Draft Fourteenth General Programme of Work (GPW14) (2025–2028)

In May 2023 the Seventy-sixth World Health Assembly, having considered the report by the Director-General on Sustainable Financing, requested the Director-General to draft a Fourteenth General Programme of Work (GPW14) 2025–2028, in consultation with Member States, as the technical strategy to underpin the first WHO Investment Round in the last quarter of 2024.

GPW14 is to replace the Thirteenth GPW (GPW13) which has been extended up to 2025, one year early, to include a financing envelope and a strong results narrative, for the first WHO Investment Round.

Building on the directions given by the World Health Assembly and drawing on comments received from Member States during the first GPW14 information session on 14 July 2023, this Working Paper provides an initial overview of the major sections proposed for the Fourteenth General Programme of Work. These include: the context of GPW14, lessons learnt from GPW13, the overarching goal and strategic objectives of GPW14, and initial considerations for the Results Framework, financing envelope and financing strategy.

The consultation document, as of 15 August 2023, developed to facilitate discussions with Member States on the proposed development process and high-level narrative for GPW14, is provided as an Information Document (SEA/RC76/6 Inf. Doc. 1) to this Working Paper.

This Working Paper was presented to the Sixteenth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) for advice and guidance to the Secretariat on the further development of GPW14. The SPPDM reviewed the paper and made the following recommendations for actions to be taken by WHO and Member States.

**Actions by Member States**

1. Contribute actively to the consultations for the GPW14, and support the development of the monitoring framework for effectively implementing programmes.
**Actions by WHO**

(1) Continue consultations with all Member States over the updated draft and present the draft to the Seventy-sixth Session of the Regional Committee.

(2) Initiate discussions with Member States on potential Output and Outcome indicators for each strategic objective and proposals for an enhanced impact measurement framework.

This Working Paper and the SPPDM’s recommendations are submitted to the Seventy-sixth Session of the WHO Regional Committee for South-East Asia for its further deliberations and renewed consideration.
Introduction

1. In May 2023, the Seventy-sixth World Health Assembly, having considered the report by the Director-General on Sustainable Financing, 1 requested the Director-General to draft the Fourteenth General Programme of Work (GPW14) 2025–2028, in consultation with Member States, as the technical strategy to underpin the first World Health Organization (WHO) Investment Round in the last quarter of 2024. 2 The first WHO Investment Round is developed to respond to the request from Member States to explore the feasibility of a replenishment mechanism to broaden further the financing base taking into consideration the Framework of Engagement with non-State Actors.

2. GPW14 is to replace the Thirteenth GPW (GPW13) one year early, include a financing envelope and a strong results narrative, and draw on the lessons learnt from GPW13. GPW14 is to be considered for approval by the Seventy-seventh World Health Assembly in 2024, through the Programme, Budget and Administration Committee’s Thirty-ninth Meeting and the 154th Session of the WHO Executive Board.

3. Placing countries at the centre of the GPW14 development process, the Secretariat has conducted multiple consultations with Member States (dedicated sessions with small island developing states (SIDS) included), as well as global and regional consultations and discussions at the Regional Committee Sessions.3 The Secretariat has established processes to facilitate engagement, alignment and feedback from across the three levels of the Organization. Perspectives will also be sought from key constituencies including relevant international, civil society, community and youth organizations, as well as the private sector, with due consideration given to the Framework of Engagement with non-State Actors (FENSA).

4. Key inputs to GPW14 include findings from the independent evaluations of GPW13, WHO Transformation, WHO’s Results-Based Management, and the integration of Gender, Equity and Human Rights (GER), as well as external evaluations of the COVID-19 response, WHO regional strategies, the Director-General’s report on the extension of GPW13 to 2025, 4 recommendations of the Agile Member States Task Group and the Secretariat Implementation Plan.

5. Building on the directions provided by the Assembly and drawing upon comments from Member States during the first GPW14 information session on 14 July 2023, this Working Paper provides an initial overview of the major sections proposed for GPW14. These include: the context of GPW14, lessons learnt from GPW13, the overarching goal and strategic objectives of GPW14, and initial considerations for the Results Framework, financing envelope and financing strategy.

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1 Document A76/32
2 Decision WHA76 (19)
3 Consultation document, as of 15 August 2023, developed to facilitate discussions with Member States on the proposed development process and high-level narrative for GPW14
4 Document A75/8, including Member States prioritization of outcomes.
The context, goals and strategic objectives of GPW14

6. Emerging from the pandemic, countries face a worsening environment for achieving better health outcomes due to shrinking fiscal space, climate change, ageing populations, food insecurity, a growing burden of mental health and NCDs, new infectious hazards, growing inequalities, urbanization, debt burden, conflict, migration, and geopolitical instability. Halfway to 2030, nearly all SDGs are off track, including the health goal.

7. At the same time, people place greater value to their health and well-being, resulting in an increased demand for services, appeals for a more holistic, inclusive and equitable approach to health, and a call for health and well-being to drive development and economic agendas. Recent and ongoing advances in technology, digitalization, behavioural sciences, and basic and translational science open opportunities to accelerate health and well-being for all.

8. In this context, GPW14 builds on the strengths of GPW13 and the WHO Transformation, while incorporating the lessons learnt, including through the ongoing independent GPW13 evaluation. For example, while the “Triple Billion” concept was in many ways transformational for the Secretariat, Member States and partner agencies focused on specific SDGs and Assembly targets in their day-to-day country work. And although the Transformation Agenda is changing WHO’s culture and capabilities, placing common purpose, country impact and enhanced accountability at the heart of its work, to date these changes have been felt primarily at WHO headquarters rather than in the country and regional offices. Achieving real change in WHO operations and capacities at country level must be a major thrust of GPW14 in this changing global context.

9. The overarching goal for GPW14 is “to promote, provide and protect health and well-being for all people, everywhere”. To advance the overarching goal, and while reflecting on the Member States prioritization exercise of 2023, GPW14 will have six major strategic objectives, two for each element (described in Table 1 below):

10. Cross-cutting the strategic objectives are WHO’s key activities in health leadership, advocacy, science, data, digital, normative work, delivery, and innovation. Infusing, informing and underpinning all of WHO’s work is the Organization’s deep commitment to gender equality, human rights and health equity.

11. Achieving these ambitious strategic objectives of GPW14 depends on an unprecedented alignment and coordination of an extraordinary number of health and health-related players at national as well as regional and global levels. Most importantly, at country level there must be a renewed commitment by all relevant actors – both public and private sector – to respect and empower the national structures and processes set up for the governance and leadership of health. And where needed, always support and strengthen rather than bypass weak capacities. Operating by principles such as “one plan, one Budget and one team” will be key. At the regional and global levels, WHO will have a critical role in aligning this same broad array of health actors to national priorities.

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5 Progress toward the Sustainable Development Goals: Toward a Rescue Plan for People and Planet. SDG Progress Report Special Edition 2023 ADVANCE UNEDITED VERSION.pdf
<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Strategic Objectives (2025–2028)</th>
<th>Key commentary</th>
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<tr>
<td>1) Promoting health and preventing disease</td>
<td>(i) Achieve transformative action on climate change and health.</td>
<td>Threats of climate change, and others outside of the health sector (in ecological, economic, food, education, social and transport systems) are drastically out of balance. The period of GPW14 represents a critical window to embed health at the centre of their decision-making, while harnessing the opportunities for health that are provided by increased investment in these sectors.</td>
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<td>(ii) Firmly place health and well-being at the centre of the policy agenda in the key health-related sectors that drive the determinants and root causes of ill health.</td>
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<td>2) Providing health</td>
<td>(i) Substantially reduce inequalities in essential health service coverage between and within countries to address communicable and non-communicable diseases.</td>
<td>An alarming stagnation of progress towards UHC, with over 30% of the global population – or a staggering 2.4 billion people – unable to access a basic package of services, and over 2 billion people suffering extreme financial hardship to access care. Fundamental actions with unequivocal consensus among member states is to radically reorient health systems using a primary health care (PHC) approach that is tailored to the country context and emphasizes equity, inclusiveness, cost-effectiveness and efficiency, to achieve UHC.</td>
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<td>(ii) Reverse the trend in catastrophic health expenditures.</td>
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<td>3) Protecting health and well-being</td>
<td>(i) ensure every country is fully prepared to mitigate and respond to acute health risks, due to infectious and other hazards.</td>
<td>The pandemic exposed the global necessity to substantially strengthen the emergency health architecture, and the sobering increase in humanitarian crises, with a record of more than 340 million people requiring assistance in 2023, in every WHO Region. Every country and community must be enabled to identify and understand their health threats from any hazard, assess their relevant strengths and vulnerabilities, mitigate risks where possible, and launch a coordinated, sustained and evidence-based response as needed.</td>
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<td>(ii) ensure that all people affected by protracted crises have sustainable access to life-saving medical care.</td>
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How WHO’s work translates into impact

12. The full impact of WHO’s work is achieved through a combination of:

- **The direct effects**: these operate through its work in and with Member States, coordination of partnerships, and, primarily in crisis-affected areas, communities.

- **The network effects**: these reflect the crucial role WHO plays, through formal and informal mechanisms, in enabling and facilitating the work of a much larger set of health actors at national, regional and global levels, from nongovernmental organizations, faith-based organizations, civil society organizations and private sector service providers, to global funds and specialized organizations.

- **The influencing effect of WHO**: this is a function of its vital role in working with health-related sectors and actors to address major commercial, environmental, economic and social determinants of health by prioritization of health and well-being outcomes in their policy agendas.

13. **WHO’s six core functions** generate the products and services that underpin the work of the immense global health ecosystem at all levels. For example, at both country and international levels WHO leads and coordinates the entire UN health development agenda, the inputs of local and international health entities, and health cluster arrangements for humanitarian emergencies. **WHO’s R&D blueprint for epidemics** convenes and coordinates a broad range of international experts to set and guide the global research agenda, which facilitates the work of national institutes and investigators as well as international actors such as CEPI and the Foundation for Innovative Diagnostics (FIND).

14. **WHO’s physical presence in over 150 countries** provides direct policy support and technical assistance to Member States and partners across the full range of health issues, sets key priorities for and contributes to WHO normative work, coordinates UN agencies and implementing partners on health, and provides life-saving services to crisis-affected populations.

15. **WHO’s six Regional Offices** play a vital role in high-level advocacy and tailoring policy guidance for their Member States, backstopping and networking WHO country offices, delivering strategy, policy, and technical assistance where there is no WHO office, ensuring that normative work reflects Member States’ priorities.

16. **WHO headquarters** leads the coordination of the Organization’s normative and standard setting work, science agenda, generation of policy options, negotiation of international instruments, and global monitoring and advocacy.
Developing the GPW14 High-Level Results Framework

17. The Results Framework is a tool that WHO uses to plan, implement, monitor and evaluate its programmes and contributions to the overarching goal and ambitious strategic objectives of GPW14. It will be the backbone for organizing the work of the Secretariat and its Budget and will derive from each of the six proposed strategic objectives. It will also outline WHO’s planned contributions to each of the outcomes, with the specific outputs for each biennium articulated in the related two-year Programme Budget.

18. The GPW14 Results Framework will be developed as Member States provide advice on the proposed strategic objectives and will be guided by the following principles:

- impact and outcome focused on high-level results;
- countries at the centre to better define and prioritize what WHO delivers;
- preserving the integrated results structure of GPW13 to address health challenges;
- accountability, measurement and transparency with robust indicators, baselines and targets;
- Organizational flexibility to allow all three levels to operate in the most efficient manner;
- inter-programme and cross-function collaboration across levels to facilitate joint work.

19. WHO’s impact measurement framework will be further improved and evolved in the context of the GPW14 strategic objectives and outcomes, guidance of Governing Bodies and consultations with Member States on the recalibrating of the Triple Billion targets for use at country, regional and global levels. Proposals will be developed to better track the coverage of essential health services and financial hardship, and areas such as climate and health, mental health, disability, physical inactivity, foregone care, and health emergencies preparedness and response. An improved UHC index will be tested, discussed with Member States, and submitted for the 2025 SDG review. A forecasting pipeline is also being established to account for drivers of change in outcome indicators and other population health metrics.

Financing GPW14

20. At this stage of development of the GPW14, the estimated financial envelope is only indicative and for information purposes. It will be refined as GPW14 is finalized, noting that approval of GPW14 does not constitute approval of the financial envelope or replace the approval of the regular biennial WHO Programme Budgets.

21. The following assumptions were made in calculating an indicative GPW14 financing envelope:

- Only the Base segment of the WHO Programme Budgets for the GPW14 period is included as the Budget for the other segments is shaped by events (e.g., outbreaks, humanitarian crises) or other actors (e.g., partnerships such as the Global Polio Eradication Initiative).

6 EB152/28
• The Programme Budget 2024–2025 Base segment is the basis for calculation with additional Budgets provided for emerging priorities (i.e. strengthening country offices, polio transition, accountability, data, innovation).

• The work to strengthen country offices is fully implemented, with the expectation that the country office segment of the Base Budget will further increase.

• The current timeline for polio eradication is maintained and the public health functions funded by GPEI are entirely mainstreamed into the Base segment.

• Work on key WHO accountability functions (e.g. PRSEAH, SIP) is further strengthened.

22. Based on these assumptions, the indicative financial envelope for GPW14 for the four-year period 2025–2028 is approximately US$D 11.2 billion (Fig. 1). Consequently, the expected funding target for the first WHO Investment Round is estimated at US$ 8 billion (i.e. GPW14 Base Segment less the current and anticipated increase in Member State assessed contributions).

Fig. 1: Indicative Financial Envelope for GPW14 (Base Segment, in US$ million)

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<tr>
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<th>2025</th>
<th>2026</th>
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The way forward

23. Consultations with all Member States will be planned at regular intervals, wherein the Secretariat will present updated versions to receive feedback.

24. The Secretariat also plans to discussions with Member States on developing outcomes and related indicators for an enhanced GPW14 measurement framework. The Secretariat aims to develop the next version of the draft GPW14 to inform global/regional Member State consultations.