and the rapidly changing markets for health products, which place increasing pressure on the ability of health systems to provide full and affordable

access to quality health care. The high percentage of health spending on medicines impedes progress for the many countries that have committed to the attainment of universal health care. Furthermore, it is known that a large proportion of the population in low-income countries who spend money on health have to pay out-of-pocket for medicines. With the rise in noncommunicable diseases and chronic conditions that require long-term treatment, the financial burden on both governments and patients will become even greater.

These constraining financial implications have been highlighted by the COVID-19 pandemic, which has revealed the insufficiency of global manufacturing capacity and the need to strengthen regional and national supply chains. The pandemic has also highlighted the importance of collaboration with regulators to provide a platform for the rapid exchange of information – potentially through an integrated and inclusive platform for research and development data. Such regulatory alignment is one of the essential elements of the Access to COVID-19 Tools (ACT) Accelerator and will allow for the roll-out of COVID-19 products and tools.

This outcome will be achieved through the provision of authoritative guidance, norms and standards on the quality, safety and efficacy of health products, including through prequalification services and strengthening country and regional regulatory capacity. WHO will deliver leadership in research and development for areas in which there is a compelling unmet public health need for new products. This will encompass the creation of effective cross-organizational mechanisms for research and development, including the creation of research and development networks, the promotion of close collaboration with public–private partnerships and the stimulation of innovative funding for globally important research. Global concerns at the increasing levels of antimicrobial resistance will be addressed by strengthening surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.

Indicators associated with outcome 1.3 are set out in Box 3 and the proposed budget, by major office, is set out in Table 15.

Box 3. Indicators associated with outcome 1.3

- 1.3.IND.1 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis.
- 1.3.IND.2 Patterns of antibiotic consumption at national level

TABLE 15. PROPOSED BUDGET FOR OUTCOME 1.3, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	68.5	19.4	26.6	14.2	14.9	18.5	144.4	306.6
Total outcome 1.3	68.5	19.4	26.6	14.2	14.9	18.5	144.4	306.6

Output 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists

The Secretariat is charged with the tasks of developing and maintaining global norms, international standards and guidelines for the quality, safety and efficacy of health products, as well as providing guidance on harmonized implementation efforts. The increasing globalization of commerce and trade is internationalizing health products. International norms and standards are more important than ever before since they serve as global tools designed to ensure the safety and quality of health products.

One of the Secretariat's roles is therefore to continue the development of international norms and standards and help to ensure countries' capacity to adapt such norms and standards and implement guidance, while supporting the inclusion of gender equality, equity in health and human rights-based participatory approaches so that no one is left behind.

The mandate of this work is provided in World Health Assembly resolutions as follows.

- In resolution WHA61.21, the Health Assembly adopted the global strategy and plan of action on public health, innovation and intellectual property. It has been stated that the term "health products" should be understood to include vaccines, diagnostics and medicines in accordance with resolution WHA59.24.
- In resolution WHA68.18, the Health Assembly extended the time frame of the global strategy and plan of action from 2015 until 2022.
- Additional resolutions address specific aspects of the global strategy and plan of action, including resolution WHA72.8 on improving the transparency of markets for medicines, vaccines and other health products.

Work to deliver this output involves providing technical inputs on health products for WHO model lists of essential products for diseases and conditions (outputs 1.1.2 and 1.1.3); and providing close collaboration on antimicrobial resistance (output 1.3.5), capacities for emergency preparedness (output 2.1.2), emergency mitigation (output 2.2.3) and emergency response (outputs 2.3.2 and 2.3.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by improving the understanding and integration of guidance and standards on the quality, safety and efficacy of health products, essential medicines and diagnostics lists; providing prequalification of products that meet these standards; and making widely available the recommendations on essential health products for equitable policy decision-making, supply chain management policies and product optimization.

The Secretariat will **support countries** to:

- adapt norms, standards and guidance on the quality, safety and efficacy of health products, essential medicines and diagnostics lists to national contexts; and
- build capacity to implement the relevant guidance and standards.

In producing **global public health goods**, the Secretariat will:

- allocate and issue international nonproprietary names to facilitate the identification of active pharmaceutical substances;
- develop, review and update model lists of essential health products, including essential medicines; essential in vitro diagnostics; and assistive technology products, such as medicines for noncommunicable diseases, primary health care and emergency services;
- develop and update the international pharmacopoeia and international chemical reference standards that are adopted by WHO expert committees in order to harmonize the quality specifications of pharmaceuticals;
- develop and maintain guidelines for the Biowaiver List in order to provide information on how to show that a multisource (generic) pharmaceutical is interchangeable in terms of its quality, efficiency, safety and therapeutic equivalence to the original product;
- develop strategies for the selection and management of blood products and organ replacement therapies;

- provide guidance for the appropriate, rational and safe use of medical products, vaccines, medical devices and assistive technology; and
- develop policies and guidelines on improving the governance and stewardship of health products, including the delivery of pharmaceutical services.

LEADING INDICATOR

Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis

Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems

Many people worldwide do not have adequate and regular access to quality health products. Access depends on the availability of appropriate products at affordable prices. New medicines and other health products and the increasingly serious problem of noncommunicable diseases are placing increasing pressure on health care systems and individuals who pay out-of-pocket. Lack of access can affect patient outcomes or leave diseases or conditions undiagnosed, untreated or with suboptimal treatment.

Challenges for improving access to health products occur throughout the value chain system and include limited research and development; a lack of effective national health product policies; inefficient regulatory systems; weak procurement and supply chain management; and inappropriate prescription and irrational use of health products. Inadequate financing and ineffective pricing policies contribute to a lack of access to health products and unaffordable prices. Inefficient procurement and supply chain management present major challenges, particularly in countries with geographical access issues, complex border controls and conflict zones. An effective and efficient supply chain requires a specialized workforce, strong infrastructure and accurate data management systems.

Equitable access to health products and the availability, accessibility, acceptability and affordability of safe, effective quality health products are essential for achieving universal health coverage. WHO's norms and standards in this area are based on principles of gender equity and human rights, particularly for individuals and communities who are vulnerable, marginalized or denied access, such as disabled people, older people, migrants, refugees, asylum seekers, internally displaced persons and neglected minorities.

Disease and condition management strategies depend on access to health products for prevention, diagnosis, treatment, palliative care and rehabilitation. This multidimensional challenge requires national policies and strategies that cover the entire health product life cycle, from research and development and manufacturing through product evaluation and registration to selection of products, procurement and use.

The COVID-19 pandemic has highlighted the insufficiency of global manufacturing capacity and the need to strengthen regional and national supply chains to ensure equitable and timely access of priority health products, both as long as the pandemic lasts and in its aftermath.

Work to deliver this output involves close collaboration in the framework of patient-centred health care services (output 1.1.1); sustained and equitable access to health products through improved procurement mechanisms (output 1.1.2); implementation research on access to and rational and safe use of health products across the life course (output 1.1.3 and 4.1.3); norms and standards on health products (output 1.3.1); the Access to COVID-19 Tools (ACT) Accelerator (output 2.2.1); the regulation of health products (output 1.3.3); the research and development agenda (output 1.3.4); and national health strategies, policies and plans (output 1.1.4) on integrating equity, gender and human rights (4.2.6)

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- increasing commitment to the implementation of the Road map for access to medicines, vaccines and other health products 2019–2023: Comprehensive support for access to medicines, vaccines and other health products;
- partnering with relevant entities (including UNCTAD, WIPO and the Inter-Agency Procurement Working Group) to strengthen the understanding of supply-and-demand dynamics, in line with the global strategy and plan of action on public health innovation and intellectual property;
- promoting the local production of quality-assured, safe and effective medical products as a strategy to improve access, strengthen health security and attain universal health coverage, in line with the first statement on promoting local production of medicines and other health technologies, which was issued by WHO, UNIDO, UNCTAD, UNAIDS, UNICEF, together with the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- leading and facilitating the Access to COVID-19 Tools (ACT) Accelerator to speed up the development, production and equitable distribution of the vaccines, diagnostics and therapeutics needed to manage the COVID-19 pandemic; and
- facilitating the COVID-19 Technology Access Pool, which compiles COVID-19 health technology-related knowledge, intellectual property and data and complements the activities of the ACT Accelerator.

The Secretariat will **support countries** to:

- develop, implement and monitor relevant national policies to ensure the appropriate use of, and equitable access to, health products;
- enforce appropriate prescription policies guiding the rational use of health products, while minimizing risk of abuse of controlled and other medicines;
- improve capacity to forecast national and regional needs for essential health products and technologies, using those needs to shape markets for improved access;
- carry out health technology assessments and strengthen the capacity of national technical advisory groups to provide evidence-based decision-making on priority-setting and on the selection and level of coverage of health products needed to achieve universal health coverage;
- develop and implement effective policies to improve the rational and safe use of health products within the framework of patient-centred health care services;
- optimize pricing, procurement and supply chain policies for health products;
- adapt and implement pricing policies based on recently updated WHO guidelines to ensure affordability and equitable access to health products for all;
- assess and improve national procurement and supply chain systems for health products, including locally produced emergency health kits or donated supplies, while also providing for their correct disposal; and
- develop comprehensive and integrated logistics management information systems for all essential health products.

In producing **global public health goods**, the Secretariat will:

- compile market information to enhance transparency and achieve fair pricing of health products and reduce costs for both governments and individuals;
- develop a web-based repository to share information at global and/or regional levels to enhance the transparency of the pricing of health products, ensuring adequate availability of data on inputs throughout the health product value chain (including on clinical trial data, price information, investments, incentives and subsidies);
- develop guidance for improving sustained and equitable access to health products through improved procurement mechanisms, including forecasting, price negotiation, pooled procurement, and managing shortages and stockouts;
- develop guidance for strengthening the sustainable local production of quality, safe and effective health products;
- generate research products on local production of the health products needed for the prevention, diagnosis and treatment of COVID-19 and how these pandemic-specific mechanisms may support the local production of other health products;
- generate reports on the global demand-and-supply prospects for individual vaccines, using data gathered via the vaccine-specific market studies of the Market Information for Access to Vaccines initiative;
- generate guidance on the availability and price of medicines and other health products, based on the WHO Essential Medicines and Health Products Price and Availability Monitoring Mobile Application and other tools, in order to inform national policies on improving access to health products; and
- generate research products on issues related to access to, and the rational and safe use of, health products across the life course, including with respect to the health of women, newborns, children, adolescents, men and older people.

LEADING INDICATORS

Number of countries updating/developing/implementing medicines pricing policies and monitoring systems
Number of countries initiating a national priority medical devices list, including essential in vitro diagnostics
Number of countries regularly reporting prices of medicines

Output 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services

A weak regulatory system can have an impact on patient outcomes and may hinder efforts to improve access to health products. Unfortunately, the capacity of many low- and middle-income countries to assess and approve health products remains limited: less than one third of national regulatory authorities globally have the capacity to perform all core regulatory functions for medicines. This hampers efforts to ensure timely access to quality, safe and effective health products. In addition, the rise in substandard and falsified products hampers efforts to ensure health products' quality, efficacy and safety. Key challenges include inadequate resources, overburdened staff members and incoherent policy frameworks.

Regulatory systems that differ from country to country may cause delays for manufacturers, who must navigate multiple regulatory systems to register the same health product in different countries. The introduction of new therapeutic classes such as biotherapeutics will require additional expertise and capacities. The underreporting of, and lack of reactive measures against, adverse drug reactions and adverse events highlight the need for better post-marketing surveillance. Traditional and complementary medicines also need to be regulated.

Prequalification promotes low- and middle-income countries' access to products of acceptable quality that meet priority public health needs. Products that have been assessed and prequalified by the WHO Secretariat provide additional safeguards of quality, safety efficacy and performance. Drawing on the expertise of some of the best-functioning national regulatory authorities, prequalification provides a list of products that comply with unified international standards.

Work to deliver this output will ensure that regulators are involved in all activities and that there is collaboration with regulators worldwide to provide a platform for the rapid exchange of information on medicines, diagnostics and vaccine developments, the need for which has been revealed during the COVID-19 pandemic. The aim is to promote regulatory alignment to facilitate access to quality, safe and effective products as quickly as possible, feeding into the Access to COVID-19 Tools (ACT) Accelerator.

Work to deliver this output involves close collaboration on health products for specific diseases and conditions (outputs 1.1.2, 1.1.3 and 1.3.5), the research and development blueprint and the regulatory aspects of health emergencies preparedness and response (output 2.2.1, output 2.3.2).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- raising awareness of relevant WHO norms and standards, their updates or implementation at regional and country levels;
- increasing the convergence and harmonization of regulations on quality-assured and safe health products by encouraging wider implementation of WHO quality standards by all stakeholders through the convening power of WHO;
- ensuring that all policies, regulations and practices governing access to health products mainstream gender equality, equity in health and human rights-based approaches, with a special focus on vulnerable, marginalized and neglected population groups, so that no one is left behind;
- sharing regulatory updates and digital collaboration for dossier review among national regulatory authorities and regulators from potential user countries, while promoting diversity (of gender, languages, geography, etc.) when conducting knowledge-sharing activities among countries;
- supporting the aspects of preparedness for public health emergencies that relate to the regulation and supply of quality-assured and safe health products, including prequalification services; and
- safeguarding the uptake of new or innovative products in low- and middle-income countries by strengthening safety surveillance, including by ensuring that surveillance systems are in place to manage the risk of medicines, in particular the anticipated or unknown risks of new, complex medicines.

The Secretariat will **support countries** to:

- implement regulation through reliance¹ and national regulatory authorities networks;
- strengthen national regulatory capacity to ensure the quality of health products by assessing regulatory systems using the WHO global benchmarking tool as the standard to determine the maturity and performance of national regulatory authorities for designation as WHO-Listed Authorities;

¹ The act whereby the regulatory authority in one jurisdiction may take into account and give significant weight to – i.e. totally or partially rely upon – evaluations performed by another regulatory authority or trusted institution in reaching its own decision. The relying authority remains responsible and accountable for decisions taken, even when it relies on the decisions and information of others. See Good regulatory practices: guidelines for national regulatory authorities for medical products. Geneva: World Health Organization; 2016 (https://www.who.int/medicines/areas/quality_safety/quality_assurance/GoodRegulatory_PracticesPublicConsult.pdf, accessed 23 November 2020).

- address identified gaps in regulatory capacity for quality-assured and safe health products;
- strengthen pharmaceutical sector capacity in countries that manufacture products for low- and middle-income countries and/or local supply;
- define local production and develop model strategies for quality-assured medicines and other health products, including by strengthening regulatory oversight and quality local production;
- strengthen post-market surveillance for the quality, safety and efficacy of health products in order to improve the prevention and detection of, and the response to, substandard and falsified medical products;
- disseminate product alerts;
- strengthen national and regional regulatory procedures for risk-based evaluations during public health emergencies;
- develop and adopt regulatory preparedness for public health emergencies; and
- use regional networks for expedited evaluations of regulatory preparedness.

In producing **global public health goods**, the Secretariat will:

- strengthen and expand WHO's prequalification lists, including the List of In Vitro Diagnostics;
- continue to develop processes and procedures for the prequalification of vector-control products;
- develop new pathways to prequalification listing and new risk-based approaches to support time-limited procurement;
- develop technical guidance to expand the scope of prequalification for all product streams and expand the range of products eligible for prequalification in order to ensure that the low- and middle-income country context is a driver of innovation and product development; and
- develop relevant regulatory tools, guidelines and practices, as well as platforms and pathways, to facilitate the registration of medicines, vaccines and diagnostics through joint reviews and emergency use listing.

LEADING INDICATORS

Number of products prequalified annually
Number of countries with improved regulatory systems
Number of countries with well-functioning regulatory status (National Regulatory Authority maturity level 3)
Number of countries with a risk-based approach for regulating in vitro diagnostic medical devices
Number of countries with improved regulatory preparedness for public health emergencies

Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities

Three major cross-cutting initiatives contribute to this output by addressing key global health research and development issues: (1) accelerating development and country access to medical products; (2) developing drugs and diagnostics to tackle antimicrobial resistance; and (3) accelerating the development of paediatric formulations of medicines.

Despite ongoing efforts to stimulate investment in and research into the development of new antibiotics, annual assessments show that the antibacterial development pipeline remains insufficient, in particular regarding treatments for critical resistant gram-negative bacterial infections. The development of paediatric drug formulations lags unacceptably behind those for adults.

Developing a standard approach and process for innovation in medicines, diagnostics and vaccines will enable the WHO Secretariat to support countries in reducing inefficiencies and accelerating timelines for the introduction of, and access to, essential medical products. Additional benefits will include larger-scale introductions as policy considerations are better integrated with pivotal research, larger-scale investments in research and development are realized by the public sector as returns on investment, and greater trust and engagement are developed by the private sector. Such a standard approach and process will include research prioritization, the harmonized development of target product profiles and the encouragement of research and development investments, as well as faster pathways through the development of regulations and guidelines to ensure accelerated equitable access by countries.

Work to deliver this output involves the leadership and facilitation role of headquarters in research and development work across the Organization. It seeks to support and facilitate – not to replace – the disease-specific prioritization and research lead by specialist technical departments, as well as research in regions and countries for access and roll-out. It involves close collaboration on cross-organizational pathways to accelerate product development and enable improved access of countries with respect to market shaping and procurement and supply (output 1.3.2), addressing antimicrobial resistance (output 1.3.5) and the Global Accelerator for Paediatric Formulations (output 1.1.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- ensuring that the limited funding that is available is directed to research priorities and innovative new products that will provide significant added value over standard of care;
- enabling the rapid introduction and roll-out of newly developed paediatric medicines through its participation in the Global Accelerator for Paediatric Formulations network;
- promoting close collaboration with public–private partnerships and stimulating innovative funding for globally important research and development;
- supporting the scale-up of research and development in areas where there is a compelling unmet public health need for new products;
- facilitating the most expeditious development of products that address the greatest and most urgent public health needs by implementing a standardized process for target product profile development in order to keep product developers, regulatory agencies, procurement agencies and funders informed about research and development and public health priorities;
- identifying research and development gaps and promoting research and development coordination to catalyse public and private funding towards identified research priorities;
- supporting new research and development strategies and initiatives;
- participating in the advisory bodies of the Global Antibiotic Research and Development Partnership, the newly established AMR Action Fund and the Global Knowledge Centre for Antimicrobial Resistance Research and Development, among other entities;
- focusing on specific vulnerable groups, taking into account gender issues and human rights and working towards equitable access to treatment for antimicrobial resistance;
- initiating processes to identify priority formulations to be developed for various diseases;
- continuing to build and expand on WHO's convening role in the area of paediatric drug optimization across disease areas, including activities to prioritize, accelerate and support research and development for missing formulations to prevent and treat those diseases that mostly affect children globally; and
- championing research and development that benefits vulnerable populations and promotes health equity.

The Secretariat will **support countries** to:

- increase the integration and coordination among centralized data repositories to share information on research and development pipelines, clinical trials data and health research system indicators globally;
- enhance national and regional research and development capacity to develop priority, essential health products and utilize target product profiles in the development of new products to address public health needs; and
- rapidly approve, introduce and roll out newly developed paediatric formulations, including support to strengthen post-marketing surveillance and pharmacovigilance specific to the paediatric population.

In producing **global public health goods**, the Secretariat will:

- create effective cross-organizational mechanisms for research and development, including by establishing research and development networks;
- develop a joint scientific advice procedure, whereby product developers may approach the Secretariat for advice on prequalification in order to enhance the accelerated development of products that meet the criteria for likely public health value;
- update the global priority list of antimicrobial-resistant bacteria and fungal pathogens of public importance; and
- provide regular reviews and assessments of the development pipeline for treatments and vaccines in order to encourage continued investment in new strategies to promote the development of new antibacterial treatments and antifungal treatments and diagnostics.

LEADING INDICATORS

Development of a global priority and research agenda for addressing antimicrobial drug resistance in fungal infections
Priorities identified for paediatric formulations (e.g. HIV, tuberculosis, hepatitis, essential medicines) and support provided for research and development to deliver them
Introduction of a standardized target product profile development process across WHO

Output 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices

The world faces a high risk of not being able to prevent and treat infection caused by bacteria, parasites, viruses and fungi due to antimicrobial resistance. This affects, inter alia, the treatment of infections resulting from organ transplantation, cancer chemotherapy, diabetes management and major surgery. Addressing this will require that every country improve its awareness and understanding of the issues; reduce the incidence of infection in its communities and health facilities; optimize the use of antibiotics as medicines for humans and animals and in the environment; track resistance to antibiotics; and research and develop new antibiotics.

The work to achieve this output is underpinned by the strategic objectives of the global action plan on antimicrobial resistance.

Addressing antimicrobial resistance at the country level will require integrating antimicrobial resistance activities into national plans and strategies to strengthen health systems, universal health coverage and primary health care; strengthening country capacities for preparedness and response to health emergencies; and strengthening the One Health approach taken with partners, the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE). The incorporation of antimicrobial resistance into national United Nations sustainable development cooperation frameworks is critical in this regard.

As a priority cross-cutting area, work to deliver this output involves close collaboration on patient safety, quality of care, infection prevention and control (output 1.1.1); drug resistance in specific diseases, such as HIV, tuberculosis and malaria, and in sexually transmitted infections and neglected tropical diseases (output 1.1.2); integrating antimicrobial resistance into the development of national strategies, policies and plans (output 1.1.4); training of health care workers (output 1.1.5); access to essential medicines and diagnostics, surveillance, laboratory strengthening, strengthened regulations, increasing awareness and education, and immunization (outputs 1.3.1–1.3.3); research on medicines, diagnostics and vaccines against emerging pathogens and on antibiotics (output 1.3.4); strengthening of country capacities to implement the International Health Regulations (2005) core capacities and national action plans on health security (output 2.1.2); country readiness and emergency response (2.1.3., 2.3.2); social and commercial determinants of health (output 3.1.1); water, sanitation and hand hygiene (output 3.1.2); tripartite collaboration with FAO and OIE to enhance activities across the One Health spectrum, as well as food safety governance such as the Codex Alimentarius (output 3.1.2); and relevant activities to strengthen country capacity for monitoring, data collection, analysis and reporting and for identifying and scaling up innovations (4.1.1).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- establishing policy dialogues with Member States; convening global and regional consultations with all relevant stakeholders to develop norms and standards on technical matters that are linked to the strategic objectives of the global action plan on antimicrobial resistance; and advocating for the incorporation of antimicrobial resistance into national United Nations Sustainable Development Cooperation Frameworks.

The Secretariat will **support countries** to:

- incorporate antimicrobial resistance into national strategies, policies and plans, with budgets linked to achieving Sustainable Development Goal targets and national health security plans;
- highlight COVID-19 response and recovery measures by offering multiple entry points to address antimicrobial resistance, including by enhancing infection prevention and control, hand hygiene, water, sanitation and hygiene, and multisectoral coordination;
- establish the economic rationale for investments to address antimicrobial resistance through evidence-based products and promote equitable access to quality antimicrobials and diagnostics for all sections of the population;
- develop, cost, implement and monitor multisectoral national action plans on antimicrobial resistance, including by establishing functional national multisectoral coordination mechanisms that engage all relevant sectors;
- raise public awareness through targeted efforts, including through World Antimicrobial Awareness Week campaigns, the use of social media and targeted behaviour change campaigns, such as for the prescription and use of antimicrobials;
- establish multidisciplinary antimicrobial stewardship programmes and practices, including by developing national integrated policies and related health care worker capacity-building;
- adopt the WHO Access, Watch, Reserve classification in national emergency medicines lists, formularies and treatment guidelines;
- develop policies to address recurrent shortages of essential antibiotics and promote equitable access to quality-assured essential antibiotics and diagnostic tools;
- revise, develop and monitor national regulations on antimicrobial sale, use, dispensing and disposal;

- enhance pre-service and in-service training for health workers, and for medical and health science students, support the development of standard curriculums and promote the inclusion of women and disadvantaged sections of the population in awareness and training efforts;
- establish, strengthen and scale up national and regional integrated systems for antimicrobial resistance surveillance across the human, animal and environment sectors, using the Global Antimicrobial Resistance and Use Surveillance System;
- strengthen the capacity of microbiology laboratories and support the development of laboratory networks by means of technical skills training (through the WHO Academy), and provide support for the sustainable procurement of consumables and reagents;
- build operational research capacity to generate and use evidence on the emergence and spread of antimicrobial resistance, its impact on women and disadvantaged populations, and the health and economic impacts of interventions, as well as to help to drive innovations;
- track national progress against specific indicators using disaggregated data, including the antimicrobial resistance-related indicators of the Sustainable Development Goals; and
- sustain progress despite ongoing COVID-19 disruptions by rolling out integrated training packages to address multiple areas (e.g. antimicrobial stewardship, infection prevention and control and national action plan implementation), using e-learning modules and remote assessment tools (through the WHO Academy).

In producing **global public health goods**, the Secretariat will:

- develop or revise **norms and standards**, such as updated guidance for the surveillance of antimicrobial resistance and consumption in humans and a methodology for estimating the burden of antimicrobial resistance and collecting representative data;
- update the global priority list of antibiotic-resistant bacteria to guide the research and development of new antibiotics, as well as the list of critically important antibiotics for human health;
- develop a global priority list of fungal pathogens of public health importance and a review of the clinical antifungal pipeline;
- develop a global priority list for antibacterial resistance diagnostics;
- develop the WHO Access, Watch, Reserve model into a comprehensive framework for ensuring affordable access to essential antibiotics, while preserving existing and new antimicrobial medicines with options for supporting the appropriate use of antimicrobial medicines in humans;
- develop **data products** on country progress in addressing antimicrobial resistance, including disaggregating data based on sex, age, location (rural/urban) and other socioeconomic variables;
- update the antimicrobial resistance data repository and portal to display country/regional/global data on specific indicators; and
- develop technical guidance to respond to emerging pathogens or infectious disease outbreaks, based on lessons learned with respect to antimicrobial stewardship, infection prevention and control, hand hygiene and water, sanitation and hygiene during the COVID-19 pandemic.

LEADING INDICATORS

Number of countries implementing government-approved multisectoral antimicrobial resistance national action plans that involve relevant sectors and have a monitoring framework

Number of countries having an antimicrobial resistance surveillance system and providing data to WHO
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Number of countries with national systems in place to monitor the consumption and use of antimicrobials in human health

Outcome 2.1. Countries prepared for health emergencies

Despite substantive progress in health emergency preparedness and the implementation of the International Health Regulations (2005) monitoring and evaluation framework, there is an urgent need to better understand the gaps and weaknesses in the preparedness of national systems, including in the areas of governance, preparedness and dynamic readiness capacities at subnational and national levels. There is also an urgent need to translate that knowledge into action to better protect countries and communities against the impact of future public health crises. Learning from the COVID-19 pandemic, we know that a considerable scale-up of investment is needed in the systems and people that protect public health in times of crisis.

The WHO platforms and tools for the assessment of national all-hazards emergency preparedness capacities that have been built and refined over recent years undoubtedly played a role in helping the WHO Secretariat and countries respond more effectively to the COVID-19 pandemic. Bridging the gap in the predictive value of current tools is essential to better guide future preparedness efforts. WHO supported countries in ensuring that preparedness capacities built in response to the COVID-19 pandemic were built in a coordinated and sustainable way, within a whole-of-society, whole-of-government approach that can be leveraged for long-term preparedness.

The cost of inaction is high. In the face of the current COVID-19 pandemic, countries are spending vast sums to fund the health response to this emergency – sums that are many orders of magnitude greater than the relatively modest sustainable investments required to prevent uncontrolled outbreaks. Building back better in this context means investing in improved multisectoral and health sector governance; core capacities to prevent and respond to outbreaks; and strengthened health systems that are prepared and can respond to both known and emerging threats while maintaining routine health services. Primary health care systems are one of the first points of prevention, detection and first response to infectious disease and are therefore critical to community resilience.

Despite the progress made in health emergency preparedness over the past decade, the message from the COVID-19 pandemic is clear: countries are not prepared for health emergencies and the way the world funds and measures preparedness must evolve. Ultimately, breaking the cycle of panic and subsequent neglect that has previously characterized the world's approach to health emergencies means addressing national and subnational gaps in preparedness capacity. To achieve this, the world must change the way it finances preparedness in order for the world to be protected from the next pandemic and other health emergency threats.

Three outputs contribute directly to outcome 2.1: the assessment and reporting of country and global health emergency preparedness; the strengthening of health emergency preparedness capacities in all countries; and the implementation of operational readiness activities to urgently address identified risks and vulnerabilities.

Indicators associated with outcome 2.1 are set out in Box 4 and the proposed budget by major office is set out in Table 16, below.

Box 4. Indicator associated with outcome 2.1

2.1.IND.1. International Health Regulations (2005) capacity and health emergency preparedness

TABLE 16. PROPOSED BUDGET FOR OUTCOME 2.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.1. Countries prepared for health emergencies	75.2	19.9	18.3	20.1	43.1	32.4	65.5	274.6
Total outcome 2.1	75.2	19.9	18.3	20.1	43.1	32.4	65.5	274.6

Output 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported

The recent development and use of new tools to assess national capacities under the International Health Regulations (2005) have improved the quality of data and analyses of capacities and promoted mutual accountability for improving health security in collaboration with WHO. However, the COVID-19 pandemic has highlighted the need for a more accurate understanding of the factors that contribute to health security, particularly at the subnational level.

To deliver this output, WHO will be required to strengthen its capacity to work with countries to develop and apply quantitative and qualitative assessment tools for measuring all-hazards national preparedness and disaster risk management capacities, analysing and reporting these findings widely and in a timely manner, monitoring trends, evaluating outcomes and forecasting needs and health emergency risks. Wherever possible, WHO will encourage the collection of these data in a standardized format that facilitates the integration of information on health systems and the social determinants of health. The resultant dynamic reports and profiles of national and subnational capacities should be used to inform policies, plans, business cases, strategies and decision-making for preparedness for all hazards.

Work towards this output involves close collaboration on: strengthening capacity for emergency preparedness (output 2.1.2); and supporting countries so that they are operationally ready to assess and manage identified risks and vulnerabilities (output 2.1.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its leadership by:

- improving the metrics and indices used to assess and analyse the status of country preparedness, including health and non-health indicators. This process will be undertaken in consultation with national focal points and will include the updating and strengthening of assessment tools and measurement approaches used at the national and subnational levels to conduct annual reporting by States Parties to the International Health Regulations (2005), voluntary joint external evaluations, after-action and intra-action reviews and simulation exercises on emergency preparedness capacities. Consideration will be given to the feasibility and value of a new peer review mechanism for assessment and evaluation. Greater emphasis will be placed on assessments of national preparedness capacities at the human–animal interface, including coordination between human health, animal health and environmental health sectors.

The Secretariat will support countries to:

- carry out national preparedness assessments using new and adapted tools in coordination with national focal points;
- carry out preparedness assessments focused on the human–animal interface, including coordination between human health, animal health and environmental health sectors;
- map all available domestic and international technical and financial resources that can be used for national and regional health security preparedness;
- assess a broader range of preparedness indicators, including the minimum core capacities of health systems and capacities at subnational levels that are required for health security and dynamic readiness measures; and
- ensure that the results of national capacity assessments are continuously analysed and validated against the actual outcomes of public health emergencies, within the context of changing risks.

The Secretariat will:

- assess, monitor, analyse and report all-hazards emergency preparedness capacities for high-impact health security risks and high-visibility events including pandemic threats, emergency risks exacerbated by insecurity and climate change, antimicrobial resistance, mass gatherings (for example, the Olympic Games) and bio-risks, including laboratory biosafety and biosecurity;
- implement tools, guidance, frameworks and resources for national preparedness assessments that are updated to capture the lessons that have emerged from the COVID-19 pandemic, including States Parties' annual reporting, voluntary joint external evaluations, after-action reviews, intra-action reviews and simulation exercises in coordination with national focal points; and
- revise the National IHR Focal Point Guide to enhance national reporting against the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030.

LEADING INDICATORS

Number of countries that have used findings resulting from the International Health Regulations Monitoring and Evaluation Framework to develop or update their national action plan
Number of countries that submitted a State Party Self-Assessment Annual Reporting Tool

Output 2.1.2. Capacities for emergency preparedness strengthened in all countries

Under the International Health Regulations (2005), countries have committed to developing, strengthening and maintaining preparedness through national capacities for surveillance, detection, verification and response to acute public health events with potential to threaten populations worldwide. The International Health Regulations (2005) are complemented by other risk management frameworks, including the Sendai Framework for Disaster Risk Reduction 2015–2030, all contributing to global health security.

This output builds on the work of output 2.1.1 by using evidence from assessments to prioritize capacity-building and advocacy activities, while ensuring coordination and collaboration across multiple sectors including animal health, finance, security, emergency services and the environment. This will entail working closely with key stakeholders, such as parliamentarians, to improve health outcomes for communities before, during and after emergencies through the alignment and integration of all national action plans that contribute to health security.

Work to deliver this output involves close collaboration on: assessing and reporting on emergency preparedness capacities in countries (output 2.1.1); and strengthening countries' health governance capacity for improved transparency, accountability, responsiveness and empowerment of communities (output 1.1.4); achieving the other outputs will have implications for this output, including : (a) strengthening health systems to address communicable and noncommunicable diseases (output 1.1.2); (b) developing equitable financing strategies and reforms to sustain universal health coverage, especially learning from the COVID-19 pandemic (1.2.1); data on expenditure related to health security (1.2.2); and drawing on robust economic data and analysis to inform decision-making (output 1.2.3); (c) providing guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists (output 1.3.1); and on antimicrobial resistance (output 1.3.5); and (d) addressing environmental and occupational health in emergencies (e.g. during chemical, biological and radio-nuclear accidents) (output 3.1.2).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its leadership by:

- engaging with countries and partners to advocate for the prioritization, strengthening and acceleration of the integration and implementation of the International Health Regulations (2005), the health security-related targets of the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction 2015–2030, the United Nations Agenda for Humanity, the Paris Agreement on Climate Change and other relevant frameworks at the national, regional and global levels; and
- advocating for and promoting the implementation of gender-inclusive and responsive preparedness capacity-building in all national and global health security initiatives, and by continuing to advocate for increased investment in targeted capacity strengthening, innovation and research and development for risk reduction and coordinated preparedness activities.

The Secretariat will support countries to:

- strengthen areas of low capacity highlighted by the COVID-19 pandemic through targeted technical support for legislative preparedness, urban preparedness, leadership and governance, community empowerment, logistics and supply chains, deployable human resources, health system adaptability for health security, health facility preparedness and subnational public health capacities underpinned by stronger linkages and coordination between health care and public health systems, and whole-of-society engagement;
- build stronger capacities for health security preparedness at the human–animal interface in order to address identified risks, including zoonotic diseases of known and unknown origin, through the One Health approach. WHO will continue working with its partners in animal health, mainly the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, to support countries in developing capacities at the human–animal interface. The COVID-19 pandemic and other recent outbreaks have again underlined this urgent need;
- identify gaps in national capabilities to collect, analyse and report data related to the International Health Regulations (2005) and other data, which will inform capacity strengthening for health security and preparedness. To facilitate capacity strengthening, WHO will undertake to map all domestic and internationally available technical and financial resources that can be used for national and regional health security preparedness. In order to address identified gaps in preparedness, the Secretariat will support countries to develop, cost, finance and integrate national disease or hazard-specific preparedness plans (including for the COVID-19 pandemic response) with broader and comprehensive national action plans for health security and health sector plans, working with donors to reduce duplication, enhance efficiencies and build sustainability, including through the development of national investment cases for preparedness;
- ensure progress and collaboration, and periodically realign resources with gaps through processes and tools, including resource mapping to support the evaluation process for national action plans for health security, and WHO’s Strategic Partnership Portal for health security, which supports countries, partners and donors in aligning their investments with the plans for strengthening health security. This will require regular monitoring with the engagement of stakeholders; and
- scale up preparedness in special contexts, including urban settings, small island developing States, overseas territories and conflict settings. WHO’s regional offices will play a leading role in this. Regional and country offices will also lead efforts to foster engagement with non-traditional health stakeholders, including parliamentarians, ministries of finance, ministries of foreign affairs, community leaders, sporting organizations and faith-based organizations, to build a multisectoral, whole-of-society approach to emergency preparedness and capacity-building.

The Secretariat will:

- identify, develop and mobilize a network of human resources for deployment to countries for emergency preparedness and capacity strengthening and to address gaps and national priorities;
- integrate health systems strengthening and capacity-building for health emergencies in health policies, programmes and sectors that contribute to health security, universal health coverage, resilience and sustainable development; and
- document and disseminate country experiences, best practices and lessons learned in capacity-building to strengthen global health security and health systems resilience.

LEADING INDICATORS

Number of countries with national strategies or plans to strengthen country capacities for all-hazards preparedness to reduce health risks and consequences of emergencies and disasters
Number of global and regional strategies or plans to strengthen country capacities for all-hazards preparedness to reduce health risks and consequences of emergencies and disasters
Number of relevant global public health programmes that integrate or incorporate emergency preparedness and response considerations

Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities

Operational readiness is critical for countries, communities and organizations to be able to respond immediately and effectively to health emergencies from any hazard. Readiness is part of the continuum of preparedness, readiness, response and recovery, sitting at the interface between longer-term preparedness activities and the response to an imminent risk. Strengthening operational readiness is a continuous process of assessing current risk based on the identification of threats and hazards with the highest likelihood and severity, the understanding of the level of existing capacities and vulnerabilities, and the acceleration of targeted activities for emergency response. The key to operational readiness is to have not only a written plan in place, but also the agility to start operational actions before or within hours of an emergency.

Delivery of this output will entail the development and implementation of standardized assessment tools and approaches to assess, map and prioritize health emergency risks according to context, and the operational readiness to respond to those risks at the national and subnational levels, with an emphasis on high-threat pathogens. As has been shown throughout the response to the COVID-19 pandemic, these analyses are required in real time and will require significant investment in innovative digital platforms. This will in turn help to promote transparent and timely sharing of information about national operational readiness.

Public health surveillance, including at points of entry, and laboratory system readiness are essential for the early detection of assessed imminent risks. Strong clinical management, infection prevention and control and hospital readiness are essential elements of operational readiness. One clear lesson from 2020 has been a recognition of the critical importance of expanding readiness beyond the traditional confines of health security to encompass: community trust; readiness and resilience; issues of governance; and the crucial role that civil society organizations can play in catalysing and beneficially shaping a community-led response to health emergencies. Work under this output is highly cross-cutting and complements work on: strengthening capacities for emergency preparedness in all countries (output 2.1.2); responding rapidly to acute health emergencies, leveraging relevant national and international capacities (output 2.3.3); and addressing antimicrobial resistance (output 1.3.5); it aligns with the work on assessing and reporting on all-hazards emergency preparedness capacities in countries (output 2.1.1); ensuring the availability of research agendas, predictive models and innovative tools, products and interventions for high-threat pathogens (output 2.2.1); and responding rapidly to acute health emergencies, leveraging relevant national and international capacities (output 2.3.2).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its leadership by:

- ensuring organizational readiness across all levels of WHO through the development of business continuity planning, and supporting United Nations-wide readiness through the provision of readiness support to other United Nations agencies. WHO will also coordinate the development and delivery of intersectoral and interdisciplinary global mechanisms for readiness, including the deployment and distribution of stockpiles and the deployment of essential personnel;
- leading the development of risk-mapping; strengthening the use and monitoring of risk profiles and multi-hazard early warning systems to anticipate and accelerate operational readiness activities in countries; and highlighting the critical importance of health system readiness. In addition, the WHO Secretariat will develop readiness assessment tools and guidance;
- exploring ways to more effectively harness the power of inclusive engagement of local and national civil society organizations in decision-making on readiness and response to ensure whole-of-society readiness;
- working with international and national stakeholders to agree on common principles for requesting, deploying and receiving health emergency personnel in order to streamline emergency response processes and improve readiness; and
- leading the mobilization of partners and donors to support operational readiness in countries in the event of a significant threat to public health and in at-risk countries on the basis of an assessment of risks and vulnerabilities. This mobilization will be supported by strengthened human and financial resources and coordination mechanisms across and beyond the health sector and WHO.

The Secretariat will support countries to:

- strengthen readiness assessments with special emphasis on vulnerable communities, better identify gaps in operational and technical capacities, and strengthen the implementation of targeted activities to address those gaps. These processes will be supported by the development of hazard-specific scenario-based contingency plans;
- ensure that sufficient resources are available to implement plans and readiness measures, and accelerate the provision of support for an emerging or expected event. The assessment of countries' operational readiness will be facilitated by training and functional exercises and drills in order to measure progress and adjust strategies accordingly; and
- address gaps in critical readiness capacities, including with respect to: public health surveillance; laboratory systems; an agile health emergency workforce; access to innovation and research, including investigational interventions (such as vaccines, therapeutics and diagnostic tools); and readiness to respond to food safety and zoonotic events, including capacity to rapidly exchange food safety information across sectors, stakeholders and national borders. The Secretariat will do this by leveraging global and regional networks.

The Secretariat will:

- build on the success of the COVID-19 Partners Platform by adapting the Platform for operational readiness planning, and strengthen interoperability between the Strategic Partnership Portal for health security and the Health Resources Availability Monitoring System;
- continue to expand the global Emergency Medical Teams Initiative by developing the classification process and minimum standards for emergency medical teams and promoting integration and interoperability;

- maintain, expand and/or establish clinical, research and innovation networks for rapid activation during and prior to emergencies, and implement guidance and tools for minimum standards of clinical care in highly infectious disease outbreak settings for health care personnel and other first responders e.g. infection prevention and control, to ensure that care settings do not become hubs for epidemic amplification; and
- provide norms, guidance and functional exercise tools to support risk management at points of entry, in international travel and transport, and at mass gatherings.

LEADING INDICATORS

Number of priority countries that have developed a multi-hazards health emergency risk profile in the previous four years
Number of priority countries with a documented, national emergency response plan or other arrangement based on health emergency risk- mapping
Number of priority countries that have assessed operational readiness capacities for their priority risk(s), using WHO-recommended readiness assessment methodology and tools

Outcome 2.2. Epidemics and pandemics prevented

The COVID-19 pandemic and other recent outbreaks of infectious diseases have demonstrated that steps currently being taken to prevent the occurrence and spread of infectious diseases of known and unknown origin remain insufficient, despite an intensification of efforts. The COVID-19 virus, like the Ebola virus, the Zika virus, the Middle East respiratory syndrome, the severe acute respiratory syndrome and HIV/AIDS, made the jump to humans from another species. The fact that we are still playing catch-up to identify the animal reservoir of the COVID-19 virus is proof that, collectively, we need a radical shift in the way we identify potential zoonotic pathogens, as well as a step-change in our commitment to identifying, managing and mitigating risks at the human–animal interface.

At the same time, we must recognize that no early warning system for a potential zoonotic spill-over event will be foolproof. We must build on the foundations of the research and development blueprint to strengthen our readiness to rapidly scale up and coordinate the research, development and manufacture of countermeasures in the face of an emergent threat. This means laying the groundwork now, reaching consensus and putting into place protocols for everything from sample-sharing and standards for genomic sequence pooling to clinical data-sharing and trials, regulatory pathways and operational research.

The prevention of and response to outbreaks of diseases from known and unknown pathogens require effective strategies and tools, as well as effective stewardship and governance mechanisms for the strategic stockpiling and equitable use of global goods such as vaccines and therapeutics. In the case of emerging infectious pathogens and known high-threat pathogens, an effective response also requires a global mechanism to set priorities, fund and accelerate research and development into medical and non-medical countermeasures, as well as a global mechanism for their large-scale manufacture and distribution at scale. All of the above relies on a global network of knowledge, expertise and operational capacity and capability, with the WHO Health Emergencies Programme at its centre.

Although the approaches and tools used to control infectious diseases vary, they have a number of key commonalities, such as the need for a mechanism to allocate scarce resources; the need for platforms to plan, coordinate and resource national control strategies; and the need for integration into national health systems. Crucially, most control strategies target the same countries and regions, most often in low-capacity, fragile, conflict-affected and vulnerable settings. The tools developed during the response to the COVID-19 pandemic to plan, coordinate and resource national COVID-19 pandemic action plans point the way to a new integrated approach to epidemic and pandemic prevention. Such an approach will bring together disease-control

programmes, national authorities, partners and donors around common plans and shared platforms in order to coordinate and operationally support the delivery of diverse disease-control strategies for the benefit of the most vulnerable populations. The COVID-19 pandemic has also shown that there are clear benefits to be gained from the integration of influenza and other high-threat respiratory pathogens such as coronaviruses (including severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV) and the SARS-CoV-2 virus responsible for COVID-19) into one platform in order to maximize investments in critical capacities. As challenging as the response to the COVID-19 pandemic has been, the capacities built and lessons learned during 2020 offer an opportunity to change the face of infectious disease prevention and control in the future.

The outputs that contribute directly to outcome 2.2 involve prioritizing research agendas, while recognizing that certain countries and communities are vulnerable to context-specific infectious high-threat pathogens; modelling where and when these diseases are likely to occur and developing tools and interventions to manage these risks; scaling and fully implementing effective control strategies for known infectious diseases such as cholera, yellow fever and the Ebola virus; and improving preparedness, with a focus on high-threat pathogens with epidemic potential, zoonotic diseases and biosecurity risks with no known countermeasures.

Indicators associated with outcome 2.2 are set out in Box 5 and the proposed budget, by major office, is set out in Table 17.

Box 5. Indicators associated with outcome 2.2

- 2.2.IND.1. Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases
2.2.IND.2. Number of cases of poliomyelitis caused by wild poliovirus

TABLE 17. PROPOSED BUDGET FOR OUTCOME 2.2, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.2. Epidemics and pandemics prevented (base segment)	80.1	17.5	10.7	11.1	32.5	10.3	69.6	231.8
Total outcome 2.2	80.1	17.5	10.7	11.1	32.5	10.3	69.6	231.8

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.2. Epidemics and pandemics prevented (polio eradication segment)	63.5	0.0	0.0	0.0	187.6	0.4	306.8	558.3
Total outcome 2.2	63.5	0.0	0.0	0.0	187.6	0.4	306.8	558.3

Output 2.2.1. Research agendas, predictive models and innovative tools, products and interventions available for high-threat pathogens

The Ebola virus disease outbreak in West Africa demonstrated the importance of coordinated operational research efforts in developing a vaccine during an outbreak, and the COVID-19 pandemic has re-emphasized the value of investing in rapid research programmes, innovative tools and interventions to tackle emerging diseases. By leveraging global networks of expertise and WHO collaborating centres, WHO has been able to rapidly access knowledge and build the evidence base needed to address the pandemic through existing and new diagnostics, therapeutics and vaccines. Ultimately, the goal is to ensure fair and equitable access to life-saving interventions on a global scale, which has necessitated the launch of innovative funding mechanisms, such as the Access to COVID-19 Tools (ACT) Accelerator. There is now an urgent need to ensure that these systems, which were rapidly scaled up and adapted in response to the COVID-19 pandemic, are sustained, refined, formalized and institutionalized in readiness for future threats.

The variable impact and spread of COVID-19 in different contexts underlines the need for an analysis of existing interventions and tools in order to determine what works best in different contexts. Any analysis must also note the success of, and need for, new approaches to disseminating information, based on evidence, and to countering the “infodemic” of misinformation enabled by established and emerging communication tools and trends.

The work towards this output involves linkages with the work on: improving access to medical products (output 1.3.2); strengthening country and regional regulatory capacity (output 1.3.3); defining the research and development agenda(1.3.4); strengthening ethical standards and oversight mechanisms that integrate public health and research ethics into health systems (output 4.1.3), ensuring that predictive models and innovative tools, products and interventions are available for high-threat health hazards (output 4.1.3) as well as improving monitoring and building resilience to health misinformation (output 4.1.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its leadership by:

- convening and coordinating global networks of experts, including the Global Laboratories Alliance for the Diagnosis of High Threat Pathogens, which allows for the rapid characterization and sharing of biological specimens including viruses; the Emerging Diseases Clinical Assessment and Response Network, which assesses risks in order to improve the treatment of patients and reduce mortality; the Global Infection Prevention and Control Network; the Emergency Communications Network, which aims to build a cohort of trained, tested and trusted communications officers; and the new network of infodemiologists and infodemic managers;
- fostering and driving research and information sharing, and providing recommendations on preventing and managing high-threat infectious hazards. The research in pandemic prevention can range from the development of new or updated countermeasures to the development and implementation of tools to harness big data, artificial intelligence, machine learning and predictive modelling systems in order to drive global, regional and national pandemic prevention and preparedness strategies. This will be done through expert networks, WHO collaborating centres and advisory groups across various fields of expertise, including the Strategic and Technical Advisory Group for Infectious Hazards;
- accelerating the development of new medical products, and driving a public health research agenda for high-threat infectious hazards, including the assessment of public health and social measures, while continuing to build on the R&D Blueprint for emergencies. This work will feed into efforts to further develop and consolidate the partnerships, scientific approaches and tools required for infodemic management at the global, regional and national level in order to improve risk communication during pandemics; and
- enhancing global mechanisms of governance and collaboration during pandemics and multifocal epidemics, with an emphasis on ensuring fair and equitable access to essential commodities on the basis of need, building on the experience of the COVID-19 pandemic.

The Secretariat will support countries to:

- increase awareness of, and detection capacity for, high-threat health hazards, and to strengthen efforts to prepare for, and respond to, a high-threat pathogen using context-specific prevention strategies and preparedness plans; and
- develop and implement innovative approaches to tackling the threat of misinformation and disinformation, such as building a new workforce of “infodemiologists and infodemic managers”, and ensuring and promoting community engagement before, during and after emergencies.

The Secretariat will:

- work with partners to develop or accelerate: (i) clinical designs and protocols to evaluate the efficacy of vaccines and medicines; (ii) target product profiles and research and development road maps; (iii) a knowledge bank of evidence for vaccines, therapeutics and diagnostics for priority diseases; and (iv) an annual prioritized list of emerging pathogen threats requiring research and development. This will be under the aegis of the R&D Blueprint. The Secretariat will also maintain, expand or establish clinical, research and innovation networks for rapid activation during, and prior to, emergencies in order to develop new vaccines, therapeutics and diagnostics with key stakeholders;
- develop a public health research agenda, including operational research in emergencies to fast track diagnostics, therapeutics and vaccines for new global health threats, with relevant monitoring and evaluation frameworks to build evidence-based public health and social interventions, at national and subnational levels;
- develop and adapt, based on growing body of evidence, guidance and minimum standards of clinical care for highly infectious disease outbreak settings for first responders, linked with guidance, tools and equipment for infection prevention and control;
- develop guidance and training materials for the implementation of innovative diagnostic tools and approaches for high-threat pathogens, including recommendations for decision-makers on infodemic management, risk communication and community engagement; and
- update guidance on managing epidemics, including key facts and decision-making and forecasting tools, in line with all available evidence.

LEADING INDICATORS

Number of target product profiles for product and medical countermeasures developed for high-threat pathogens

Number of policy advice materials (expert advisory panel or committee recommendations, guidelines, public health research and policy briefs) developed for high-threat pathogens and high-impact events

Output 2.2.2. Proven prevention strategies for priority/epidemic-prone diseases implemented at scale

Outbreaks of epidemic-prone diseases, such as, meningitis, yellow fever, viral haemorrhagic fevers, measles and cholera, disproportionately affect the poorest and most vulnerable populations in society and can also lead to social, economic and political disruption. With increased human mobility, urbanization and climate change these known diseases, for which effective countermeasures exist, continue to cause outbreaks with significant public health impact. For many developing countries, access to existing countermeasures remains difficult. Strengthening health systems – particularly where resources are scarce – is essential for these preventive strategies to work more effectively over the longer term. WHO works in partnership to address such disease threats and ensure the equitable stewardship of scarce resources at global and regional levels.

In addition to existing global strategies for cholera and yellow fever, a WHO-led multi-organization taskforce drew up a global roadmap on defeating meningitis by 2030, which was approved by the Seventy-third World Health Assembly through resolution WHA73.9 (2020) and will be submitted to the regional committees in 2021. The road map has three core targets to be achieved by 2030: eliminate bacterial meningitis epidemics; reduce cases and deaths from vaccine-preventable bacterial meningitis; and reduce disability and improve quality of life after meningitis from any cause.

Progress was also made in the development and implementation of tools and strategies to control outbreaks of Ebola virus disease. WHO collaborated with partners to deploy important Ebola virus disease countermeasures, including vaccines, therapeutics and diagnostics with, for example, establishment of a global Ebola vaccine stockpile to contain future Ebola epidemics by ensuring timely access to vaccines for populations from the 23 at-risk countries in Africa.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its leadership by:

- advocating and providing support for the implementation of global disease strategies, including the equitable management of scarce resources at the global and regional level, through the International Coordinating Group on Vaccine Provision;
- managing the global emergency vaccine, medicine and reagent stockpiles, including through forecasting vaccine stocks and negotiating vaccine prices, will continue through WHO’s networks and partners to ensure availability and access;
- spearheading the development of a global strategy on viral haemorrhagic fevers; and
- advocating for the elimination of measles and rubella as part of the Immunization Agenda 2030.

The Secretariat will support countries to:

- implement local prevention and control measures, ensuring access to life-saving interventions, such as vaccines, and to contextualize and implement global strategies, including those for yellow fever, cholera and meningitis;
- improve cooperation in, and coordination of, epidemic preparedness and response by strengthening regional and subregional networks with partners, including institutes of public health and national centres for disease control, professional associations and international partners; and
- develop country capabilities for the prevention, detection and control of cholera, viral haemorrhagic fevers, meningitis and yellow fever, including strengthening coordination to build surveillance and laboratory capacity, and scaled-up capabilities to ensure that front-line health workers are protected and able to implement infection prevention and control best practices.

The Secretariat will:

- produce normative products, including outbreak investigation guidance, to shorten the time to confirmation and response for all epidemic-prone diseases;
- scale up the implementation of strategies for epidemic-prone diseases, including the adoption of new and enabling technologies;
- implement the global strategy for defeating meningitis by 2030, and together with expert networks, develop global prevention and control policies and guidance; and
- work with partners and countries to develop a global strategy to prevent and control viral haemorrhagic fevers.

LEADING INDICATORS

Proportion of countries with implementation plans for the global strategy to eliminate yellow fever epidemics (EYE) for the period 2017–2026 or with comprehensive multiyear strategic plans detailing yellow fever routine immunization introduction or with improvement activities and reporting coverage in the joint reporting form on immunization
Number of countries with fully funded multisectoral cholera control plans aligned to WHO’s strategy, Ending Cholera – A Global Roadmap to 2030
Proportion of countries with a budgeted meningitis preparedness and response plan
Proportion of priority countries with a budgeted preparedness and response plan for the pathogen(s) responsible for viral haemorrhagic fevers (Ebola, Marburg, Lassa and Arenaviridae and Crimean-Congo haemorrhagic fevers, Rift Valley Fever, Nipah virus disease and those associated with henipavirus and hantavirus infections) that are endemic in the countries concerned

Output 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness

Approximately 75% of emerging pathogens are of zoonotic origin. Exposure to highly infectious pathogens and dangerous biological materials threatens public health and global health security because of their pandemic potential. The COVID-19 crisis demonstrates the urgent need to be prepared for the emergence and re-emergence of high-threat pathogens with no known countermeasures, including from accidental or deliberate release (weaponization of pathogens), and other multidrug-resistant pathogens. Preparedness for high-threat pathogens requires specific strategies and approaches. Although the likelihood of these events is low, their impact can be catastrophic.

Through this output, WHO will address known and novel disease threats to avoid amplification and minimize the risk of multifocal epidemics or pandemics by planning for a moderate to severe pandemic based on lessons from the COVID-19 pandemic, and including strong integration of preparedness efforts within health service delivery, using multisectoral, multi-level approaches.

Work to deliver this output involves close collaboration on: strengthening health systems to deal with communicable and noncommunicable diseases (output 1.1.2); strengthening capacities for emergency preparedness in all countries (output 2.1.2); supporting countries to be operationally ready to assess and manage identified risks and vulnerabilities (output 2.1.3); and implementing polio eradication plans in partnership with the Global Polio Eradication Initiative (output 2.2.4).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its leadership by:

- establishing, leading, managing and strengthening the technical networks and global partnerships for research, development of countermeasures, prevention, control and mitigation of novel, high-threat infectious hazards;
- transitioning poliovirus containment functions to ensure the sustainability of support for the safe and secure retention of polioviruses in laboratories and vaccine production facilities for research, diagnostics and vaccine production;
- developing global strategies, with regional specificities, guidance and tools to prevent and manage emerging or re-emerging high-threat pathogens; and
- strengthening the implementation of the Pandemic Influenza Preparedness Framework, and coordinating the Global Influenza Surveillance and Response System.

The Secretariat will support countries to:

- prepare, prevent and manage outbreaks of emerging or re-emerging high-threat pathogens, and scale up interventions based on context and transmission patterns. This support will include the revision of pandemic preparedness plans taking into account specific and unknown (disease X) pathogens;
- develop and implement robust infection prevention and control strategies at the national level to ensure that core components, including personal protective equipment, are adequate and available;
- better understand community beliefs and behaviours in order to successfully implement community engagement activities in mitigating and managing outbreaks of high-risk pathogens;

- implement the global influenza strategy 2019–2030 in order to strengthen detection of emerging influenza viruses, scale up national sustainable influenza programmes and develop new tools for disease prevention and control; and
- strengthen national capacity to guarantee the safe and secure retention of polioviruses, in line with the global action plan for poliovirus containment (GAPIII), and ensure that facilities that retain polioviruses are fully certified, as outlined in the WHO Containment Certification Scheme.

The Secretariat will:

- produce standard protocols, guidance and control strategies to prevent, manage, and reduce the health and security impacts of emerging and re-emerging pathogens and biosecurity hazards, including respiratory pathogens and vector-borne diseases;
- produce pandemic preparedness plans for unknown diseases (disease X), and guidelines and strategies for accelerating research on emerging pathogens;
- produce collaboratively evidence-based pandemic influenza preparedness packages, including guidance, standard operating procedures, training materials and platforms and continue to provide global influenza vaccine strain recommendations to inform the composition of the seasonal (or pandemic) influenza vaccine; and
- operationalize the WHO Advisory Committee on Variola Virus Research, and oversee the biosecurity inspections of the two global repositories of variola virus where the last remaining stocks of live variola virus have been held since the eradication of smallpox.

LEADING INDICATORS

Number of “hot spots” that have been supported to develop risk mitigation measures for high-threat pathogens
Number of countries incorporating influenza programmes into national action plans that include strategies for nonpharmaceutical interventions, vaccines, and antiviral drugs

Output 2.2.4. Polio eradication plans implemented in partnership with the Global Polio Eradication Initiative

In 2020, wild poliovirus continues to transmit in two countries: Afghanistan and Pakistan; in August, Africa was certified as free of wild poliovirus. The disease has been reduced by 99.9%. In 2020, the global effort to eradicate poliomyelitis was significantly disrupted by the COVID-19 pandemic, compromising health systems and limiting access to vital treatments and immunizations around the world. The programme is adjusting its operational approaches to this new reality, even as its infrastructure continues to support the global COVID-19 pandemic response. New tools, such as novel oral polio vaccine type 2 (nOPV2) will be deployed to more systematically and sustainably address outbreaks of vaccine-derived poliovirus, while the partnership is developing a new strategic plan, building on lessons learned and the new operational environment that has emerged in 2020, to urgently secure a lasting poliomyelitis-free world.

The Global Polio Eradication Initiative is a public–private partnership led by national governments, with six core partners: WHO, the Bill & Melinda Gates Foundation, Rotary International, UNICEF, the United States Centers for Disease Control and Prevention, and Gavi, the Vaccine Alliance, which joined the Initiative in 2019. The specific objectives of the Initiative include: (a) complete the interruption of wild poliovirus transmission globally; (b) rapidly detect and interrupt any outbreaks due to vaccine-derived polioviruses; (c) strengthen immunization services and increase population immunity against polioviruses; (d) expand the use of inactivated rather than oral poliovirus vaccine in routine immunization programmes; (e) certify poliomyelitis eradication globally; and (f) enhance long-term global security from poliomyelitis.

The Global Polio Eradication Initiative also supports the process of sustaining the gains of poliomyelitis eradication and ensuring that the essential public health functions it manages are successfully integrated into national health systems, so that the world remains free of poliomyelitis. The Initiative will disseminate best practices and lessons learned in the course of eradicating poliomyelitis, which will help countries to develop future health policies, goals and interventions.

Work to deliver this output involves close collaboration on: Mitigating the risk of the emergence and re-emergence of high-threat pathogens and improving pandemic preparedness (output 2.2.3); enabling countries to strengthen their health systems to deliver on addressing population-specific health needs and barriers to equity across the life course (output 1.1.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its leadership of the Global Polio Eradication Initiative to stop transmission of wild poliovirus (WPV) in the two remaining endemic countries by 2023, and to substantially slow the spread of vaccine-derived polioviruses. The Director-General sits on the Polio Oversight Board, which will approve the strategy to achieve eradication and set the direction for implementation of the strategy and achievement of these objectives.

The Secretariat will support countries to:

- respond to, and protect populations from, vaccine-derived poliovirus outbreaks; and
- stop transmission of wild poliovirus in Afghanistan and Pakistan and protect neighbouring countries from importation of wild poliovirus.

The Secretariat will:

- work with immunization programmes to strengthen population immunity through routine immunization in order to prevent outbreaks of circulating vaccine-derived poliovirus occurring in countries with weak health systems; and
- implement the research agenda for the continued development of a more efficacious vaccine.

In addition, the Secretariat will work through the Global Polio Eradication Initiative partnership

- to revise the Initiative's strategy to stop transmission of wild poliovirus by 2023 and certify eradication after that;
- to continue intensive interventions in Afghanistan and Pakistan, including several rounds of campaigns to immunize all children aged under five years, and to make additional efforts to reach missed children, for example, through microplanning, enlisting community involvement by employing community-based vaccinators, and targeting mobile populations; and
- to sustain certification-level surveillance capacity in countries in which poliomyelitis is not endemic, and, as appropriate, to support countries which are free of poliomyelitis in looking for other sources to broaden (for example, to vaccine-derived poliovirus and outbreak detection) and sustain this essential activity both up to and after certification.

LEADING INDICATORS

Number of WHO regions that have maintained wild poliovirus-free status
Number of WHO regions that have remained free of circulating vaccine-derived poliovirus (cVDPV) outbreaks
Number of WHO regions that have fully transitioned away from the Global Polio Eradication Initiative (GPEI) support for core capacities

Outcome 2.3. Health emergencies rapidly detected and responded to

The rapid detection, verification, assessment, management and communication of health emergencies is essential to save lives and recover from health emergencies. WHO's Health Emergencies Programme investigates alerts and verifies public health events from a diverse and large number of sources for all health hazards and employs systematic processes, public health expertise and networks and powerful new technologies to translate this data into public health intelligence. WHO's role in public health intelligence extends beyond the initial detection and validation of signals to the continuous monitoring of emergencies, as they and the risks that they pose evolve over time.

One of the key challenges and opportunities to improve the timelines of event detection is the strengthening of national surveillance capacities, in line with the recommendations of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, as part of a broader strengthening of health emergency preparedness and readiness capacity. Further harnessing the abundance and diversity of available data and the advance tools utilizing artificial intelligence and machine learning will enable the Secretariat and Member States to effectively detect, assess and respond to public health events.

WHO coordinates the rapid scale-up of support to countries and affected communities in the form of expert human resources; financing; and operational support, logistics and supplies for responding to major acute events. The Programme must be able to react rapidly to any health emergency, in any place and at any scale, from sustaining deep field operations in response to an Ebola virus outbreak to ensuring the delivery of essential health services in protracted emergencies. A large proportion of WHO's direct operational support to countries in responding to emergencies is focused on countries in fragile, conflict-affected and vulnerable settings. In such settings, the Programme works across humanitarian, development and peacebuilding sectors to increase the coverage of a package of prioritized health services for protecting the most vulnerable in society.

The outputs that contribute directly to outcome 2.3 cover several key areas that require increased investment over the budget period, including reforming public health intelligence systems and processes to harness new technologies for detecting, verifying and assessing potential public health events; ensuring that countries and the global community are ready to rapidly respond to health threats through a fit-for-purpose leadership, coordination and governance architecture, a sufficient pool of rapidly deployable public health expertise and strengthened operational capacity, including strengthened event management systems and supply chain platforms; and working with humanitarian, development and peacebuilding partners in fragile, vulnerable and conflict-affected settings in order to increase coverage and access to essential health services (preventive, curative, palliative and rehabilitative).

Indicators associated with outcome 2.3 are set out in Box 6 and the proposed budget by major office is set out in Table 18, below.

Box 6. Indicators associated with outcome 2.3

- 2.3.IND.1. Number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population
- 2.3.IND.2. Proportion of vulnerable people in fragile settings provided with essential health services

TABLE 18. PROPOSED BUDGET FOR OUTCOME 2.3, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.3. Health emergencies rapidly detected and responded to	133.6	12.5	14.7	17.0	41.2	26.5	94.1	339.5
Total outcome 2.3	133.6	12.5	14.7	17.0	41.2	26.5	94.1	339.5

Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated

The speed and accuracy with which we identify and verify a threat determines the speed and accuracy with which we can take appropriate action. The COVID-19 pandemic is just the latest in a long line of infectious disease outbreaks that demonstrate how deficits in public health intelligence can so often make the difference between a localized outbreak and a national crisis, or between a national crisis and a global public health emergency.

WHO global emergency surveillance, alert and early warning systems gather official reports and signals of suspected health emergencies from a wide range of formal and informal sources, including ministries of health; national institutes of public health; WHO regional and country offices; WHO collaborating centres; and global media sources such as news wires, websites and social media. Based on this real-time surveillance of health emergency events, WHO works with countries to verify and assess risks and communicate them to countries and the global public.

WHO's core capacities of risk verification and risk assessment depend to a large extent on the pool of international epidemiological and multidisciplinary expertise. WHO supports countries in building capacity at national and subnational levels; conducting outbreak investigations and risk assessments; making available state-of-the-art tools and technology to enhance the detection and assessment of signals; facilitating communication with International Health Regulations (2005) national focal points; and managing public health emergencies. WHO's activities to support country capacity-building include the development of the core competencies of the tripartite-endorsed Field Epidemiology Training Programme (FETP) and engaging in field epidemiology training within the global FETP framework.

More recently, WHO has begun to harness emerging technologies such as artificial intelligence, machine learning and big data analytics to leverage the exponentially growing amount of data derived from public health surveillance in order to better detect, monitor and predict health emergencies. The Epidemic Information from Open Sources (EIOS) platform is already changing the way and speed with which we can detect outbreaks, including by detecting the first report of COVID-19 on 31 December 2019 using open-source data.

But that is just the start. WHO envisages a global data ecosystem that will allow anyone, anywhere, to be able to leverage data and data science in order to rapidly detect and assess the risk of epidemics and rapidly share information in real time. To this end, the Secretariat plans to invest in capacity for epidemic and pandemic intelligence that focuses on the development of a global data ecosystem to produce timely insights and tools for policymakers at all levels before, during and after epidemic and pandemic events. Such an ecosystem would enable us to gain a new understanding of health emergency risks, opening up new avenues for forecasting, developing scenarios and simulation exercises and sharing insights in order to optimize preparedness and implement prevention and mitigation measures so as to reduce the impact of diseases on economies and societies and model the likely impacts of different response measures.

Building a global public health intelligence system fit for the demands and opportunities of the 21st century will require an initial investment in digital platform capabilities, but the result will be a new and radically more powerful ecosystem of data, stronger analytics and a better basis for decision making, as well as a legacy of lives saved and crises averted.

Work to deliver this output involves close collaboration on: strengthening capacities for emergency preparedness strengthened in all countries (output 2.1.2); establishing effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations (output 4.3.3); enabling countries to strengthen data, analytics and health information systems to inform policy and deliver impacts (output 4.1.1).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up **its leadership** by:

- leading the global collaboration, known as EPI-BRAIN, to build a comprehensive ecosystem of applications, communities and semantically linked data, powered by and powering artificial and augmented intelligence in order to support public health practices around the globe;
- creating capability for epidemic and pandemic intelligence that focuses on the development of a global data ecosystem to produce timely insights and tools for policy-makers before, during, and after epidemic and pandemic events. Concretely, WHO will deliver on the following: (a) building the fastest engine for detection of global risks and signals of health emergencies from diverse data, using advanced analytical technologies and interdisciplinary expertise; (b) leveraging these data-driven tools to rapidly produce actionable insights for policy-makers at local and global levels about pre-, intra-, and post pandemic events; and (c) transforming innovations in public health intelligence and risk analysis into sustainable global public goods through reliable partnerships;
- continuing to advocate for and implement the improved interoperability of data-capture systems from multiple stakeholders, and to increasingly blend existing processes with automated extraction and reconciliation of official disease case counts from government websites, dashboards and social media accounts;
- continuing to harness the power of innovative regional platforms, such as the online signal module piloted in the WHO Eastern Mediterranean Region and its respective countries, which supports the detection, risk assessment and verification process, with links to national emergency operating centres;
- undertaking rapid risk assessments, in accordance with WHO's operational independence, and supporting access to relevant information by countries and subregional stakeholders; and
- continuing to widely disseminate information on signals and the results of risk assessments through a variety of platforms and information products, including internal and public communications, scientific literature and social media.

The Secretariat will **support countries** to:

- track and rapidly report public health events and emergencies; conduct outbreak investigations and risk assessments to manage and reduce acute public health risks; and work with countries to improve national surveillance systems, providing updated guidance for early warning, surveillance and response and the deployment of training, tools and solutions (such as EIOS; the Early Warning, Alert and Response System; Go.Data; and the Outbreak Toolkit);
- strengthen capacity at the national and subnational levels to collect and identify new, potentially threatening pathogens; strengthen public health emergency operations centres; and improve compliance with the International Health Regulations (2005) in the areas of detection, verification, assessment and communication on the Event Information Site platform;
- strengthen the implementation, monitoring and evaluation of early warnings, alerts and responses at country level, as an integrated element of routine surveillance, and implement information indicators to share for risk-assessment purposes; and
- conduct outbreak investigations and risk assessments to manage and reduce acute public health risks, including vaccine-derived poliovirus outbreaks as part of the polio transition.

The Secretariat will:

- build on the existing suite of tools for scanning and verifying potential threats to public health in order to develop a global data ecosystem harnessing artificial intelligence to predict, detect and analyse health threats more effectively, enhancing global public health intelligence, and enabling evidence-based rapid action to save more lives;
- alert the global community about emerging risks, provide public health agencies with access to information on disease risk and threats, improve information exchange and ensure early and accurate risk assessments, working through the Global Outbreak Alert and Response Network (GOARN), and other platforms;
- publish a global early warning and surveillance strategy to advocate for and improve the harmonization of multistakeholder surveillance data and enhanced data-sharing in order to strengthen early detection at country level; and
- commit to ensuring that technological solutions and algorithms that are developed under the EIOS initiative are open-source under appropriate open-access licensing models.

LEADING INDICATORS

Percentage of critical acute public health events for which a formal rapid risk assessment is completed and circulated within one week
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Percentage of signals verified under the International Health Regulations (2005) within 24 – 48 hours

Output 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

Rapid operational response at the country level, with support from WHO and partners, is required to save lives, minimize the public health, social, political and economic consequences within the country and prevent disease spread across borders.

WHO works to ensure a rapid and multisectoral response at global, regional and national levels to every significant new acute public health event. WHO's role is to lead, coordinate and manage the response to such events; support countries to rapidly respond to acute health emergencies by leveraging relevant national and international capacities; and provide an integrated team for acute event response across all major WHO offices in order to enable immediate interregional support and scale-up for responding to such events.

Dealing with acute health emergencies involve close collaboration with the work to deliver several other outputs, including: strengthening capacities for emergency preparedness in all countries (output 2.1.2), ensuring a safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including duty of care (output 4.3.4); strengthening health systems to deal with communicable and noncommunicable diseases (output 1.1.2); strengthening the health workforce (output 1.1.5). It also draws on the work: in support of the quality, safety and efficacy of medical products for emergencies (output 1.3.1); to address environmental and occupational health in emergencies (e.g. during chemical, biological and radio-nuclear accidents) (output 3.1.2).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up **its leadership** by:

- developing and implementing strategic preparedness and response plans for all emergencies; enhancing the Emergency Operations Platform and network for the coordination and management of incidents, including mobilization and deployment of expertise; providing emergency supplies and finances through the Contingency Fund for Emergencies to enable rapid response at country level; and providing technical assistance by developing strategic guidelines and standard operating procedures, based on evolving public health needs;
- coordinating global health emergency responses, through established incident management structures, with a broad range of United Nations and non-United Nations partners, as a key member of the Inter-Agency Standing Committee, as Lead Agency of the Global Health Cluster and as custodian of the International Health Regulations (2005);
- leading the development of a global, regional, and country-level emergency workforce, including rosters for surge capacity, and building operational capacity through integrated public health teams at all levels to strengthen WHO country and regional capacity to support emergency operations, including at the subnational level;
- evolving and integrating its emergency management and response systems in a modular manner, using common reference data and document structures as well as permissions and access control – the Event Management Suite 2 (EMS2) initiative, enabling collaboration with partners and designed in a manner that allows for distribution to national systems in the future; and
- strengthening and expanding the global workforce of operational partnerships and networks, including the GOARN, emergency medical teams, the Global Health Cluster and standby partners to build emergency capacity and ensure rapid response when needed.

The Secretariat will **support countries** to:

- convene and make recommendations on emergency grading based on risk assessments as established in the emergency response framework;
- implement emergency response activities through effective planning, budgeting, risk management and identification of financing gaps, ensuring continuous resource mobilization efforts and supporting resource allocation decisions through the Event Management Suite 2 (EMS2) structure;
- redesign and adapt existing operations and supply chain and logistics platforms to manage large emergency events; and
- strengthen linkages to regional and national emergency operations centres and national networks in order to ensure that such centres function as major strategic information hubs;

The Secretariat will:

- convene Emergency Committees under the International Health Regulations (2005), in the case of an extraordinary public health event, which will advise the Director-General on whether to declare a public health emergency of international concern;
- strengthen the global emergency operations platform, building stronger national and regional networks with a focus on improving standardization and interoperability, sharing and analysing critical real-time information for strategic decision-making and coordinating, mobilizing and rapidly deploying surge personnel through Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams and other operational partnerships;

- build the global, robust and multifaceted supply chain platform required to provide essential supplies in emergencies and strengthen the Organization’s ability to rapidly initiate and sustain deep field operations by consolidating demand, coordinating purchasing, streamlining distribution, providing support on a continuum and building relevant resources at global, regional and country levels; and
- develop rapid, evidence-based guidance during all emergencies, convening all relevant stakeholders to address evolving challenges.

LEADING INDICATORS

Percentage of newly graded emergencies for which a strategic response plan has been issued within 30 days
Percentage of newly graded emergencies for which an Incident Management System is activated at country-level within 72 hours
Percentage of times, during a Grade 2 or 3 emergency, that a critical items shipment has been loaded to destination within the first 72 hours after signature of an emergency request

Output 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings

Emerging health emergencies can easily disrupt health service delivery or overstretch already weak capacities for health service delivery in fragile, vulnerable and conflict-affected settings. There is also a need, while acknowledging that protracted crises will continue for the foreseeable future, to reduce the risks to affected populations from health emergencies, and to increase the resilience of health systems in fragile, vulnerable and conflict-affected settings. There is an absolute moral imperative to provide care and meet the needs of populations in these settings to ensure health security for all. As shown by the COVID 19 pandemic, no one is safe until everyone is safe.

During 2020, the COVID-19 pandemic has highlighted a number of cases in which WHO’s work with partners in response to other emergencies has had an associated benefit in terms of COVID-19 prevention, preparedness and responses. For example, in areas of the Democratic Republic of the Congo that have most recently been affected by the Ebola virus, WHO’s support for improved disease surveillance and clinical care has proven invaluable in the effort to combat the COVID-19 pandemic. Similarly, the retooling of highly skilled, seasoned and agile poliovirus response teams and their assets under the umbrella of the WHO Health Emergencies Programme during the COVID-19 pandemic response has shown what can be achieved in even the most challenging circumstances.

Work to achieve this output has a strong linkages with the work to achieve the other outputs, including the following: maintaining essential health services, including mental health services and health system strengthening to address communicable and noncommunicable diseases (outputs 1.1.1 and 1.1.2); providing authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists (1.3.1); strengthening the health workforce (1.1.5); supporting countries to adopt a social determinants of health perspective (output 3.1.1); engaging stakeholders to support health promotion skills and practices (e.g. community engagement, communication for social and behavioural changes, policy dialogues and advocacy) (output 3.3.1). There is also high demand for more real-time data on expenditures related to health security, connecting this work to output 1.2.2.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- working with partners to mitigate the impact of protracted emergencies and prolonged disruption of health systems in fragile, conflict-affected and vulnerable settings by improving access to quality and sustainable health services based on expanding primary health care services. It will commit to accelerating work towards the 2030 Agenda for Sustainable Development, which is committed to leaving no one behind;
- contributing to the development of humanitarian response plans for countries in protracted humanitarian emergencies and strengthening the delivery of life-saving and life-sustaining emergency operations, while continuing to provide gender-responsive and disability-inclusive programming and promoting the Health for Peace approach through continued coordination with the Inter-Agency Standing Committee; and
- strengthening governance and coordination mechanisms for maintaining the continuity of essential health services during the response to emergencies, while leveraging polio infrastructure and assets, particularly at subnational level, as part of the polio transition.

The Secretariat will **support countries** to:

- strengthen national resilience to health risks and prevent, prepare for, respond to and recover from shocks, working within a “do no harm” approach, while reducing fragmentation and building on existing systems in fragile, conflict-affected and vulnerable settings;
- strengthen governance and coordination mechanisms in order to maintain the continuity of essential health services during the response to emergencies, while also supporting countries to strengthen the foundational capacities of their national systems and resources (such as their infrastructure, health workforce, medical supply chain management, health information systems, planning and financing);
- establish appropriate emergency response coordination mechanisms, as lead United Nations agency for the Global Health Cluster and in coordination with other clusters, and ensure appropriate coordination solutions in different emergency contexts that foster strategic, technical and operational connections with other emergency management and health development partner coordination platforms;
- develop and implement internal monitoring and evaluation tools for assessing progress, performance and impact, in accordance with existing national health information management systems and monitoring related to the Sustainable Development Goals;
- ensure that they have a clear and comprehensive system for monitoring routine essential health services in fragile, conflict-affected and vulnerable settings and the progressive expansion of the access, use and quality of an essential package of health services, allowing for course corrections and improvements when needed. Vulnerable populations must have access to costed essential packages of health services contextualized to their situation and health requirements, with special focus on immunization; sexual, reproductive, maternal, neonatal, child and adolescent health; mental health and psychosocial support; and noncommunicable diseases; and
- maintain and strengthen their essential health services in fragile, conflict-affected and vulnerable settings by providing them with integrated and context-specific programming. WHO will work with partners to conduct joint assessments and joint planning, identify collective outcomes and foster integrated programming and multiyear financing, based on conflict analyses, so that programming is conflict-sensitive and contributes to social cohesion, community trust and dialogue.

The Secretariat will:

- produce guidance on health, including mental health and psychosocial responses, in the context of fragile, conflict-affected vulnerable and other emergency settings, including on the minimum package of essential health services; health facility performance monitoring for quality improvement by partners and third party validation; health system analysis; treatment of people living with noncommunicable diseases in humanitarian emergencies; engagement and coordination of emergency medical teams and other forms of clinical response teams; and cash transfer programming for health and continuity of care for refugees. WHO will also continue monitoring and analysis of the use of COVID guidance and best practices, as appropriate;
- produce technical guidance on mental health and psychosocial responses to public health emergencies and develop a minimum service package for mental health in emergencies; and
- implement the three pillars of the Attacks on Health Care initiative, including monitoring incidents of attacks, advocating for the prevention and protection of health care against attacks and documenting good practices of prevention, mitigation and protection. In addition, WHO will conduct research to identify the impact of attacks on the health of populations and assess the impact of the COVID-19 pandemic on both monitoring the incidents of attacks on health care and the pattern and trend of attacks in 2022–2023.

LEADING INDICATORS

Percentage of fragile, vulnerable or conflict-affected situations that have a humanitarian response plan (or equivalent) that includes a health sector component
Percentage of fragile, vulnerable or conflict-affected situations with known attacks on health care that report to the surveillance system for attacks on health care
Percentage of country health clusters with a dedicated, full time health cluster coordinator

Outcome 3.1. Safe and equitable societies through addressing health determinants

Recognition is growing of the importance of the “upstream” determinants of health worldwide that can lead to health inequalities. “Upstream” determinants include or result in social, environmental and economic conditions in which people are born, grow, learn, live, work and age, such as policies in other sectors than the health sector. Efficiently combating those upstream causes is of prime importance to create healthier populations and release the pressure on health care. Furthermore, the health inequities resulting from these causes adversely affect the economic and social development of communities and countries as a whole. A number of global trends, including epidemiological transition, demographic changes, rapid urbanization, increased climate change, globalized food supply and rapid technological advances, risk entrenching existing inequities and further widening the gap in health outcomes.

Successfully achieving this outcome implies increased global and national awareness of the necessity of addressing these determinants in order to achieve population health and well-being. This means that Member States must take multisectoral action and implement evidence-based interventions that act on social, commercial and economic determinants, as well as coordinated actions with interventions that address environmental risks and determinants.

Success will also require that COVID-19 responses – at both global and national levels – include the determinants of health at the core of both the response and recovery phases, in line with the WHO Manifesto for a healthy recovery from COVID-19. The COVID-19 crisis has shown that people will support even difficult policies if decision-making is transparent, evidence-based and inclusive and has the clear aim of protecting their health, families and livelihoods. This includes addressing the root causes of the pre-existing conditions that have

complicated COVID-19 diagnoses for many people and taking account of the policy changes that are required to improve health and support emergency responses. This should be reflected in the way that policy is made. While finance ministries may take the lead in defining COVID-19 economic recovery packages, it is also important for health leaders to be directly involved in their design, given the integral connection between the environment, health and the economy.

The work detailed under the outcomes and outputs in this section to achieve 1 billion more people enjoying better health and well-being are mutually reinforcing. The work to achieve safe and equitable societies through addressing health determinants includes addressing the determinants of health that underpin violence in the family and the community and preventing injuries from road crashes, falls, drowning or burns, thereby ensuring safe mobility, work and living and the full healthy development of people across the life course. Working towards safe and equitable societies also includes strengthening food safety, food security and sustainable food systems so that they become more enabling for people's health and nutritional well-being.

The achievement of this outcome will also be facilitated by synthesizing evidence to develop normative guidance on assessing health risks; developing effective interventions; and supporting Member States to build the capacity of national institutions, particularly of the health sector, around the technical areas covered under this outcome and building or strengthening strategic partnerships at all levels.

The Secretariat will promote health as a central consideration in global development and policy agendas; advocate for the Health in All Policies approach; and support the strengthening of governance mechanisms (global, regional and national) in this regard to ensure integrated and cross-sectoral action.

Cross-cutting initiatives, notably on urban health, commercial determinants and healthy equity, as well as safe, healthy and sustainable diets, will be fundamental to ensuring that countries are supported to implement a COVID-19 response that addresses the determinants of health that have been shown to be so critical to the impact of the pandemic on infection, mortality and other health outcomes. Supporting countries in the COVID-19 recovery phase to invest and implement policies that protect and promote population health and address inequalities is critical to the realization of this outcome.

The indicators to be addressed by WHO's work on determinants are shown in Box 7 and the proposed budget by major office is set out in Table 19.

Box 7. Indicators associated with outcome 3.1

- 3.1.IND.1. Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age
- 3.1.IND.2. Prevalence of malnutrition (weight-for-height $>+2$ or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (wasting)
- 3.1.IND.3. Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
- 3.1.IND.4. Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
- 3.1.IND.5. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
- 3.1.IND.6. Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- 3.1.IND.7. Death rate due to road traffic injuries

TABLE 19. PROPOSED BUDGET FOR OUTCOME 3.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.1 Safe and equitable societies through addressing health determinants	30.0	5.1	6.4	7.9	6.5	11.8	28.6	96.4
Total outcome 3.1	30.0	5.1	6.4	7.9	6.5	11.8	28.6	96.4

Output 3.1.1. Countries enabled to address social determinants of health across the life course

The world has seen considerable health gains over the last century, but the distribution of those health gains is vastly unequal with inequalities in many health outcomes existing both within and between countries. There is increasing recognition that patterns of morbidity and mortality follow inequalities that are rooted in societal, political and economic conditions, including lower standards of housing and education, fewer employment opportunities and inadequate access to safe and healthy food and health care for certain groups. Such circumstances negatively impact health outcomes and lead to health inequities that undermine human development and impede the economic and social development of communities and countries.

Social determinants of health can form barriers to access to public health and health services. For example, social conditions, such as employment, determine whether people adhere to public health measures, such as COVID-19 quarantining restrictions. Furthermore, social determinants of health also define the distribution of risk factors. For instance, it is the most disadvantaged and those in vulnerable situations who are most exposed to the risk of violence, road traffic crashes and lack of access to healthy food.

Shifting from the narrow viewpoint of health as merely the absence of disease to an understanding that it is a manifestation of broader well-being requires governments to recognize that investment in health and the conditions that improve health is a political choice. To implement this choice requires a multisectoral approach to developing and implementing policies that affect health. This means working with sectors that lie outside the traditional ambit of health, including transportation, urban planning, justice, education, housing, social protection, agriculture and migration. For example, the lack of dialogue between policy-makers in the fields of social determinants of health and immigration has resulted in missed opportunities to ensure better health for migrants.

Work to deliver this output involves close collaboration on the research agenda for urban health; the INSPIRE package of seven strategies for ending violence against children; the Global Plan of Action for the Decade of Action for Road Safety 2021–2030; the United Nations Decade of Action on Nutrition 2016–2025; the International Code of Marketing of Breast-milk Substitutes (output 3.1.2), the marketing of foods and beverages to children, and the role of the private sector (outputs 3.1.2 and 3.2.1); commercial determinants of health; engagement with the private sector and civil society, and multisectoral action to address noncommunicable obesogenic and other risk factors (output 3.2.1); health promotion (output 3.2.1); settings-based approaches community engagement/empowerment (output 3.3.2); regulatory frameworks for health improvement (output 3.2.2); multilateral trade agreements and investment mechanisms, such as the Codex Alimentarius (output 3.1.2), the Decade of Healthy Ageing (2021–2030) and the Global Compact for Safe, Orderly and Regular Migration. Synergies with the work on strengthening health governance (output 1.1.4) and fiscal policies and investment cases (output 1.2.1) help in addressing social determinants and work on mainstreaming gender, equity and human rights (output 4.2.6.) will also be of value.

There is further collaboration with work on health systems, particularly improving service delivery. Disease control and elimination, addressing health issues through the life course (outputs 1.1.2 and 1.1.3) and strengthening national and subnational capacities for emergency preparedness (output 2.1.2) will not be achieved without a social determinants of health perspective.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- contributing to global policy processes and high-level development agendas to ensure consideration of their impact upon health and promote a Health in All Policies approach;
- engaging at a high level with non-health sectors to address the impact of policies on health and exploit opportunities for mitigating negative health impacts, including working with development banks to establish safeguards in road infrastructure activities, and ensuring that social determinants of health are considered in policy discussions on immigration;
- leveraging global platforms, including the second Decade for Action on Road Safety (2021–2030), the Decade of Action on Healthy Ageing (2021–2030), and the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), in order to improve health;
- participating in high-level boards and commissions on health and socioeconomic development in order to strengthen recovery from COVID-19, including advocating for equity in national and subnational COVID-19 responses and recovery strategies;
- building and maintaining global alliances and partnerships for advancing global agendas, including through the Global Partnership to End Violence Against Children, the Early Childhood Development Action Network, Global Network for Age-friendly Cities and Communities, the United Nations Road Safety Collaboration and UN-Habitat;
- supporting regional entities to strengthen data systems to improve reporting of road traffic deaths, in collaboration with partners, such as, the African Union, the Organisation for Economic Co-operation and Development and the World Bank Group; and
- building and maintaining global policy processes and high-level agendas on urban development and health.

The Secretariat will **support countries** to:

- implement and monitor progress against norms and standards, including the INSPIRE: seven strategies for ending violence against children technical package; Safe Steps guidance on avoiding falls; implementing the Global Plan of Action for the second Decade for Road Safety; the nurturing care framework for early childhood development; and guidance on global accelerated action for the health of adolescents;
- design, introduce or enforce measures to prevent violence and injuries and improve maternal, child and adolescent health, such as support road safety legislation or data systems, standards for quality day care for children;
- collect data needed for prioritizing action on ageism, social isolation and loneliness, and health equity, and for assessing the prevalence of violence against older people and road traffic fatalities;
- address social determinants of health through a Health in All Policies approach;
- implement policies that promote the inclusion of social determinants of health as part of the response to health emergencies (e.g., the response to the COVID-19 pandemic) and ensure that such policies are sustained in recovery strategies;
- enable local governments to work with communities to address the social determinants of health and equity, with a special focus on employment and social protection, including in the response to health emergencies (e.g., COVID-19 response);

- build capacity in supporting children’s healthy growth and development and preventing violence against children, as well as in healthy ageing, developing road safety legislation, improving data systems and conducting local level implementation research; and
- train front line health care providers in dealing with child maltreatment.

In producing **global public health goods**, the Secretariat will:

- build and strengthen the evidence base on the economic and commercial determinants of health and the impact of the private sector and economic determinants on health;
- develop global reports on the social determinants of health and health equity, the impact of the private sector on health, road safety and violence against children, as well as annual progress reports on the health and development of women, children and adolescents;
- develop standards on healthy diets;
- develop and update guidance to reduce the negative impact on health of social determinants. The guidance should cover: preventing child maltreatment, promoting optimal development in children, and multisectoral trade and investment approaches to addressing social determinants of health;
- develop guidance and tools to address the social determinants of health at national and local levels, including to measure, prevent and counter ageism;
- develop frameworks for action in urban health, including a global urban health research agenda and tools to improve health in urban settings, and develop action frameworks for addressing economic and commercial determinants of health;
- provide tools for estimating the costs and benefits of policy action (for example, the investment case on injuries); and
- document evidence on the negative impacts of COVID-19 on social determinants and consequently on health outcomes, as well as on sharing best practices and innovations that have been implemented to mitigate these impacts and promote equity.

LEADING INDICATORS

Number of countries that have enacted or changed legislation or policies to address injuries (road safety, violence prevention, drowning prevention)
Number of countries that have strengthened their multisectoral governance for health/ “health-in-all policies” capacities and actions
Number of countries that have integrated social determinants of health and health equity in their planning, implementation and monitoring of health policies/programmes

Output 3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach

Unhealthy diets and malnutrition are top risk factors for the global burden of disease. About 10 million people die every year from conditions related to unhealthy diets and an additional 8 million from the consequences of poor nutrition. Access to and affordability of food are unequal within and across countries. As of 2019 prior to the COVID-19 pandemic, 690 million people were undernourished and the number increased in 2020. Stunting and wasting in children remain global challenges in the context of globalized food supplies and the increasing prevalence of overweight. In addition, 600 million people – almost 1 in 10 – fall ill after consuming contaminated food each year, leading to 420 000 deaths, including 125 000 children under the age of 5.

Food systems are changing rapidly, with increased consumption of processed foods, intensive agricultural and animal food production and globalization of supplies. Agriculture has a large share of the environmental impact

and the use of antimicrobials in food systems is a contributor to antimicrobial resistance. These factors have led to new threats for humans and the environment. Human activities (such as large-scale deforestation and extraction; the intensification of agriculture and livestock production; the overuse and misuse of antibiotics; the way we produce, consume and trade food and other commodities; urbanization; habitat degradation; and transportation), combined with a range of socioeconomic factors, have all considerably increased unlikely interactions at the “human-animal-environmental” interface and increased the risk of zoonoses with pandemic potential.

These threats require a One Health approach, and collaboration between the Food and Agriculture Organization of the United Nations and World Organisation for Animal Health (the Tripartite) and other multilateral organizations, such as the United Nations Environment Programme and development banks, to coordinate the global response and provide consistent coherent guidance across sectors.

A robust and diverse supply of safe and healthy food is a human right and an essential part of the response to health emergencies, especially the COVID-19 pandemic and the realization of the WHO Manifesto for a green and healthy recovery. The pandemic has disrupted the domestic and international supply and demand of food as a result of border closures, trade restrictions, confinement measures and loss of livelihoods. The achievement of this output is therefore focused on supporting countries to move towards enabling food systems that promote equitable access to safe, healthy and sustainable foods throughout the life course.

Work to deliver on this output includes the analysis of the different impacts of food systems on health and the development of solutions to minimize health risks associated with food production and distribution and to improve access to safe, healthy and sustainable diets throughout the life course.

Healthy diets start early in life. Work to deliver this output will contribute to the promotion, protection and support of breastfeeding through the implementation of the International Code of Marketing of Breast-milk Substitutes.

Access to safe and healthy foods, including fortified food, is further threatened by climate change and conflicts and indissolubly linked to work on risk factors for malnutrition (output 3.2.1); social, commercial and economic determinants (output 3.1.1); environmental risks, including climate change (output 3.3.1); and healthy settings for healthier populations (output 3.3.2). Work to deliver this output also involves close collaboration on addressing antimicrobial resistance (under output 1.3.5).

Work to deliver on this output will also include actions to increase the vitamin and mineral content of the food supply; improve public food procurements; identify and respond to food safety challenges resulting from global changes in food systems; and strengthen national food safety control systems. It will require global advocacy, building on the United Nations Decade of Action on Nutrition 2016–2025, the outcome of the United Nations Food System Summit 2021 and the G7 and G20 Call to Action on One Health of 2021. It will require engagement with intergovernmental bodies such as the Codex Alimentarius Commission and the Committee on World Food Security and multiple actors of the global food system, such as the global food industry.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- establishing a WHO-wide food system initiative to improve the health of people and the planet, building on the outcomes of the United Nations Food System Summit 2021 and the WHO global strategy for food safety, including through engaging public, private and civil society actors to support responsible investments in food systems that deliver safe, healthy foods for all;
- updating the global strategy for food safety to prevent common pathogens from entering the food system throughout the production chain and contain outbreaks of new pathogens at their source;

- establishing a One Health Initiative to coordinate the policies and actions of United Nations agencies that seek to deal with animal, environmental and human health issues simultaneously, supported by the One Health High-Level Expert Panel;
- supporting the development and operation of global governance structures for antimicrobial resistance, namely the Global Leaders Group on Antimicrobial Resistance, the Independent Panel on Evidence for Action Against Antimicrobial Resistance and the Partnership Platform for Action against Antimicrobial Resistance;
- working with other multilateral agencies and development banks and Member States to scale up action and investment in antimicrobial resistance at global and country levels;
- exploring how global, regional and national instruments and regulations can be used to improve access to, and appropriate and prudent use of, antimicrobials;
- developing an initiative to accelerate access to safe and adequately fortified foods by developing or updating evidence-informed policies and standards; building capacity among multiple stakeholders so as to improve fortification uptake, quality and monitoring; and addressing emerging issues that limit the credibility and adoption of this food systems intervention;
- maintaining political momentum through reports, strategies and advocacy initiatives;
- leveraging global platforms, including the Decade of Action on Nutrition, the Global Action Plan On Child Wasting, the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), the follow-up to the United Nations Food Systems Summit 2021 and the Nutrition for Growth Summit 2021, in order to improve health, as well as the G7 and G20 Call to Action on One Health of 2021;
- engaging in non-health sector policy forums (e.g. the Committee on World Food Security) to advocate for policy changes related to the implementation of WHO-recommended interventions; and
- engaging more effectively in negotiations on the development of food standards.

The Secretariat will **support countries** to:

- enable them to adequately prevent and mitigate risks to food safety and malnutrition in all its forms by reducing the risk and burden of foodborne diseases through advice on policy implementation and adoption of international standards;
- develop or update evidence-informed policies and standards, in line with the leadership initiative to accelerate access to safe and adequately fortified foods;
- build capacity to improve fortification uptake, quality and monitoring;
- enable local governments to work with communities to address food security, including in health emergency responses, especially during the current COVID-19 pandemic;
- train front-line health care providers in child feeding and management of malnutrition (through the WHO Academy); and
- establish multisectoral mechanisms to support whole-of-government, Health in All Policies and One Health approaches in addressing antimicrobial resistance, noncommunicable diseases and zoonoses.

In producing **global public health goods**, the Secretariat will:

- develop international norms, standards and recommendations through the Codex Alimentarius Commission, including on antimicrobial resistance;
- update the WHO List of Critically Important Antimicrobials for Human Medicine;
- provide strategic guidance and scientific recommendations for the development of food standards;
- develop standards for public food procurements;

- update the assessment of the foodborne disease burden;
- regularly assess the status of food security and nutrition in the world; and
- regularly assess the implementation of the International Code of Marketing of Breast-milk Substitutes.

LEADING INDICATORS

Number of countries and/or number of people covered with WHO-aligned standards for fortification of staple foods and condiments
Number of countries with national foodborne disease surveillance or having endorsed the “One Health” approach in food safety policies
Number of countries implementing most provisions of the International Code of Marketing of Breast-milk Substitutes
Number of countries with a functioning multisectoral antimicrobial resistance coordination committee

Outcome 3.2. Supportive and empowering societies through addressing health risk factors

Addressing known, modifiable risk factors can promote health and prevent premature deaths. The most effective interventions for tackling risk factors require engagement outside the health sector. Reducing the prevalence of, and exposure to, risks such as unhealthy diets, tobacco use, the harmful use of alcohol, insufficient physical activity, obesity, hypertension and violence and injuries requires a multisectoral approach to influencing public policies in trade, social development, transportation, finance, education, agriculture and other sectors. It requires population-based policy and legislative and regulatory measures, including fiscal measures.

A whole-of-society approach that includes the engagement of governments with the private sector and civil society is critical for fostering a supportive environment and promoting individual behavioural change. People’s health is strongly influenced by the way that the settings in which they live, grow up, learn, work and play are governed, designed, developed and regulated. A fundamental goal of health promotion is that people can take control over their health. A supportive and empowering society helps people to better achieve this goal.

The Secretariat’s delivery of support to countries, its norms and standards work and its advocacy for multisectoral actions are critical to the effective implementation of known interventions at country level. The expansion of best practices and technical packages through WHO’s health leadership will be more effective in achieving noncommunicable disease risk factor targets and consequently in making progress on specific indicators, such as tobacco, the harmful use of alcohol, trans-fatty acids and obesity. The COVID-19 pandemic has affected many of the relevant sectors but the policy response to the pandemic may constitute an opportunity to institute a life course approach that captures the changing risk profiles of different age groups.

Achieving this outcome contributes to promoting a world in which all people enjoy healthy lives and well-being, living in safe, supportive and healthy environments as members of an inclusive society. The outputs contributing to outcome 3.2 propose work to achieve supportive and empowering societies through a wide range of health promotion instruments and social participation approaches, as well as through addressing obesogenic and other risk factors to noncommunicable diseases related to unhealthy diets, physical inactivity, tobacco use and the harmful use of alcohol. This work also includes strengthening laws, regulations and normative instruments that support governance mechanisms in the technical areas of this outcome.

Indicators associated with outcome 3.2 are set out in Box 8 and the proposed budget by major office is set out in Table 20.

Box 8. Indicators associated with outcome 3.2

- 3.2.IND.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older
- 3.2.IND.2. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
- 3.2.IND.3. Percentage of people protected by effective regulation on trans-fatty acids
- 3.2.IND.4. Prevalence of obesity
- 3.1.IND.5. Prevalence of malnutrition (weight-for-height $>+2$ or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (overweight)

TABLE 20. PROPOSED BUDGET FOR OUTCOME 3.2, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.2. Supportive and empowering societies fostered through health promotion and addressing risk factors	40.7	20.5	17.7	16.8	10.5	21.2	38.0	165.4
Total outcome 3.2	40.7	20.5	17.7	16.8	10.5	21.2	38.0	165.4

Output 3.2.1. Countries enabled to address risk factors through multisectoral actions

Every year, noncommunicable diseases cause the death of 15 million people between the ages of 30 and 70 years. A large proportion of these deaths occur in low- and middle-income countries. A set of behavioural risk factors is responsible for much of this disease burden: unhealthy diets, tobacco use, harmful use of alcohol and insufficient physical activity.

Exposure to these risk factors for noncommunicable diseases is influenced by the environment in which people live. Access to, and affordability of, healthy diets, and the availability of safe spaces in which to be physically active are critical in adopting healthy behaviours. On the other hand, marketing practices that promote the use of tobacco, alcohol, sugary drinks and foods high in salt, sugar and fat contribute to unhealthy behaviours.

Risk factors also need to be seen in the context of societal transition, which can create both challenges and opportunities. Rapid urbanization can suppress opportunities for physical activity without adequate urban planning and mobility measures. Food systems are moving to more processed food high in fats, sugar and salt, but they could also improve access to fruit and vegetables. Communications technology can improve people's health awareness or be a vehicle for inappropriate marketing. Private sector factors can influence transitions that can either increase or decrease health risks.

The Organization's work to achieve this output is focused on enabling countries to address risk factors through investment in health promotion and disease prevention, guided by policies that support healthy behaviours and make people aware of the impact that their choices have on their health and the welfare and well-being of society. This requires multisectoral collaboration. The COVID-19 pandemic has affected many of the relevant sectors, but the policy response could provide an opportunity to introduce a life course approach that captures the changing risk profiles of different age groups.

WHO supports countries to implement evidence-based and cost-effective solutions to address behavioural risk factors, including cost-effective policies to reduce tobacco use and harmful use of alcohol, support healthier diets and increase physical activity.¹ WHO has also developed a series of tools that facilitate the implementation of such policies. It monitors the status and trends of risk factors; develops cost- and equity-effective solutions that take into account innovative practices; convenes and leads global discussions on responses; strengthens data-driven decision-making; provides advice, technical support and capacity-building; leverages and engages relevant State and non-State actors; and monitors implementation and impact.

Work to deliver this output involves close collaboration on public expenditure (output 1.2.1), engagement with the public and private sectors, as well as civil society (output 3.2.2), and the creation of supportive environments (outputs 3.3.1 and 3.3.2). The work is also linked to addressing the social determinants of health (3.1.1.).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- maintaining political momentum through reports, strategies and advocacy initiatives, including the United Nations Decade of Action on Nutrition, preparations for high-level meetings of the United Nations General Assembly on the prevention and control of noncommunicable diseases and the action plan to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority;
- convening discussions on the magnitude and the health and societal impact of obesogenic and other noncommunicable disease risk factors related to unhealthy diets, physical inactivity, tobacco use and the harmful use of alcohol; illustrating effective solutions based on the WHO “best buys” and other recommended interventions to address noncommunicable diseases (including new laws and regulations and changes in public expenditure) in order to create supportive environments; and advocating for their adoption;
- advocating for policy and financial commitments at country and regional levels to implement the WHO-recommended interventions in order to address risk factors through multisectoral actions and establish adequate accountability mechanisms to track their implementation;
- engaging in non-health sector policy forums to advocate for policy changes related to the implementation of WHO-recommended interventions to address risk factors;
- monitoring the status and trend of risk factors related to unhealthy diets, physical inactivity, tobacco use and harmful use of alcohol and analysing their impact on health;
- identifying good practices in addressing risk factors through multisectoral actions and developing innovative solutions;
- developing awareness campaigns to promote healthier lifestyles, using innovative communication approaches to encourage behavioural change;
- advocating for health promotion within health systems, such as through community engagement; stakeholder analysis and health literacy; increased awareness of health risks; and building trust prior to public health emergencies, particularly in the light of the important role of health promotion in the response to outbreaks; and
- leveraging global platform, including the United Nations Food Systems Summit 2021 and the Nutrition for Growth Summit, in order to improve health.

¹ From burden to “best buys”: reducing the economic impact of non-communicable diseases in low- and middle-income countries. Geneva: World Economic Forum/World Health Organization; 2011 (<http://apps.who.int/medicinedocs/en/d/Js18804en>, accessed 23 November 2020).

The Secretariat will **support countries** to:

- analyse the magnitude and impact of noncommunicable disease risk factors at national and subnational levels, taking into consideration gender and equity;
- design multisectoral action plans, including public expenditure plans, to reduce health risk factors and create health-supportive environments, taking into consideration WHO-recommended interventions;
- develop public policies in line with the evidence-based interventions WHO recommends to prevent noncommunicable disease risk factors and prevent and manage obesity, including policies on marketing, public procurement, product pricing, public information, sales outlet zoning, urban design and product standards;
- implement the WHO-recommended 16 cost-effective, affordable and evidence-based “best buys” for noncommunicable diseases and 70 “good buys”, which form the basis of a set of knowledge- and evidence-based technical packages, and provide models of policy, legislative and regulatory measures, including fiscal measures, through direct technical support and capacity-building;
- develop public-focused campaigns aimed at behavioural change, using various social media and traditional media channels; and
- effectively monitor and evaluate current health-related policies and programmes designed to address risk factors related to unhealthy diets, physical inactivity, tobacco use and harmful use of alcohol through multisectoral actions, and document their impact.
- develop and strengthen country capacity to use health promotion instruments to reduce risks to health.

In producing **global public health goods**, the Secretariat will:

- develop recommendations for cost-effective policy responses, including management of obesity using a primary health care approach, taxation, restrictions on marketing alcohol and foods, labelling of foods and beverages, healthier food product composition, workplace health promotion, food-control policies and mass media campaigns (to promote, for example, physical activity and healthy diet);
- update, as needed, the “best buys” and “good buys” for noncommunicable diseases;
- develop or update model policies, technical packages and implementation tools that integrate good practice examples from countries, as well as economic impact and stakeholder analyses aimed at providing cost-effective approaches to reducing risk factors; and
- build data products based on monitoring implementation of public policies and investments, including the report on the global tobacco epidemic and tobacco product regulation, the global surveys and status reports on alcohol and health, the global nutrition policy review, the Global Action Plan on Physical Activity 2018–2030 and the Noncommunicable Diseases Country Capacity Survey.

LEADING INDICATORS

Number of people covered by tobacco advertisement regulations and/or smoke-free environment policies
Number of countries that have decreased insufficient physical activity for adults and adolescents by 3%
Number of people and/or countries covered by policies to reduce industrially produced trans-fatty acids in the food supply; restrict marketing of unhealthy foods and beverages to children; and/or reduce population mean food salt intake

Output 3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures

Population health is greatly influenced by decisions and actions taken by non-health sectors. Public and private sectors, as well as civil society organizations, play a vital role in making our societies safe and supportive, and in creating environments that make healthy choices easy. When working with partners in other ministries, the private sector and civil society and community institutions, health actors need to be able to identify interdependent goals. Doing so will allow all relevant actors to support national, regional and global dialogue and co-design policies and strategies in which health and well-being should be essential components.

This output includes interventions depending on private sector and civil society engagement aimed at reducing the prevalence of, and exposure to, risks, such as unhealthy diets, tobacco use, the harmful use of alcohol, insufficient physical activity, obesity, hypertension and violence and injuries. The aim of engaging the private sector and civil society is to influence policies in trade, social development, transportation, finance, education, agriculture, justice, labour and other sectors.

Addressing risk factors requires population-based policy and legislative and regulatory measures, including fiscal measures. A whole-of-society approach, which includes governments engaging with the private sector and civil society, is critical for fostering environments supportive of health and empowering individuals for behavioural change. Achieving this output involves work that helps to put in place governance mechanisms at the regional and global levels that empower national policy-making, particularly in the context of continued globalization and an awareness that many health challenges require action not only domestically but also jointly with the global health community and its various actors.

This work also requires the development of mechanisms that ensure the safe engagement of public and private actors, reducing the risk of conflicts of interest and of reduced trust in the independence of public institutions.

Through coordination across all the relevant outputs, WHO follows up on the implementation and monitoring of relevant international instruments to ensure that health objectives are pursued and it leverages governance mechanisms to promote healthier populations and address health determinants and risks.

The Secretariat's support to countries, its work on norms and standards and its advocacy for multisectoral actions are critical to the effective implementation of proven, evidence-based interventions at country level and the creation of healthy, supportive societies and healthy environments. The work will be complemented by the development of tools that empower people to make informed decisions so that they can better take control of and improve their health.

Work to deliver this output involves close collaboration on developing health financing strategies (output 1.2.1), addressing the social, commercial and economic determinants of health (output 3.1.1), strengthening food security and sustainable food systems (output 3.1.2); environmental risks and determinants (output 3.3.1); and developing and implementing technical packages (output 3.2.1).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- engaging with civil society and the private sector to promote, encourage and support meaningful and effective contributions to national responses;
- engaging with the private sector and civil society organizations to leverage their know-how and resources in order to advance common interests in promoting health and well-being at national, regional and global levels across the triple billion targets;

- stepping up engagement with civil society organizations, which are uniquely positioned to represent and reach vulnerable populations, as well as by improving accountability in the implementation of public health actions and programmes. The Secretariat will continue to review the recommendations of the WHO Civil Society Task Team in order to strengthen engagement with civil society;
- strengthening partnerships and engagement with other United Nations agencies to address multisectoral determinants and risk factors;
- advocating that multilateral instruments should address determinants and multisectoral risks to health and well-being. The Secretariat will support the strengthening of multilateral governance, especially by advocating a Health in All Policies approach and health impact assessments and the provision of evidence and data to aid decision-making;
- forging multistakeholder partnerships and alliances which mobilize and share knowledge about, assess the progress of, provide services for and raise awareness of persons living with and affected by poor health and disability. The Secretariat will establish or strengthen specific mechanisms, in line with WHO's Framework of Engagement with Non-State Actors, including but not limited to: the food and non-alcoholic beverages industry; economic operators in alcohol production and trade; the pharmaceutical industry; consumer organizations; private health facilities and private practitioners; the investment industry (promoting the health-related Sustainable Development Goals and innovation); information technology, telecoms and marketing industries (to identify opportunities for scaling up processes); and civil society organizations;
- build capacity in health diplomacy and cooperation between health, finance, trade, development and law; and
- working with partners to combat and manage misinformation that increases the risks to health.

The Secretariat will **support countries** to:

- foster community empowerment, including through the promotion of health education and health literacy;
- establish or strengthen national multistakeholder dialogue mechanisms for the implementation of health promotion plans;
- adopt transparent and participatory national accountability mechanisms for the prevention and control of noncommunicable diseases;
- invest in and strengthen civil society and community organization actions and engagement in the areas of public health, health promotion and prevention, and control of noncommunicable diseases to ensure that civil society and community partners are actively engaged in decision-making and the implementation of interventions;
- establish and strengthen mechanisms to address conflicts of interest in support of preventing and controlling noncommunicable diseases;
- advocate for increased domestic and development financing for scaling up action on health promotion and the disease-related Sustainable Development Goals; and
- strengthen the institutional capacity, mechanisms and mandates of relevant authorities to implement population-based policy interventions, for example, in order to reduce tobacco use, the harmful use of alcohol, unhealthy diet and physical inactivity through bold whole-of-government and whole-of-society actions and responses.

In producing **global public health goods**, the Secretariat will:

- develop norms, standards and tools for: (i) health education, health literacy and health diplomacy; (ii) strengthening national multistakeholder dialogue mechanisms for implementing multisectoral action plans and effective multisectoral engagement; (iii) strengthening transparent national accountability mechanisms for the prevention and control of noncommunicable diseases; (iv) using fiscal measures to reduce health care costs and generate a domestic revenue stream for development; and (v) social, behavioural and community engagement interventions;
- prepare data products, for example, a report on the progress made by countries in attaining target 3.4 of the Sustainable Development Goals, a register of the commitments made by Member States, United Nations entities and non-State actors towards the attainment of target 3.4, and a final report of the WHO GCM/NCD Working Group on health education and health literacy for noncommunicable diseases; and
- develop and update guidance to reduce the negative impact on health of reformulation of foods, food labelling, marketing policies and fiscal and pricing policies.

LEADING INDICATORS

Number of countries with health laws, standards or policies at national and subnational levels governing health-related activities across sectors
Number of countries with health promotion approaches, mechanisms and instruments to address health risks to foster health and well-being
Number of countries with established mechanisms of risk assessment and management of conflict of interest (in the technical scope of this output)

Outcome 3.3. Healthy environments to promote health and sustainable societies

Healthy environments are those in which all people have good air quality and access to adequate drinking water, safe sanitation and waste management, which in turn reduce the risks of exposure to pathogens and chemicals. They are also those in which all people can enjoy and have access to enabling and health-promoting settings and spaces.

All outcomes in the third billion put forward work to advance towards a world in which all people enjoy healthy lives and well-being, living in safe, supportive and healthy environments as members of an inclusive society.

While all outputs in the third billion seek to advance this vision, the outputs contributing to outcome 3.3 propose work for healthy environments that foster people's health and well-being. Healthy environments are inextricably linked to greener, more sustainable societies, including energy policies that reduce the pace of climate change and do not compromise the health of present and future generations. In fact, one quarter of the global burden of disease is attributable to avoidable environmental risk factors such as the chemical, radiological and biological contamination of air, food, water and soil. Climate change threatens to exacerbate all these risks and their impacts on health. Unsustainable policies in sectors such as transportation, energy, waste management, housing, food and agriculture systems and industry contribute to the estimated 7 million deaths from outdoor and indoor air pollution annually. Environmental risk factors are intricately linked to each other and to the social and economic determinants of health.

Healthy environments enable people to make healthy choices through appropriate health and non-health interventions, which can be co-designed with relevant partners.

Indicators associated with outcome 3.3 are set out in Box 9 and the proposed budget by major office is set out in Table 21.

Box 9. Indicators associated with outcome 3.3

- 3.3.IND.1. Mortality rate attributed to household and ambient air pollution
- 3.3.IND.2. Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
- 3.3.IND.3. Mortality rate attributed to unintentional poisoning
- 3.3.IND.4. Proportion of population with primary reliance on clean fuels and technology
- 3.3.IND.5. Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)
- 3.3.IND.6. Proportion of population using safely managed drinking-water services
- 3.3.IND.7. Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water

TABLE 21. PROPOSED BUDGET FOR OUTCOME 3.3, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.3 Healthy environments promoted and environmental determinants addressed to promote health and greener, sustainable societies	28.9	14.4	9.8	21.3	9.0	24.3	55.3	163.0
Total outcome 3.3	28.9	14.4	9.8	21.3	9.0	24.3	55.3	163.0

Output 3.3.1. Countries enabled to address environmental determinants, including climate change

Known, avoidable environmental risks cause about one quarter of the death and disease burdens worldwide. The WHO Global Strategy on Health, Environment and Climate Change addresses the environmental dimensions of global health. Many environmental determinants are major causes of noncommunicable diseases (for example, air pollution has been recognized by the United Nations General Assembly as key in this respect).

The Organization's work contributing to this output addresses the following environmental determinants of health: climate change, air pollution, water, sanitation, hygiene, waste, chemicals, radiation, contaminated sites, noise, green and blue spaces, biodiversity and occupational health risks. It also addresses the specific challenges of small island developing States.

To achieve this output, the Secretariat will work across sectors using robust norms and standards to strengthen institutional capacities, tools and guidance in order to implement solutions, including regulatory action, and monitor support efforts. Furthermore, enhanced capacity of the health system, empowered governance and legitimacy and strengthened financing mechanisms are needed to foster such action.

The COVID-19 pandemic has highlighted the centrality of environmental determinants in population health and reinforced the need to develop more protective, sustainable and resilient systems approaches to water, sanitation and hygiene, transportation and workers' health and safety, as well as healthy housing, urban frameworks and health, which are addressed in output 3.1.1. In particular, health care settings need to be resilient and should include worker protection and climate resilience in order to ensure uninterrupted service to communities. The links between health and biodiversity, foodborne and zoonotic diseases, planetary health, clean energy, agriculture and food production need to be well understood to enable adequate action. Support is required to steer post COVID-19 actions and policies to rebuild the economy in line with the WHO Manifesto for a healthy recovery from the COVID-19 pandemic.

Work to deliver this output involves close collaboration on addressing climate risks across the health systems (outputs 1.1.1, 1.1.4, 1.1.5, 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 1.3.4); environmental and occupational health preparedness and response and recovery in emergencies (outputs 2.1.2 and 2.3.2); implementing policies advocated by the WHO Manifesto for a healthy recovery from COVID-19 to promote healthy, sustainable food systems (output 3.1.2); the risks of the increased interactions of human, animal and ecosystem health through the One Health approach (output 3.1.2); building healthy, liveable cities and healthy, safe and resilient workplaces (output 3.3.2); and global and regional governance mechanisms, such as the United Nations Framework Convention on Climate Change and the Minamata Convention on Mercury.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- promoting health as a central consideration in global environment and development agendas (for example, in the implementation of the United Nations Framework Convention on Climate Change);
- supporting global and regional governance mechanisms for integrated and multisectoral action in environment and health;
- giving higher political visibility to the unique health challenges of small island developing States, with a bottom-up approach that builds on the declarations and strategic action plans already committed to by small island developing States and stakeholders, as well as strengthening collaboration across all levels and offices of WHO and with new partners;
- building global alliances and providing platforms for advancing global agendas on climate and health (for example, the Global Chemicals and Health Network, the UNEP/WHO Global Alliance to Eliminate Lead Paint, the WHO/UNDP/United Nations Department of Economic and Social Affairs (UNDESA)/World Bank Health and Energy Platform of Action and the Beyond 2020 Platform for the Sound Management of Chemicals and Waste), and on the Sustainable Development Goals (for example, the Sustainable Development Goal 6 Global Acceleration Framework);
- engaging in intersectoral policy-making and inter-agency dialogue on health and the environment, chemicals and health (for example, with the Inter-Organization Programme for the Sound Management of Chemicals) and on occupational health and safety with the labour sector;
- fostering the development and implementation of legal and financial instruments and relevant multilateral environmental agreements that address environment and health issues, such as the Minamata Convention on Mercury; and
- advocating for “green recovery” approaches to strengthening the resilience, preparedness and adaptive capacities of societies, cities, workplaces and health systems post COVID-19.

The Secretariat will **support countries** to:

- implement the WHO Global Strategy on Health, Environment and Climate Change and the WHO Chemicals Road Map;
- influence decisions in health-determining sectors, such as energy, transport, water and sanitation, and to include considerations of health in urban planning;
- build capacity for the monitoring and surveillance of drinking water and occupational diseases;
- expand essential environmental and occupational health services and develop a public health workforce that is capable of dealing with environment-related health issues;
- develop and implement national solutions to water and sanitation safety, ionizing and non-ionizing radiation and waste management in health care facilities, including norms and standards;

- implement special initiatives for those who are vulnerable or in vulnerable situations, including the action plan of the WHO Special Initiative on Climate Change and Health in Small Island Developing States;
- scale up the protection of the health and safety of migrant workers and workers in the informal economy;
- conduct cross-sectoral work to prevent and treat neglected tropical diseases through provision of water, sanitation and hygiene services;
- build climate-resilient health systems by addressing climate risks across all health systems building blocks and targeting action on key areas, such as ensuring climate-resilient and environmentally sustainable health care facilities;
- build environmental and occupational health preparedness and response and recovery in emergencies capacities (for example, in occupational health and safety during chemical, biological and radio-nuclear accidents);
- develop and strengthen strategic partnerships, for example with the private sector and labour unions, other agencies in the context of United Nations reforms, the Noncommunicable Diseases Alliance and poison centres; and
- implement policies advocated by the WHO Manifesto for a healthy and green recovery from COVID-19.

In producing **global public health goods**, the Secretariat will:

- shape the research agenda, for example on climate, air quality and health, occupational health and water safety and health;
- identify, assess and generate recommendations on emerging environmental threats to health, including plastic and electronic wastes, microplastics, endocrine disruptors, airborne sand and dust, highly hazardous pesticides and national food-control systems;
- provide estimates of the global burden of disease from environmental risks (for example, exposure to climate change, loss of biodiversity and changes to global ecological services);
- generate evidence of the positive health impacts of green and blue spaces and urban environments that are conducive to more physical activity;
- develop health-protection guidelines on ambient and indoor air pollution (for example, in connection with COVID-19 transmissibility); safety standards for ionizing and non-ionizing radiation, including the appropriate use of radiation in health care; and preparedness for and response to radiation emergencies;
- develop guidance on reducing the impact of environmental risks, such as air pollution, on health and their distribution across population groups, as well as a framework for health, safety and environment in workplaces (for example, against mercury exposure);
- provide tools for estimating the costs and benefits of policy action and inaction in the areas of the environmental determinants of health (for example, the Benefits of Action to Reduce Household Air Pollution Tool) and water, sanitation and hygiene;
- regularly report on progress towards the Sustainable Development Goal targets related to health and environment for which WHO is the designated custodial agency;
- develop communication packages on risk communication for air pollution episodes, extreme weather events and radiation risks and to highlight positive developments and inspirational practices (for example, through the BreatheLife campaign).

LEADING INDICATORS

Number of countries with water-safety planning policies
Number of countries that have developed health adaptation plans for climate change
Number of countries with improvement in air quality based on the latest three-year mean

Output 3.3.2. Countries supported to create an enabling environment for healthy settings

Everyday life settings are places where people learn, live, work and play. These include cities, schools, workplaces, villages and hospitals, all of which can be turned into health-promoting environments by incorporating health, inclusion gender, equity and human rights into their social, political and economic dimensions.

Settings can be transformed so that they contribute to health and well-being and reduce morbidity and premature mortality caused by noncommunicable diseases. Health-promoting settings can stimulate healthy behaviours, health literacy and empowerment. Creating health-promoting settings requires dedicated policies, programmes and regulations.

WHO will support countries to adopt, review and revise laws, regulations, programmes and policies to create an enabling environment for healthy cities and villages, schools and workplaces. It will promote equity, rights and economic arguments for health promotion and prevention. Achieving this output will enable the Secretariat to foster health and well-being in healthier societies, while reducing treatment needs and costs. However, guidance and support need to be adapted to the local context, using community engagement methods, working in everyday life settings and leaving no one behind.

As part of the whole-of-government, whole-of-society approach, WHO will work with Member States to strengthen its engagement with different government branches and subnational entities – for example, cities, territories, islands and communities – to advocate for laws, policies, programmes and regulations and to support the development of implementation plans in order to promote health and well-being. WHO also addresses health issues of vulnerable population groups including those living in slum and peri urban areas and in prisons because of the negative impact of exclusion on the health of an already vulnerable and higher-risk population.

Work to deliver this output involves close collaboration with work on urban health (output 3.1.1); on the prevention of conditions and diseases (output 1.1.2); the specific needs throughout the life course (output 1.1.3); governance strengthening (output 1.1.4); the social determinants of health (output 3.1.1); food systems (output 3.1.2); risk factors (output 3.2.1); and risk communication and community engagement related to public health emergencies (output 2.3.1).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- implementing the WHO corporate framework on healthy cities and the measurement tool, including a framework on urban governance for health and well-being and a core set of healthy cities indicators;
- setting up a global network of healthy cities as a political platform for mayors to share and exchange information and experiences;
- implementing the global standards for health-promoting schools in selected countries and its implementation guidance;
- engaging Member States, partners and other relevant entities to support health promotion skills and practices (for example, community engagement, communication for social and behavioural change, policy dialogue and advocacy), through the global plan of action for health promotion;

- engaging Member States in the adoption of a health literacy measurement tool, for which there is a significant need across populations and health programmes, oriented toward sustainable health behaviour for the prevention and control of communicable and noncommunicable diseases and preparedness and response in public health emergencies; and
- furthering the contribution that health promotion makes in risk communication and community engagement in the context of the International Health Regulations (2005).

The Secretariat will **support countries** to:

- adopt a health literacy measurement tool and related policy recommendations;
- develop a comprehensive approach across thematic areas of work in order to accelerate the attainment of positive health impacts related to road traffic injuries, communicable diseases, noncommunicable diseases, healthy ageing and health-promoting schools and kindergartens, including the global standards for health promoting schools and its implementation guidance;
- implement cost-effective solutions through intersectoral action (including Health in All Policies) and networks of cities and communities;
- promote community engagement and social participation in decision-making processes that impact health and well-being;
- develop policies for healthier and health-promoting workplaces in all sectors, including the informal economy;
- build capacity in multi-level governance approaches to facilitate the implementation of settings-based approaches; and
- expand the use of health impact assessments in public policy development at all levels of government as part of multisectoral collaboration.

In producing **global public health goods**, the Secretariat will:

- develop norms and standards for, among others, healthy cities, health-promoting schools and community-led programmes, implementing country frameworks for settings-based approaches and multi- and intersectoral action for schools and cities;
- conduct health and social impact assessments of policies that have an impact on health development at national, local and community levels (such as transport, land use and waste), as well as healthier and safer workplaces;
- develop and update guidance on school environments to reduce the negative impact on health of social determinants; and
- develop guidance and tools to promote school health standards.

LEADING INDICATORS

Number of countries that have adopted the WHO corporate framework on healthy cities including the urban governance framework
Number of countries that have adopted the global standards for health-promoting schools
Number of countries with community empowerment strategies to advance healthy settings

MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

Outcome 4.1. Strengthened country capacity in data and innovation

Advancing WHO's leadership in data and innovation is critical to the Secretariat's work. WHO serves as the custodian for health-related Sustainable Development Goals. WHO norms and standards are founded upon cutting-edge scientific research, rigorous data and statistics and a strong evidence-base, and are pivotal to the Organization's work to accelerate the achievement of the GPW13 triple billion targets.

As WHO transforms into the agile, innovative global health agency that the world needs, it will be positioned to lead the science that underpins global health. WHO will not just keep up with the latest research but will also anticipate developments, stay ahead of the curve, innovate and provide rapid and robust advice on all public health issues. At the core of the Secretariat's work to achieve this outcome is advancing WHO's leadership in science and data. The Secretariat will ensure that WHO is results focused and well positioned to provide rapid and robust advice on all public health issues and support progress in countries.

The COVID-19 pandemic has highlighted the important role of science and data in responding to health emergencies, supporting the rapid formulation and implementation of evidence-based, coherent guidance and real-time monitoring of the pandemic response. Member States have called for WHO to take action on addressing data gaps by strengthening health information systems and setting global data governance and standards; by reducing data fragmentation and making health data accessible; and by building capacity to deliver impact in countries through regular stocktakes for each of the triple billion targets.

Digital health technologies have the potential to accelerate progress toward healthier societies and close inequality gaps. They can facilitate generation of big data to advance research, diagnostics, disease prevention and personalized health services. The Secretariat will enhance the development of a digital health solutions clearinghouse, and fast track the releases of standards and specifications for an international trusted network of health chatbots using artificial intelligence, interoperability frameworks and other digital technologies.

The work to achieve this output includes a focus on supporting countries, particularly low- and middle-income countries, to build institutional capacity for health research and resilience in response to new and emerging health threats. This is the main focus of the following three research entities: the Alliance for Health Policy and Systems Research; the Special Programme of Research, Development and Research Training in Human Reproduction; and the Special Programme for Research and Training in Tropical Diseases, hosted under the Science Division. The Director-General's Science Council has been established to provide advice on the most critical health and scientific cutting-edge issues for investment.

WHO's work towards achieving this outcome cuts across and supports the achievement of all outcomes that contribute to achieving the triple billion targets. The proposed budget for outcome 4.1, by major office, is set out in Table 22.

TABLE 22. PROPOSED BUDGET FOR OUTCOME 4.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.1. Strengthened country capacity in data and innovation	58.3	14.6	23.2	14.7	51.6	24.6	183.7	370.6
Total outcome 4.1	58.3	14.6	23.2	14.7	51.6	24.6	183.7	370.6

Output 4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

Reliable, timely, disaggregated and accessible data are critical to deliver and accelerate progress towards achieving the triple billion targets of the Thirteenth General Programme of Work, 2019–2023 (GPW 13). To this end, it is essential to identify and fill data gaps and enhance effective data and digital governance frameworks. This is accomplished using systematic tools, standards and technical packages and by leveraging existing data collection platforms and surveillance systems (e.g. civil registration and vital statistics, population and facility-based surveys, disease and behaviour surveys and surveillance systems) in order to provide a basis for more targeted interventions.

The COVID-19 pandemic has highlighted pre-existing inequalities. Addressing these inequalities by targeting efforts and investments will benefit the most marginalized communities and ensure no one is left behind. Strong institutional capacity to assess inequalities and disparities within countries and to track and forecast trends is critical. The Secretariat's focus is on supporting countries to overcome barriers, identify policy solutions and interventions that can be scaled up. The Secretariat provides tailored, context-specific expert technical assistance, guidance and tools to strengthen health information systems, information exchange, and analytical capacity to reinforce the delivery of impact in countries.

Work to deliver this output cuts across and supports the achievement of all outputs that contribute to achieving the triple billion targets.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- working across all levels of the Organization and across programmes to: (i) strengthen and institutionalize the capacity of countries' data and health information systems, together with their national capacity to analyse, disseminate and use data and information; (ii) ensure that optimal and/or international standards are used to close data gaps in countries by leveraging global, regional and national partnerships; and (iii) lead the efficient streamlining of data and health information exchange between the Secretariat and Member States; and
- promoting the data and digital accelerator of the Global Action Plan for Healthy Lives and Well-Being for All to address inequalities and use the Health Data Collaborative to align partners to support countries.

The Secretariat will **support countries** to:

- build capacity and partnerships in national health data governance;
- adapt and apply tools based on their unique context, and support the implementation of tools and standards;
- strengthen and institutionalize their data and health information systems and analytics capacities;
- broaden the dissemination and use of data and analyses, including data from surveillance and routine health data using geographic information system technology;
- use optimal and/or international standards to close data gaps and strengthen local capacities through global, regional and national partnerships;
- strengthen and institutionalize analytic capacity and data use, including data from surveillance and routine health data, with a focus on data disaggregation and inequality monitoring;

- build capacity in big data and advanced analytics built on artificial intelligence and machine learning; and
- define national digital health architecture blueprints or road maps and health data standards, and ensure the interoperability of health information systems at national and international levels.

In producing **WHO public health goods**, the Secretariat will:

- establish data standards, guidance and tools such as the WHO Family of International Classifications, the SCORE for Health Data technical package and interoperability data exchange platforms;
- operationalize the SCORE for Health Data technical package components such as the World Health Survey Plus platform, civil registration and vital statistics, causes of death reporting; and harmonized health facility assessments and routine health services data systems;
- track national population health trends through flagship reports such as World Health Statistics, Global and Country-Specific Health Estimates and Monitoring of UHC;
- establish an impact focused knowledge hub to build data-driven implementation capacity.

LEADING INDICATORS

Percentage of global population covered by civil registration and vital statistics
Number of countries that have implemented follow-up action based on assessments using the Survey, Count, Optimize, Review and Enable (SCORE) for Health Data Technical Package
Number of regional and global partners in academia, research and international organizations that are working with WHO to support countries to increase efficiencies in data-related work

Output 4.1.2. GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored

The health-adjusted life expectancy (HALE) indicators, the Triple Billion indices and 46 outcome indicators (39 of which are identical to health-related Sustainable Development Goal) define the WHO measurement system for GPW 13 impacts and outcomes.

The measurement system tracks progress, allows adjustment in response to challenges and tailors interventions to deliver impact in countries through delivery stocktakes.

The Secretariat is responsible for monitoring population health trends and making data timely, credible and accessible.

Work to deliver this output cuts across and supports the achievement of all outputs that contribute to achieving the triple billion targets.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- working across all levels of the Organization and enabling technical programmes to use data to deliver the triple billion targets and accelerate progress to achieve the Sustainable Development Goals
- promoting the data and digital accelerator of the Global Action Plan for Healthy Lives and Well-Being to address inequalities and use the Health Data Collaborative to align partners to support countries.

The Secretariat will **support countries** to:

- utilize efficiently and, where appropriate, leverage data-related global public health goods; and
- use robust methods to produce global health estimates and capture and validate nationally reported data and indicators, consistent with WHO's data principles, data-sharing policies and the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER).

By working with other agencies involved in the Sustainable Development Goals and the Global Plan of Action for Healthy Lives and Well-Being and the Health Data Collaborative, the Secretariat will try to ensure that countries receive harmonized support.

In producing **global public health goods**, the Secretariat will:

- produce the annual World Health Statistics, Global Health Estimates and Burden of Disease and UHC Global Monitoring reports;
- develop and update the state-of-the-art World Health Data Hub as the single repository of all health data, enhance the Global Health Observatory, and continuously update the Triple Billion dashboard, Equity Monitor and mortality databases;
- track progress in the delivery of the triple billion targets through regularly scheduled stocktakes to increase accountability and focus on measurable impact.

LEADING INDICATORS

Percentage of global population for whom the health-related Sustainable Development Goals are jointly reported on by WHO to support countries to increase efficiencies in data-related work
Proportion of WHO data-related public health goods that report disaggregated data by gender, age, area of residence, or socioeconomic factors
Percentage change in the projected achievement of 2023 triple billion targets based on the Triple Billion stocktakes globally, and by region and country

Output 4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries

In pursuing this output, the WHO Secretariat will promote a culture of innovation across WHO and align with its partners to pursue or scale up a needs-driven innovation agenda in order to accelerate impact in countries as part of an overall effort to support countries to accelerate progress on the health-related targets of the Sustainable Development Goals .

The new WHO Science Council ensures that the Organization is prepared to harness future advances in science and technology, and related innovations, for the benefit of public health. The WHO Secretariat will shape the public health technology and innovation research agenda and ensure that research is conducted in an ethical and inclusive manner that engages all stakeholders, including local communities. Standardized approaches and tools will be used to scale up the prioritization and translation of research and innovation into positive country impacts. The research and innovation products of WHO's special research programmes (such as the Special Programme for Research and Training in Tropical Diseases and the Alliance for Health Policy and Systems Research) will be leveraged, as well as those of the Special Programme of Research, Development and Research Training in Human Reproduction, which is co-sponsored by UNDP, UNFPA, UNICEF, WHO and the World Bank.

The work under this output will accelerate the development and adoption of appropriate, accessible, affordable, scalable and sustainable person-centric digital health systems through the implementation of the global strategy on digital health 2020–2025. The Secretariat will continue to issue guidance and standard specifications for:

digitalization of WHO guidelines, benchmarking artificial intelligence devices for health, digital vaccination certificates, digital contact tracing and will ensure that ethical and privacy considerations are an integral component of the digital transformation of health. Supporting country transformations to digital health systems will improve health monitoring and build resilience to health misinformation, particularly in health emergencies.

The COVID-19 pandemic has highlighted the need for accelerated robust and quality-assured normative and standard-setting products. The WHO Secretariat will redouble its efforts to ensure that all norms and standards are delivered for optimal reach and influence on policy and practice. The Organization will continue to remove barriers to accessing and utilizing evidence for policy and practice and support countries to systematically and transparently use research evidence, and implement and adapt WHO normative and standard-setting products. WHO will establish platforms to advance “living” guidelines, devising new approaches to assist countries in identifying their health needs and adapting and implementing normative and standard-setting products and monitoring their use through analytics.

Work to deliver this output cuts across and supports the achievement of all outputs that contribute to achieving the triple billion targets, especially with the work on diagnostics, therapeutics and vaccines (output 1.3.2); ensuring that potential health emergencies are rapidly detected and that risks are assessed and communicated (output 2.3.1); ensuring that the research and development agenda is defined and research is coordinated in line with public health priorities (output 1.3.4); ensuring that research agendas, predictive models and innovative tools, products and interventions are available for high-threat health hazards (output 2.2.1); and providing leadership in health and partnering with other organizations to support countries in achieving the targets of the health-related of the Sustainable Development Goals (output 4.2.1).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up its **leadership** by:

- convening countries and regions to harmonize regional and global health research agendas and to widely disseminate good practices;
- coordinating with global partners in order to implement and promote research activities according to agreed priorities, including innovative policy approaches;
- initiating standard initiatives that coordinate health research in regions and countries;
- promoting a culture of innovation and aligning partners to pursue a needs-driven innovation agenda in order to accelerate positive country impact, and identifying and highlighting areas where innovations are lacking and promoting their development;
- conducting horizon-scanning to identify scientific and technological trends and their potential country impacts, as well as ready-to-scale innovations with the potential to help accelerate progress towards achieving the health-related Sustainable Development Goals in countries;
- playing a leading role in helping to link country demand for innovation with ready-to-scale innovations supported by innovation funders;
- co-leading Sustainable Development Goals/Global Action Plan research and development, innovations and the Access to COVID-19 Tools (ACT) Accelerator, and creating an active network of innovation focal points across the multilateral agencies active in the area of health;
- forming a strategic partnership with development innovation funders through the International Development Innovation Alliance;
- identifying areas that require WHO norms and standards and promoting their dissemination;
- facilitating quality assurance, design for impact, dissemination and the monitoring of norms and standards;

- coordinating rapid-review and evidence-synthesis activities, implementing a living guidance platform and providing project support to guidance development;
- piloting innovative evidence-to-decision approaches for providing guidance to countries, such as through the precautionary principle and rapid advisory communications;
- measuring production time, developing new ways to communicate progress and issuing more frequent alerts on critical novel solutions;
- pursuing a modernization agenda by investing in digital production and industry-grade publication software and support;
- advancing open access to information and life-saving tools, including by ensuring that low- and middle-income countries have greater open access to digital resources and by seeking to refine key databases, leveraging resources such as regional databases and the WHO Academy;
- coordinating with global partners to implement digital transformation activities and advance international digital health cooperation and whole-of-society digital considerations in effective infodemic management;
- coordinating the collaborating centres by developing policies, procedures and tools in conjunction with technical programmes; and
- implementing a universal open call to make membership of WHO advisory groups more accessible to all.

The Secretariat will **support countries** to:

- build capacity for health research (institutional and individual), lead research initiatives, foster innovative research initiatives and generate reliable evidence;
- strengthen ethical standards and oversight mechanisms that integrate public health and research ethics into health systems, with a focus on better preparedness and response to public health emergencies (such as the COVID-19 pandemic);
- build and enhance the capacity for acquiring, assessing, adapting and applying research evidence to promote and scale up its use in decision-making for impact, including during emergencies;
- engage with local communities to address their needs and share the results and evidence generated with them;
- use the tools that emerge from the ACT accelerator to expedite the development, production and provision of equitable access to COVID-19 diagnostics, therapeutics and vaccines;
- link their demand for innovation to ready-to-scale innovations by creating a demand-side innovation network in regional and country offices;
- increase their capacity for the implementation and adaptation of norms and standards;
- engage with WHO collaborating centres with research excellence and facilitate stakeholder engagement to achieve an integrated digital health ecosystem at national levels;
- effectively respond to health misinformation and strengthen systems for infodemic management through training activities, partnership mechanisms and communities of practice; and
- use digital platforms to exchange guidelines and maintain consistent terminology.

In producing **global public health goods**, the Secretariat will:

- develop guidance on adopting legal and ethical frameworks to ensure patient safety, data security, the appropriate use and ownership of health data, privacy data recoverability and the protection of intellectual property rights;

- develop standards and tools to increase the capacity for generating, translating, using and scaling up research evidence to policy and practice;
- develop guidance on ethical issues that arise in relation to research and public health programmes, novel technologies and innovations (such as big data, artificial intelligence and genomics);
- develop research agendas on infodemiology, in line with the WHO COVID-19 social science research agenda;
- develop artificial intelligence-supported tools, methods and toolkits for monitoring and analysing infodemics and infodemic risk; develop the global factchecking and misinformation centre;
- develop regional research and innovation information portals based on existing global portals;
- facilitate regular foresight exercises to anticipate innovations and develop global public health research agendas;
- identify and highlight areas where innovations are lacking and promote their development;
- conduct horizon-scanning to identify scientific and technological trends and their potential country impact, as well as ready-to-scale innovations in thematic clusters of health;
- ensure that high-quality global public health goods are delivered in a timely way;
- facilitate quality assurance, design for impact, dissemination and assessment of the impact of norms and standards at the country level;
- deliver high-quality norms and standards products, coordinate rapid-review and evidence-synthesis activities, implement a living guidance platform and provide support for staging and finalizing guidance development;
- develop software, digitalized guideline exchanges, terminology services and testing platforms to support the authoring of, collaboration on, validation of and adoption of smart guidelines;
- develop norms and standards to assure the quality of methods used in developing norms and standards, including evidence synthesis, consensus, pilot testing, public consultation and assessment of dissemination, uptake and impact of each norm and standard at the country level;
- develop digitalized guidance documents in collaboration with technical programmes; and
- develop guidance to put people in the centre of digital health by focusing on families, communities and health workers, adopting gender, equity and human rights approaches and increasing accessibility for people with disabilities.

LEADING INDICATORS

Number of countries with research and innovation capacity to identify and scale up innovations and digital solutions in response to country demand
Number of innovations scaled in response to country demand
Number of countries that have implemented WHO norms and standards

Outcome 4.2. Strengthened leadership, governance and advocacy for health

The lesson of the COVID-19 pandemic is very clear. The world needs WHO to provide leadership and coordinate efforts at global, regional and country levels in order to promote health, keep the world safe and serve the vulnerable. The pandemic has underlined the need for global solidarity since no single country acting alone can successfully address the challenges and manage the risks that the world is facing in the area of health due to their global nature and the interconnectedness of today's world.

Progress to achieve the health-related targets of the Sustainable Development Goals was too slow before the COVID-19 crisis and countries have been thrown even further off track by the pandemic. The pandemic has shown that health is not only a right and a goal in itself, but also a precondition to achieve health security and most of the Sustainable Development Goals.

The leadership required of WHO includes leading the Global Action Plan for Healthy Lives and Well-Being for All, which brings together 12 multilateral agencies to provide more coherent support to countries. WHO will improve its ability to partner with Global Action Plan agencies in order to fully leverage the Plan in supporting countries to accelerate progress on the Sustainable Development Goals through better collaboration across the multilateral agencies. The ultimate aim is to provide leadership and to drive impact in all countries to help them recover from the COVID-19 pandemic and accelerate progress to achieve the targets of the health-related Sustainable Development Goals, based on a new approach to partnering enshrined in the Global Action Plan that will be implemented at country level.

Strengthened collaboration across the multilateral health system in the area of health can help accelerate impact – to support countries to rebuild, restore health services and get back on track to achieve the triple billion targets and the health-related Sustainable Development Goals. WHO will also need to step up its leadership across the three levels of the Organization to support countries in restoring health services and accelerating progress on the health-related Sustainable Development Goals in order to recover from the impact of the COVID-19 pandemic and get back on a trajectory that will allow countries to achieve the health-related targets by 2030.

Enhanced accountability can help accelerate impact. In November 2020, the Director-General proposed to Member States the concept of a Universal Health and Preparedness Review, whose purpose is to build mutual trust and accountability for health by bringing nations together as neighbours to support a whole-of-government approach to strengthening national capacity for pandemic preparedness, universal health coverage and healthier populations.

Moreover, WHO will need to step up its role in advocating for health across the three levels of the Organization in high-level political forums at the global level, including across the main organs and agencies of the United Nations and other multilateral institutions, in regional organizations and at country level, across the sectors and including in cooperation with the highest levels of government. The Secretariat will need to continue to advocate for health as a human right and advance the vital role of health in human development. The Secretariat will bring a gender, equity and human rights lens to all its programmatic and corporate functions and to its approach to partnering with others. It will work with a network of alliances and coalitions – engaging non-State actors, foundations, the private sector and academic institutions – in order to advance the health agenda. It will strengthen its ways of working, not only in terms of being accountable and transparent but also as an adaptable and agile entity that is able to learn in order to reinforce its legitimacy and enhance its performance. It will continue to improve its planning, resource mobilization, resource allocation, and performance monitoring in order to ensure that it is working effectively and delivering value for money. At the same time, the evaluation function, including the regional evaluation capacity, will be strengthened. The proposed budget for outcome 4.2, by major office, is set out in Table 23.

TABLE 23. PROPOSED BUDGET FOR OUTCOME 4.2, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.2 Strengthened leadership, governance and advocacy for health	133.4	16.3	33.6	59.5	39.5	35.4	168.1	485.8
Total outcome 4.2	133.4	16.3	33.6	59.5	39.5	35.4	168.1	485.8

Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform

The Secretariat's transformation has made great progress towards establishing an Organization that has aligned its work with its triple billion targets and that leads impactful work in every country, while maintaining its role as the directing and coordinating global agency of public health matters.

As the convener of the Global Action Plan for Healthy Lives and Well-being for All, the driver of policy dialogue and the main partner of all health actors, WHO works with its partners to harness the capacities of the multilateral agencies that are active in health and the wider United Nations system in order to address complex global health issues. The Secretariat strives to deliver in a coherent and accountable manner on Sustainable Development Goal 3 and the other health-related Sustainable Development Goals.

Working in partnerships requires a whole-of-Organization approach and strengthened capacity to engage with other actors. Strengthening partnership will be approached in a strategic manner and systematically embedded into country cooperation strategies. The Secretariat will strengthen the capacity of country offices to engage in the processes of the United Nations Sustainable Development Cooperation Framework, including by leveraging the Global Action Plan for Healthy Lives and Well-being for All and its accelerator areas as key areas for closer collaboration within the United Nations system and with other partners, and in applying the humanitarian-development-peace nexus approach.

Despite the remarkable progress made in some areas of global health in the last few decades and years, the world is not on track to achieve most of the health-related targets of the Sustainable Development Goals by 2030. The COVID-19 pandemic has set progress back even further. The Secretariat is stepping up its leadership role with a view to helping countries accelerate progress on the health-related targets of the Sustainable Development Goals, including by stepping up WHO's capacity to partner with others. By elevating the leadership of the WHO Office of the United Nations to the Assistant Director-General level, WHO has been able to significantly increase its interactions with the United Nations Secretariat, especially with its Department of Operational Support, Development Coordination Office and Department of Global Communications, and with the United Nations Development Programme. This has heightened the profile of WHO and increased the awareness of its work within the United Nations system.

As the directing and coordinating global agency for public health matters, the Secretariat will continue to make organizational shifts in order to enhance its leadership at all levels, in particular by further strengthening its country office capacity to provide leadership on health and partner with other actors in support of country efforts to expedite the achievement of the Sustainable Development Goals and the Thirteenth General Programme of Work, 2019–2023 (GPW 13) strategic priorities.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will place countries squarely at the centre of its work and will drive impact in each country. This means that the country cooperation strategies and country support plans will have clear actions, measure results in every country and provide resources where needed. Furthermore, the Secretariat will work with Member States and non-State actors on country-specific priorities in order to achieve GPW 13.

The Secretariat will engage all countries in strategic, advocacy and policy dialogue, based on high-quality data and projections, in order to highlight how specific changes in policy could affect their health outcomes. In particular, the Secretariat will further develop and help implement the proposed Universal Health and Preparedness Review.

Reinforced by the Global Action Plan for Healthy Lives and Well-being for All, the Secretariat will work with Member States and non-State actors to ensure that WHO helps Member States to advance towards the achievement of the Sustainable Development Goals. This means that country cooperation strategies that are

based on the national priorities, policies and plans and are in line with United Nations reform will be guided by GPW 13 and oriented towards the Sustainable Development Goals.

Under the Global Action Plan, the Secretariat will facilitate and enhance collaboration among the 12 agencies that play key roles in health, development and humanitarian response in order to accelerate progress on the health-related Sustainable Development Goals targets, including by hosting the Global Action Plan secretariat and providing leadership on its various inter-agency accelerator groups at the global level.

The Secretariat, through the aligned work of the three levels of the Organization, will lead the effort to convert the commitment of leading health and development organizations to work more closely together, as set out in the Global Action Plan, to take collective action in support of the implementation of national priorities in order to accelerate progress towards the health-related Sustainable Development Goals.

The Secretariat will promote more effective leadership at all levels, including by strengthening country office leadership, developing a fit-for-purpose staffing structure, providing appropriate delegation of authority and re-engineering business processes that facilitate effectiveness and efficiency.

The Secretariat will increase its internal capacity for health diplomacy, strengthen coherence in its external relations and increase its support for Member State delegations in the area of health diplomacy and participation in governing body meetings.

The Secretariat will convene the governing bodies in a manner that aligns the WHO work agenda with the Sustainable Development Goals through effective and efficient processes, including the design and application of innovative solutions to support the preparation and delivery of meetings of the governing bodies. In addition, it will implement the outcomes of ongoing Member State consultations on governance reform in a timely, efficient and cost-effective manner, applying the lessons learned from governing body processes, including in respect of special procedures for conducting “virtual” and “hybrid” meetings and novel agenda management modalities.

The Secretariat will bring a gender perspective to leadership and governance and encourage the participation of young people. It will provide effective support to governing body sessions, with efficient and aligned agendas that are focused on the Sustainable Development Goals and United Nations reform.

Strategic communications, driven by a single corporate annual plan that is jointly developed by the major offices, will improve the understanding and appreciation of the role and impact of WHO. This will strengthen the Organization’s position within the wider global health landscape and advance its normative, technical and emergency preparedness and response work, with an emphasis on country content and alignment with modern digital communication. The Secretariat will also incorporate work on WHO’s brand essence initiatives as brand is an essential element of an organization’s strategy and culture.

The Secretariat, through its high-level presence in New York, will raise the profile of public health in debates, decisions and resolutions of the United Nations Security Council, General Assembly and Economic and Social Council, as well as other intergovernmental forums, in order to anchor health more securely in the wider 2030 Agenda for Sustainable Development implementation process and to strengthen WHO’s mandate, effectiveness and leadership role in health within the United Nations development and humanitarian systems. The Secretariat will also enhance its visibility in United Nations inter-agency mechanisms to facilitate close ties with the United Nations Secretariat and other United Nations entities, including the United Nations Development Coordination Office, so that WHO is at the centre of the discussion of United Nations reform. The WHO regional offices will support and guide the engagement of WHO country offices with United Nations country teams for collaboration on health-related policy development and implementation.

The Secretariat will collaborate with intergovernmental and regional economic organizations and forums (including G7, G20, BRICS) to ensure that access to health services, health and well-being and health security remain high on their agendas.

The Secretariat will engage and broker interregional cooperation, advocacy and collaboration strategies for learning and leveraging South–South and triangular cooperation.

Output 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation

The Secretariat's approach to accountability across the three levels of the Organization will continue to focus on advancing the implementation of GPW 13 – thus supporting the enshrined objectives of country impact, efficiency, results and an enabling culture that empowers staff and espouses the values of WHO. The Programme, Budget and Administration Committee of the Executive Board has recommended that the Secretariat adequately resource and strengthen the performance of its business integrity functions (compliance, decentralized evaluation functions, risk management and ethics, internal oversight and the Office of the Ombudsman) to achieve best-in-class standards, optimizing their collective work towards the achievement of WHO's shared purpose and vision.

The Secretariat is fully committed to strengthening, promoting and fostering ethical principles as the basis of WHO's work, establishing a culture of positive risk management in the Organization that leads to risk maturity, and improving accountability both internally and to Member States. Furthermore, the Secretariat is committed to maintaining a strong culture of evaluation, in which the recommendations that result from evaluations are implemented with continuous learning and improvement in mind and the lessons learned are used in policy- and decision-making.

The Secretariat's zero tolerance policy on preventing and addressing abusive conduct (i.e. harassment, sexual harassment, discrimination and abuse of authority), as well as sexual exploitation and abuse, is underpinned by a number of mechanisms, including: training; protections for whistle-blowers; anonymous reporting; and the commitment of the Office of Internal Oversight Services to investigate as a top priority all reports of allegations of harassment, sexual harassment, discrimination, abuse of authority and sexual exploitation and abuse, in order to protect beneficiaries, partners and staff and uphold the highest standards of professional and ethical conduct.

The Office of Internal Oversight Services will continue to provide independent and objective audit, investigation and advisory services designed to add value by improving operational effectiveness and enhancing the integrity and reputation of the Organization.

To maximize the possibilities for collaboration with non-State actors while protecting the integrity of the Organization, the Secretariat will continue to conduct due diligence and risk assessments in accordance with the Framework of Engagement with Non-State Actors.

The Secretariat will expand the headquarters compliance function established at the Global Service Centre beyond just travel and procurement to cover all other relevant business areas; develop the platform to capture and monitor agreed key performance indicators; and contribute to systemic capacity-building and knowledge management.

To strengthen internal controls, the Compliance and Risk Management Network will conduct an Organization-wide review of the compliance functions. This will provide robust advice for developing a business enabling compliance strategy; capture good practices that could be leveraged; and ultimately strengthen internal controls.

In addition to the strong internal control mechanisms, a best-in-class accountability model for WHO will also be based on a sense of collegial responsibility. The Office of the Ombudsman will continue to foster an institutional culture of respect and will intensify efforts to facilitate conflict resolution.

The Secretariat will carry out a review of the internal justice system after five years of implementation, assessing its relevance, efficiency and effectiveness, and independence. The review will include both the informal and formal resolution of disputes through the following mechanisms: Administrative Review, the Global Board of Appeal and the Global Advisory Committee on future actions in harassment complaints. It is a joint endeavour of the Administration in collaboration with Staff Associations.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to work towards a stronger culture of accountability, aiming to achieve best-in-class status for its accountability functions, including by implementing best practice policies and procedures that support robust tracking, monitoring, efficiency and transparency of all core business integrity operations, and by strengthening the relevant dimensions of WHO's accountability and internal control frameworks.

The Secretariat will continue to strengthen, promote and foster ethical principles as the basis of the work of WHO, improving its adherence to internal controls and its compliance with the regulatory framework, while also, in accordance with risk appetite, identifying and mitigating risks to the Organization's objectives and mandate that could affect the Secretariat's performance. Emphasis will be placed on the prevention of fraud and corruption risks, the strengthening of systems to protect against abusive conduct (i.e. harassment, sexual harassment, discrimination and abuse of authority), and the creation of a safe working environment that ensures that misconduct is readily reported without fear of retaliation.

The Secretariat will continue to strengthen its ethical framework through the implementation of the new policy on preventing and addressing abusive conduct, and by its staff-friendly automatic process for declarations of interest.

The Secretariat will continue to conduct due diligence and risk assessments in accordance with the Framework of Engagement with Non-State Actors, further strengthening the capacity of staff members to engage more while managing risks.

The Secretariat will build a robust and "smart" compliance strategy, whereby effective controls are established and monitored in a harmonized way across the three levels of the Organization in order to mitigate risks without hampering the delivery of results. This will include enhancing detection procedures by leveraging technology and data systems to enhance the dynamic monitoring and strengthening of compliance, country programme management and administrative reviews, or other assurance activities aimed at identifying best practices and areas for improvement.

The Secretariat will continue to enhance its capacity for audits and investigations, including the capacity to respond to audit observations at the country level, particularly in country offices based in challenging operating environments. It will continue to conduct advisory reviews and assessments of WHO country offices, technical units at headquarters and in regional offices and cross-cutting areas of shared concerns, with the aim of improving the effectiveness of the processes that regulate risk management, control and governance. In the context of the investigation of allegations of suspected misconduct, the IOS will implement revised policies and procedures to reflect best-in-class practices and strengthen resources to improve the timeliness of the processing of cases and justice for those involved.

Furthermore, the evaluation policy (2018) will continue to inform decentralized evaluation functions, the strengthening of which will be guided by further mandates from the governing bodies. The continued strengthening of the evaluation function across the three levels of the Organization, including in terms of staff capacity and financial resources, will be guided by the best-in-class study and a framework for decentralized evaluations, the purpose of which is to maximize the accountability and organizational learning value that

decentralized evaluations add to the Organization and its partners. The Secretariat will continue to participate in inter-agency evaluations in areas of shared substantive and strategic interest.

The Secretariat will continue to firmly anchor organizational learning in its work, taking into consideration the consolidated findings, including successes, challenges and best practices, as well as recommendations made during audits, evaluations, reviews and reports, and will ensure that the lessons learned and recommendations for management are used in future policy- and decision-making.

The Secretariat will foster an institutional culture of respect, in which collective responsibility is promoted and a working environment is established in which, in the face of potential conflicts, those involved do not become passive bystanders but seek instead to engage with each other with a view to preventing escalation and finding informal avenues to address the matter at stake.

LEADING INDICATORS

Percentage of audit observations responded to in a timely manner, with an emphasis on addressing systemic issues
Percentage of recommendations in corporate and decentralized evaluations implemented within agreed time frames
Percentage of corporate critical risks with approved mitigation plans implemented

Output 4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships

Predictable, adequate and flexible resources are needed to ensure that work can be carried out at the right time, in the right place. While the COVID-19 pandemic is still raging and analysis of its impact are still ongoing, the pandemic has disrupted lives everywhere. Ensuring that the Organization is adequately financed and able to carry out its mandate is crucial while the pandemic is still ongoing and will remain crucial in the forthcoming recovery and prevention of future pandemics.

According to the external engagement model and based on strategic priority-setting exercises and the resource mobilization strategy as noted by the Executive Board in February 2020, resource mobilization functions, technical programmes and communications are brought together at all three levels of the Organization in order to ensure an informed and coordinated approach for resource mobilization through strategic interactions with Member States, donors, multilateral stakeholders, non-State actors and the general public. Beyond the financial aspect, strategic engagement at the corporate level will be developed and strengthened with multilateral organizations, parliaments, nongovernmental organizations and the private sector to promote the mandate of the Organization.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to develop its existing partnerships with Member States, donors, multilateral stakeholders, non-State actors and civil society organizations in order to advance more sustainable financing of the Organization and improve the quality of its funding; to secure predictable, adequate and flexible financing to deliver the GPW 13; and ultimately to accelerate collective progress towards the Sustainable Development Goals. New partnerships with entities that align policy and delivery will be sought and efforts will be made to continue to broaden the Organization’s funding base and increase the flexibility and predictability of its financing.

Together with its partners and contributors, the Secretariat will continue to streamline the management of funds and reduce transaction costs through fewer and longer agreements with lighter conditionalities to help WHO deliver on its priorities.

Supported by enhanced donor intelligence and income-forecasting capacity, the Secretariat will continue to strengthen and deepen its relationships with its donors and is committed to strong dialogue to ensure shared

priority-setting and mutually reinforcing commitments. Clear priorities, backed up by adequate and dependable resourcing, will help the Secretariat to plan and deliver in an effective and efficient way.

The Secretariat will make use of its new Contributor Engagement Management system to facilitate the streamlining of resource mobilization activities and ensure improved coordination of the negotiation of agreements, and subsequent associated reporting.

With the objective to promote the understanding of health on the political agenda, strategic plans will be developed and implemented for further engagement with multilateral organizations, parliaments, civil society and the private sector.

LEADING INDICATORS

Proportion of flexible and semi-flexible funding of the overall funding available for the biennium
Number of contributors entering a strategic dialogue process with WHO
Number of non-State actor partners publicly committing to improve their health impact

Output 4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13

Accountability for results is at the heart of this output, which focuses on driving impact in every country. To achieve this, planning, budgeting, the allocation of all types of resources, monitoring and delivering value for money are oriented towards meeting country priorities. In 2022–2023, it is expected that WHO will continue to implement the innovations introduced in 2020–2021 to implement GPW 13 strategic shifts, such as the corporate process of planning and monitoring of country support, global public health goods and leadership functions. The innovative methodology for measuring Secretariat results will continue to be implemented (i.e. the Output Scorecard), to ensure that the Organization is demonstrating accountability for the results to which it committed in the Programme budget. The reporting of results based on this methodology will demonstrate achievements and challenges in the delivery of WHO's work, not simply at the global level but also across the three levels of the Organization. These processes will continue to stress the importance of leaving nobody behind by mainstreaming gender, equity and human rights and empowering people with disabilities. The transparency of reporting will be even further strengthened, through the continuous enhancement of the WHO Programme Budget Portal and better results reporting of outputs, outcomes and impacts through web-based platforms. This will make reporting more uniform, transparent and accessible.

The COVID-19 pandemic has taught many lessons in this area of work. It has shown not only the criticality of placing countries in the driver's seat but also that plans, budgets and resource allocation must be adaptable to rapidly changing situations and that there needs to be better coordination within and across the three levels of the Organization. It also shows that the Secretariat should drive efficiencies in the ways of working, streamline corporate processes and eliminate fragmentation in order to achieve value for money in this area.

The achievement of this output is not possible without the orientation of the work done towards delivering value for money. This will be essential in the next biennium since the Organization will seek to maximize its resources to help achieve the triple billion targets, outcomes and outputs. It will also do this by paying greater attention to ensuring a rigorous structure for the resource allocation and grant management processes, including harnessing the role of the Resource Allocation Committee, which has recently been established. The Organization will also ensure that donor proposals are clearly focused on adding value and not solely on minimizing cost. All resources, whether projected or available, will be tracked so that they have the potential to achieve the biggest impact. Tools, guidelines and capacity-building will be geared towards implementing value for money and ensuring closer coordination of corporate processes.

This output will only be achieved by strengthening coherence and synergy among the levels of the Organization, in particular by strengthening coordination, the exchange of ideas and technical coherence among country offices, regional offices and headquarters, especially in supporting countries to achieve their priority outcomes. To this end, strengthening the output delivery teams and other internal networking arrangements, including ensuring the meaningful engagement of regional and country offices will be crucial.

HOW WILL THE WHO SECRETARIAT DELIVER?

- The Secretariat will ensure that the implications and lessons learned from the COVID-19 pandemic, and from implementation of the previous programme budget, will be incorporated in the results-based management process in terms of strategy, the programme budget, operational plans, and monitoring and reporting. This will include ensuring that the recommendations of the Independent Panel review and other reviews are incorporated in the plans and budgets of the Organization.
- The Secretariat will align the results framework and budget more closely so that investment decisions and resource allocation are geared towards delivering results and delivering them with value for money. It will use a more integrated results framework so that shared results will drive integrated work and collaboration for greater effectiveness. The budget will clearly signal the intention to deliver results at the country level through synergies across the three levels of the Organization. It will set out the investments needed so that it can fulfil its leadership role, perform normative work, provide country support and partner with others. Such support will be tailored to country needs, capacities and technical expertise and will consider the maturity of individual country health systems.
- The Secretariat will place results at the centre of management attention at all levels of the Organization. Comprehensive day-to-day systems for monitoring implementation will be supplemented by targeted spotlights that routinely focus leadership attention on a smaller number of priority areas – where change is hardest to achieve or most cross-cutting or where the impact of achievement is symbolic or game-changing for the wider system.
- The Secretariat will ensure that corporate planning, budgeting, resource allocation and monitoring aligns with the Sustainable Development Goals principle of leaving no one behind. It will mainstream gender, equity and human rights, including by empowering people with disability in its results-based management process.
- The Secretariat will strengthen its priority-setting methodologies so that the country-level priorities and priorities of global health drive what is planned, implemented and budgeted and monitored by the entire Organization, including by taking into account actions that flow from the results of delivery stocktakes on the triple billion targets, as available. The Secretariat will establish suitable platforms for developing the programme budget in a participatory approach, with the active engagement of Member States in order to better reflect their priorities.
- The Secretariat will ensure that it is measuring what matters most, i.e., impacts in countries, while ensuring that it is able to demonstrate its contribution to achieving those impacts and how it has helped to leverage resources from others in support of national priorities and plans. It will expand implementation and reporting through the Output Scorecard methodology, while ensuring that the work of all offices is assessed to show how they add value to their achievements.
- The Secretariat will strengthen the implementation of results-based management, ensuring the complementarity and harmonization of all planning, budgeting, implementation, monitoring and reporting activities within the Organization.
- The Secretariat will implement the value-for-money strategy agreed by Member States to ensure that the Organization is maximizing results from the limited resources provided to it. It will promote only a culture of planning, implementation and monitoring that considers a range of choices to achieve better value for money. It will implement training and incorporate value-for-money principles in all steps of the results-based management process.

- The Secretariat will foster better coordination, coherence and synergy, avoiding duplication within the major offices and between the levels of the Organization. It will strengthen the new internal networking arrangements, including the output delivery teams and other networking arrangements within the Organization. To that end, it will clarify roles and responsibilities across the three levels and facilitate synergy of purpose by each of the network entities.
- The Secretariat will measure impacts in each country to ensure that the investments against which returns are monitored and reported are important to people. It will allocate resources based on the ability to yield the most effective, efficient, equitable and ethical delivery.
- The Secretariat will continue to make efforts to strengthen the culture of accountability, tailored and evidence-based planning and budgeting. Ultimately, it will promote a culture of results, in which structured mechanisms will be established for regular review of results and concrete actions are taken to ensure delivery of results, especially in countries.

The Secretariat will monitor and report on its direct contribution to outcomes and impacts at each of the three levels of the Organization. It will use an innovative approach that measures more directly the Secretariat's accountability for delivering its leadership and normative functions and support to countries and for linking progress in these areas with their contribution to outcomes and impacts. This will include monitoring the uptake of global public health goods, collecting the feedback from users to inform Organizational learning and maximize country impact. Results monitoring and reporting will also provide information on reaching specific efficiency targets and adherence to value-for-money commitments. The Secretariat will continue to use innovative approaches in reporting, including the Programme Budget Portal, and to improve its performance in line with International Aid Transparency Initiative measures.

LEADING INDICATORS

Proportion of priority outcomes at the country level with at least 75% funding by the end of the second quarter of the biennium

Percentage of budget centres that have completed the output scorecard to assess programme budget performance according to corporate monitoring guidance

Output 4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda

The Transformation agenda includes redesigned processes, strengthened three-level operating model and enhanced internal communications. GPW 13 represents a radical shift in the way WHO works. All three levels of the Organization will work towards a common purpose as a single entity, with a clear focus on global outcomes that will maximize country impact, results and accountability. The daily activities of WHO's workforce will be aligned with the vision, mission and strategy of the Organization through embedding the WHO Values Charter and creating an environment that fosters mutual support, open and transparent dialogue, autonomy and collaboration. WHO will promote a more innovative culture, with a fully engaged, empowered and connected workforce that is able to contribute as one to the Organization's goals by adopting a more agile, network-intensive and digital-enabled mode of operation. This new model will better equip WHO to deliver on the triple billion targets of GPW 13 and the Sustainable Development Goals, in alignment with specific country needs and priorities.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will track, monitor and report on the full scope of transformation initiatives using dashboards and related instruments to ensure that the Secretariat stays focused and aligned for impact.

In addition, the Organization will adopt a culture and practice of continuous improvement to reinforce and consolidate changes introduced within the Organization under the transformation agenda and other reforms.

The principles reflected in the new WHO Values Charter will be promulgated and change management and organization development approaches will be used to unlock the underlying mindsets, behaviours and practices needed to realize and sustain a fully transformed WHO.

To engage and empower the entire WHO workforce in this continuous improvement and transformation agenda, internal communications will focus on the corporate direction and workforce needs with a view to enhancing three-level alignment using the most appropriate technologies and channels.

LEADING INDICATORS

Number of staff across the three levels of the Organization being informed by, and satisfied with, internal communications tools (including Workplace, newsletters, emails from Director-General, Intranet articles, staff seminars)
Percentage of global WHO transformation initiatives rated as “on-track” at the time of reporting

Output 4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored

Decisive and systematic action to stop people from being left behind due to poor health and discrimination is critical to achieving safer, resilient, fairer and more sustainable societies. Integrating gender, equity and human rights approaches in health is key to accelerating progress towards the Sustainable Development Goals and ensuring that by 2033 we achieve the triple billion goals, including to comply with the Organization’s commitments on disability, diversity and inclusion.

When women, men, girls, boys and all people are left behind due to poor health and discrimination, their access to the essential goods and resources required to live a healthy life is limited and the resulting effects extend beyond their individual lives: such negative impacts also affect the social mobility of families out of poverty, the resilience of public systems and societies to withstand emergencies and the peace and stability of nations, which are essential to social progress and sustainable development for all. This demonstrates that the right to health is interrelated with, and dependent upon, the realization of other human rights, including the rights to food, housing, work, education, non-discrimination, access to information and freedom of movement.

This output will advance the evidence base, policy tools, health service models and partnerships required to strengthen the capacities of Member States and health authorities to implement effective health policies, programmes and governance arrangements in order to improve the health and well-being of all people and accelerate the inclusion of those being left behind.

This output also seeks to strengthen the institutional and technical capacity of the WHO Secretariat at all levels to drive forward real improvements in the lives and well-being of those being left behind, through systematically planning, implementing, monitoring and reviewing approaches that scale up health within all technical programmes and increase the cumulative impact of the whole Organization on closing gender, race, ethnic and socioeconomic inequalities and health gaps.

It will also support the work of the output delivery teams on the triple billion outcomes to mainstream gender, equity and human rights, including through diversity, inclusion and culturally sensitive approaches when addressing, for example, discrimination based on disability, race or ethnicity, among others. Building partnerships and collaborations are fundamental for the work of this output, in cooperation with the other output delivery teams in WHO and with partners in the United Nations system, other stakeholders and civil society.

The achievement of this output will entail:

- Strengthening WHO's leadership in moving gender, equity and rights onto global, regional and national health agendas. This will include strong communication, advocacy and partnerships development to ensure that WHO walks the talk when placing "leave no one behind" as a corporate priority that strengthens the political and technical dimension of gender, equity and human rights.
- Integrating gender, equity and human rights-focused approaches in health policies and programmes, including through policy advocacy and dialogue, as well as by providing analysis and technical support to Member States and output delivery teams in the Secretariat. This will also include a focus on strengthening a "leave no one behind" approach in health-related aspects of inter-agency work and health emergencies. An integral part of this output is also the development and implementation of communications and advocacy strategies to promote attention to gender, equity and human rights considerations in health policies and programmes, which should be accurate, fact-based and geared to mobilize Member States, partners and society at large to take action.
- Developing frameworks, tools and guidance for mainstreaming in order to support more systemic uptake of normative tools and resources for gender, equity and human rights mainstreaming in health policies and programmes, including for example, considerations related to disability, diversity and inclusion based on the human rights principle of non-discrimination. Such tools and guidance will also support the generation of evidence and analysis on gender, equity and human rights through the production and exchange of knowledge.
- Building capacities in WHO's Secretariat, Member States and their partners. This output will provide capacity-building, training and learning platforms on gender, equity and human rights in health and health-related areas, including by addressing considerations related to disability, diversity and inclusion. It will also build capacity among regional, national and local stakeholders to engage and empower individuals from diverse representative communities, identify and reach groups facing vulnerabilities and use context-based localized solutions for these processes. The output will also strengthen work on capacity-building and learning to address gender, equity and human rights issues in fragile, humanitarian and emergency settings. It will also strengthen the capacities of staff to report on United Nations accountability mechanisms related to the integration of gender, equity and human rights, as well as disability, diversity and inclusion commitments in the workforce.
- Strengthening reporting, monitoring and evaluation. This output will focus on monitoring and implementing the accountability frameworks and indicators to measure the Secretariat's progress action on gender, equity and human rights mainstreaming. These will include commitments on disability, diversity and inclusion based on a human rights-based approach in reporting, monitoring and evaluation. The Secretariat will support Member States in monitoring and/or evaluating advances on policy actions towards addressing gender, equity and human rights through established accountability and reporting frameworks. The output will also support the Organization's engagement with, and contribution to, international human rights bodies and relevant monitoring processes across the United Nations system.
- Strengthening the evidence base for more rigorously promoting attention to gender, equity and human rights in health policies and programmes. This will include facilitating and promoting intersectoral and multidisciplinary collaboration and dialogue to support the sharing and analysis of data that go beyond the health sector.

- Providing sustained leadership for corporate and institutional mainstreaming. This output will work towards the generation of commitments and a more systematic development and use of normative tools and resources for gender, equity and human rights mainstreaming to make WHO an inclusive and accessible organization, with a skilled and diverse workforce. This work includes the implementation and required reporting on the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UNSWAP) and the United Nations Disability Inclusion Strategy (UNDIS), as well as other system-wide action plans.
- Actively participating in the Working Group on Gender Equality led by UN-Women.

HOW WILL THE WHO SECRETARIAT DELIVER?

As a cross-cutting area, in order to achieve this output the Secretariat will deliver technical and strategic actions to realize the three strategic shifts of GPW 13.

The Secretariat will exercise a leadership role in health at the global, regional and national levels through evidence-based policy advocacy and technical collaboration to promote the systematic integration of gender-responsive, equity-oriented and human rights-based approaches in national health policies, legislation and programmes in order to accelerate progress towards the Sustainable Development Goals. This will include improved coordination and collaboration with relevant partners through the United Nations system, as well as regional and country level inter-agency mechanisms and processes.

The Secretariat will strengthen WHO's normative role by ensuring that programmes and global public health goods are gender-responsive and human rights-based in order to ascertain who is being left behind, including through the identification of gender-related differences, discriminatory practices or barriers to effective coverage of health services. The Secretariat will intensify this work with enhanced technical support based on a more systematic application of evidence-based approaches, tools and methods and practical demonstration of what works to address gender, equity and human rights in health policies and programmes.

The Secretariat will promote capacity-building, learning and knowledge transfer on gender-responsive, equity-enhancing and human rights-based approaches in health, including through training and by strengthening analysis and research capacity to promote the sustained integration of these approaches in its work with Member States and their partners through, for instance, the WHO Academy and regional and national initiatives.

To support the three strategic shifts, the Secretariat will work to strengthen accountability for gender, equity and human rights, including commitments on disability, diversity and inclusion. This will be operationalized through United Nations accountability frameworks such as UNSWAP and UNDIS, as well as through internal mechanisms such as the "Impactful integration of gender, equity and human rights" dimension on mainstreaming in the output scorecard. These accountability frameworks constitute a major aspect of annual reporting to Member States. The Secretariat will also work to promote an organizational culture that supports an enabling environment for gender, equity and human rights mainstreaming and for promoting diversity and inclusion in the Secretariat's workforce.

COVID-19 has exploited and exacerbated pre-existing social and health inequities, including gender inequalities, and has reversed decades of progress on these fronts. More than ever, the COVID-19 pandemic has dramatically illustrated the indivisibility and interdependence of all human rights and the need to develop a holistic, integrated response to the pandemic and other health issues. As the global community works on building back better, achieving this output will contribute to building more resilient health systems in ways that accommodate and compensate for pre-existing inequities as part of the pandemic response, including during future outbreaks or pandemics. The lessons of the COVID-19 pandemic response underscore the need to strengthen the "leave no one behind" approach in the health sector response and socioeconomic recovery plans. The Secretariat has already adapted its work and will continue to support countries' "leave no one behind" impact assessments, mitigation tools and technical guidance. The Secretariat will support capacity-building among national and local stakeholders in engaging, empowering and supporting communities in national and local COVID-19 response

efforts. It will also optimize the role of community care workers in engaging with communities, including in surveillance, data-collection efforts and community-based participatory approaches.

LEADING INDICATORS

Percentage of outputs with at least a score of 3 on the “Impactful integration of gender, equity and human rights” output scorecard dimension
Number of countries implementing at least two WHO-supported activities to integrate gender, equity and human rights in their health policies and programmes
Percentage of resolutions at global level that include gender-responsive, equity-oriented and human rights-based actions
Percentage of indicators that are met or exceeded in the United Nations accountability frameworks subscribed to by WHO, namely the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP) and the United Nations Disability Inclusion Strategy (UNDIS)

Outcome 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner

Introducing innovations and applying lessons learned from the COVID pandemic in the Organization’s management and administration will enable WHO to be in a better position to contribute strongly to putting the world back on track towards the achievement of the Sustainable Development Goals. In previous bienniums, huge efforts have been made to transform management and administrative processes, implement measures to gain efficiencies in processes and transactions and find even more transparent ways for conducting its work. Not only has WHO raised the standards of transparency and efficiency, but it has also been taking action to address the occupational health and safety issues of its workforce, making a commitment to walking the talk on stopping sexual exploitation and abuse, and embedding gender and equity and human rights and the empowerment of people with disabilities in the work of management and administration.

The goal of WHO management and administration is to serve as a more effective and efficient enabler for the Organization to do its important work for carrying out its mission of promoting health, keeping the world safe and serving the vulnerable. It works to integrate the interface of human resources, financing and administrative processes and policies and technical work in a seamless manner in order to achieve results and deliver value for money.

Work to achieve this outcome combines the areas of sound financial and human resources management, using information technology not only to support the Organization’s operation but also to support Member States and the administrative, procurement and supply services that are critical to helping WHO respond to emergencies, providing security and occupational health and safety to the workforce, who are the most important resource of the Organization in producing results. The proposed budget for outcome 4.3, by major office, is set out in Table 24.

TABLE 24. PROPOSED BUDGET FOR OUTCOME 4.3, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	92.2	25.1	36.5	23.2	45.8	19.1	155.0	396.9
Total outcome 4.3	92.2	25.1	36.5	23.2	45.8	19.1	155.0	396.9

Output 4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework

Good stewardship of the Organization’s resources is at the very heart of delivering GPW 13. Accordingly, the Secretariat is committed to the efficient, transparent and sound management of the funds entrusted to it by Member States and donors.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to implement sound financial management practices and robust internal controls in order to manage, account for and report on the Organization’s assets, liabilities, revenue and expenses. This will include a greater focus on quality assurance activities in country-level implementation mechanisms, such as direct financial cooperation (DFC), direct implementation (DI) and grant-letter of agreements (LOAs). The Secretariat will manage the corporate treasury and all accounts in a transparent, competent and efficient manner and will ensure that it is delivering value for money in the Organization’s financial management. It will further ensure that all contributions received by the Organization are properly accounted for, spent and reported in accordance with International Public Sector Accounting Standards and donor requirements.

The Secretariat will continue to strengthen internal controls and further improve the timeliness and quality of financial reporting.

Progress will be tracked using the following measures:

- obtaining of an unmodified audit opinion by the External Auditor on the yearly financial statements;
- issue of an annual statement of internal control that addresses the effectiveness of internal controls and identifies any significant risks; and
- assured compliance of 98% of global imprest accounts with imprest reconciliation requirements and attainment of an A rating.

LEADING INDICATORS

Receipt of an unmodified audit opinion by the External Auditor on the yearly financial statements
Compliance rate of global imprest accounts with imprest reconciliation requirements and attainment of an A rating

Output 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

The Organization’s workforce, which includes staff members and other personnel, is its most important resource. The Secretariat will continue to implement WHO’s human resources strategy, which aims to strengthen the Organization’s human resources management.

HOW WILL THE WHO SECRETARIAT DELIVER?

In order to implement GPW 13, the Organization needs to ensure that its workforce is flexible, mobile, high-performing, fully trained and fit for purpose. Selection processes will be streamlined and made more efficient to allow the Organization to meet the staffing needs of programmes and enable corporate functions. Improved performance management, combined with career development and learning, will drive excellence and culture change and will be at the centre of the agenda in order to ensure that the Organization can rely on and retain a talented workforce. Staff mobility across the three levels of the Organization will enrich the capacity and knowledge of staff members and ensure that country needs are met effectively. The distribution of human resources will be in line with the country focus and organizational priorities set out in GPW 13. Diversity and gender balance will remain a priority.

In 2020, measures related to COVID-19 have had a significant impact on the working environment and the workforce. WHO is both reflecting on the lessons learned in real time and discussing fundamental issues related to the future of its work. Specific issues include safety and security in the workplace, flexible working arrangements, contractual modalities and the mental health of the workforce.

Building on earlier successes and learning from past challenges, the Secretariat will improve or develop new policies and procedures, strengthen existing initiatives and launch new ones.

LEADING INDICATORS

Number of international staff members moving between duty stations
Overall male/female ratio among international professional staff
Reduction in the number of unrepresented and under-represented countries over time (based upon the recruitment of international professional staff)
Average duration of the selection process from the date of publication of a vacancy notice to the signature of the selection report by the decision-maker

Output 4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations

The COVID-19 pandemic has highlighted the critical importance of a robust information technology platform to support the Organization in conducting its work and delivering results. Not only is such a platform indispensable for WHO's operation, it also allows it to be more efficient. The platform empowers interactions within the Organization and with its partners. It enables the Organization to work remotely, manage data that is useful for its operations and accountability and manage its operations in a transparent, seamless and secure way. The work to achieve this output covers the following, all supported by a strong project management approach: data management and visualization platforms; information technology local and global infrastructure initiatives; development, implementation and operation of Global Management System (GSM) and non-GSM business solutions, related business solutions and applications used globally and locally; and digital transformation, effective digital workplace solutions and implementation of cybersecurity solutions.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will ensure that WHO information systems, processes and tools facilitate the implementation of the vision inherent in GPW 13 of agility, interoperability and managed integration in order to facilitate the work of staff members and partners at the country level. It will also ensure that support for the programmatic work of the Organization is central to the strengthening of information management and technology and will help to streamline administrative processes through relevant systems that facilitate implementation and achieve efficiency gains. Improved data management and visualization platforms are of crucial importance to the measurement of, and reporting on, the Organization's plan of work and the facilitation of timely decision-making. The Secretariat underscores the need for secure and resilient information technology systems that are capable of delivering intended outcomes by providing continuous critical services and managed cybersecurity risks.

Efficient, effective and reliable information systems are of paramount importance as they enable WHO to better support countries. In order to ensure its information systems function efficiently, the Secretariat will:

- strengthen and optimize information technology platforms and services that address user and business needs;
- make innovative use of digital systems, cloud solutions and value-for-money tools to facilitate and enable the work of the Organization at all levels;
- protect WHO's information assets through the management of cybersecurity and related risks;

- improve business continuity planning for information technology and related functions;
- replace the current enterprise resource planning system with a sustainable system, meeting the needs of each business unit in a simple, intuitive and timely way while bringing greater efficiencies to global business operations; and
- strengthen and better integrate critical systems and processes in order to ensure optimal organizational performance and results-driven management.

Progress will be tracked using the following measures:

- percentage of locations with essential information technology infrastructure and services aligned with agreed organizational standards, including corporate and health systems applications;
- number of new platforms and services introduced in support of digitalization of WHO products, content and services, as well as internal innovation initiatives; and
- level of implementation of cybersecurity road map in comparison with the baseline established by the information technology security assessment.

LEADING INDICATORS

Percentage of locations with essential information technology infrastructure and services aligned with agreed organizational standards, including corporate and health systems applications
Number of new platforms and services introduced in support of digitalization of WHO products, content and services, as well as internal innovation initiatives
Level of implementation of cybersecurity road map in comparison with the baseline established by the information technology security assessment

Output 4.3.4. Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including occupational health and safety

The Secretariat’s operations and support services ensure that the workforce can operate in a secure and safe environment and that its health and well-being are protected, while providing services to enable the continuous running of the Secretariat’s operations. The work of the Organization, especially in responding to a large number and variety of the health emergencies worldwide, highlights the critical importance of investing in a safe, secure infrastructure, the occupational health and safety of its workforce and efficient procurement and supply operations. These are all critical, not only for normal organizational operations but also for WHO to be effective in supporting the global, regional and country response to health emergencies.

Work to achieve this output covers the following areas: infrastructure, security, occupational health and safety, procurement and supply, building and premises; managing utilities and rentals; security structure and units synergized with existing capacities in the United Nations security management system; managing office vehicles and insurance; the health and well-being of WHO’s global workforce; mass casualty and medical evacuation response plans, led by the United Nations Department for Safety and Security; and psychosocial support for staff in all duty stations.

HOW WILL THE WHO SECRETARIAT DELIVER?

An integrated set of operational support services is essential for the Organization to fulfil its mandate in all locations. The Secretariat will ensure that the occupational health and safety standards are taken into account at headquarters, regional offices and country offices. Direct and sustained support will be provided to ensure the safety and security of the thousands of staff members deployed in the field. The Secretariat will strengthen its safety and security policies and continue to focus on improving the WHO working environment.

The Secretariat will protect and promote the health and well-being of WHO's global workforce and increase psychosocial support for staff in all duty stations.

The Secretariat will continue to develop and implement its supply chain policy, including its procurement practices and logistics, at all levels of the Organization. Mainstreamed policies and standard operating procedures will enable WHO to reduce the cost of support services and supply chains and increase their efficiency.

The Secretariat will work with the United Nations Department of Safety and Security to set security standards while improving its ability to anticipate risks, provide high-quality safety and security training, and maintain and update its infrastructure.

LEADING INDICATORS

Ratio of expenditures on goods based on catalogue/long-term agreements versus those relating to non-catalogue/long-term agreements
Number of security incidents with an impact on WHO personnel, premises and assets, and operations
Rate of compliance with United Nations Minimum Operating Security Standards

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