SEVENTY-SIXTH WORLD HEALTH ASSEMBLY
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ANNEX 1. OUTPUT INDICATORS AND NARRATIVES

OUTCOME 1.1. IMPROVED ACCESS TO QUALITY ESSENTIAL HEALTH SERVICES IRRESPECTIVE OF GENDER, AGE OR DISABILITY STATUS

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

Output indicator	Baseline	Target
Number of countries with comprehensive essential service packages defined based on integrated models of care	26 (2023)	38 (2025)
Number of countries with quality strategies aligned with national health policies or plans	61 (2023)	74 (2025)
Number of countries with up-to-date performance assessments on the provision of primary health care	73 (2023)	112 (2025)

For health services to be truly universal and resilient, 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 more effective, efficient, trusted. They foster stronger individual, family and community engagement and shared decision-making for their own health and promote better health literacy. To achieve this output, primary health care-oriented models of care are needed. They are operationalized with service packages for universal health coverage and implemented through integrated service delivery networks, with a continued emphasis on safety and quality of care. 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 opportunities to invest in renewed and differentiated care pathways, which reduced the risk of COVID-19 transmission by delivering services closer to where people live and work, curbing unnecessary visits to health facilities while avoiding interruptions in treatment for chronic diseases and conditions. Health security and access to health services was maintained or improved through service prioritization and process redesign, decentralized infrastructures (such as laboratory networks), revised roles and functions (such as sharing skilled community health workers), and adoption of digital technologies, with a focus on improving patient flows and infection prevention and control.

The COVID-19 pandemic also highlighted gaps in the ability of health systems to surge to meet increased demand, fundamental to achieving universal health coverage and maintaining essential services during emergencies. High-quality health services and capacity and deeply rooted programmes addressing infection prevention and control are necessary to prevent, detect and respond to health emergencies.

Broader rebuilding of better health systems, focusing on the countries that are weakest, have been most affected by COVID-19 and continue to be facing major challenges, is required. The Secretariat will dramatically step up its country activities, with intensified support to those with least progress on universal health coverage, to strengthen service delivery through a primary health care approach, thereby improving preparedness and resilience of health systems to future shocks.

The Secretariat support will foster coordination and integration across service delivery platforms and health programmes, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health and ageing population; and mental health and sexual and

reproductive health and rights. The Secretariat support will promote improved access across the continuum of care, from health promotion and prevention, to treatment, rehabilitation and palliation.

Work to deliver this output also 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). In addition, strong infection prevention and control (IPC) programmes at the national and health care facility level are a core capacity to keep health workers and persons using health facilities safe and to combat antimicrobial resistance (output 1.3.5). It also involves strong collaboration with regards to strengthening and monitoring essential health services and event-based case-management capacities and readiness and IPC measures for better health emergency preparedness and operational readiness (2.1.1, 2.1.2 and 2.1.3) and 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:

- providing global, regional and national stewardship to support countries most in need in reorienting their health systems towards primary health care, including essential public health functions central to regaining universal health coverage and other health-related Sustainable Development Goals and supporting the attainment of health security. This is in line with the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond; and

- provide leadership at global, regional and national level for ensuring development and implementation of policies and practices that are aimed at elimination of avoidable harm in health care and improving safety and quality of care. This is in line with the strategic objectives and strategies of the Global patient safety action plan 2021–2030.

The Secretariat will **support countries** to:

- prioritize services through context-relevant service packages that are designed for implementation and reflect models of care that are primary health care-oriented;

- establish service and infrastructure development plans, ensuring foundations are met and that provision of quality primary care services is scaled up;

- develop and implement national policies, standards and mechanisms for quality and safety, including IPC programmes and practices and mechanisms to reduce medical errors and associated harms and enhance medication safety, in both public and private health facilities;

- organize and manage service delivery platforms and how they relate with each other, including through strengthened leadership and management capacity at the subnational (i.e. district) and facility levels and improved transparency and accountability locally;

- design mechanisms to facilitate access to care and patients' movements across service delivery platforms (self-care, home care, community health centres, general and specialized hospitals in both public and private sectors), with the definition care pathways and by bolstering opportunities for digital and organizational innovations;

- advocate, build capacity and support empowering and engaging patients, families and communities, as core elements of efforts to the reorientation of health systems, and improve quality and patient safety, recognizing and integrating behavioural insights into policies;

− implement clinical support tools to standardize and improve service delivery at the point of care, including for traditional and complementary medicine; and

− continuously track progress services and learn for improvement, including by implementing the primary health care monitoring and evaluation framework, with particular emphasis on equity issues and reaching the most vulnerable.

In producing **technical products on norms/standards, data and** research, the Secretariat will:

− harness experience of the COVID-19 pandemic in 2020–2021 and intensified country support in 2022–2023 to generate further evidence on how services are best designed, improved and monitored, and to contextualize guidance, to reorient service delivery with a primary health care-approach and to increase effective use of services (through improved availability, accessibility, acceptability and quality of care);

− build data products, such as global and regional monitoring reports on universal health coverage and primary health care and theme-specific areas; 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 Universal Health Coverage Index and the development of a primary health care performance index; and continue to develop and make available topic-specific datasets; and

− generate research products, including reports on implementation research, that supports the scale-up of primary health care, and the implementation of technical guidance and local innovation for integrated delivery of health programmes and across thematic priorities.

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

Output indicator	Baseline	Target
Percentage of countries that report on the key health indicators on communicable and noncommunicable diseases identified and recommended by WHO	62% (2023)	71% (2025)
Percentage of countries that achieved the criteria for disease elimination	23% (2022)	32% (2025)
Percentage of countries implementing WHO norms and standards to address conditions and diseases most relevant for the respective country	47% (2023)	63% (2025)

Universal health coverage requires countries to increase the coverage of essential and integrated health services across the life course, by delivering quality-assured, cost-effective and evidenced-based interventions and technologies through a primary care and people-centred care approach, to address conditions and diseases across the continuum of care – from prevention, early detection, management and control to rehabilitation and palliative care – in and beyond the health sector.

While many targets for the prevention, diagnosis and treatment of conditions and diseases were already off track before the COVID-19 pandemic, the pandemic has hindered progress and subsequent recovery has been slow. Access to essential health services, including community-based services, has been most greatly affected in resource-limited settings. Building back, and increasing preparedness for pandemics and humanitarian crises, requires further investment on health system strengthening that focuses on reaching the most vulnerable. To this end, expanding coverage for essential health services for communicable diseases, noncommunicable diseases and mental health conditions through a primary health care approach, complemented by social protection, is key for bringing health services closer to communities and for sustained progress towards both universal health coverage and health security.

A global response surge is needed to accelerate and turn around the progress lost towards attaining the Sustainable Development Goals, to address the limitations that took us off track (weak health systems, failure to reach those left behind) and was further impacted by the COVID-19 pandemic.

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, eye, ear and oral diseases, blindness and deafness; as well as mental health conditions (including suicidal behaviour and neurological disorders); the harmful use of alcohol and substance use disorders; and disability.

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 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 (output3.3.2); 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 to high-level global, regional and national public health leaders for accelerated scale-up and funding to address communicable and noncommunicable diseases and mental health across the continuum of care, including using platforms like the G20 and United Nations High-Level Meetings.;

- engaging in high-level multisectoral policy dialogue on the continuum of care for conditions and diseases, in strong partnership with relevant health stakeholders;

- advocating to link the work on communicable and noncommunicable diseases to risk factors, the social and environmental determinants of health and the greater consideration of gender, equity, human rights, and disability, to identify those who are not accessing services or community engagement, the barriers they face and how to overcome them;

- developing and promoting 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 at country level in partnership with key public health actors;

- advocating for equitable access to medicines, health products and technologies, including assistive products, and their inclusion in lists of essential medicines and products, as well as market shaping and target product profiles that support strategies across the continuum of care that are tailored to specific population groups;

- advocating for higher quality health services and standards for populations in vulnerable situations, including persons with disabilities, across the continuum of care;

- engaging with global and regional partners and health initiatives, as well as community-based and community-led organizations, civil society and other non-health actors, to strengthen the implementation of condition- and disease-specific interventions and resource generation for condition and disease programmes; and

- advocating to provide rehabilitation services, assistive technology and mental health support as part of universal health coverage.

The Secretariat will **support countries** to:

−   scale up primary health care by integrating services to address communicable and noncommunicable diseases and mental health across the continuum of care into essential tailored packages of quality health services – in particular for countries with fragile health systems and those with a high burden of conditions and diseases;

−   build on the experience of the response to the COVID-19 pandemic and integrate preparedness and response further into the role of primary health care and essential public health functions, thereby strengthening health systems resilience;

−   scale up service coverage with impactful outcomes in primary health care using tracer disease-specific indicators, such as hypertension and the diabetes care cascade, and depression for mental health conditions;

−   implement cost-effective, evidence-based WHO policies, technical strategies, action plans, norms and standards and innovations to address conditions and diseases, while mainstreaming gender, equity, disability and human rights considerations, in partnership with key public health actors;

−   strengthen basic emergency care services, including for injury, trauma;

−   demonstrate impact in service coverage and control of conditions and diseases identified in the local context through data analysis, epidemiological reviews and modelling;

−   integrate condition and disease-specific strategies into their national health strategies, and to leverage the strengths of specific health topics at all levels (e.g. national laboratories, medical goods and supplies procurement chains, and strategic information systems);

−   adapt WHO norms and standards for condition- and disease-specific service coverage to inform country implementation decisions and ensure integration based on best practices and recommendations;

−   attain regional or global recognition when nearing disease elimination and eventually validation with disease-free status;

−   assess national preparedness and response plans, national strategic plans, health topic reviews, related to conditions and diseases and rehabilitation, especially in fragile, conflict and vulnerable settings;

−   strengthen the health management information system, including with efficient patient tracking and follow-up, to improve care quality and accountability;

−   use surveillance systems to identify health needs, monitor disease trends and the impact of interventions, as well as progress towards control, elimination and eradication;

−   generate data, burden-of-disease assessments, incidence studies for country, regional and global status reports to monitor progress on disease control, elimination and eradication, as well as to determine programme gaps and population service coverage;

−   strengthen the collection, analysis and use of routine topic to improve responses for disease-specific interventions;

−   target the optimization of available resources with disease-control precision micro-planning;

−   strengthen national health systems' capacities, tailored to country-specific needs and gaps, to address mental health conditions, integrating mental health services in primary health care;

−   strengthen primary health care to reach population health needs in an integrated approach (integrating and broadening screening for specific conditions and diseases at health visits);

- strengthen health systems to address for the prevention, diagnosis, treatment, and rehabilitation from communicable and noncommunicable diseases, and mental health and substance use conditions across the continuum of care, using regional and national institutional capacity-building; and

- monitor and evaluate the uptake of norms and standards in countries to seek to attribute their impact on communicable and noncommunicable diseases and mental health conditions.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

- develop research and innovation agendas to fill gaps in existing norms and standards on the cost-effectiveness of strategies and rights-based interventions to address communicable and noncommunicable diseases and mental health across the continuum of care;

- update policies, strategies, road maps and frameworks for communicable and noncommunicable diseases and mental health, in line with innovations that improve programme performance;

- develop guidelines, norms and standards to address conditions and diseases across the continuum of care, and that can be delivered through a primary health care-oriented health systems approach, with mainstreaming of gender, equity, disability and human rights considerations – such as the updated mhGAP Intervention Guide for the integration of mental, neurological and substance use conditions in primary health care;

- develop user-friendly digital platforms to build the capacities of health care providers and to share knowledge and experience across countries;

- conduct landscape analyses to optimize vaccines, medicines, 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 and assistive products;

- support operational and implementation research, and country prioritization, to inform the implementation of innovative interventions, including digital health advances, integrated diagnostic platforms, biomarkers and informatics, and diagnostic platforms;

- support regional and country adaptation and implementation of global diseases strategies and the global framework for multi-disease elimination towards integrated, people-centred programmes working together to eliminate multiple diseases simultaneously;

- develop implementation guidance and tools that can be linked to packages of basic/essential services to ensure that priority interventions are delivered most effectively through differentiated service delivery and build on best civil society initiatives to deliver services for vulnerable populations in line with primary health care;

- support country and regional adaptations and implementation of mental health gap action programme and global action plans to integrate mental health services in primary health care model of care and universal health care packages;

- produce global and country health topic data, surveillance, burden-of-disease assessments, incidence studies and global status reports to monitor progress on conditions, disease control, elimination and eradication, as well as to determine the gaps and population coverage of integrated service packages; and

- monitor and evaluate the uptake of norms and standards in countries to seek to attribute their impact on conditions and diseases.

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

Output indicator	Baseline	Target
Number of countries that have developed multisectoral programmes for integrated childhood development	20 (2023)	40 (2025)
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	7 (2023)	5 (2025)
Number of countries that have introduced human papillomavirus tests for cervical cancer screening	25 (2021)	36 (2025)

The Organization's work to deliver this output contributes to improving quality and access to essential health services through interventions that address health through the life course and contribute to the delivery of primary health care. Following the COVID-19 pandemic, there is evidence that progress towards targets 3.1 and 3.2 of the Sustainable Development Goals has stalled or even reversed. Revitalizing primary health care to accelerate recovery and quadruple the rate of decline in maternal and child mortality will require not only to increase coverage beyond pre-COVID-19 levels but to ensure that those populations that miss out on essential life-saving and health-promoting services will be identified and provided with the essential quality services they need. This will require strategies specifically tailored to address the drivers of inequities. A life course approach will be critical to achieve this revitalization.

The following key health issues have proven to be challenging.

−   Ending preventable maternal, newborn and child mortality is an unfinished agenda, with each year approximately 287 000 women dying during pregnancy and childbirth and 2 million stillbirths, while 2.3 million neonates 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, and subsequently reduce preventable neonatal and infant deaths.

−   The number of unvaccinated and not fully vaccinated children has increased from 19 million to 25 million between 2019 and 2021. Of these children, 18 million did not receive any vaccine (zero-dose), representing a 40% increase since 2019. 1.5 million lives per year could be saved if global immunization coverage were to improve.

−   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. Most of the care is provided through informal care.

−   The Global strategy to accelerate the elimination of cervical cancer as a public health problem has set goals for 2030 to address the 342 000 annual deaths due to cervical cancer.

Work to deliver this output involves close collaboration with the delivery of quality, people-centred health services (output 1.1.1), ensuring essential health services and systems are maintained and strengthened in fragile and conflict-affected settings (output 2.3.3), addressing the social determinants of health across the life course, such as the direct and indirect causes of mortality among women and children related to anaemia and undernutrition, to 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 (output 3.3.2). The life course approach involves multisectoral engagement (output 3.2.2) and

strengthened capacity in data and innovation including implementation research to identify innovative delivery platforms beyond the conventional target population (outputs 4.1.1, 4.1.2 and 4.1.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

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

- supporting global, regional and country-level advocacy to reinvest in a primary health care approach to the provision of essential quality services for vulnerable populations, in particular those never receiving them, within the context of reduced financing for health; and

- building on the resilience and preparedness agenda to strengthen health systems to deliver essential quality services throughout the life course.

The Secretariat will **support countries** to:

- scale up primary health care for reproductive, maternal, newborn, child and adolescent health; sexual and reproductive health and rights; immunization; polio (and polio transition programmes) and other related interventions into essential packages of quality health services;

- integrate reproductive, maternal, newborn, child and adolescent health; sexual and reproductive health and rights; immunization; polio (and polio transition programmes) and other related intervention strategies into national health strategies;

- integrate reproductive, maternal, newborn, child and adolescent health; sexual and reproductive health and rights; immunization and other related interventions at all levels (including laboratories, medicines and supply chains, monitoring and information systems);

- develop and maintain an intentional focus on vulnerable and marginalized communities in country-level policy, planning and implementation in order to ensure their access to quality essential health and care services, including public health services; and

- operationalize multisectoral collaboration as part of the primary health care approach.

In producing **technical products on norms/standards, data and research**, 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 rights, 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 for Early Childhood Development framework and the Global accelerated action for the health of adolescents (AA-HA!) 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 as a public health problem.

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

Output indicator	Baseline	Target
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	135 (2022)	159 (2025)
Number of countries that have monitored the progress of their national health policy/strategy/plan during the biennium	0 (2023)	110 (2025)
Number of countries that have an inclusive societal dialogue process in place for health policy development	70 (2022)	86 (2025)

Health systems governance involves stewardship and leadership. The WHO Secretariat develops norms and standards to support and strengthen country capacities in different political contexts. WHO supports Member States to develop the required legal and policy frameworks, advises on public administration and institutional performance, facilitates whole-of-government and whole-of-society approaches (including the private sector and civil society), and supports work on accountability oversight and realizing the right to health.

Delivering this output includes the Secretariat's work on health security and governance and convening a great range of stakeholders through networks – including the Health Systems Governance Collaborative, the Country Connector for Private Sector in Health, the Global Network on Anti-corruption, Transparency and Accountability and the Social Participation Network – which aim at advancing governance in reorienting health systems towards universal health coverage using a primary health care approach while promoting equity and well-being.

The importance of inclusive and participatory mechanisms to trust, responsiveness and community ownership and empowerment has been highlighted by the COVID-19 pandemic – and the variable response to it – and they

are essential to reaching the triple billion targets of the GPW 13 (extended to 2025) and the Sustainable Development Goals.

Work to deliver this output involves close collaboration on the provision of health services based on primary health care strategies (output 1.1.1), 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:

− supporting Member States to act as health system stewards, using governance to reorient health systems for universal health coverage anchored in a primary health care approach;

− disseminating WHO guiding values and principles on health systems governance for universal health coverage, healthier population and health security;

− advocating for health sector reform and transformations through comprehensive and better integrated plans and strategies for universal health coverage and health security, as well as legal and institutional arrangements, which 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 knowledge generation on governance for improved health system performance;

− partnering in the Health Systems Governance Collaborative, Country Connector for Private Sector in Health, the Global Network for Anti-Corruption, Transparency and Accountability and the Social Participation Network Building partnerships among key stakeholders (countries, partner entities, multilateralism, parliamentarians, academia, civil society and private sector);

− building political commitment globally, regionally and at country level through facilitating consultations on priorities for Member States to move towards institutionalizing social participation in health decision-making processes; and

− shaping the health governance policy agenda at global, regional and country levels.

The Secretariat will **support countries** to:

− strengthen health sector governance and leadership capacities and skills at national, subnational and local levels in view to reorienting health systems based on primary health care and essential public health functions for universal health coverage and health security;

− review and update of comprehensive and gender-responsive, equity-enhancing and human rights-based national health policies and strategies for universal health coverage and health security;

− promote health systems performance assessments for evidence-based decision-making in view of reorienting their health system for improved population health, people-centredness, equity and well-being;

–   manage policy dialogue while leveraging existing or developing new country-level health sector multistakeholder coordination platforms and United Nations country teams to improve the harmonization and alignment of specific stakeholders strategies and/or funding streams with national health strategies, policies and plans (following "one plan, one budget, one monitoring and evaluation process" principles);

–   support fragile, conflict-affected and vulnerable countries in the operationalization of humanitarian-development-peace nexus in COVID-19 pandemic recovery planning;

–   assess progress and gaps in access, with a focus on unmet needs and health barriers experienced by vulnerable populations to conduct policy dialogues with key stakeholders to identify policy options to develop resilient health systems and advance towards universal health coverage;

–   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 (such as 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;

–   support Member States to create inclusive public policy, institutional and regulatory frameworks for working with the private sector to manage the private sectors contribution to health systems consistent with national health priorities as well as establish and maintain a platform to support countries to access the resources tools and guidance needed for stronger governance and effective public policy on the private sector in health;

–   engage with the population, communities and civil society actors, particularly vulnerable and marginalized population groups in public health policy formulation, analysis, coordination, implementation, oversight and regulation at national and subnational levels;

–   establish and improve institutional arrangements for social participation in health decision-making in order to increase transparency, accountability and responsiveness to public expectations at national, subnational and local levels;

–   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;

–   engage in health systems governance networks and platforms for collaborative and actionable governance; and

–   increase health systems accountability and mitigate the risk of corruption by strengthening institutional arrangements and supportive regulations.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

–   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;

–   develop a maturity model and guidance to support governments in building governance capacities and capabilities to exercise effective stewardship of pluralistic health systems;

–   develop a series of papers to link health systems functions to performance dimensions for enhanced population health, people-centredness, financial protection, efficiency and equity;

–   generate evidence and monitoring evaluation frameworks related to the performance of the health systems governance function;

− develop guidance for engagement with parliamentarians to accelerate progress towards universal health coverage;

− elaborate and pilot a health system law assessment tool;

− develop guidance on health systems intelligence and the data required to govern health systems;

− 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; and

− develop guidance on how to address health systems corruption following a public health approach focused on health systems strengthening efforts to increase, accountability and transparency.

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

Output indicator	Baseline	Target
Number of countries implementing National Health Workforce Accounts: data reported by Member States through the National Health Workforce Accounts platform	180 (2023)	185 (2025)
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	145 (2023)	155 (2025)
Number of countries reporting on the production of health workers (mainly the number of graduates of schools of dentistry, medical, midwifery, nursing or pharmacy): data reported by Member States through the National Health Workforce Accounts platform	130 (2023)	140 (2025)

The COVID-19 pandemic has resolutely demonstrated the extent to which health and care workers are critical for health systems to deliver health services and respond to emergencies. The pandemic has also demonstrated the challenges faced by health workers, and the detrimental impact on both their mental and physical health has reached record levels globally.

Universal health coverage and health security both require investments in the national health system to deliver health services and the essential public health functions; and is most effectively delivered through a primary health care approach. Achieving both goals rely on 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, including in team context, and able to enjoy decent conditions of work. Critical to this is ensuring that the diverse group of occupations that constitute the public health workforce – drawn from the health and other sectors – is appropriately prepared and ready to respond when emergencies arise.

The Secretariat's efforts to make progress on this output rests on the uptake by Member States of strategies that consider the health labour market, including education, training and employment; attraction, recruitment and retention in rural, remote and underserved areas; mobility and migration; and workers' protections and performance, with the aim of tackling the pre-existing workforce issues that were exacerbated by the COVID-19 pandemic. Understanding the health and care workforce profile, including its size, composition and distribution, can generate insights into the needs and options for strengthening it. With 67% of the global health workforce being women in 2020, understanding the feminization of the workforce at the country and regional level and

how it links with gender gaps and gender pay gaps in the labour market, is important for health, economic growth and gender equality. Core indicators that support health workforce policy, planning and investment are available from WHO National Health Workforce Accounts Data Portal.

The evolving capacity of the WHO Academy will become instrumental in strengthening the Organization's approach to learning and capacity-building, targeting increased access to WHO's competency-based educational materials with standardized approaches to quality and rationalized use of resources.

The Secretariat will further strengthen its programmes of support to Member States on leveraging domestic and international investment, where relevant, to address workforce shortages and maldistribution; particularly for investments which accelerate the successful implementation of primary health care. This requires close collaboration with outputs 1.1.1, 1.1.2, 1.1.3, 1.3.2, 2.1.3, 2.3.2 and 2.3.3.

HOW WILL THE WHO SECRETARIAT DELIVER?

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

−   advocating to strengthen capacity across all WHO Member States for a multidisciplinary workforce to undertake the essential public health functions, including emergency preparedness and response; and

−   strengthening communities of practice and networking among all health and care occupations involved in the delivery of health services and public health functions. This includes the evolving work with those occupations represented in the World Health Professions Alliance, a Nursing and Midwifery Global Community of Practice and the work endorsed by the G20 with associations, institutions and schools of public health.

The Secretariat will **support countries** to:

−   develop and implement updated health and care workforce strategies, policies and investment plans to address health workforce bottlenecks and inefficiencies based on national context, national models of care reforms, essential packages of health services, and essential public health functions. These need to be informed by a health labour market data and analysis, and with multisectoral and multistakeholder dialogue;

−   mobilize partnerships and adequate funding from domestic sources as well as donor sources, to sustain the recurrent cost of the supply, recruitment, deployment, protection and retention of competent, skilled and motivated health workers. In countries with critical health workforce shortages, mobilize international financing institutions to support the infrastructure/capital investments needed to expand health and care workforce supply and create safe and enabling environment for delivering quality primary health care for all;

−   ensure safe and decent work for health and care workers, including secure income and employment, optimal working conditions, equal opportunity, labour and social protections, and respect for rights at work, as well as the prevention of violence against, and sexual harassment of health and care workers;

−   reorient and reform workforce models, occupations, and delivery teams (for example, with respect to adequate classification, skills mix, roles and scopes of practice) in order to effectively and efficiently deliver essential packages of health services and essential public health functions. Reorganize scopes of practice, if needed, to expand access to critical services and optimize primary care delivery;

−   strengthen and align education, training, competencies and lifelong learning towards producing the skills needed to deliver integrated and people-centred health and care services, including the delivery of essential public health functions based on a primary health care approach;

−   strengthen health and care workforce data collection, analysis and reporting, through the national health workforce accounts, including disaggregated data;

−   improve the access and distribution of the workforce through appropriate strategies (for example, regulations, financial and non-financial incentives, education, infrastructure) to recruit and deploy health workers in rural, hard-to-reach and underserved areas;

−   strengthen the governance functions and capacity of national regulatory authorities to appropriately regulate health professional education and practice, including public and private sector actors;

−   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;

−   build a critical mass of workforce leadership and institutional capacity on health and care workforce policy, planning, management and development, and its related functions and systems.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

−   provide strategic and operational guidance on developing and implementing workforce strategies to address health system bottlenecks, and protect, attract and retain the health and care workforce for universal health coverage.

OUTCOME 1.2. REDUCED NUMBER OF PEOPLE SUFFERING FINANCIAL HARDSHIP

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

Output indicator	Baseline	Target
Number of countries supported showing evidence of progress in their health financing arrangements	0 (2023)	50 (2025)

The negative effects of COVID-19 on progress towards universal health coverage are multiple, both direct and indirect: reduced economic growth, increased household poverty and inequality, and a deteriorating fiscal position for government budgets; all have negative implications for both levels and equity in-service coverage and financial protection. In this context, the WHO core messages on health financing for universal health coverage, buttressed by additional emphasis on measures to protect the vulnerable, are more important than ever.

The Secretariat continues to support countries to build strong, adaptive, more coherent, and hence resilient health financing arrangements, which are essential to mitigate the setbacks posed by COVID-19 and to strengthen health security and accelerate progress towards universal health coverage by the end of 2025. The Secretariat supports countries and provides leadership on the global agenda through international partnerships, guided by a portfolio of technical products, focused on analysing country health financing arrangements, together with tailored guidance, to improve the quality of pandemic response, better ensure the delivery of essential health services, reduce financial barriers for those seeking care and enhance financial protection.

This engagement contributes to health systems strengthening and service delivery (outputs 1.1.1, 1.1.2, 1.1.3) and aligns with governance and national health strategies (output 1.1.4), health workforce (output 1.1.5), and with the Secretariat's work on COVID-19 through collaboration with outputs 2.1.2, 2.2.2 and 2.3.3; finally, support for cooperation between health and finance authorities, as well as for common goods for health, links with fiscal measures to address health risk factors, 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:

– intensifying dissemination of WHO "desirable attributes" in health financing to make progress towards universal health coverage, to drive consensus about priorities among key stakeholders – countries, international partners, academia and civil society – ultimately to shape the policy agenda at global and regional levels, for example through the Sustainable Financing Accelerator of the Global Action Plan for Healthy Lives and Well-Being for All, the P4H network and the Regional Economic Communities in Africa.

The Secretariat will **support countries** to:

– use the health financing progress matrix to identify key policies and implementation steps as inputs to reform strategies to accelerate progress towards universal health coverage, and to facilitate tracking of implementation progress, for example as part of annual monitoring;

– apply deeper-dive diagnostics, where relevant, to develop detailed guidance on specific issues, such as strategic purchasing and the implications and use of digital technologies in health financing, and use analysis of financial protection to support design of protective coverage policies to address financial hardship;

– support practical policy implementation by analysing political economy challenges for reforms;

– complement the above with recommendations for public financial management adjustments to sustain the benefits from health financing reforms; this includes the formulation of performance, or results-oriented health budgets;

– incorporate public health services and programmes into national health financing strategies, together with plans to enhance sustainable coverage in the face of external funding fluctuations and transitions;

– design pro-health and pro-poor fiscal policies, aligned with broader Sustainable Development Goals; and

– strengthen capacity in health financing through e-Learning and face-to-face training programmes, knowledge exchanges, managed study tours and peer-to-peer learning.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

– enhance the Health Financing Progress Matrix, to provide real-time assessment of progress with health financing reforms in support of health security and universal health coverage; synthesizing lessons 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;

– develop 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 to enable both higher levels and more effective use of budget funding for health, working closely with relevant staff of the International Financial Institutions;

– develop evidence-based guidance and related training and technical assistance on the financing of population-based, public health functions (Common Goods for Health) and cross-programmatic efficiency as integral features of strategies to achieve health security and sustain progress towards universal health coverage; and

– prepare guidance on strategic purchasing, incorporating developments in digital technology, including critical design elements of information systems for payment and the policy uses of that data, and the design of purchasing arrangements to support integrated delivery of services.

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

Output indicator	Baseline	Target
Increased number of countries producing country-specific health accounts using classifications from *A System of Health Accounts 2011: Revised edition*	116 (2023)	120 (2025)
Increased number of countries that have completed or updated an analysis of financial protection since 2015	52 (2023)	60 (2025)

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 financial barriers to access as an important driver of forgone care and unmet need for services as complementary indicators. 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 Proposed programme budget 2024–2025, 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 financial barriers to access as an important driver of forgone care and unmet need important in this context. The expected impact of the pandemic on income inequality, poverty, and fiscal capacity further heightens the need to capture not only levels but inequalities in both forgone care and financial hardship as a consequence of paying for services. 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:

- promoting the use of high-quality, country-sourced comparative data on health expenditure, organized according to standard classifications, to understand the sources and uses of health resources for all countries as well as financial hardship due to out-of-pocket payments and financial barriers to access leading to forgone care/unmet needs to monitor financial protection as an integral part of universal health coverage;

- using such data (mentioned above) to inform policy-dialogue stakeholders at global, regional and national levels to make progress in reducing inequalities in access to health services driven by inadequate financial protection mechanisms and/or inadequate levels of public spending on health; and

- mobilizing countries, partners and civil society organizations around a global agenda for improving the quality and timeliness of health expenditure information and analysis to promote transparency on the use of resources.

The Secretariat will **support countries** to:

- analyse data on financial hardship arising from out-of-pocket spending, financial barriers to access, forgone care and unmet need to support health financing policy design;

  − produce and analyse high-quality and policy-relevant data on the sources and uses of funds in the health sector to enhance transparency and inform national policy, including for analysis of health spending patterns by funding source, financing arrangement, health care function (including primary health care), diseases and input factors where possible, while concurrently contributing to the annual update of the WHO Global Health Expenditure Database;

  − strengthen capacities for data collection, analysis and use for policy dialogue; conduct in-depth, country-tailored policy analysis using routine administrative and survey data; and

  − institutionalize health accounts and the use of the data for policy dialogue.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

  − track financial hardship using global and regional metrics to update the global database on financial protection and support evidence-based policy discussions; focus the tracking on financial hardship experienced by the poorest while expanding the disaggregation to age and gender in addition to rural/urban populations to support targeted policy discussions and ensure no one is left behind; increase the evidence available on financial barriers to access as a driver of forgone care/unmet needs specially for the lowest socioeconomic quintiles;

  − produce and analyse high-quality and policy-relevant data on the sources and uses of funds in the health sector to enhance transparency and inform policy at country level, highlighting primary health care and other relevant items of expenditure that linked with preparedness, while also contributing to the annual update of the WHO Global Health Expenditure Database; and

  − support the production of global, regional and country reports showing progress in financial protection and trends in the sources and uses of funds in the health sector.

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

Output indicator	Baseline	Target
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	0 (2023)	34 (2025)

Delivering universal health coverage requires country-level capacity to make evidence-informed decisions, through fair and transparent processes, about which services to provide or finance and the necessary health system investments for implementation. The work to deliver this output contributes to the outcome of promoting financial protection by increasing gains in allocative and technical efficiency, thereby making more resources available for governments to provide more services to more people with better financial protection.

The Secretariat will support countries, through its guidance and tools, to integrate into a single benefit package all core health interventions, in close collaboration with technical programmes. A consistent focus on equity and on the vulnerable, marginalized and unreached is needed.

At the same time, the Secretariat will support countries to position health as central to development as they analyse the impact of health and other sectoral interventions on the health of the population and the economy and develop national policies that maximize the impact on the health of the population and the economy. This work will apply the relevant recommendations of the Council on the Economics of health for all.

The work to deliver this output also informs what the best buys are as countries progress towards universal health coverage (outputs 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).

HOW WILL THE WHO SECRETARIAT DELIVER?

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

– convening countries and experts to share their best practices on institutionalizing their priority-setting processes in WHO-hosted and in other international meetings;

– assisting and setting up regional networks to facilitate the technical work of health technology assessment;

– collaborating with technical partners to ensure that guidance is consistent and country work is synergistic; working with global health initiatives to ensure an integrated approach to incorporating their priority interventions into a single package; and

– building technical and political networks to support the recommendations of the WHO Council on the Economics on Health for All.

The Secretariat will **support countries** to:

– develop or enhance packages that guarantee effective coverage by providing the tools to systematically assess (data) and appraise (dialogue) interventions according to their nationally-defined criteria with a focus on equity;

– build institutional capacity to establish or strengthen their national mechanism for health technology assessment; and

– develop technically rigorous investment cases for key policy priorities, such as primary health care, preparedness, equity-oriented health system interventions.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

– refine and improve the integrated health tool for planning and costing (one health tool online);

– work with partners to develop a tool to assist countries as they make trade-offs based on their national criteria that will facilitate, visualize and document their appraisal processes;

– promote the maturity model for health technology assessment and update the model and related benefit package database by implementing related surveys;

– develop or refine guidelines for the development and use of investment cases; and

– develop, refine or promote guidance and tools that promote allocative and technical efficiency that make use of developments in routine health information systems at the country level, including advances in information and communications technology.

OUTCOME 1.3. IMPROVED ACCESS TO ESSENTIAL MEDICINES, VACCINES, DIAGNOSTICS AND DEVICES FOR PRIMARY HEALTH CARE

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

Output indicator	Baseline	Target
Number of norms/standards and guidance documents published, including updates on essential medicines and diagnostics lists	167 (2023)	187 (2025)

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. 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 the WHO Constitution and a range of World Health Assembly resolutions covering medicines, medical devices including diagnostics, blood and other products of human origin including: WHA23.38 (1970), WHA28.66 (1975), WHA60.29 (2007) and WHA67.20 (2014).

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:

− mobilizing political will to ensure that global policies are put in place that promote appropriate access to quality, affordable health products;

− improving the understanding and integration of guidance and standards on the quality, safety and efficacy of health products including essential medicines and diagnostics;

− supporting interregional learning through establishment of networks across regions; and

− supporting the financing of the pharmaceutical sector including pricing policies and improving the fiscal environment.

The Secretariat will **support countries** to:

− provide guidance in the translation of recommendations on access to essential health products into equitable policy decision-making, supply chain management policies and product optimization;

− use an evidence-based approach to adapt norms, standards and guidance on the selection of quality, safe and efficacious health products including, essential medicines, assistive technologies, diagnostics, medical devices, blood and other products of human origin to national contexts; and

− develop policies and guidelines on improving the governance and stewardship of health products, including the delivery of pharmaceutical, blood and transplantation services; and

– operationalize plans to improve access to medicines and other health products.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

– develop guidelines and tools to establish norms and standards for health products;

– develop and issue International Nonproprietary Names and map medical devices nomenclature; and

– update model lists of essential medicines and essential in vitro diagnostics; and priority lists of medical devices and assistive technology products;

– update the International Pharmacopeia and international chemical reference standards, through convening and coordinating the medical products sector partners, which are adopted by WHO expert committees in order to harmonize the quality specifications of pharmaceuticals;

– develop guidance and strategies for the selection and management of blood products and organ replacement therapies;

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

Output indicator	Baseline	Target
Number of countries updating/developing/implementing medicines pricing policies and monitoring systems	106 (2023)	112 (2025)
Number of countries initiating a national priority medical devices list, including essential in vitro diagnostics	87 (2022)	107 (2025)
Number of countries that have established a national Priority Assistive Products List	10 (2023)	18 (2025)

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. 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 and include a lack of effective national health policies; inefficient regulatory systems; weak procurement and supply chain management; and inappropriate prescription and irrational use. Inadequate financing and ineffective pricing policies also contribute to a lack of access to health products at affordable prices.

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. The COVID-19 pandemic has highlighted the need for improving global manufacturing capacity and to strengthen regional and national supply chains to ensure equitable and timely access of priority health products.

Work to deliver this output involves collaboration in 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, including traditional medicines, across the life course (outputs 1.1.3 and 4.1.3); norms and standards on health products (output 1.3.1); Access to COVID-19 Tools (ACT) Accelerator (output 2.2.1); the regulation of health products (output 1.3.3); 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 (output 4.2.6).

HOW WILL THE WHO SECRETARIAT DELIVER?

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

− partnering with relevant entities (including UNCTAD, WIPO, WTO 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 which has been extended until 2030; and

− advocating for 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 UNAIDS, UNCTAD, UNICEF, UNIDO and WHO, together with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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;

− strengthen capacity to forecast national and regional needs for essential health products and technologies, and use those needs to shape markets for improved access to health products, including essential health products for noncommunicable diseases and mental health;

− strengthen capacity for procurement by developing guidance on the provision of medical devices and assistive technologies;

− 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 appropriate and safe use of health products within the framework of patient-centred health care services;

− strengthen regional collaboration required for the establishment of regional pooled procurement via the optimization and harmonization of pricing, procurement and supply chain policies for health products;

− adapt and support implementation of 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, to facilitate a strengthened and resilient procurement and supply chain management systems for health products, including locally produced emergency health kits or donated supplies, while also providing for their correct disposal;

− develop comprehensive and integrated logistics management information systems for all essential health products; and

− develop, implement monitor and evaluate national transparency policies/ initiatives for health product markets.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

− develop tools to monitor health product situations;

− develop operational guidance and tools on cold chain planning for vaccines;

    − based on the lessons learned from the COVID-19 pandemic, update guidance for equitable access to health products;

    − develop guidance to improve the transparency of markets for medicines, vaccines and other health products;

    − develop report on impact of increased transparency of pharmaceutical and health product markets on access to medicines, vaccines and health products;

    − develop guidance on national medicines/health products policies;

    − produce online e-learning programme on country pharmaceutical pricing policies;

    − undertake holistic situation analysis of Member State capacity for sustainable quality local production of health products; and

    − develop guidance for the appropriate and safe use of medicines, vaccines, medical devices and assistive technology.

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

Output indicator	Baseline	Target
Number of products prequalified annually	110 (2022)	134 (2025)
Number of countries with improved regulatory systems	28 (2023)	40 (2025)
Number of countries with well-functioning regulatory status (National Regulatory Authority maturity level 3)	63 (2023)	69 (2025)
Number of countries with a risk-based approach for regulating in vitro diagnostic medical devices	111 (2023)	119 (2025)
Number of countries with improved regulatory preparedness for public health emergencies	18 (2023)	26 (2025)

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. 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. In addition, 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. Strengthening national regulatory systems is necessary for increasing access to health products through promoting local production.

Prequalification promotes countries' access to products of acceptable quality that meet priority public health needs. Products that have been prequalified by the WHO Secretariat provide additional safeguards of quality, safety efficacy and performance. Drawing on the expertise of 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.

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 (outputs 2.2.1, 2.3.2).

HOW WILL THE WHO SECRETARIAT DELIVER?

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

− raising awareness of 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;

− increasing cross-regional collaboration, particularly around sharing information;

− 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 (such as gender, languages, geography) 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 reliance and national regulatory authorities networks;

− support and strengthen the capacity of national regulatory systems to achieve maturity level 3 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, and through this process strengthen country and regional regulatory oversight;

− address gaps identified in regulatory capacity for quality-assured and safe health products;

− strengthen capacity of pharmaceutical sector in countries that manufacture products for low- and middle-income countries and/or local supply in low- and middle-income countries;

− reinforce access by establishing and improving local production and develop model strategies for quality-assured medicines and other health products;

− strengthen post-market surveillance and pharmacovigilance of medical products to ensure access to quality, safe and efficacious health products in order to improve the detection of, the response to, and prevent use of substandard and falsified medical products;

− disseminate product alerts of substandard and falsified medical products;

− develop, adopt and strengthen national and regional regulatory preparedness, and use regulatory networks to facilitate regulatory procedures for risk-based and expedited (when needed) evaluations during public health emergencies; and

− strengthen capacity for production of medicines, vaccines and other health products.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

−   strengthen and expand WHO prequalification lists, including the WHO model list of essential 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;

−   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; and

−   develop evidence-based capacity-building and technical assistance packages for promoting quality production of health products.

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

Output indicator	Baseline	Target
Priorities identified for paediatric formulations (e.g. HIV, tuberculosis, hepatitis, essential medicines) and support provided for research and development to deliver them	0 (2023)	5 (2025)
Introduction of a standardized target product profile development process across WHO	0 (2023)	10 (2025)
Coordination of activities on scientific advice across the Organization.	6 (2023)	10 (2025)

Four major cross-cutting initiatives contribute to delivery of this output, addressing key global health research and development issues: (i) accelerating development and country access to medical products; (ii) developing drugs, vaccines and diagnostics to tackle antimicrobial resistance; (iii) accelerating the development of paediatric formulations of medicines; and (iv) improving the quality of clinical trials.

Despite ongoing efforts to stimulate investment into research and development of new antibiotics, the antibacterial development pipeline remains insufficient, particularly treatments for critical resistant Gram-negative bacterial infections. The development of paediatric drug formulations also lags unacceptably behind those for adults.

Developing standard approaches and processes for innovation in medicines, diagnostics and vaccines enables the WHO Secretariat to support countries in reducing inefficiencies and accelerating introduction and access to essential medicines and medical products. Such approaches and processes include research prioritization, harmonized development of target product profiles methodology and encouragement of research and development investments, leading to faster development of regulations and guidelines.

Resolution WHA75.8 requested the Director-General, among other things, to develop guidance on improved quality of clinical trials evidence to support choice of interventions based on priority public health needs with a particular focus on underserved populations, including improved infrastructure and capabilities. It will require inputs from across the Organization to present a coherent integrated response.

In response to WHO Member States' request to tackle inequity in access to medical products as highlighted by the COVID-19 pandemic, WHO in close collaboration with partners has supported the establishment of the mRNA technology transfer programme to transfer the COVID-19 mRNA vaccine technology to LMICs with a vision to strengthen research and development manufacturing capacities beyond COVID-19 and vaccines. Delivering this output involves leadership and facilitation by headquarters across the Organization. It supports and facilitates – not replaces – prioritization and research lead by specialist technical departments, regions and countries. It involves close cross-organizational collaboration to accelerate product development and enable improved access in countries (output 1.3.2), addressing antimicrobial resistance (output 1.3.5) and the Global Accelerator for Paediatric Formulations (output 1.1.3), improved and more equitable access to health products (output 1.3.2) and Strengthening regulatory capacity and prequalification services (output 1.3.3).

HOW WILL THE WHO SECRETARIAT DELIVER?

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

– providing scientific and technical advice for the mRNA product development strategy, by evaluating and selecting target technologies for transfer; coordinating product and process development at the hub; planning technology transfer and developing content; and assessing workforce needs;

– 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 convening and coordinating the Global Accelerator for Paediatric Formulations Network;

– promoting close collaboration with public–private partnerships and stimulating innovative funding for globally important research and development and early access;

– 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 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;

−   rapidly approve, introduce and roll out newly developed paediatric formulations, including support to strengthen post-marketing surveillance and pharmacovigilance specific to the paediatric; and

−   establish an mRNA research and development network and convene scientific experts among participating countries to ensure intercountry and inter-region sharing of scientific expertise and develop long-term capacity-building plan for health products research and development.

In producing **technical products on norms/standards, data and research**, 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 innovation and likely public health value;

−   update the global priority lists of antimicrobial-resistant bacteria 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 innovative antibacterial treatments and antifungal treatments and diagnostics.

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

Output indicator	Baseline	Target
Number of countries implementing government-approved multisectoral antimicrobial resistance national action plans that involve relevant sectors and have a monitoring framework	103 (2023)	112 (2025)
Number of countries having an antimicrobial resistance surveillance system and providing data to WHO	91 (2023)	100 (2025)
Number of countries with national systems in place to monitor the consumption and use of antimicrobials in human health	123 (2022)	135 (2025)

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. Antimicrobials must therefore be treated as global goods and preserving their effectiveness should be a global priority. Addressing this will require that every country improves awareness, education among key stakeholders on antimicrobial resistance; reduce the incidence of (resistant) infections in communities and health facilities through immunization, IPC and responsible waste management; establish quality-assured clinical microbiological laboratory and diagnostics services; optimize the use of antimicrobials in humans, animals and agriculture; establish national antimicrobial resistance and consumption surveillance systems; and support research and develop new antibiotics and diagnostics.

The work to achieve this output is underpinned by the strategic objectives of the Global action plan on antimicrobial resistance, which are also reflected in country-specific multisectoral national action plans and the actions and human health-centred activities outlined in the action track on curbing the silent pandemic of antimicrobial resistance in the One Health Joint Plan of Action (2022–2026).

As a priority cross-cutting area, work to deliver this output involves close collaboration on patient safety, quality of care, IPC (output 1.1.1); drug resistance in HIV, tuberculosis, malaria, 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 (outputs 2.1.3, 2.3.2); social and commercial determinants of health (output 3.1.1); water, sanitation and hand hygiene as well as food safety (output 3.3.1); quadripartite collaboration with the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme and the World Organisation for Animal Health (WOAH) to enhance activities across the One Health spectrum, as well as food safety risk management and the work of 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 (output 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 in order to: (i) develop norms and standards on technical matters that are linked to the strategic objectives of the global action plan on antimicrobial resistance; and (ii) update the global action plan and/or develop human-health sector strategies; advocating for the incorporation of antimicrobial resistance into national United Nations Sustainable Development Cooperation Frameworks;

– advocating with Member States, Global Fund and the World Bank for the inclusion of specific antimicrobial resistance interventions into country-level funding applications; and

– leading dialogue globally, regionally and at country levels to support country capacities for addressing antimicrobial resistance by promoting health systems strengthening, health emergencies preparedness, response and recovery strategies, underscoring the importance of multisectoral interventions.

The Secretariat will **support countries** to:

– incorporate antimicrobial resistance into national strategies, policies and plans, with budgets linked to achieving antimicrobial resistance national action plan targets, the targets of the Sustainable Development Goals and national health security plans;

– establishing robust national multisectoral governance mechanisms with mandate, adequate resources, and accountability for monitoring the implementation of antimicrobial resistance national action plans;

– highlight pandemic response and recovery measures by offering multiple entry points to address antimicrobial resistance, including by enhancing IPC; antimicrobial stewardship; food safety; water, sanitation and hygiene; immunization; strengthening surveillance systems; strengthening clinical microbiology laboratories and diagnostic services; operational research; and multisectoral coordination;

− establish the cost and benefits of antimicrobial resistance response across different sectors to inform global, regional and country prioritization and resource mobilization following a step-wise approach: (i) development of a consensus-based package of antimicrobial resistance priority interventions across One Health sectors, cost and return on investment, (ii) customizing the newly developed priority package of multisectoral interventions, a toolbox for costing and estimation of return on investment to different countries; and (iii) supporting the development of countries investment cases and resource mobilization for implementation of national action plans;

− develop, prioritize, cost, fund, implement and monitor multisectoral national action plans on antimicrobial resistance, including by establishing functional national multisectoral coordination mechanisms that engage all relevant sectors, are adequately resourced, and are accountable for implementation of the antimicrobial resistance national action plan;

− establish a people-centred package of core interventions for human health in the antimicrobial resistance national action plan;

− raise public awareness through targeted efforts, including through World Antimicrobial Awareness Week campaigns, nationwide campaigns targeting secondary school students and youth, 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 capacity-building for health care workers;

− strengthen functions of regulatory authorities for medicines (including collaboratively for human and veterinary medicines) based on the 2021 Access, Watch, Reserve (AWaRe) classification in national essential medicines lists, formularies and treatment guidelines, and to phase out over-the-counter sales of antibiotics;

− develop policies to address recurrent shortages of essential antimicrobial medicines and diagnostics; and promote equitable access to quality-assured essential antibiotics and diagnostic tools, including to access essential newly-approved Reserve antibiotics and generic off-patent antibiotics in short supply;

− support implementation of 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 curricula and promote the inclusion of women and disadvantaged sections of the population, including migrant and refugee populations, in awareness and training efforts;

− establish, strengthen, and scale up national and regional integrated systems for antimicrobial resistance surveillance with relevance to human health using the Global Antimicrobial Resistance and Use Surveillance System (GLASS);

− strengthen the capacity of, and equitable access to, bacteriology and mycology diagnostic services in countries, and support the development of laboratory networks and technical skills training, including through the WHO Academy;

− 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;

− advance a broad One Health research agenda to address prioritized knowledge gaps in countries;

− implement the WHO bacterial and fungal priority pathogen lists, accounting for local context (at the regional, subregional or country level), to inform public health interventions, surveillance, research and development and innovation;

– track national progress against specific indicators using disaggregated data, including the antimicrobial resistance-related indicators of the Sustainable Development Goals;

– sustain progress on implementation of antimicrobial resistance action plan during crises, including epidemic and pandemic events, with interventions to be part of resilient health system strategies or included as essential public health functions as part of the resilient health system strategy;

– provide guidance and technical support for the inclusion of antimicrobial resistance relevant interventions in the development of country proposals to secure financing through the Global Fund to fight AIDS, Malaria and Tuberculosis, the World Bank mechanisms, the European Union and other relevant opportunities, and for programming and implementation of the Antimicrobial Resistance Multi-Partner Trust Fund; and

– provide support for the International Health Regulations (2005) Joint External Evaluations missions to assess the antimicrobial resistance relevant indicators and country capacity and provide recommendations.

In producing **technical products on norms/standards, data and research**, 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, diagnostics and public health interventions, as well as the list of critically important antibiotics for human health;

– develop WHO analysis of bacterial diagnostics, examining bacterial diagnostics and diagnostic platforms for infectious diseases caused by priority bacterial pathogens;

– develop target product profiles for needed antibacterial agents and diagnostics;

– establish and promote the WHO Initiative on diagnostics for antimicrobial resistance to foster research, innovations and digital health solutions and to strengthen laboratory capacity to: (i) routinely identify and characterize bacteria and fungi and their susceptibility to antimicrobials for improved clinical management and expanded antimicrobial resistance surveillance; (ii) support the standardization and quality of laboratory testing procedures for bacterial and fungal infections and resistant pathogens across settings and WHO regions; (iii) ensure high-quality testing standards, assessed and demonstrated through the WHO laboratory network for antimicrobial resistance and external assurance programme.

OUTCOME 2.1. COUNTRIES PREPARED FOR HEALTH EMERGENCIES

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

Output indicator	Baseline	Target
Number of countries that have used findings resulting from the International Health Regulations (2005) Monitoring and Evaluation Framework to develop or update their national action plan	85 (2023)	90 (2025)
Number of countries that submitted a State Party Self-Assessment Annual Reporting Tool	185 (2023)	185 (2025)

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, the WHO Secretariat 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, the Secretariat 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:

- employing the metrics and indices to assess and analyse the status of country preparedness, including health and non-health indicators in consultation with the national focal points. It includes updating, improving, and further strengthening the 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 — including legal preparedness capacities for International Health Report (2005), as well as risk and vulnerability assessment through the Strategic toolkit for assessing risks. 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;

- developing, piloting, and implementing the new Universal Health and Preparedness Review mechanism in close collaboration with Member States and key stakeholders;

- developing, piloting and implementing publicly available data to generate a dynamic preparedness metric and link it to WHO benchmark activities; and

- strengthening the network of National IHR Focal Points.

The Secretariat will **support countries** to:

- carry out national and subnational preparedness assessments using new and adapted tools in coordination with national focal points focused on the human–animal interface and environmental health sectors at national and subnational levels and link the assessment results to the development and implementation of national action plan for health security;

- map all available domestic and international technical and financial resources that can be used for national, regional, and global health security preparedness;

- assess a broader range of preparedness indicators, including the minimum core capacities of health systems at national and subnational levels that are required for health security and dynamic readiness measures;

- ensure the results of national capacity assessments are continuously analysed and validated against the actual outcomes of public health emergencies;

- scale up the routine use of simulation exercises, intra-action reviews and after-action reviews in order to enable countries to assess their performance during and after health emergencies (including the COVID-19 pandemic) in order to identify and learn from successes and failures;

- support the implementation of updated International Health Regulations (2005) monitoring and evaluation assessments and reviews (including the State Party Self-Assessment Annual Reporting Tool and voluntary joint external evaluations) that include new indicators which have been integrated to reflect the lessons learned from the COVID-19 pandemic and other recent health emergencies;

- scale up the implementation of strategic risk and vulnerability assessments, using the State Party Self-Assessment Annual Reporting Tool, in order to identify and prioritize health emergency risks that countries face and recommendations to address gaps;

- scale up the roll-out of health security mapping tool to generate cross-sectoral data on preparedness capacity gaps and available resources from non-traditional health sectors at the national level and subnational level;

- coordinating and facilitating the measurement of global progress of implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030 through monitoring including periodic reporting on health; and

- develop operational guidance on developing IHR capacities and components in health systems to achieve synergy in dealing with challenges of health emergencies.

In producing **technical products on norms/standards, data and research**, 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 (such as the Olympic Games) and bio-risks (including laboratory biosafety and biosecurity);

- implement tools, guidance, frameworks and resources for national preparedness assessments, including assessments at the human–animal interface, 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;

- 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;

- update key components of the International Health Regulations (2005) monitoring and evaluation framework (including the State Party Self-Assessment Annual Reporting Tool and voluntary joint external evaluations) in order to incorporate the lessons learned from the COVID-19 pandemic, including the need to more comprehensively assess preparedness and readiness at national and subnational levels;

- expand the sectoral and geographical scope of country preparedness assessment and capacity-building tools, with a stronger emphasis on subnational preparedness;

- develop and roll out guidance, training module and other supportive tools in order to facilitate the implementation of national and subnational preparedness assessments and capacity-building;

- scale up the dissemination of information on preparedness gaps that are identified through national and subnational preparedness assessments and reviews; and

- develop and operationalize a framework for research, development and innovation for health security preparedness in order to coordinate research activities to identify evidence gaps in health security preparedness, incorporate inputs from relevant evidence sources and formulate interventions to improve health security preparedness.

Output 2.1.2. Capacities for emergency preparedness strengthened in all countries

Output indicator	Baseline	Target
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	85 (2023)	90 (2025)
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	7 (2023)	7 (2025)
Number of relevant global public health programmes that integrate or incorporate emergency preparedness and response considerations	7 (2023)	7 (2025)

Under the International Health Regulations (2005), countries have committed to developing, strengthening and maintaining emergency preparedness as part of 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.

The work to deliver this output builds on that of output 2.1.1 by using the evidence from assessments to prioritize capacity-building and advocacy activities at national and subnational levels, while ensuring coordination and collaboration across multiple sectors including animal health, finance, security, emergency services and the environment. This entails working closely with key stakeholders, such as elected officials, representatives and leaders of communities, 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 reduce communicable and noncommunicable diseases (output 1.1.2); (b) developing equitable financing strategies and introducing reforms to sustain universal health coverage, and learning from the COVID-19 pandemic (output 1.2.1); data on expenditure related to health security (output 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 the 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:

– strengthening the organizational structure of disaster risk management, including operationalization of the Regional Health Emergency Council, which will contribute to the improvement of the governance of the health sector in the context of emergencies and disasters, together with a multi-hazard regulatory framework that incorporates the approach of sustainable development, inclusiveness, multiculturalism and gender equality;

– advocating for and support the integration of national action plans for health security into the broader planning and budget cycles and assist Member States to develop prioritized 12–24-month operational action plans in addition to the strategic 5-year action plans at the national and subnational levels and position these action plans at the highest political level to ensure credibility and "whole-of-government" and "whole-of-society" commitment, support and resource allocation;

- scaling up action to improve systemic emergency preparedness and health security in cities and urban settings, addressing gaps including zoonotic threats with pandemic potential and needs identified during the COVID-19 pandemic and through other relevant assessments, in line with resolution WHA75.7;

- engaging with Member States and partners to advocate for and scale up collaboration to strengthen emergency preparedness capacities including those at the human–animal interface; and

- strengthening engagement and partnerships with non-traditional stakeholders beyond health and policy-makers to contribute and advocate for strengthening emergency preparedness capacities.

The Secretariat will **support countries** to:

- develop and design the national health emergency response operations plan for multiple hazards, using WHO guidance on preparing for national response to health emergencies and disasters, which is based on the analysis of several emergency responses and the good practices globally;

- develop capacities to use the State Party Self-Assessment Annual Reporting Tool and the national action plans for health security as a key vehicle to address gender equality, health equity, and human rights issues for enhanced health security and a resilience health system;

- support the development of hospital resilience strategy, in line with lessons learned from the COVID-19 pandemic that enable hospitals to better cope with, adapt and recover more efficiently from the impact of an emergency or natural disaster to save lives through the provision of adequate essential health services;

- scale up and roll out across WHO regions of joint civil-military preparedness capacity-building activities to strengthen health emergency preparedness;

- strengthen areas of low capacity highlighted by the COVID-19 pandemic and other assessments through targeted technical support for legislative preparedness, urban preparedness – in line with resolution WHA75.7 – including leadership and governance; community empowerment; logistics and supply chains; public–private partnership; deployable human resources; health system adaptability for health security; health facility preparedness and subnational public health capacities;

- scale up preparedness in special contexts in line with resolution WHA75.7, including small island developing States, overseas territories, and fragile, conflict-affected and vulnerable settings;

- 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 capacity-building and emergency preparedness;

- establish the Global Sustainable Preparedness Support Network to support countries in accelerating the implementation of national action plans for health security and other national priorities and plans through a multisectoral network of technical partners;

- periodically realign national preparedness activities and resources with gaps and regional/global direction through processes and tools, including resource-mapping to support the identification of financial and technical resources and needs gaps, for implementation of national action plans for health security;

- provide technical support, workshops, webinars and training on the development, implementation and monitoring of national action plans for health security;

- develop and implement an online platform to simplify and streamline the process of of national action plans for health security, through integration and alignment of existing health security tools and processes and consolidate them into the online platform;

- continue building 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;

- operationalize the framework on health systems for health security and support countries to develop IHR capacities and components in health systems to achieve synergy in dealing with challenges of health emergencies;

- develop training modules on gender in health emergencies and roll out training for countries; and

- develop and strengthen legal preparedness capacities for implementation of the International Health Regulations (2005).

In producing **technical products on norms/standards, data and research**, the Secretariat will:

- accelerate the roll-out and development of tools for resource-mapping and partner coordination that have proved their worth throughout the COVID-19 pandemic;

- develop guidance and standard operating procedures for the roll-out of the Global Sustainable Preparedness Support Network, which will facilitate the matching and deployment of trained technical experts from around the world to countries that are in need of support to scale up capacity-building action, including through implementation of national action plans for health security;

- develop and update normative guidance, manuals, tools (including online platforms) and templates to assist the development, implementation and monitoring of national action plans for health security at the country level, including linking the strategy with existing global, regional and national processes and initiatives (such as the Universal Health and Preparedness Review; health emergency preparedness, response, and resilience architecture; the pandemic treaty (in draft); amendments to International Health Regulations (2005); the Asia Pacific strategy for emerging diseases and public health emergencies; Integrated Disease Surveillance and Response);

- develop operational tools and trainings modules to address zoonotic threats at the human–animal interface in close collaboration with the Quadripartite organizations;

- facilitate and conduct operational and implementation research as well as economic evaluations of preparedness interventions;

- develop tools and training to help build health systems resilience for universal health coverage and health security to facilitate the action of countries to build back better and achieve higher levels of national and subnational preparedness; and

- develop country case studies that exemplify the relevance of gender equality for health security.

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

Output indicator	Baseline	Target
Number of priority countries that have developed a multi-hazards health emergency risk profile in the previous three years	31 (2023)	41 (2025)
Number of priority countries with a documented, national emergency response plan or other arrangement based on health emergency risk-mapping	50 (2023)	60 (2025)
Number of priority countries that have assessed operational readiness capability for their priority risk(s) using the WHO-recommended readiness assessment methodology and tools	60 (2023)	60 (2025)

Operational readiness is critical for countries, communities and organizations to have the capability to be able to respond immediately and appropriately to health emergencies from any hazard when required. Strengthening

operational readiness is based on a continuous process of assessing current risk based on the identification of hazards with the highest likelihood and severity against the level of existing capacities and vulnerabilities. On the basis of high-priority risks identified, the Secretariat will support countries to build and assess operational readiness capabilities to address high-priority threats. Acceleration of targeted, anticipated actions that are triggered by an imminent threat will aim to ensure an efficient emergency response. Readiness is a status of specific capabilities to quickly and appropriately respond, when required, to mitigate the impact of specific risk(s) and is built upon preparedness.

Health emergency preparedness and response can only be effective if built on a foundation of operational readiness across every system of the global architecture to allow countries to mobilize action in anticipation of imminent, high-impact risks.

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; in priority countries including fragile, conflict and vulnerable settings.

Work to deliver 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:

- − strengthening essential linkages between health systems and emergencies by aligning global and regional strategies on readiness for cross-cutting health emergencies including governance, systems and financing. WHO will coordinate the development of multisectoral core capabilities engaging all of society and embedding them in agile health systems from local to global level. This will include working along collaborative surveillance, community protection, access to countermeasures, safe and scalable care;

- − implementing the global architecture for health emergency preparedness, response and resilience to strengthen essential linkages between health systems and emergencies by aligning global and regional strategies on readiness for cross-cutting health emergencies including governance, systems and financing;

- − advocating for scaling up and funding risk assessment, risk reduction, preparedness, readiness, response and recovery of emergency and disaster in the context of Sendai framework for disaster risk reduction 2015—2030 and the International Health Regulations (2005) using an all-hazard approach, taking into consideration health systems resilience and services, engaging with community-led organizations, civil society and other non-health actors;

- − coordinating and collaborating with United Nations agencies and other international organizations for the prevention and management of public health risks and events, including during public health events of international concern, related to international traffic (including at points of entry) and mass gatherings;

- developing a new generation of laboratory leaders through the Global Laboratory Leadership Programme and thereby strengthening health security and empowering national laboratory systems across the globe using a One Health approach;

- enhancing global initiatives such as Emergency Medical Teams 2030 Strategy (for endorsement January 2023), WHO clinical networks and Global Infection Prevention and Control Network and network of WASH experts. These initiatives put health care readiness at the core throughout the health emergency management cycle; and

- providing guidance to risk communication and community engagement and the Collective Services initiative.

The Secretariat will **support countries** to:

- strengthen operational readiness capabilities using an all-hazard approach with special emphasis on vulnerable communities and fragile settings, ensuring sufficient resources are available to implement response and recovery and maintain the essential health services;

- strengthen multisectoral information-sharing at national, regional and international level on health emergencies readiness to face emerging risks and hazards;

- strengthen and operationalize risk profiling exercises at national, subnational and local levels with linking to operational readiness and risk-informed planning;

- assess and strengthen critical, cross-cutting readiness capabilities of Member States to health emergencies by assessing existing readiness indicators and implementing tailored multi-level targeted actions at trigger needed to quickly and appropriately respond when required to mitigate the impact of specific risk(s);

- build and strengthen countries' readiness to minimize public health risks and manage public health events related to population movements across borders and in the context of mass gatherings in a multisectoral approach, in coordination with other United Nations agencies and international organizations;

- strengthen country capacities for improved emergency preparedness, readiness and response through systematic, targeted, measurable and sustainable learning approaches linked with operational implementation, including capacity-building of national focal points;

- enhance partnerships through the development and mobilization of emergency medical teams to deliver support at national, regional and global level including technical assistance and mentorship, and the standardization of capacity-building efforts through the establishment of multi-country training hubs;

- develop and operationalize readiness assessments for WHO country offices (to be published) to mitigate the health risks of countries affected by health emergencies and inform business continuity planning;

- develop and operationalize country-specific plans for WHO country offices in line with the Strategic framework on food insecurity and health readiness and response (to be published) to mitigate the health and nutrition risks of countries affected by food insecurity while strengthening the resilience of the health system;

- build and strengthen community readiness and resilience, ensuring that communities are enabled to take appropriate action and mobilize resources to address emergency health risks in coordination with donors and all relevant stakeholders while empowered to use a whole-of-society approach towards health emergency readiness; and

—   accelerate targeted action(s) to support Member States with health care readiness in emergencies, with a focus on IPC, emergency medical teams and clinical management, which have been identified as crucial response pillars in all emergencies.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

—   support and accelerate building countries' abilities to respond rapidly to their most serious and imminent threats by providing global guidance on readiness under all-hazard approach including the Country Health Emergency Readiness Operational Guide and Checklists (to be published) to accelerate operational readiness activities in countries and settings such as fragile, conflict, vulnerable, small island, remote rural and urban settings. This highlights the critical importance of health system readiness;

—   develop a WHO Country Office readiness checklist on a digital platform to inform business continuity planning;

—   expand the dynamic risks and vulnerabilities assessment; including laboratory readiness with the provision of tools and support access to essential commodities to assess, test and strengthen laboratory operational readiness for the detection of pathogens of epidemic and pandemic potential;

—   enhance the integrated dashboard for all countries on the Partners Platform for Health in Emergencies that will identify readiness gaps and track requests for technical assistance and deployments, at national and subnational levels;

—   develop guidance and tools to strengthen the continuity of the essential public health functions and services in health emergencies, assuring the integration and interoperability with response and recover plans;

—   develop a dynamic web-based costing tool for essential supplies and operations for readiness for disease-specific threats;

—   continue with the emergency medical teams initiative focused on the development of emergency human resources capacities of the national teams using the minimum standards outlined in guidance documents to assure their integration and interoperability in case of deployment for any emergency in the subnational or local level under the country response framework; and

—   integrate community readiness and resilience as a core component of readiness to enable delivery of community based public health and social measures and primary health care. Frameworks, tools for community risk-mapping and vulnerability assessment, community readiness planning, and community-based surveillance will ensure community-centred health emergency detection, preparedness and readiness.

OUTCOME 2.2. EPIDEMICS AND PANDEMICS PREVENTED

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

Output indicator	Baseline	Target
Number of target product profiles for product and medical countermeasures developed for high-threat pathogens	33 (2023)	36 (2023)
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	12.5 (2023)	15 (2025)

Work to deliver this output focuses on building preparedness through response by leveraging innovation during health crises, including through the implementation of operational research and pilot testing activities. The COVID-19 pandemic has re-emphasized the value of investing in rapid research programmes, innovative tools and interventions to tackle emerging diseases. To strengthen readiness for future threats, there is an urgent need to ensure new initiatives set up during the COVID-19 pandemic (such as the Access to COVID-19 Tools (ACT) Accelerator) are refined and formalized and ensure fair and equitable access to life-saving interventions. In addition, it is critical that existing systems at country, regional and global levels are flexible enough to facilitate the development and use of innovative tools (such as genomic surveillance) to support the response to future health emergencies.

The variable impact and spread of COVID-19 in different contexts have also underlined the need for an analysis of the efficacy of existing interventions and tools to determine in various contexts, including the need for new approaches to disseminating information based on evidence. For instance, the progress made in managing the "infodemic" using new tools and human-centred approaches are to be consolidated.

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 (output 1.3.4); mitigating the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness (output 2.2.3); strengthening ethical standards and oversight mechanisms that integrate public health and research ethics into health systems (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;

–   developing, in close consultation with Member States and key stakeholders, a system that will provide a rapid, safe and transparent mechanism to voluntarily share biological materials with epidemic or pandemic potential; enable rapid risk assessments that can benefit all countries; and accelerate research and innovation, including for medical countermeasures that can be equitably allocated to all countries in need;

–   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;

- 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**;**

- building on the successes of the Access to COVID-19 Tools (ACT) Accelerator and draw on WHO's expertise and convening power to create a multipartner, multisectoral mechanism that catalyses the rapid development of vaccines, therapeutics and diagnostics and other global public goods in response to emerging infectious threats, and also ensures their equitable and effective distribution;

- developing, in close consultation with Member States and key stakeholders, a system that will provide a rapid, safe and transparent mechanism for voluntarily sharing biological materials with epidemic or pandemic potential; enable rapid risk assessments that can be shared with all countries; and accelerate research and innovation, including for medical countermeasures that can be equitably shared with all countries in need. Piloting and jointly building the BioHub will be crucial to the global, coordinated approach to preventing, detecting and responding to high-threat pathogens; and

- leveraging global mechanisms and networks to increase awareness and uptake, inform decision-making and promote the translation of science to policy regarding: (i) the use of public health and social interventions, and (ii) infodemic management to prevent, prepare for and respond to epidemics and pandemics.

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.

In producing **technical products on norms/standards, data and research**, 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 IPC;

- 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.

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

Output indicator	Baseline	Target
Number of countries with multisectoral cholera control plans aligned to *Ending Cholera – A Global Roadmap to 2030*	9 (2023)	11 (2025)
Number of countries with a budgeted multiyear national operational plan aligned to the global roadmap to defeat meningitis by 2030	15 (2023)	27 (2025)
Number of priority countries with a budgeted preparedness and response plan for the pathogens responsible for the viral haemorrhagic fevers that are endemic in the countries concerned (Ebola virus disease, Marburg virus disease, Lassa fever and other diseases caused by viruses of the Arenaviridae family, Crimean-Congo haemorrhagic fever, Rift Valley fever, Nipah virus infection and diseases associated with henipavirus and hantavirus infections)	27 (2023)	31 (2025)

Outbreaks of epidemic-prone diseases, such as meningitis, yellow fever, viral haemorrhagic fevers and cholera, disproportionately affect the poorest and most vulnerable populations leading to social, economic and political disruption that is further exacerbated by the COVID-19 pandemic. With increased human mobility, urbanization and climate stress, these known diseases continue to cause outbreaks with significant public health impact.

As at November 2022, the number of cholera outbreaks (29 countries) has significantly increased. The oral cholera vaccine global supply is strained and access to existing countermeasures is in jeopardy. WHO aims to reach the targets in the global roadmap to ending cholera by 2030. However, the Secretariat and Global Task Force on Cholera Control partners need significant support and additional resources to continue the multisectoral cholera response.

Since the launch in 2021 of the global roadmap to defeat meningitis by 2030, the strategy has shifted from supporting outbreak prevention and control in the African "meningitis belt" to a comprehensive approach to developing national multiyear operational plans in all countries at risk. Dedicated resources are needed for reinforcing laboratory and surveillance capacity to strengthen the diagnostics capacities at the local levels.

Implementation of the global strategy to eliminate yellow fever epidemics 2017–2026 needs to accelerate multi-age multi-antigen catch-up vaccination campaigns to fill coverage gaps; build urban resilience to mitigate urban risk and international spread; and provide bundled services for hard-to-reach communities for equity and efficiency.

WHO will continue to strengthen capacities for early diagnostics, patients' management and development of research and development products for viral haemorrhagic fevers (Lassa fever, Crimean-Congo haemorrhagic fever, Nipah virus infection and Ebola virus disease) to better implement prevention and control activities based on the lessons learned and best practices from the outbreaks of Ebola virus disease in 2018–2022. The Secretariat continues to support the Democratic Republic of the Congo in providing care and testing to more than 1200 survivors of Ebola virus disease.

HOW WILL THE WHO SECRETARIAT DELIVER?

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

- advocating and providing support for accelerating the implementation of global disease-specific strategies, working with partners to scale these strategies to regional and national levels;

- governing the International Coordination Group for Vaccine Provision to ensure equitable management of scarce resources at the global, regional and national levels;

‒   coordinating the global emergency vaccine, medicine and reagent stockpiles, including strengthening forecast of vaccine stocks and pre-negotiated vaccine prices, working with networks and partners to ensure continuous equitable availability and access of critical countermeasures;

‒   spearheading the development of a global strategy on viral haemorrhagic fevers; and

‒   advocating for integrating yellow fever in catch-up multi-antigen vaccination campaigns including preventive campaigns in areas difficult to access.

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, developing operational plans, 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

‒   reinforce capabilities for the prevention, detection and control of cholera, viral haemorrhagic fevers, meningitis and yellow fever, including strengthening coordination to build stronger disease surveillance and laboratory systems capacities, and scaled-up capabilities to ensure that frontline health workers are protected and able to implement IPC best practices.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

‒   produce guidance on shortening the time taken to investigate an outbreak, confirm and respond for epidemic-prone diseases, among other guidance;

‒   scale up the implementation of strategies for epidemic-prone diseases, including the adoption of new and enabling diagnostic technologies;

‒   pilot the implementation of the guidance on managing risk of urban outbreaks of yellow fever in selected urban centres; and

‒   implement the global roadmap to defeat meningitis by 2030, and together with expert networks, develop comprehensive 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.

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

Output indicator	Baseline	Target
Number of hot spots that have been supported to develop risk-mitigation measures for high-threat pathogens	12 (2023)	24 (2022)
Number of countries incorporating influenza programmes into national action plans that include strategies for nonpharmaceutical interventions, vaccines and antiviral drugs	45 (2023)	58 (2025)

Due to their pandemic potential, exposure to infectious pathogens and dangerous biological materials threatens public health and global health security. The COVID-19 crisis has demonstrated the urgent need to be prepared for the (re-)emergence of high-threat pathogens with no known countermeasures, including following accidental or deliberate release, and other multidrug-resistant pathogens. Although the likelihood of these events is low, their impact can be disastrous. Therefore, prevention and preparedness for epidemics and

pandemics caused by high-threat pathogens require the development and agile implementation of both generic and disease-specific plans, strategies, systems and tools.

Learning the lessons from the COVID-19 and influenza pandemics and other health emergencies, WHO will address known and novel disease threats to avoid amplification and minimize the risk of multifocal epidemics or pandemics. This will include the development of comprehensive plans for infectious hazards, the strong integration of preparedness efforts within health service delivery, the establishment and reinforcement of partnerships before and during crises, and the use of cross-sectoral (such as One Health), multilevel approaches to develop and implement interventions.

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); research agendas, predictive models and innovative tools, products and interventions available for high-threat pathogens (output 2.2.1); and implementing polio eradication plans in partnership with the Global Polio Eradication Initiative (GPEI) (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 and allocation of countermeasures, as well as for the prevention, control and mitigation of novel, high-threat infectious hazards;

  – developing global strategies, with regional specificities, guidance and tools to prevent and manage emerging or re-emerging high-threat pathogens;

  – strengthening the implementation of the Pandemic Influenza Preparedness Framework, and coordinating the Global Influenza Surveillance and Response System;

  – developing plans, strategies, systems and tools for epidemic and pandemic disease preparedness, such as the Preparedness and Resilience for Emerging Threats initiative; and

  – strengthening pandemic preparedness, engaging multisectoral partnerships, with communities at the centre.

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 IPC 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 containment certification scheme.

In producing **technical products on norms/standards, data and research**, 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.

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

Output indicator	Baseline	Target
Number of WHO regions that have maintained wild poliovirus-free status	6 (2023)	6 (2025)
Number of WHO regions that have remained free of circulating vaccine-derived poliovirus (cVDPV) outbreaks	6 (2023)	6 (2025)
Number of WHO regions that have fully transitioned away from Global Polio Eradication Initiative (GPEI) support for core capacities	5 (2023)	6 (2025)

The Polio Eradication Strategy 2022–2026: Delivering on a promise envisaged interrupted transmission of all polioviruses by end-2023 and ensure the certification of their absence by end-2026. This plan combined proven and time-tested approaches in surveillance and campaign operations with a strengthened focus on political will and community engagement together with improved tools and tactics (including gender-specific approaches) while collaborating in a more integrated manner with broader public health and humanitarian response efforts.

The volume of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases continues to reduce from the global high of 1100 cases reported in 2020. In 2021, two thirds of all global cases were reported in Nigeria. In 2022, almost 90% of global cases originate from specific subnational geographies in three countries: eastern Democratic Republic of the Congo, northern Nigeria and northern Yemen. Together with south-central Somalia, these are the most "consequential geographies" for polio eradication with priority focus and resources directed towards vaccinating and protecting those children who have been persistently missed. High-visibility polio detections in countries such as Israel, the United Kingdom of Great Britain and Northern Ireland and the United States of America underscore the risk polio continues to pose to all polio-free countries, until the disease has been eradicated globally. The solution remains the same – sufficiently sensitive surveillance and rapid closure of the immunity gaps that have developed.

WHO's polio eradication programme operates in support of Member States and in partnership with the GPEI, a public–private partnership with five other core partners: UNICEF; Bill and Melinda Gates Foundation; Rotary International; the United States Centers for Disease Control and Prevention; and Gavi, the Vaccine Alliance.

HOW WILL THE WHO SECRETARIAT DELIVER?

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

–   focusing on the critical path to achieving and sustaining zero by fully implementing the GPEI strategy 2022–2026: delivering on a promise to top transmission of wild and circulating vaccine-derived polioviruses by end-2023 and certify eradication by no later than the end of 2026. Continue to assign highest priority and focus attention and resources on the reducing number of geographical sources of polio transmission; and

–   guiding and overseeing the strategy implementation, with the Director-General of WHO as a member of the Polio Oversight Board. Rotary International chairs the GPEI Financial Accountability Committee, the WHO Director of Polio Eradication chairs the GPEI Strategy Committee, and a donor representative is a member of the Board and each Committee.

The Secretariat will **support countries** to:

–   implement the Global polio surveillance action plan 2022–2024;

–   interrupt wild poliovirus transmission in Afghanistan and Pakistan;

–   interrupt circulating vaccine-derived poliovirus type 2 (cVDPV2) transmission in the consequential geographies;

–   effective and efficient surveillance and immunization response to stop poliovirus outbreaks wherever they occur;

–   introduce and deliver novel oral polio vaccines under emergency use listings;

–   implement effective vaccine stockpile management;

–   implement the Global containment action plan 2022–2024;

–   effectively manage prevention and responding to sexual exploitation, abuse and harassment risks;
–   mainstream gender equality in programme management and operations;

–   implement the Immunization agenda 2030 focused on zero dose;

–   implement the health emergency preparedness, response and resilience plan;

–   effectively mobilize and efficiently utilize financial resources; and

–   assist with findings and recommendations of the IHR Emergency Committee, the Containment Advisory Group, global and regional commissions for certification, the Polio Research Committee, the Strategic Advisory Group of Experts on Vaccines and Immunization, the GPEI Independent Monitoring Board, and GPEI technical advisory group(s).

OUTCOME 2.3. HEALTH EMERGENCIES RAPIDLY DETECTED AND RESPONDED TO

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

Output indicator	Baseline	Target
Percentage of critical acute public health events for which a formal rapid risk assessment is completed and circulated within one week	42% (2023)	45% (2025)
Percentage of signals verified under the International Health Regulations (2005) within 24–48 hours	65% (2023)	75% (2025)

Early detection, rapid risk assessment and clear communication are the foundations of an effective response to any health emergency. The COVID-19 pandemic has shown that there is a need for strengthened nationally integrated disease, threat and vulnerability surveillance, as well as more collaborative approaches for risk forecasting, event detection and response monitoring, generation of intelligence for elevated actionable strategic and technical insights for decision-makers.

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. These are then verified, analysed and communicated regularly, as part of the public health intelligence function of the Secretariat.

The Secretariat's core capacities of risk verification and risk assessment depend to a large extent on the pool of international epidemiological and multidisciplinary expertise. The Secretariat supports countries in building capacity at national and subnational levels; conducting outbreak investigations, risk assessments and epidemiological monitoring and analyses; 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.

More recently, the Secretariat 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. 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 policy-makers at all levels before, during and after epidemic and pandemic events.

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 **leadership** by:

- maintaining a public health intelligence function to support the detection and verification of potential threats globally;

- undertaking rapid risk assessments of new and ongoing acute public health events, in accordance with the Secretariat's operational independence, and supporting access to relevant information by countries and subregional stakeholders;

- ensuring management and coordination of acute events through sound strategic approaches, technical support and monitoring, and coordination of activities across the Secretariat, and leverage networks for collaborative intelligence and decision-making, and build interconnected multidisciplinary communities to cocreate advanced analytical and modelling tools;

- generating meaningful, timely and ongoing public health information to monitor acute events and orient policy, including their epidemiological characteristics, identification of public health needs and threats, and monitoring of interventions; and

- continuing to support the development and maintenance of global data systems 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.

The Secretariat will **support countries** to:

- manage, coordinate and monitor acute public health emergencies;

- deliver appropriate health information services to respond to epidemics or acute humanitarian crises, including the implementation and strengthening of early warning and response to outbreaks; outbreak investigations and risk assessments, including strengthening field epidemiology;

- detect, verify, risk assess and communicate on the Event Information Site (EIS) platform, improving compliance with the International Health Regulations (2005); and

- generate timely information during and after responses, by supporting data management and analytics, and build capacity for it, and support countries in implementing appropriate digital solutions for health information and surveillance, including Go.Data.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

- produce regular global information products on acute events, disease risk and threats globally;
- develop interim epidemiological guidance to support national, regional and global response during acute events and emergencies;

- strengthen data-sharing platforms to connect and integrate multisectoral sources of information, including open access to tools and analysis to inform tactical and strategic operations and decision-making;

- foster and coordinate information exchange during and outside of specific emergencies through the Global Outbreak Alert and Response Network (GOARN); and

- develop and maintain a global surveillance data ecosystem harnessing artificial intelligence to predict, detect and analyse health threats more effectively, including ensuring that technological solutions and algorithms that are developed under the Epidemic Intelligence from Open Sources (EIOS) initiative are open-source under appropriate open-access licensing models.

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

Output indicator	Baseline	Target
Percentage of newly graded emergencies for which a strategic response plan has been issued within 30 days	80% (2023)	80% (2025)
Percentage of newly graded emergencies for which an Incident Management System is activated at country level within 72 hours	80% (2023)	80% (2025)
Percentage of approved emergency orders ready to ship within 7 days of the approval of the emergency request	N/A N/A	80% (2025)

Scalable rapid operational response is required at the country level to save lives and address the public health, social, political and economic consequences of health emergencies within a country and prevent disease spread across borders.

The leading role of the WHO Secretariat is to ensure a rapid and multisectoral coordinated emergency response at the global, regional and national levels to every significant newly reported acute public health event.

Through its work with regional, country and health partners, the Secretariat manages the rapid scale-up of operational support to countries and affected populations by providing timely and effective availability of strong logistics and optimized resources, to strengthen emergency supply chains to ensure equitable access to essential medical countermeasures, build rapidly deployable multidisciplinary integrated global health emergency workforces, and lead and leverage national and international capacities, networks and operational partnerships.

Managing acute health emergencies involves close collaboration with partners to deliver several critical outputs, including: the strengthening of 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 chains, including duty of care (output 4.3.4); strengthening health systems to manage communicable and noncommunicable diseases (output 1.1.2); and increasing capacities of the health workforce (output 1.1.5). This also entails supporting the quality, safety and efficacy of medical products for emergencies (output 1.3.1) and environmental and occupational health in emergencies (such as 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 health emergencies; enhancing the Emergency Operations Platform and network to improve 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 procurement and emergency supply chains, including aggregated demand management, identification of threat-specific critical countermeasures, initiating an allocation mechanism where necessary, providing access to stockpiles and transport arrangements to ensure equitable access;

- 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 and strengthening the development of interoperable scalable operational global, regional and national-level emergency workforces, including the maintenance of rosters of technical experts for surge deployment, and building operational capacity through integrated public health teams at all levels to strengthen country and regional capacities of the Secretariat to support emergency operations, including at the subnational level;

- evolving and integrating WHO 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

- reinforcing timely integrated coordinated response, leveraging and expanding operational partnerships and networks, including the Global Outbreak and Response Network (GOARN), emergency medical teams, the Global Health Cluster and standby partners to build emergency capacity as 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;

−   institutionalize response plans, mechanisms and processes, and 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;

−   coordinate acute events, including the setup and coordination of incident management systems, and structures to ensure timely and efficient responses, and partner coordination through the Global Outbreak and Response Network (GOARN); and

−   strengthen linkages to regional and national emergency operation centres and national networks in order to ensure that such centres function as major strategic information hubs.

In producing **technical products on norms/standards, data and research**, 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;

−   develop rapid technical evidence-based guidance, standards and strategic response plans, collaborating with regional, national counterparts and all relevant stakeholders and partners to address evolving challenges; provide situational and epidemiological reports; monitor and evaluate response measures;

−   strengthen the global emergency operations platform, build stronger national and regional networks with a focus on improving standardization and interoperability, share and analyse critical real-time information for strategic decision-making and coordinating, mobilizing and rapidly deploying surge personnel through the Global Outbreak and Response Network (GOARN), emergency medical teams and other operational partnerships; and

−   ensure coherence between national logistics and distribution systems and global and regional platforms that provide access to critical countermeasures; ensure pre-negotiated and coordinated distribution contracts and the availability of appropriate stocks and supplier agreements; enable free movement of essential countermeasures, raw materials across borders.

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

Output indicator	Baseline	Target
Percentage of fragile, vulnerable or conflict-affected situations that have a humanitarian response plan (or equivalent) that includes a health sector component	100% (2023)	100% (2025)
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	80% (2023)	100% (2025)
Percentage of country health clusters with a dedicated, full-time health cluster coordinator	100% (2023)	100% (2025)

As of November 2022, the United Nations estimates 324.3 million people are in need of humanitarian assistance and protection. This number has increased significantly over the past year due to the Ukraine crisis and the combined effects of conflict, climate stress and natural hazards, food, fuel and shocks. Emerging health emergencies disrupt health service delivery and/or overstretch already weak capacities in fragile, vulnerable and conflict-affected settings.

The Secretariat's mandate is to help Member States to maintain access to essential health services which remains a challenge in emergencies. The need of partners to invest in terms of service delivery, surveillance, community engagement, strengthening health care systems, development of countermeasures and coordination is vital to save lives. Strengthened interface between national response mechanism and international humanitarian system and architecture at country, regional and global level is also important including further localization.

Fragility and vulnerability continue to grow in an environment where access to vulnerable population is becoming increasingly difficult. In 2022, and as of 7 December 2022, more than 1057 incidents of attacks have been published on the Surveillance System for Attacks on Health Care (SSA) from 16 countries/territories. More than 217 health care workers and patients were killed and 431 injured.

Furthermore, heightened risk of public health emergencies and limited field capacities (only 77% of the country health clusters have a dedicated, full-time health cluster coordinator) challenge the capability of the Secretariat to respond. Increased investment is needed for a more agile and fit-for purpose health workforce on the ground for the Secretariat to deliver live-saving measures in fragile, vulnerable and conflict-affected settings. The Secretariat will introduce health programmes that are conflict-sensitive and contribute to peace outcomes such as social cohesion, trust and dialogue, or ability within the community to cope with conflict and social tension. This will be conducted in close collaboration with partners.

Work to achieve this output has 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 (output 1.3.1); strengthening the health workforce (output 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 side by side with other United Nations agencies and partners to mitigate the impact of protracted humanitarian 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, leaving no one behind;

- strengthening governance and coordination mechanisms to maintain continuity of essential health services during the response to emergencies, while also supporting countries to reinforce 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);

- strengthening national resilience to health risks and to better 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;

- 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 Global Health for Peace Initiative through continued coordination with the Inter-Agency Standing Committee; and

    − advocating for and promoting health, mobilizing joint efforts to ensure that health remains in the centre of the humanitarian agenda.

The Secretariat will **support countries** to:

    − 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;

    − ensure clear and comprehensive systems for monitoring routine essential health services and the progressive expansion of the access, use and quality of an essential package of health services are available in fragile, conflict-affected and vulnerable settings;

    − maintain and strengthen essential health services in fragile, conflict-affected and vulnerable settings by providing them with integrated and context-specific programming. The Secretariat 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; 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 producing **technical products on norms/standards, data and research** 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;

    − develop guidance on approaches to protracted humanitarian situations and delivery of resilient health services in areas on difficult access, poor resources and volatile security including areas of contested control (protracted emergency framework); and

    − disseminate H3 – high-impact health interventions in humanitarian settings.

OUTCOME 3.1. SAFE AND EQUITABLE SOCIETIES THROUGH ADDRESSING HEALTH DETERMINANTS

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

Output indicator	Baseline	Target
Number of countries supported by WHO that have enacted or changed legislation or policies to address injuries (road safety, violence prevention, drowning prevention)	0 (2023)	17 (2025)
Number of countries that have strengthened their multisectoral governance for health/Health in All Policies capacities and actions	0 (2023)	13 (2025)
Number of countries that have integrated social determinants of health and health equity in their planning, implementation and monitoring of health policies/programmes	0 (2023)	30 (2025)

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.

Adverse social determinants of health can form barriers to access to public health and negatively impact well-being. For example, poor urban planning, unsafe housing and mobility contribute to an increase in noncommunicable diseases, as well as in road traffic injuries and increases in violence. These conditions compound across the life course, leading to increased accumulated risk as people age for those who can afford it the least. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

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. Understanding that health is created through a combination of structural factors allows for action to be moved towards the root causes of ill health and injury. These include income, education, occupation, social class, gender, and ethnicity as well as broader social distributions of power and resources, including through the commercial determinants of health.

To implement action on the root causes of ill health and injury requires a multisectoral approach to developing and implementing policies that affect health across all ages. This means working with sectors that lie outside the traditional ambit of health, including transportation, urban planning, justice, education, housing, social protection, agriculture, trade, development 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.

This output is cross-cutting in its nature and involves close collaboration across efforts on related outputs across work to achieve the triple billion targets, including work on the United Nations Decade of Action on Nutrition 2016–2025 and the International Code of Marketing of Breast-Milk Substitutes; multilateral trade agreements and investment mechanisms; Codex Alimentarius and One Health approach (output 3.1.2); multisectoral action to address risk factors for noncommunicable diseases and injuries; as well as health promotion (output 3.2.1); multisectoral action to protect, promote and support health, health equity and well-being, using a life course and social determinants of health approach that starts before conception; systematic approaches to address the commercial determinants of health through engagement with the private sector and civil society, as well as strengthened regulatory frameworks and fiscal measures for health improvement (output 3.2.2); urban and commercial dimensions of environmental determinants of health and climate change (output 3.3.1); strengthened settings-based approaches including community engagement and empowerment (output 3.3.2); synergies with the work on strengthening health governance (output 1.1.4) and fiscal policies and investment cases (output 1.2.1); and addressing social determinants through work to mainstream gender, equity and human rights (output 4.2.6).

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;

- leveraging global platforms, including the second Decade for Action on Road Safety (2021–2030), the United Nations 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 and well-being;

- building and maintaining global alliances and partnerships for advancing global agendas, including through the Global Partnership to End Violence Against Children, the Partnership for Maternal, Newborn and Adolescent Health, the Early Childhood Development Action Network, Global Network for Age-friendly Cities and Communities, the United Nations Road Safety Collaboration, the Global Campaign to Combat Ageism, the Global Drowning Prevention Alliance, and the Memorandum of Understanding with 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 existing normative guidance, including the INSPIRE and RESPECT strategies for ending violence against children and women; Step Safely: strategies for preventing and managing falls across the life course; implementing the Global plan for the decade of action for road safety 2021–2030; the Nurturing care framework for early childhood development; and the Global accelerated action for the health of adolescents (AA-HA!);

- collaborate with partners to scale up the Global Initiative to Support Parents of children in the first two decades of life;

- follow up the evidence of the detrimental effects of commercial promotion of breast-milk substitutes for the survival, health and well-being of infants and young children;

- design, introduce or implement policies and measures to improve the social determinants of health;

- collect data needed for prioritizing action to improve social determinants of health and enhance health equity;

- implement a Health in All Policies approach to address social determinants of health; and

- build capacity to strengthen multisectoral action to reduce the burden associated with the social determinants of health.

In producing **technical products on norms/standards, data and research**, 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; and develop action frameworks for addressing economic and commercial determinants of health including supporting tools;

–   develop global reports on the commercial determinants of health; drowning prevention; and violence against children; as well as contribute to annual progress reports on the health and development of women, children and adolescents;

–   develop and update guidance to reduce the negative impact on health of social determinants, including preventing child maltreatment and abuse of older people, promoting optimal development in children, preventing loneliness and social isolation 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; and guidance for developing national age-friendly city and community programmes;

–   continue the development and implementation of frameworks for action in urban health, including supporting countries to implement the strategic guide on urban health and the capacity-building programme to improve health in urban settings; and

–   provide tools for estimating the costs and benefits of policy action (for example, the investment case on different types of injuries).

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

Output indicator	Baseline	Target
Number of countries covered with WHO-aligned standards for iron fortification of staple foods and/or condiments	32 (2021)	37 (2025)
Number of countries with national foodborne disease surveillance or having endorsed the One Health approach in food safety policies	18 (2023)	27 (2025)
Number of countries implementing most provisions of the *International Code of Marketing of Breast-milk Substitutes*	37 (2023)	43 (2025)
Number of countries with a functioning multisectoral antimicrobial resistance coordination committee	86 (2023)	90 (2025)

Food systems are changing rapidly, with increased consumption of processed foods, globalization of supplies, evolving agricultural and animal food production systems. This leads to serious threats for our health – for example, antimicrobial resistance accounts for over 5 million associated deaths globally – and increased interactions at the "human-animal-environmental" interface with risk of zoonoses and pandemic potential. The global response to this multifaceted issue requires a strengthened, integrated and unified One Health approach working with multiple partners.

The overarching priority is building more sustainable health and food systems that address risk factors through multisectoral responses. This includes strengthening surveillance systems, improving information and data collection/use, as well as food environments and managing better food safety risks.

The comprehensive approach integrates themes of infants nutrition, breast-milk-substitutes marketing, food fortification and supplementation, essential nutrition actions, and prevention and treatment of malnutrition. It also closely links to areas of social, commercial and economic determinants (output 3.1.1); environmental risks (output 3.3.1); and healthy settings (output 3.3.2).

Both global advocacy (for example, the Comprehensive implementation plan for maternal, infant and young child nutrition, UN Decade of Action on Nutrition; UN Food System Summit; G7 Health Ministers' Communiqué and G20 Bali Leaders' Declaration on One Health and antimicrobial resistance; UN General Assembly high-level meeting on antimicrobial resistance; Nutrition for Growth; One Health Joint Plan of Action 2022–2026, WHO

global strategy for food safety 2022–2030) and engagement with key partners (for example, "the Quadripartite" of United Nations agencies, intergovernmental bodies such as Codex Alimentarius Commission and Committee on World Food Security, and others from the global food system including industry) are essential in improving collectively access to safe, healthy and sustainable food throughout the life course.

HOW WILL THE WHO SECRETARIAT DELIVER?

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

−   upholding a WHO-wide food system initiative, engaging with public, private, and civil society actors;

−   leveraging global platforms and political momentum through the UN Decade of Action on Nutrition, Global action plan on child wasting; The global strategy for women's, children's and adolescents' health; UN Food Systems Summit and follow-up from the Nutrition for Growth Summit; G7 Health Ministers' Communiqué and G20 Bali Leaders' Declaration on One Health and antimicrobial resistance; and Alliance for Anaemia Actions;

−   engaging in sector policy forums outside the health sector to advocate for policy changes related to nutrition and food environment;

−   coordinating United Nations agencies policies and actions dealing simultaneously with human, animal and environmental health issues;

−   using updated WHO global strategy for food safety 2022–2030 and One Health Joint Plan of Action (2022–2026) to support the development/update of national action plans;

−   developing a mechanism to monitor countries' progress globally in food safety capacities and surveillance;

−   using COVID-19 pandemic lessons learned to reform and intensify One Health promotion;

−   strengthening the health narrative in food systems transformation initiatives;

−   developing the food insecurity and strategic health framework for readiness and response;

−   developing an initiative to accelerate access to healthy food and adequately fortified foods;

−   hosting global alliances on breastfeeding, marketing of breast-milk substitutes and anaemia, and participating in partnerships on child wasting (Global action plan on child wasting), obesity (World Obesity Federation), and food fortification (Food Fortification Initiative, Iodine Global Network, Home Fortification Technical Advisory Group);

−   mainstreaming essential nutrition actions into sectoral nutrition programmes;

−   supporting the development of global governance structures for antimicrobial resistance and actions seeking to improve access to responsible use of antimicrobials; and

−   expanding action and investment in support of the national action plans on antimicrobial resistance using a One Health approach.

The Secretariat will **support countries** to:

−   identify, prevent and mitigate food safety and malnutrition risks, by developing evidence-informed policies, laws and tools, and providing advice on their implementation and on adoption of international standards, including in areas of food fortification and essential nutrition action;

−   establish/strengthen multisectoral mechanisms to support whole-of-government, Health in All Policies related to the One Health approach and optimal nutrition;

−   align national plans and policies to updated WHO global strategy for food safety 2022–2030;

- improve nutrition and food safety risk analysis capacity, and implement risk communication activities;

- strengthen capacity to develop and implement evidence-based food safety policies and legislation through risk-based and One Health approaches;

- strengthen/expand foodborne disease surveillance systems, and strengthen the collation and use of national food contamination and consumption data;

- strengthen participation in Codex Alimentarius;

- develop risk-benefit assessment tools (from One Health initiatives);

- promote and support availability, access and implementation of the One Health approach in 30 countries receiving intensified support;

- train frontline health care providers in child feeding and malnutrition management (through the WHO Academy);

- build capacity to implement and monitor nutrition policies on breast-milk substitutes marketing, food fortification, acute malnutrition management and nutrition service delivery in communities and health centres;

- disseminate and support adoption of WHO tools to address conflicts of interest in food and nutrition policy formulation;

- implement the Framework for the prevention, diagnosis and management of anaemia (to be published);

- build the investment case for response to antimicrobial resistance across sectors;

- strengthen national governance and regulators oversight of sales and the appropriate use of antimicrobials in all sectors;

- promote integrated surveillance of antimicrobial resistance across sectors;

- strengthen foodborne disease surveillance, data/information generation and use;

- strengthen national food systems in priority countries, in line with the updated WHO global strategy for food safety 2022–2030 and based on baseline assessments; and

- implement Codex text and standards for foodborne antimicrobial resistance.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

- develop multisectoral platforms for data generation, analysis, communication and decision-making;

- define global and national impact indicators and develop global monitoring mechanism;

- contribute to the development of international norms, standards and recommendations, to reduce antimicrobial resistance in the food chain, by providing evidence-based guidance to the Codex Alimentarius Commission in collaboration with FAO;

- develop an impact measurement framework for food safety and an associated monitoring mechanism;

- develop a dashboard displaying countries' food safety capacities;

- develop/customize risk assessment and management tools to improve national capacity for risk analysis;

- update the estimates of the foodborne disease burden;

- update relevant tools and guidelines using lessons learned from the COVID-19 pandemic;

- provide strategic guidance and scientific recommendations for the development of food standards;

- develop standards for public food procurement;

- assess the status of food security and nutrition in countries;

- update guidance on actions to prevent, diagnose and manage anaemia and micronutrient malnutrition;

- develop implementation guidance for the prevention and management of acute malnutrition;
- mainstream implementation of essential nutrition actions into national health policies and programmes;

- develop a guideline about antimicrobial management cycle in the agro-food sector; and

- update and support the implementation of the Critically important antimicrobials for human medicine.

OUTCOME 3.2. SUPPORTIVE AND EMPOWERING SOCIETIES THROUGH ADDRESSING HEALTH RISK FACTORS

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

Output indicator	Baseline	Target
Number of countries covered by tobacco advertisement regulations and/or smoke-free environment policies	101 (2023)	105 (2025)
Number of countries covered by a national policy or strategy on physical activity	150 (2023)	160 (2025)
Number of countries covered by best practice policies to eliminate industrially produced trans-fatty acids in the food supply	52 (2023)	64 (2025)

Children, adults and older people from all regions and countries are vulnerable to the risk factors contributing to noncommunicable and communicable diseases, whether from unhealthy diets, physical inactivity, tobacco use, harmful use of alcohol or polluted air.

Risk factors also need to be seen in the context of societal transition, creating both challenges and opportunities. Rapid urbanization or technical transformation can diminish physical activity but also enhance it through 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 a variety of food supplying vital nutrients. Communications technology can be a vehicle for marketing practices for harmful products, such as tobacco, alcohol, sugary drinks and foods high in salt, sugar and fat, or for improving people's health awareness. Private sector factors can influence transitions that can either increase or decrease health risks.

The WHO Secretariat's work to deliver this output is focused on enabling countries to invest in health promotion and disease prevention across risk factors, guided by policies and laws that support healthy behaviours, tackle upstream drivers and societal challenges, create conducive environments for health, strengthen data-driven decision-making and implement effective solutions. This requires convening global discussion and multisectoral collaboration building effective responses around a life course approach.

Work to deliver this output involves close collaboration with other WHO areas focusing on public expenditure (output 1.2.1); engagement with the public and private sectors, and civil society (output 3.2.2); the creation of supportive environments (outputs 3.3.1 and 3.3.2) and addressing the social and commercial determinants of health (output 3.1.1).

*HOW WILL THE **WHO** SECRETARIAT DELIVER?*

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

–   leveraging global platforms and political momentum, for example through the UN Decade of Action on Nutrition, UN Food Systems Summit 2021, Nutrition for Growth, United Nations General Assembly resolution A/RES/73/2 on the prevention and control of non-communicable diseases, Oral health: action plan for promotion and integrated disease prevention, Global action plan 2022–2030 to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and the Global action plan on physical activity 2018–2030;

–   forging multistakeholder partnerships and alliances to mobilize resource for scaling up and rolling out high-impact interventions;

–   accelerating the implementation of the acceleration plan to stop obesity, WHO Framework Convention on Tobacco Control, global alcohol action plan and global action plan on physical activity;

–   convening deliberations and policy dialogues on the health and societal impact of risk factors for communicable and noncommunicable diseases and related recommended interventions and policy options;

–   advocating for policy and financial commitments at country and regional levels for interventions through multisectoral actions and adequate accountability mechanisms;

–   advocating for policy changes through non-health sector policy forums;

–   identifying good practices and innovative solutions in addressing risk factors through multisectoral actions;

–   addressing vested interests involved in the development and implementation of policies and legislation addressing risks factors;

–   monitoring the global status and trend of risk factors, and their impact on health;

–   developing awareness campaigns to promote healthier lifestyles and encourage behavioural change, using innovative communication approaches;

–   advocating for a health promotion approach within health systems and services, for example, through community engagement, stakeholder analysis and raising awareness of health, social and developmental risks; and

–   using lessons learned from the COVID-19 pandemic to increase awareness of the importance of well-being and addressing risk factors through multisectoral platforms.

The Secretariat will **support countries** to:

–   adapt and continue to adopt WHO recommendations and guidance on policy measures and interventions, including on marketing, labelling and health warnings, public procurement, pricing, taxation, subsidies, public information and rights, sales outlet zoning, urban design, product standards and regulation;

–   promote policies, strategies and action plans aiming to address risk factors into national health plans and legislations in, at least, 30 countries receiving intensified support;

–   enhance and update and WHO tobacco tax simulation model;

–   implement technical packages: SAFER (alcohol control), ACTIVE (physical activity increase), MPOWER (tobacco control), REPLACE (trans-fat elimination), SHAKE (salt reduction) and the priority actions to curb obesity;

- design multisectoral action plans, guidelines and public expenditure plans; as well as to create health-supportive environments;

- implement WHO-recommended 16 "best buys" for the prevention and control of noncommunicable diseases and the 70 "good buys";

- implement school feeding programmes for vulnerable populations;

- collect and analyse data using the WHO tobacco tax simulation models for policies reforms;

- review/reconsider subsidies for fats and sugar;

- develop and strengthen capacity to use health promotion instruments and address social and commercial determinants of health (through the WHO Academy);

- train teachers, health workers and other frontline workers on management and prevention of noncommunicable diseases (through the WHO Academy);

- build capacity to integrate risk factors prevention into preparedness and response to public health events (through the WHO Academy);

- establish/strengthen surveillance and health information systems; and learn to use related health tools and products;

- monitor and evaluate policies/interventions; and update them using information from routine nutrition information system;

- update and expand national food composition and food consumption databases, with standardized methodology and reporting;

- adapt new healthy diet metrics into national nutrition framework and develop data collection tools; and

- develop campaigns for behavioural change, using various media channels, including the World Day campaigns.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

- develop the Implementation roadmap 2023–2030 for the Global action plan for the prevention and control of noncommunicable diseases 2013–2030;

- develop guidance on policy measures and interventions including on marketing, labelling, public procurement, product pricing, tax and subsidies, public information, sales outlet zoning, urban design and product standards and regulation;

- develop technical packages and implementation tools to assist countries in the adaptation of the WHO guidance on taxation; restrictions/bans on marketing harmful products; labelling of food, beverages, tobacco, including health warnings; healthier food product composition; workplace health promotion; food-control policies; and mass media campaigns;

- develop technical packages, products and tools to assist countries to use an integrated management of risk factors and obesity through a primary health care approach;

- provide evidence-based packages to guide programme design;

- update, as needed, the "best buys" and "good buys" for the prevention and control of noncommunicable diseases;

- conduct subnational level surveys, situation analysis and mapping to inform effective implementation of recommended policy options and best practices;

- conduct mapping exercise for multisectoral partners, including nongovernmental organizations and other civil societies, to implement regional frameworks;

- build data products based on monitoring implementation of public policies and investments on preventing noncommunicable diseases;

- validate and expand uptake of novel metrics to monitor healthy diets at national level;

- develop norms and standards to monitor the nutrition status across the life cycle; build related data products and global reports;

- develop guidance and tools for strengthening countries' national information systems and allow them to monitor their commitments to nutrition; and

- conduct a situation analysis of national food supplies to determine the sources of fats, sugars and salt and explore options to improve them using standards, policies and legal instruments.

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

Output indicator	Baseline	Target
Number of countries with health promotion approaches, mechanisms and instruments to address health risks to foster health and well-being	10 (2021)	18 (2025)
Number of countries each year that have introduced and/or strengthened evidenced-based health-taxation policies	98 (2023)	102 (2024)

Population health is greatly influenced by actors in non-health sectors. Civil society, public and private sectors play a vital role in making societies safe and supportive, and in creating environments that make healthy choices easier.

A whole-of-society approach is critical for fostering environments supportive of health and empowering individuals for behavioural change. Beyond legal and other formal government instruments, a variety of other mechanisms, including community engagement, are increasingly shaping governance arrangements.

Binding rules govern the rights and responsibilities of governments, as well as limits on government action in the health context. Rules also establish legal frameworks relevant to specific health interventions.

Taxes, subsidies and welfare benefits can influence and incentivize healthy behaviours, or discourage less healthy ones, through their effect on price and affordability. Such policies are used in many countries to deter unhealthy behaviours like tobacco or alcohol use.

The Secretariat's support to countries, its work on multisectoral actions, governance arrangements, laws and fiscal policies are critical to enable the effective implementation of proven, evidence-based interventions at country level and the creation of healthy, active and supportive societies and healthy environments. The work will be complemented by the development of health literacy 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, and serves enabling functions for, 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:

  − strengthening partnerships with other United Nations agencies to address multisectoral determinants and risk factors;

  − advocating for multilateral instruments that address determinants and risks to health and well-being, supporting the strengthening of multilateral governance, especially by advocating for a Health in All Policies approach, health impact assessments and the provision of evidence and data to aid decision-making;

  − establishing or strengthening engagement mechanisms, in line with the WHO Framework of Engagement with Non-State Actors, including with the private sector, consumer organizations, community empowerment, private health facilities and practitioners;

  − advocating for promotion of law and protection of fundamental rights in public health interventions and governance arrangements;

  − building capacity in health literacy of decision-makers, health diplomacy and cooperation between health, finance, trade, development and law where required to advance public health through implementation of related outputs;

  − working with partners to combat and manage misinformation that increases the risks to health;

  − working with key partners to improve access to information that promotes healthy behaviours and increases health literacy in populations that do not have access to the Internet or the telephone;

  − engaging with the private sector, including the banking industry, public pension funds and civil society to encourage divestment from tobacco and other unhealthy products, and encourage the production of healthy commodities and services;

  − engaging with the private sector and civil society to leverage their know-how and resources to advance health and well-being across the triple billion targets;

  − forging multistakeholder partnerships that 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; and

  − stepping up engagement with civil society to better represent and reach vulnerable populations, and to improve accountability in the implementation of public health actions and programmes.

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, including nutrition and physical activity;

  − 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 and industry interference 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;

− provide capacity-building and specialized technical assistance in the field of fiscal measures for health, particularly on excise taxation on tobacco, alcohol and sugar-sweetened beverage products;

− provide capacity-building and specialized technical assistance on health law, including supporting development of laws and regulations, and assisting Member States to address industry interference, including through legal arguments and litigation;

− strengthen the institutional capacity, mechanisms and mandates of relevant authorities to implement population-based policy interventions, including for the reduction in tobacco and alcohol use, unhealthy diets and physical inactivity through whole-of-government and whole-of-society actions and responses;

− adopt evidence-based and cost-effective nutrition and healthy diet policy measures through a multisectoral and multistakeholder approach; and

− strengthen diet-related interventions that prevent noncommunicable diseases obesity, through the life course approach.

In producing **technical products on norms/standards, data and research**, 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;

− develop tools, normative evidence, and market surveillance to provide best practice guidance for countries on how to use fiscal measures to improve health, reduce health care costs and generate a revenue stream for development;

− develop tools illustrating how to implement WHO guidance through laws and regulations, including tools comparing legal approaches to implementation and tools describing legal considerations for Member States;

− 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.

OUTCOME 3.3. HEALTHY ENVIRONMENTS TO PROMOTE HEALTH AND SUSTAINABLE SOCIETIES

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

Output indicator	Baseline	Target
Number of countries with improvement in air quality based on the latest three-year mean	51 (2022)	72 (2025)
Number of countries implementing their COP 26 commitment to build a climate resilient health system	0 (2023)	28 (2025)
Number of countries implementing their COP 26 commitment to develop a low carbon and sustainable health system	0 (2023)	17 (2025)

About one quarter of disease burden could be prevented by making our environment healthier. With climate change progressing, ecosystems threatened and a changing world of work, radical action is required. We need to safeguard the health of the planet on which all life depends by addressing the existential threat of climate change, loss of biodiversity and pollution. Reducing environmental risks should be a priority, as is further confirmed by the WHO monitoring of health risks. Interventions that address environmental risks are typically well-established, highly cost-effective and more sustainable than "medical" interventions, but they are often underprioritized by health stakeholders.

WHO develops and updates norms, standards and roadmaps for health protection in areas such as water, sanitation and hygiene, air pollution, household energy, radiation, chemical safety and workplace and occupational health. WHO provides leadership to ensure disease prevention when developing policies and initiatives, support governance mechanisms and strengthen capacities, and build alliances and provide platforms to unite around change.

Special emphasis is being placed on: (i) ensuring health care facilities are climate-resilient, have access to adequate water, sanitation and hygiene (WASH) and reliable energy sources, make safe use of radiation, eliminate hazardous chemicals such as mercury, and ensure a healthy and safe workforce to enable safe and quality health care; (ii) preventing emerging diseases, through initiatives such as OneHealth and the Quadripartite on antimicrobial resistance; (iii) influencing non-health sectors to protect health; (iv) strengthening the health sector for example by engaging with relevant international multilateral environment agreements and implementing the WHO chemicals road map; and (v) supporting transformative action on climate change and health, including to build low-carbon sustainable health systems.

Action continues to be needed to implement the WHO global strategy on health, environment and climate change.

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.

HOW WILL THE WHO SECRETARIAT DELIVER?

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

- ensuring that health is represented in key intergovernmental processes on health determinants, such as the Conferences of the Parties to the United Nations Framework Convention on Climate Change, and through convening partnerships to drive progress, such as the WHO-led Alliance for Transformative Action on Climate and Health, and the Health and Energy Platform of Action;

- monitoring key indicators and their analysis to track progress and reorient priorities, as necessary, to achieve targets, such as on water, sanitation and hygiene, air pollution and clean cooking, as related to the respective Sustainable Development Goals;

- leveraging the Secretariat's convening power to facilitate knowledge synthesis for guidance development and the exchange of knowledge and skills between countries and experts to tackle the environmental determinants, for example through the Global Air Pollution and Health Technical Advisory Group;

- providing the health sector with the knowledge and technical capacity to leverage the health argument for action in different sectors to attain the target of one billion more people enjoying better health and well-being, as well as achieving universal health coverage and emergency preparedness;

- influencing non-health sectors (such as water, sanitation and hygiene, agriculture, transport, energy, urban planning) to adopt "no-regrets" policies that protect health while providing essential/desired goods and services;

- advocating for disease prevention as a key part of achieving universal health coverage by tackling the major environmental determinants of health, for example, by promoting access to safe WASH and preventing exposure to lead and air pollution (BreatheLife campaign);

- leveraging the engagement and coordinating with United Nations partners and networks to join forces and multiply impacts, for example, achieving the Sustainable Development Goals, including through coordinating mechanisms such as UN-Water, the WHO-led International Network of Drinking Water and Sanitation Regulators (RegNet), and the WHO Chemical Risk Assessment Network.

The Secretariat will **support countries** to:

- develop and implement national policy instruments, for example, for healthy, safe and resilient workplaces;

- ensure that health care facilities are resilient to climate change, have basic and sustainable energy and water, sanitation and hygiene services, safely manage their waste and protect their workforce;

- take transformative action on climate change and health, including developing climate-resilient and low-carbon sustainable health systems;

- provide guidance and tools for the implementation of WHO guidelines on air quality, for example, the Clean household energy solutions toolkit (CHEST) and AirQ+ software tool for health risk assessment of air pollution;

- develop risk-based approaches to support safe delivery and regulation of water, sanitation and hygiene services, using water and sanitation safety plans and associated surveillance;

- expand coverage of occupational health services in the context of universal health coverage;

- use various United Nations channels to scale up environment, climate change and health action in countries; to systematically apply dedicated tools, implement WHO guidelines and processes; and to support fund-raising activities for implementation;

- prepare for and respond to health risks from technological hazards (including chemical and radio-nuclear events and strengthening poison centres) in line with the International Health Regulations (2005);

- respond to emergencies on chemical and radiation threats, and provide support on water, sanitation and hygiene services in emergencies, such as during armed conflict or threat to industrial sites.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

- elaborate guidance on safe and healthy environments, contamination and pollution, related service provision and workers' protection, for example, on the safe management of drinking water, on climate-resilient and sustainable health systems and facilities, and on the provision of occupational health services linked to primary health care;

- develop a suite of tools and a process to facilitate systematic scaling up of environment, climate change and health action in countries;

- establish the state of the science of emerging international issues of concern, for example, on endocrine disrupting chemicals, climate change and health, and highly hazardous pesticides;

- develop research agendas on health risks from rapidly evolving environments and technologies, for example, on non-ionizing radiation;

- develop training materials to strengthen health and other sectors' capacity to address environmental determinants of health, for example, a training package on children's environmental health and air pollution for health professionals;

- report global progress on environment and health through regular periodic reports, such as the WHO country survey on climate change and health, the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene and the WHO-led UN-Water Global Analysis and Assessment of Sanitation and Drinking Water reporting on WASH Sustainable Development Goals targets/indicators 3.9.2, 6.1, 6.2, 6.3, 6a and 6b, as well as those on air pollution;

- develop training materials on water, sanitation and hygiene, including on developing WASH accounts, WASH in health care facilities, developing monitoring capacities including on national burden-of-disease estimates; and

- develop guidance and training materials on key aspects of the health response to climate change, including climate-informed health warning systems, and on the health co-benefits of climate change mitigation.

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

Output indicator	Baseline	Target
Number of countries that have adopted the WHO framework on healthy cities and regions, including the urban or regional governance framework	93 (2023)	95 (2025)
Number of countries that have adopted the global standards for health-promoting schools	5 (2023)	10 (2025)
Number of countries with community empowerment strategies to advance healthy settings	10 (2022)	15 (2025)

Everyday life settings are places where people learn, live, work, age and play. These include communities, educational facilities, workplaces, villages, markets, health care and correctional facilities.

Settings can be transformed to be inclusive, respectful of diversity and promoting equity, gender equality and equity as articulated in the United Nations Charter and the 2030 agenda for Sustainable Development. This

would necessitate a whole-of-society and whole-of-government approach. Coordination and collaboration across sectors are key to identify desired and undesired effects of sectoral policy decisions. Likewise, empowering individuals and communities must be a priority so that they can serve as informed stakeholders and active contributors in promoting health and well-being in all settings and across the life course.

The WHO Secretariat will support countries to adopt, review and revise multisectoral policies, initiatives and programmes to create an enabling environment for healthy communities, cities and villages, schools, universities, markets, health care and correctional facilities, and workplaces.

As part of the whole-of-government, whole-of-society approach, the WHO Secretariat will work with Member States to strengthen its engagement with different government branches and subnational entities to promote the health of their people. WHO also addresses health issues of vulnerable population groups including those living in slums, periurban areas and in prisons.

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 indicators;

- setting up a global network of healthy cities as a political platform for mayors;

- 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);

- engaging Member States in the adoption of a health literacy measurement tool, oriented towards sustainable health behaviour for the prevention and control of communicable and noncommunicable diseases and preparedness and response in public health emergencies;

- furthering the contributions that health promotion makes in risk communication and community engagement in the context of the International Health Regulations (2005);

- using lessons learned from the COVID-19 pandemic, promote health promotion activities across the life course, including practices for addressing risk factors, in particular for promoting mental health and risk reduction through the use of self-management tools;

- promoting the strengthening of governance for healthy settings, linking with a Health in All Policies approach and essential public health functions; and

- supporting the establishment of policy dialogues in Member States through engagement of different sector entities and stakeholders at national, subnational and local levels to strengthen governance for health and well-being.

The Secretariat will **support countries** to:

- develop a comprehensive approach across thematic areas of work in order to accelerate the attainment of positive health impacts, including the Global standards for health-promoting schools and their implementation guidance;

- implement cost-effective solutions through intersectoral action and networks of cities and communities;

- promote community engagement and social participation in decision-making processes that impact health and well-being;

- implement the global standards for health-promoting schools (selected countries);

- enhance their capacities to translate whole-of-society and whole-of-government approaches in multisectoral policies, laws, and regulations for addressing risk factors, in particular for promoting mental health and risk reduction through the use of self-management tools and new technology;

- develop policies for healthier and health-promoting workplaces in all sectors, including the informal economy;

- build capacity in multilevel governance approaches to facilitate the implementation of settings-based approaches;

- expand the use of health impact assessments in public policy development as part of multisectoral collaboration;

- in the context of COVID-19, use existing networks as dialogue forums to essential public health functions and national pandemic response guidance into local communities and other settings of everyday life;

- develop implementation plans to promote health and well-being including in vulnerable population groups across developmental and humanitarian settings;

- set up and strengthen social and emotional learning programmes in schools, prevention of noncommunicable diseases and promotion of mental health in the workplace as well as suicide and substance use prevention programmes;

- establish healthy ageing programmes;

- develop user and family association networks of people with lived experience of noncommunicable diseases and mental, neurological and substance use disorders; and

- develop emergency preparedness, response and rehabilitation policies and programmes promoting community and population resilience.

In producing **technical products on norms/standards, data and research**, 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 multisectoral 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;

- develop guidance and tools to promote school health standards;

- inspired by the lessons learned from the COVID-19 pandemic, update tools and guidelines, as appropriate, related to enhancing health promotion activities across the life course, including practices for addressing risk factors, in particular for promoting mental health and risk reduction through the use of self-management tools;

- develop practical tools for establishing a national healthy cities network linked to the regional healthy cities networks;

- document good practices of healthy settings, age-friendly and community-led programmes;

- support the development of regional strategies for promoting healthy cities; and

- scale up the implementation of the WHO regional school mental health guidance package.

OUTCOME 4.1. STRENGTHENED COUNTRY CAPACITY IN DATA AND INNOVATION

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

Output indicator	Baseline	Target
Population-weighted average score of the performance of country civil registration and vital statistics systems	0.68 (2022)	1 (2025)
Number of countries that conducted the Survey, Count, Optimize, Review and Enable (SCORE) assessment and validated the data	164 (2022)	164 (2025)
Number of countries receiving technical support through WHO hosted partnerships on data and delivery aligned with country priorities (Health Data Collaborative and Global Action Plan for Healthy Lives and Well-being for All (SDG 3 GAP))	8 (2022)	26 (2025)

Harnessing data and digital technologies, science, research, innovation, and the delivery approach are critical enablers to accelerate progress to reach the health-related targets of the Sustainable Development Goals. The COVID-19 pandemic has highlighted the need for robust data and digital systems to inform policy and programmatic decisions. Countries that invest in and maintain good data systems are better prepared to respond during emergency times.

The Secretariat will intensify support to countries by addressing data gaps using the SCORE for health technical package to rapidly improve capacity in public health and disease surveillance, civil registration and vital statistics, and cause of death reporting, expanding the implementation of the 11th revision of the International Classification of Diseases and Related Health Problems, and optimizing health facilities and routine health information systems including the utilization of geographical information systems. The Secretariat will engage with partners to collect, analyse and use data more effectively as requested by Member States.

As the custodian of global health data and to fulfil its normative role, the Secretariat will ensure standards, solutions and structures adhered to for accurate and transparent reporting, better use and ensuring data is viewed as a global good and strategic asset. It will establish the first International Conference on Health Statistics that will bring all stakeholders to align and advance methods and support to countries. WHO will continue to leverage partnerships to strengthen data sources and to build demographic, epidemiological and analytical skills and capacities for Member States and will serve as the Secretariat for the Universal Health and Preparedness Review, the Health Data Collaborative, and the Data and Digital Accelerator of the Global Action Plan for Healthy Lives and Well-Being for All.

The Secretariat is working on solutions to reduce the reporting burden in countries by establishing a gatekeeper function for data collection in regions, reducing duplication, and supporting Member States in adapting and implementing technical products on norms/standards, data and research. Improving data governance and establishing the World Health Data Hub, as a corporate data repository, will support countries, regions and headquarters technical programmes.

The Secretariat's work towards achieving this output cuts across and supports the achievement of all outcomes that contribute to achieving the triple billion targets.

HOW WILL THE WHO SECRETARIAT DELIVER?

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

- strengthening and institutionalizing the capacity of countries' data and health information systems, together with their national capacity to digitize, analyse, disseminate and use data and information;

- ensuring that optimal and/or international standards are used to close data gaps in countries by leveraging global, regional and national partnerships; and

- establishing integrated platforms in country offices on cross-cutting factors, such as primary health care, data and digital technologies, and partnerships working together to meet country needs by improving the way existing resources are used to respond quickly and efficiently.

The Secretariat will **support countries** to:

- accelerate progress by scaling up the use of integrated platforms for data and delivery approach that was initiated in selected priority countries in 2022–2023;

- adapt and apply tools on strengthening data and health information systems, based on countries' unique context, and support the implementation of tools and standards such as quality enhanced birth registration, and cause of death registration within civil registration and vital statistics codes using the 11th revision of the International Classification of Diseases and Related Health Problems;

- strengthen and institutionalize analytic capacity and data use at the national and subnational levels, including data from surveillance and routine health data, with a focus on data disaggregation and inequality monitoring;

- broaden the dissemination and use of data and analyses, including data from surveillance and routine health data using geographical information systems; and

- utilize efficiently and, where appropriate, leverage data-related technical products on norms/standards, data and research.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

- establish data standards, guidance and tools, such as the WHO Family of International Classifications, geographical information systems and interoperable data exchange platforms, including regional products such as the WHO Regional Office for the Eastern Mediterranean regional action plan to improve hospital information system;

- shift the focus away from developing technical products on norms/standards, data and research towards adapting and implementing them in countries;

- operationalize components of the SCORE for health technical package such as the World Health Survey Plus, civil registration and vital statistics, causes of death reporting; and harmonized health facility assessments and routine health services data systems; and

- operationalize the state-of-the-art World Health Data Hub as the single repository of all health data, enhance the Global Health Observatory and regional health observatories, WHO European Health Information Gateway and continuously update the Triple Billion dashboard, Health Inequality Monitor and WHO Mortality Database.

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

Output indicator	Baseline	Target
Percentage of global population that is covered with recent data for at least 75% of the targets of the health-related Sustainable Development Goals reported in *World Health Statistics*	62% (2022)	90% (2025)
Proportion of WHO data-related technical products on norms/standards, data and research that report data disaggregated by age or sex and at least one other dimension of inequality (area of residence, education level or socioeconomic factors)	0.38% (2023)	0.58 (2025)
The World Health Data Hub fully operationalized: all programmes using its country portal for consultations, data lake and open access	0.29% (2022)	1 (2025)
Number of countries who are tracking progress against acceleration scenarios using the delivery dashboard	2 (2023)	60 (2025)

The WHO Secretariat is transforming itself into a modern data-driven Organization through a focus on getting *better data* by improving systematic collection, storage, sharing and analysis; *better dissemination* by improving access, effective communication and impact visualization; *better use* of data-driven delivery approaches to inform policies and accelerate progress; a robust organizational network; and productive and synergistic partnerships.

The Secretariat will upgrade analytics to track population health trends, health-related Sustainable Development Goals, GPW 13 triple billion targets and health outcome indicators, and the direct and indirect impacts of the COVID-19 pandemic with a focus on equity. These are featured in the annual *World Health Statistics*, Global Health Estimates and Global Monitoring Reports on universal health coverage, among others.

To ensure the world is better prepared with better data, the World Health Data Hub is the first comprehensive, end-to-end solution for global health data. It reduces fragmentation, streamlines processes, identifies and resolve gaps and inequalities, and ensures data are accessible. The Triple Billion dashboard, Global Health Observatory, Health Inequality Monitor, among others, are hosted by the World Health Data Hub.

The Secretariat will apply a delivery approach with regular monitoring of progress to maintain a relentless focus on achieving the health and health-related Sustainable Development Goals. Impact will be ensured by identifying opportunities for acceleration, adopting WHO recommendations, identifying countries that will benefit from technical assistance from country offices, regional offices and headquarters, developing structured delivery plans, and executing, tracking and problem-solving measures. The delivery approach provides a monitoring and accountability function for WHO.

The Secretariat's work towards achieving this output cuts across and supports the achievement of all outcomes that contribute to achieving the triple billion targets.

HOW WILL THE WHO SECRETARIAT DELIVER?

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

- providing strategic and operational guidance on harmonizing and aligning indicators, metadata and targets for monitoring and reporting including data-quality reviews and assessments;

- efficiently streamlining data and health information exchange between the Secretariat and Member States;

− enabling work on other outputs to use data to deliver the triple billion targets and accelerate progress to achieve the Sustainable Development Goals; and

− establishing integrated platforms in country offices on cross-cutting factors, such as primary health care, data and digital technologies, and partnerships working together to meet country needs by improving the way existing resources are used to respond quickly and efficiently.

The Secretariat will **support countries** to:

− accelerate progress by scaling up the use of integrated platforms for data and delivery approach that was initiated in selected priority countries in 2022–2023;

− use robust methods to produce global health estimates and capture and validate nationally reported data and indicators, consistent with WHO data principles, data-sharing policies and the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER); and

− receive harmonized support by working with other agencies involved in the Sustainable Development Goals and the Health Data Collaborative.

In producing **technical products on norms/standards, data and research**, the Secretariat will:

− produce routine flagship reports on data and statistics including the annual *World Health Statistics* and regional health-related Sustainable Development Goals reports, the Global Health Estimates, the *Global Monitoring Report on Universal Health Coverage* and the regional core health indicators of the Regional Office for Europe and the Regional Office for the Americas;

− shift the focus away from developing technical products on norms/standards, data and research towards adapting and implementing them in countries; and

− track progress in the delivery of the triple billion targets through regularly scheduled stocktakes, including country stocktakes, to increase accountability and focus on measurable impact.

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

Output indicator	Baseline	Target
Number of countries that have established integrated mechanisms at national level for development, adaptation and implementation of evidence-informed clinical and public health guidelines using WHO guidelines, norms and standards	27 (2023)	36 (2025)
Number of countries that have established national knowledge translation mechanisms for evidence-informed health policy-making	34 (2023)	46 (2025)
Proportion of Member States that have developed a costed national digital health strategy or roadmap	20% (2023)	50% (2025)
Proportion of Member States with mechanisms to develop or identify health system innovations for scale-up	10% (2023)	40% (2025)

The WHO Secretariat is transforming itself into a forward-looking Organization that aims to empower and enable countries to approach digital health at strategic level, strengthen national health research, establish and institutionalize local evidence-to-policy and practice mechanisms, scale-up innovations and technologies that address national health and public health needs as well as support countries to deliver tangible results towards achieving health-related Sustainable Development Goals.

It builds on the Secretariat's leadership role in driving global health research agenda, institutionalizing digital health and developing evidence-driven norms and standards. Supporting the shift to a living and SMART

guidelines approach to enable countries to benefit from technologies and digitalized guidelines with up-to-date content and a simple and adaptable format (including one that meets the needs of those with disabilities) that makes possible continuous update of their recommendations. The Secretariat will accelerate the development and adoption of appropriate, accessible, affordable, scalable and sustainable person-centric and interoperable digital health systems through the implementation of the Global strategy on digital health 2020–2025 and will scale-up its three-level evidence-to-policy work for greater country resilience and impact. The Secretariat will continue bringing together top scientific experts' voices around topics of clinical and public health significance. It is also renewing its commitment to WHO Collaborating Centers to offer the highest level of support to produce impacts in countries.

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 Sustainable Development Goals (output 4.2.1).

HOW WILL THE WHO SECRETARIAT DELIVER?

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

- providing the global public health community with high-quality, customizable norms and standards by enabling the continuous cycle of priority-setting, product planning, development and publication, uptake and implementation, evaluation of impact and monitoring of health outcomes, which then feeds back into the next set of priorities;

- shifting to living and SMART approach for the development of WHO guidelines to accelerate and amplify their impact on health and well-being of populations;

- positioning the Secretariat as an enabler of national-level digital health transformation and advance the implementation of the Global strategy on digital health 2020–2025, and national digital health strategies;

- ensuring mechanisms for norms and standards related to research for health and knowledge translation that involved deliberate and systematic engagement of all three levels of the Secretariat;

- establishing mechanisms to enhance trust in knowledge and evidence among policy-makers and public and respond to infodemics;

- 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 and scale-up;

- strengthening the network of WHO Collaborating Centres that are centres of excellencies worldwide providing crucial institutional capacity to ensure the scientific validity of WHO's global health work. Through these global networks, the Secretariat is able to exercise leadership in shaping the international health agenda;

- being ahead of the curve with new scientific advances through its foresight function and setting global health agenda with the support of advisory groups and Science Council;

- strengthening and standardizing the engagement of affected populations including marginalized populations, and women and girls, in the development, design and delivery of WHO norms and standards by making this a key requirement of all products;

− re-enforcing a focus on gender-disaggregated research through the application of the SAGER guidelines where appropriate; and

− expanding the evidence base for gender, equity and human rights in WHO guideline development, and strengthening scrutiny of how these components are addressed.

The Secretariat will **support countries** to:

− develop a costed roadmap for digital health transformation through the digital implementation and investment guide process, including the development of a standards-based interoperability environment. Establish competency-based standards for training a health workforce;

− foster health system and programme innovation through government-led hubs that encourage quality improvement, problem-solving and scale-up of proven solutions;

− enhance technical capacity for health research, priority-setting, leading research initiatives, and generating, translating and using evidence and data;

− strengthen ethical standards and oversight mechanisms that integrate research ethics into health systems, with a focus on better preparedness and response to public health emergencies (such as the COVID-19 pandemic);

− develop and implement strategies for a systematic integration of ethics analyses in public health decision-making processes, including during public health emergencies;

− establish the rapid evidence response systems to address country's needs and priority policy questions using the best available evidence;

− advance 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 global and regional databases; and

− institutionalize evidence-informed policy-making by supporting and establishing evidence support units for health policy and planning; and establishment of the integrated evidence ecosystem mechanisms through a multiconcept approach in which different workstreams (including knowledge translation, national guideline programmes, health technology assessments).

In producing **technical products on norms/standards, data and research**, the Secretariat will:

− develop a global strategy on health innovation, including a consensus nomenclature, scale-up framework and logic model for health system strengthening through innovation;

− undertake a second digital health guidelines development process to examine the strength of evidence around new digital health interventions, including artificial intelligence and chatbots for behaviour change and considering issues of inclusion, equity and accessibility;

− develop guidance on the use of chatbots, social media and virtual humans, among other technologies to disseminate trusted WHO technical content globally;

− strengthen guidance on governance and policies around digital health and artificial intelligence to maintain quality of content, security and continuity of care as well as accountability and protection of important rights (for example, privacy);

− cultivate and develop regional hubs of digital health excellence, including increased and expanded partnerships with academic collaborating centres to strengthen the evidence base around digital interventions as well as civil society and other patient-led organizations who play a crucial role in the development, design and delivery of WHO norms and standards;

− establish regional and national programmes for the adaptation of the WHO guidelines and technical products (norms and standards, if applicable) in response to regional and country needs and priorities;

− develop guides for national health research system and governance through establishment and strengthening of national programmes for delivery in response to country needs; and

− develop the tools and guidance to enhance the use of evidence and data for policy-making and implementation for impact.

OUTCOME 4.2. STRENGTHENED LEADERSHIP, GOVERNANCE AND ADVOCACY FOR HEALTH

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

Output indicator	Baseline	Target
Number of countries with improved collaboration among the multilateral agencies active in health, as evidenced through engagement under the WHO-convened Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) and documented through the SDG3 GAP monitoring framework, case studies, country feedback and annual reports	74 (2023)	90 (2025)
Strengthened multisectoral action on health and engagement with the United Nations Country Team/Regional Committee as measured by pooled funding allocations to WHO	69 822 000 (2021)	76 804 216 (2025)
Strength of alignment of WHO country cooperation strategy/United Nations Sustainable Development Cooperation Framework priorities with Member States' strategic priorities through coherent and coordinated advocacy/health diplomacy efforts at global, regional and country levels, measured through political statements in high-level national, United Nations and multilateral events during the biennium	0 (2023)	50 (2025)

Guided by Member States, the Secretariat has made great progress towards ensuring that the Organization is focused on results and that leads impactful work in every country, while maintaining its role as the directing and coordinating global agency of public health matters.

Despite the remarkable progress achieved in the past, the world is not on track to achieve most of the health-related targets of the Sustainable Development Goals by 2030, and the pandemic COVID-19 pandemic has set progress back even further. Learning from the lessons of the pandemic, the Organization is pivoting towards enhanced cooperation with and in every country, tailored not only to the health situation, but also to the post-COVID-19 context.

To achieve this, the WHO Secretariat is making significant investment at the country level, by establishing a core predictable country presence that is differentiated according to the support required by the country. This will bring the support of the Organization to the Member States where and when they need WHO to accelerate progress towards the Sustainable Development Goals and when health emergencies strike.

Along with these concrete investments in the WHO Secretariat's capacities in country offices, it will enhance its strategic cooperation with Member States through streamlining of country cooperation strategies, positioning them better to drive the strategy, the budget, the financing and the work of WHO at the country level. The Organization is emphasizing more effective leadership of its country offices as one of the most important levers of its transformation for country impact.

The Secretariat is also stepping up its leadership role in global health to help countries accelerate progress on the health-related targets of the Sustainable Development Goals. It is continuing to position health high in the agenda of governments, leverage on its engagements with intergovernmental bodies, such as G7 and G20, to bring significant investments in health in countries and partnering better with other United Nations agencies

and global health initiatives, to move the health agenda not only globally but in every country to achieve health outcomes.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will place greater emphasis on country impact at the centre of its work. This will mean greater investments in country office capacities, built around a core predictable country presence, to drive more strategic cooperation with Member States. The investments will anchor on enhanced leadership in country offices, with the right delegated authority, empowered to make timely decisions to deliver in the most effective and efficient way possible. Ways of working will be more streamlined, yet more accountable and transparent, removing duplication and fragmentation of processes.

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. Data will be used to measure improvements and country case studies will be used to better understand progress and challenges.

Through the Global Action Plan for Healthy Lives and Well-being for All and working across the three levels of the Organization, the Secretariat will provide leadership, catalyse and further improve collaboration and alignment among the 13 multilateral agencies active in health in order to accelerate progress on the health-related Sustainable Development Goals, in line with feedback and suggestions received from governments.

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 also bring a gender, equity and inclusion perspective to leadership and governance and encourage the participation of young people.

The Secretariat will provide effective support to governing body sessions. It will design and apply 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.

The corporate annual plan that drives strategic communications, will continue improving the understanding and appreciation of the role and impact of WHO, with an emphasis on country content and alignment with modern digital communication. The Secretariat will continue its work on WHO's branding, as 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, and strengthen WHO's role 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. 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

Output indicator	Baseline	Target
Percentage of budget centres with an up-to-date risk management plan	N/A N/A	90% (2025)
Percentage of completed evaluations on the Organization-wide evaluation work plan for which conclusions and recommendations are broadly accepted by management for learning and appropriate action	77% (2021)	100% (2025)
Percentage of audit recommendations implemented in a timely manner	35% (2022)	95% (2025)
Effective and timely response by the Secretariat to allegations of sexual misconduct	85% (2023)	90% (2025)
Effective and timely response by the Secretariat to allegations of non-sexual misconduct (abusive conduct, fraud and other economic misconduct)	70% (2023)	80% (2025)

The Secretariat's approach to accountability across the three levels of the Organization will continue to focus on delivering measurable impact in every country, which is the essence of the GPW 13. Delivering measurable impact is ultimately how the Organization demonstrates its accountability for the investments made by its Member States and donors. This accountability is ensured by its compliance to certain principles and agreements with its Member States primarily as well as its partners and donors.

Accountability is enhanced by continuing to promote transparency, to find more efficiencies through the implementation of its value-for-money strategy, and establishing the enabling culture that empowers staff and espouses the values of WHO, with a special focus at the country level, where greater investments is expected in the coming years.

Member States expect that the Secretariat adequately resources and continuously strengthens the performance of its business integrity functions (compliance, decentralized evaluation functions, risk management and ethics, internal oversight, the Office of the Ombudsman, as well as the prevention of and response to sexual misconduct) to achieve best-in-class standards.

As a response to the Working Group on Sustainable Financing and the AMSTG, the Secretariat developed an implementation plan on reform to strengthening WHO's budgetary, programmatic and financing governance. Many of the deliverables from this plan will be developed, implemented and monitored through the delivery of this output.

The Secretariat is committed to a 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.

The integrity and reputation of the Organization will continue to be scrutinized and safeguarded by actions of the Office of Internal Oversight Services, by the Secretariat's work on due diligence and risk assessments in accordance with the Framework of Engagement with Non-State Actors and by the Department of Prevention of and Response to Sexual Misconduct. 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.

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 develop, implement and monitor deliverables as committed to in its implementation plan on reform for strengthening WHO's budgetary, programmatic and financing governance (EB152/34).

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, discrimination and abuse of authority), sexual misconduct (including, sexual exploitation, abuse, sexual harassment, or other forms of sexual violence) and the creation of a safe working environment that ensures that misconduct is readily reported without fear of retaliation.

The Secretariat will pursue WHO's goals of ensuring zero tolerance for sexual misconduct as outlined in WHO's Policy on Preventing and Addressing Sexual Misconduct and its Three-Years Strategy for 2023–2025. The Secretariat will focus on:

- strengthening the transparency and accountability of the Organization and its leadership;

- embedding a victim- and survivor-centred approach across the safeguarding cycle;

- institutionalizing safeguarding from sexual misconduct in all relevant policies, procedures, and practices;

- igniting and sustaining cultural change across the Organization;

- prioritizing high-risk situations – emergencies and other community-facing operations;

- strengthening systems to identify and manage the risk of sexual misconduct;

- building capacity and expertise for preventing of and responding to sexual misconduct;

- fully implementing the end-to-end sexual misconduct incident management system; and

- taking system-wide action with UN and humanitarian stakeholders, governments and civil society; and

- developing and implementing systems for monitoring and evaluation and course correction.

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.

In the context of the investigation of allegations of suspected misconduct, the Office of Internal Oversight 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 evaluation functions, the strengthening of which will be guided by further mandates from the governing bodies. This will be guided by best-in-class studies and a framework for decentralized evaluations. The Secretariat will continue to participate in inter-agency evaluations in areas of shared substantive and strategic 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, including for sexual misconduct.

The Secretariat will continue building a robust and "smart" compliance strategy. This will include enhancing detection procedures by leveraging technology and data systems.

The Secretariat will continue to firmly anchor organizational learning in its work and will foster an institutional culture of respect.

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

Output indicator	Baseline	Target
Proportion of flexible and semi-flexible funding of the overall funding available for the biennium	48.8% (2022)	60% (2025)
Number of contributors entering a strategic dialogue process with WHO	9 (2022)	15% (2025)
Number of non-State actor partners publicly committing to improve their health impact	12 (2022)	30% (2025)

Predictable, adequate and flexible resources are needed to ensure that Secretariat is able to carry out its work effectively where it matters. This is also required to ensure that the Organization has the right capacities, in the right places at the right time to delivery measurable results. This was acknowledged by the Member State driven Working Group on Sustainable Financing and the subsequent work of the AMSTG. Having taken into consideration the analysis of the impact of the COVID-19 pandemic, which has disrupted lives everywhere, the Organization has seen a significant increase in the base segment of the programme budgets, which needs sustainable financing. Ensuring that the Organization is adequately financed and able to carry out its mandate is crucial to prevent future pandemics, while not neglecting important other areas that are part of the Organization's mandate.

The three levels of the Secretariat's resource mobilization functions, technical programmes and communications are brought together 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, corporate strategic engagement with multilateral organizations, parliaments, nongovernmental organizations and private sector will be strengthened to promote the mandate of the Organization.

The Organization will invest in strengthening resource mobilization at the country level by placing well-trained staff on resource mobilization in countries as appropriate.

HOW WILL THE SECRETARIAT DELIVER?

The Secretariat will continue to develop its existing partnerships with Member States, donors, multilateral stakeholders, non-State actors and civil society organizations to ensure sustainable financing of the Organization and to improve the quality of its funding, with the aim to strengthen WHO's work in region and countries, to deliver the GPW 13; and accelerate progress towards the Sustainable Development Goals.

The Global Health Emergency Appeal will be further developed and new funding mechanisms such as a replenishment mechanism will be developed in discussion with Member States and other partners and implemented as agreed. 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.

In line with the requests of the AMSTG, a new WHO investment plan will be developed.

Together with its partners and contributors, and in line with the recommendations of the Sustainable Financing Working Group, the Secretariat will further 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 focus especially on country implementation and acceleration to achieve the Sustainable Development Goals. Enhanced donor coordination will be pursued with the objective of coherent resource mobilization across the Organization and aiming at greater levels of flexibility of contributions.

The Secretariat will expand the use of its Contributor Engagement Management system, which will become an integral part of the new ERP system, to facilitate the streamlining of resource mobilization activities and ensure improved coordination of the negotiation of agreements, and subsequent associated reporting.

The Secretariat will focus its resource mobilization efforts towards strengthening WHO's capacities at the country level. This would entail that country offices can strengthen their resource mobilization capacities as donors and partners are increasingly expanding their presence and directing their support at the country level This would allow country offices to be actively engaged more in contributor engagement, proposal development, monitoring and reporting with the aim of aligning the investments towards implementing the countries' priorities and the achieve measurable results.

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.

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

Output indicator	Baseline	Target
Proportion of priority outcomes at the country level with at least 75% funding	50% (2021)	75% (2025)
Percentage of budget centres that have completed the output scorecard to assess programme budget performance according to corporate monitoring guidance	89% (2021)	94% (2025)

Accountability for results is at the heart of this output, which focuses on driving impact in every country. The COVID-19 pandemic showed that plans, budgets and resource allocation must be adaptable to rapidly changing situations and the need of better coordination within and across the three levels of the Organization. This requires that planning, budgeting, the allocation of all types of resources, monitoring and delivering value-for-money are even more coordinated and focused on meeting country priorities, while continuing to stress the importance of leaving nobody behind by mainstreaming gender, equity and human rights and empowering people with disabilities.

For the biennium 2024–2025, WHO improved the country level prioritization of WHO results, expanded on its bottom-up high-level costing and produced a better linkage between the prioritization and the global budget it presents for Member States' consideration. The Secretariat is also building on the methodology for measuring Secretariat results, the output scorecard, to ensure demonstrating accountability for the results to which it committed in the programme budget across the three levels of the Organization. Multiple other processes are

currently ongoing to improve the clarity and transparency of the programme budget, as laid out in the Secretariat's implementation plan on reform.

The Secretariat will also continue ensuring a rigorous structure for resource allocation, including harnessing the role of the Resource Allocation Committee, as well as enhancing its corporate mechanisms in place for allocation of flexible resources. Sustainable financing is key, though, to guarantee a truly flexible and equitable allocation across the three levels of the Organization.

HOW WILL THE SECRETARIAT DELIVER?

The Secretariat will implement and monitor deliverables as committed to in its implementation plan on reform for strengthening WHO's budgetary, programmatic and financing governance.[1]

The Secretariat will continue strengthening its priority-setting methodologies so that the country-level priorities as well as major priorities of global health drive what is planned, implemented and budgeted and monitored by the entire Organization, including improved transparency, information-sharing on prioritization and discussion of financing of priorities.

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. The budget will clearly signal the intention to deliver results at the country level through synergies across the three levels of the Organization. Such support will be based on the country level prioritization performed along with Member States and will be tailored to country needs, capacities and technical expertise and will consider the maturity of individual country health systems.

The Secretariat will continue improving its monitoring systems to place results at the centre of management attention and to facilitate evidence-based, targeted decision-making at all levels of the Organization.

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 establish suitable platforms for developing the programme budget with 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 revise the implementation and reporting through the output scorecard methodology, to ensure 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 continue implementing the value-for-money strategy agreed by Member States to ensure that the Organization is maximizing results from the limited resources provided to it.

The Secretariat will continue fostering better coordination, coherence and synergy, within the major offices and between the levels of the Organization. It will strengthen and clarify roles and responsibilities of the internal networking arrangements, including the output delivery teams and other networking arrangements within the Organization.

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[1] See document A76/31.

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 enhancing and ensuring a rigorous structure for the resource allocation and grant management processes, including harnessing the role of the Resource Allocation Committee. 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.

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 continue monitoring the uptake of technical products, 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 provide further transparency by strengthening the WHO Programme budget web portal, and strive to improve on the WHO 2022 ATI score and ranking (score 69.3 and tier "Good") by publishing performance assessment data for a combination of an output and a specific country office.

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

Output indicator	Baseline	Target
Percentage of country offices with 100% of core predictable country presence positions filled	10% (2023)	>=50% (2025)
Number of country offices reporting on common set of key performance indicators to assess country office performance	0 (2023)	>=50% (2025)

During the two previous bienniums, the focus was to make a radical shift in the way in which WHO worked so that all three levels are working together closely, with best-in-class processes, aligned organizational structures, a clear focus on results, accountability and efficiency. The Organization's transformation agenda had three strategic objectives, including WHO being fully focused and aligned for impact; enabled to attain its full potential; and able to effectively leverage the entire global community.

The evaluation and audit of the transformation agenda conducted recently recognized that while it has not fully achieved the objectives, the transformative changes had been critical and timely in helping WHO to respond to COVID-19, especially from the gains made in strengthening the work in science, norms and standards, data and health emergency response. It also recognized that significant progress in positioning the Organization's leadership in global health in one hand, and strengthening the Organization's engagement with partners and its ways of working and alignment of structures to support that globally and at country level. These helped the entire Organization to work in a coordinated manner to adapt to carry out its mission, use its assets to support countries not only to address the COVID-19 crisis, but also to maintain health services to save lives, especially protecting the most vulnerable.

Based on the lessons from the implementation of the transformation agenda during the last three years, the Organization will be pivoting towards that next phase which will focus on: (a) driving health impacts in every country; and (b) institutionalize the changes into the ways of working and start to shift towards a results-focused,

value-for-money and learning culture. The eventual goal is a modern WHO, working seamlessly together as one Organization, and fit for purpose in making a measurable difference in people's health at country level.

HOW WILL THE **WHO** *SECRETARIAT DELIVER?*

As the Organization shifts its strategic focus towards country impact, it will focus on empowering country offices, including leadership in country offices and establishing a core predictable country presence in every country.

In line with GPW 13's differentiated approach to WHO's support to countries, the Secretariat will establish capacities in its country offices that are tailor-fit to the purpose of WHO's support implementation and operations at the country level.

The Secretariat will commit to guaranteeing core capacities in country offices to enable the Organization to function as a strategic partner, technical assurance provider, policy adviser, operations coordinator or service provider whatever is needed at a certain time at the country level.

The above will be accompanied by empowering country offices not only through establishing needed capacities but also placing the most suitable and strong leadership in every country, and ways of working that demonstrate better effectiveness, efficiency, accountability and transparency. This will require greater delegation of authority for country offices to bring decision-making closer on the ground human resources, financing and operations.

The Secretariat will implement changes that ensure WHO operates better as one Organization, reducing duplication, fragmentation in all of its processes and how it delivers its work at all levels and towards driving impact in every country.

With the foundation established through the core predictable country presence model, the Secretariat will work towards bringing the right capacities from all levels of the Organization, and from other stakeholders, including United Nations and bilateral partners and collaborating centres, to support its work.

The Secretariat will work towards turning its culture from countries at the bottom to country offices first in strengthening its three-level operating model, including communications, decision-making, resource allocation and managing the mobility of its workforce.

The Secretariat will introduce changes that enable the Organization to be agile in more concrete terms, enabling staff from different organizational groups to work more easily and coalesce around delivering certain tasks. The Secretariat will establish a better monitoring system, beyond staff surveys, to demonstrate the impact of its transformation initiatives and action plan.

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

Output indicator	Baseline	Target
Percentage of outputs with at least a score of 3 on the "Impactful integration of gender, equity and human rights" output scorecard dimension	31% (2021)	75% (2025)
Number of countries implementing at least two WHO-supported activities to integrate gender, equity and human rights in their health policies and programmes	35 (2019)	143 (2025)
Percentage of resolutions at global level that include gender-responsive, equity-oriented and human rights-based actions	70% (2019)	90% (2025)
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 (UNSWAP) and the United Nations Disability Inclusion Strategy (UNDIS)	18% (2019)	80% (2025)

Decisive and systematic action to reach people being left behind 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 2025 we achieve the triple billion goals and to comply with the Organization's commitments on disability, diversity and inclusion.

Work to deliver this output develops resources, including guidance and tools for country implementation, provides technical expertise and advocates for health equity, gender equality and human rights. This output also seeks to strengthen the institutional capacity of the WHO Secretariat at all levels and in all programmes to drive improvements in the lives and well-being of those being left behind, through systematically planning, implementing, monitoring and reviewing relevant activities and approaches. with the aim to increase the cumulative impact of the Organization on closing health gaps related to gender inequalities, human rights violations and health inequities.

Strengthening partnerships and collaboration are fundamental for the work of this output, in cooperation with the other output delivery teams in the WHO Secretariat and with partners in the United Nations system, other stakeholders and civil society.

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:

- promoting gender, equity and human rights onto global, regional and national health agendas;

- prioritizing strong advocacy and communications, and partnerships to ensure that WHO walks the talk when placing "leave no one behind" as a corporate priority;

- aligning its organizational architecture and systems to drive progress on health equity, gender equality and human rights at all levels of the Secretariat;

- strengthening accountability to ensure that all levels the Secretariat are consistently reporting on and held accountable for actions, including through the implementation of markers to track spending and the quality of interventions across all outputs, to advance gender equality, human rights and health equity;

- continuing to report externally through mechanisms such as the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UNSWAP) and the United Nations Disability Inclusion Strategy (UNDIS); and

- supporting the Organization's engagement with, and contribution to, related multisectoral bodies.

The Secretariat will **support countries** to:

- identify health inequities by systematically assessing and monitoring them; respond to findings by developing health policies, strategies, and programmes to address the root causes of health inequities;

- use gender analysis to inform the design, implementation and monitoring of gender-responsive approaches in health systems, policies and programmes; promote human rights-based approaches so that health systems, policies and programmes are non-discriminatory, participatory, and accountable and able to respect, protect and fulfil the right to health;

- ensure that services are universally available, accessible, acceptable, and of high quality;

- establish and strengthen mechanisms for the involvement of civil society and community-based organizations, including women's and feminist organizations, in health at the country level; and

- promote legal, policy and normative environments that support health equity, gender equality and human rights.

In delivering **technical products on norms/standards, data and research**, the Secretariat will facilitate and drive the work of WHO programmes, Member States and partners to address health inequities and gender inequalities, and to uphold human rights for health through capacity-building, mainstreaming, strengthening evidence, and documenting and sharing good practices.

OUTCOME 4.3. FINANCIAL, HUMAN, AND ADMINISTRATIVE RESOURCES MANAGED IN AN EFFICIENT, EFFECTIVE, RESULTS-ORIENTED AND TRANSPARENT MANNER

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

Output indicator	Baseline	Target
Receipt of an unmodified audit opinion by the External Auditor on the yearly financial statements	100% (2022)	100% (2025)
Compliance rate of global imprest accounts with imprest reconciliation requirements and attainment of an A rating	96% (2022)	98% (2025)

The Secretariat will continue its commitment to strengthen its efficient, transparent and sound management of resources entrusted to WHO by Member States and donors.

In line with existing discussions and commitments (A75/9); during the Sustainable Financing Working Group, and more recently, the AMSTG, and corresponding internal initiatives including the HWCO-led plan of action to strengthen operations across the three levels of our Organization, the Secretariat will dedicate 2024–2025 to improve financial management, transparency, and financial and non-financial reporting to Member States, taking into consideration best practices currently in place within the UN system and elsewhere.

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, direct implementation and grant letters of agreement. 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, particularly in graded emergencies operations. Additionally, the Secretariat will provide enhanced oversight and compliance to assess the internal control framework and effectiveness/strengthening of PRSEAH measures.

The Secretariat will implement and monitor relevant deliverables as committed to in the Secretariat's implementation plan on reform[1].

Moreover, the Secretariat commits to:

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[1] See document A76/31.

− issuing an annual statement of internal control that addresses the effectiveness of internal controls and identifies any significant risks;

− building capacities and trainings on fraud policy and strengthening existing assurance mechanisms; and

− ensuring core business operations staffing in place in accordance with delegation of authority corresponding to required cost of delivery in fragile situations and graded emergencies.

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

Output indicator	Baseline	Target
Percentage of international staff members moving between major offices	3.9% (2022)	5.5% (2025)
Percentage of female staff members at the P4 level and above	46.8% (2022)	50% (2025)
Percentage of female heads of WHO country offices	36.3% (2022)	50% (2025)
Percentage of unrepresented and underrepresented countries	28.4% (2022)	25% (2025)
Percentage of short-term contract-holders within WHO workforce	22.4% (2022)	20% (2025)

The Secretariat thrives on the excellence of its workforce, which includes staff members and other personnel, and 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 with an update to the strategy that will be initiated in the biennium 2022–2023.

Tending to Member States comments on recent discussions within the Working Group on Sustainable Financing, the AMSTG, the Secretariat has included several initiatives related to improving the transparency and accountability practices related to human resources in the Secretariat implementation plan on reform,[1] and the heads of WHO country offices-driven plan of action to strengthen country offices and make WHO more impactful. These initiatives will be developed, implemented and monitored through this output.

Diversity, gender balance and geographical representation remain a priority.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Organization will continue to ensure that its workforce is flexible, mobile, high-performing, fully trained and fit for purpose.

Outreach, recruitment and selection processes will continue to be streamlined and made more efficient to allow the Organization to meet the staffing needs of programmes and enable corporate functions including in protracted and graded emergency operations, taking into account the need for strengthening diversity, equity and inclusion.

Improved talent management and performance management, career management and learning and development 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.

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[1] See document A76/31.

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.

In line with the Organization-wide three-level workforce plan, as well as streamlined and harmonized job descriptions across the Organization, the distribution of human resources will align with the country focus particularly in fragile settings and graded emergences and organizational priorities set out in GPW 13.

Main lessons learned from the COVID-19 pandemic continue being harnessed. Specific issues include safety and security in the workplace, flexible working arrangements, contractual modalities, specialized mechanisms and the mental health of the workforce.

The Secretariat also continues efforts to create and promote a more respectful, safe and healthy work environment.

Building on earlier successes and learning from past challenges, the Secretariat will improve or develop new policies and procedures, improve knowledge management, strengthen existing initiatives and launch new ones to strengthen the engagement and effectiveness of its workforce.

The Secretariat will also implement and monitor relevant deliverables as committed to in its implementation plan on reform for strengthening WHO's budgetary, programmatic and financing governance (EB152/34).

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

Output indicator	Baseline	Target
Percentage of locations with essential information technology infrastructure and services aligned with agreed organizational standards, including corporate and health systems applications	80% (2022)	85% (2025)
Number of products introduced to provide new capabilities for digital transformation, and internal innovation initiatives	5 (2022)	5 (2025)
Level of implementation of cybersecurity road map in comparison with baseline established by the information technology security assessment	55% (2022)	60% (2025)

More now than ever, a robust information technology function is critical to support the Organization in conducting its work and delivering results. Not only are such platforms indispensable for WHO's operations, but they also allow it to be more efficient.

Information technology platforms consolidate, facilitate and enable expedited interactions within the Secretariat in a cohesive manner, and also with outside partners. They also enable the Organization to seamlessly work remotely, manage data effectively and enhance accountability in the management of its operations in a corporate, transparent, continuous and secure way.

The significant work to achieve this output includes the implementation of the Business Management System (BMS) to replace the current ERP system (namely, the Global Management System) with a host of integrated cloud-based fit-for-purpose solutions. These solutions aim to harmonize and streamline process flows across WHO, thus strengthening critical business systems and processes and optimize organizational performance. BMS will cover the business areas of programme management, human resources, finance, supply chain management, travel, meetings and events.

Furthermore, all supported by a strong project management approach, work under this output will also include the following: corporate data management and visualization platforms with potential for local adaptations and usage; local and global information technology infrastructure initiatives; development, implementation and

operation of business solutions and applications used globally and locally; content management delivery platforms and digital transformation, effective digital workplace solutions and implementation of cybersecurity solutions. Active and sustained engagement with different programmes, such as those on data and analytics, health emergencies and digital health, will also be paramount.

The Secretariat will support the investments already committed to implement its cybersecurity roadmap and respond more effectively and swiftly to cyberattacks.

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.

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

- work closely with business to understand needs and deliver value. Strengthen engagement and governance with administrative and health technical departments, better understand their intended outcomes longer term, and help them achieve outputs and deliver business value;

- drive digital transformation through innovation and partnerships. Different business units across the Organization are driving the digitalization of the core work of the Secretariat. The information and management technology team will work with these entities by partnering on innovative solutions, artificial intelligence, machine learning, and others;

- rationalize, modernize and extend technical architecture to support business capabilities. The Secretariat will continue to reduce its technology footprint, modernize its technology architecture, have a product-centricity mindset, and improve its services to match business capabilities;

- develop and engage the IT workforce to deliver value to the business. Encourage a learning and growth mindset within the IT workforce by providing them opportunities to develop new skills, competencies and behaviours needed to meet the changing digital landscape; and

- protect WHO's digital assets; ensure the ability to deliver services with an acceptable level of risk. It is critical for the Secretariat to continue to invest in and support efforts made on cybersecurity thereby preventing loss or breach of data.

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

Output indicator	Baseline	Target
Ratio of expenditures on goods based on catalogue/long-term agreements versus those relating to non-catalogue procurement	25% (2022)	27% (2025)
Rate of compliance with United Nations Minimum Operating Security Standards	91% (2022)	100% (2025)

The Secretariat's operations and support services ensure that the workforce can operate in a conducive, secure and safe environment and that its health and well-being are protected, while providing services to enable the continuity of the Secretariat's operations. Recent public health events have highlighted the critical importance

of investing in a safe and secure infrastructure, and on the occupational health and safety of its workforce, as well as the need to ensure efficient procurement and supply operations. These are all key components of WHO's enabling functions, not only for normal operations of WHO's core public health work but also for WHO to be effective in supporting the global, regional and country response to health emergencies.

In this regard, the Secretariat will continue working on the implementation of its newly adopted end-to-end supply chain management strategy, that includes emergencies operations as well.

Work to achieve this output also covers the following areas: infrastructure, travel, logistics, security, occupational health and safety, procurement and supply, facility management; managing utilities and leases; fleet, asset and inventory management; security structure and units synergized with existing capacities in the United Nations security management system; 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.

A considerable number of initiatives to improve processes for a more efficient operation of the Secretariat that returns value for money to its Member States are developed, implemented and monitored through this output. The Secretariat has now adopted the United Nations Sustainable Development Group methodology on efficiencies and will continue reporting separately on this topic on a yearly basis to Member States. The Secretariat has also adopted other United Nations initiatives to improve its performance on accessibility and the reduction of CO_2 emission.

HOW WILL THE WHO SECRETARIAT DELIVER?

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 ensure that the required capacity and staffing in graded emergencies are in place, in accordance with the security standards set by UNDSS.

The Secretariat will ensure that the occupational health and safety standards are taken into account at headquarters, regional offices and country offices. The Secretariat will strengthen its health and safety policies and continue to focus on improving the WHO working environment and ensure the business continuity of its operations. Direct and sustained support will be provided to make sure the health and safety of the thousands of staff members deployed in the field.

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.

The Secretariat has developed tools and has put mechanisms in place to assess its performance on accessibility for the disabled and on the reduction of carbon footprint through the increased adoption of sustainable resource in its day-to-day operations.

In its effort towards achieving efficiencies and capitalizing on its experience of establishing the Global Service Centre in Malaysia, the Secretariat has considered building centres of excellence for selected non-transactional enabling functions by locating them in high-quality and low-cost locations, such as travel and meeting management in Tunisia, or the EURO business operations in Türkiye. The Secretariat will continue to improve its procurement and supply chain practices, by implementing a range of business transformation projects aligned to the implementation of the new corporate ERP technology. A more integrated approach to supply chain, underpinned by modern technology will reduce inefficiencies in the delivery of supply-related support services to the three levels of the Organization, including for emergency operations.

A new United Nations-wide initiative on vehicle leasing will be trialled, as a cost-reduction measure.

ANNEX 2: BASE PROGRAMMES: APPROVED LEVELS OF GPW 13 PROGRAMME BUDGETS VERSUS PROPOSED PROGRAMME BUDGET 2024–2025, BY MAJOR OFFICE AND OUTCOME (US$ MILLIONS)

Major office/outcome	2022–2023 WHA74 approved Programme budget	2022–2023 WHA75 Revised approved Programme budget	2024–2025 Proposed programme budget	Change compared with 2022–2023 WHA75 Revised
Africa	**1 168.2**	**1 307.9**	**1 326.6**	**1%**
1.1 Improved access to quality essential health services	396.9	416.4	414.7	0%
1.2 Reduced number of people suffering financial hardship	30.6	35.1	42.1	20%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	68.5	74.5	75.2	1%
2.1 Countries prepared for health emergencies	75.2	94.7	112.3	19%
2.2 Epidemics and pandemics prevented	80.1	100.8	139.0	38%
2.3 Health emergencies rapidly detected and responded to	133.6	168.6	141.8	-16%
3.1 Safe and equitable societies through addressing health determinants	30.0	35.6	40.2	13%
3.2 Supportive and empowering societies through addressing health risk factors	40.7	43.5	21.7	-50%
3.3 Healthy environments to promote health and sustainable societies	28.9	34.5	19.2	-44%
4.1 Strengthened country capacity in data and innovation	58.3	67.2	48.3	-28%
4.2 Strengthened leadership, governance and advocacy for health	133.4	144.9	135.6	-6%
4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	92.2	92.2	136.5	48%
The Americas	**252.6**	**292.1**	**295.6**	**1%**
1.1 Improved access to quality essential health services	83.6	88.8	89.8	1%
1.2 Reduced number of people suffering financial hardship	3.7	4.9	5.3	7%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	19.4	21.0	21.3	1%
2.1 Countries prepared for health emergencies	19.9	31.5	32.0	1%
2.2 Epidemics and pandemics prevented	17.5	29.1	29.5	1%
2.3 Health emergencies rapidly detected and responded to	12.5	15.0	15.3	1%
3.1 Safe and equitable societies through addressing health determinants	5.1	6.3	6.4	1%
3.2 Supportive and empowering societies through addressing health risk factors	20.5	21.1	21.4	1%

Major office/outcome	2022–2023 WHA74 approved Programme budget	2022–2023 WHA75 Revised approved Programme budget	2024–2025 Proposed programme budget	Change compared with 2022–2023 WHA75 Revised
3.3 Healthy environments to promote health and sustainable societies	14.4	15.6	15.6	0%
4.1 Strengthened country capacity in data and innovation	14.6	14.6	14.6	0%
4.2 Strengthened leadership, governance and advocacy for health	16.3	19.2	19.5	2%
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	25.1	25.1	25.1	0%
South-East Asia	**426.3**	**480.3**	**487.3**	**1%**
1.1 Improved access to quality essential health services	221.1	233.0	254.4	9%
1.2 Reduced number of people suffering financial hardship	7.7	10.5	7.0	-33%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	26.6	30.3	23.0	-24%
2.1 Countries prepared for health emergencies	18.3	31.7	27.2	-14%
2.2 Epidemics and pandemics prevented	10.7	15.6	9.8	-37%
2.3 Health emergencies rapidly detected and responded to	14.7	22.7	24.4	8%
3.1 Safe and equitable societies through addressing health determinants	6.4	7.6	10.1	33%
3.2 Supportive and empowering societies through addressing health risk factors	17.7	18.3	15.7	-14%
3.3 Healthy environments to promote health and sustainable societies	9.8	11.0	11.7	6%
4.1 Strengthened country capacity in data and innovation	23.2	25.2	23.2	-8%
4.2 Strengthened leadership, governance and advocacy for health	33.6	37.7	40.0	6%
4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	36.5	36.8	40.7	11%
Europe	**320.5**	**360.7**	**363.6**	**1%**
1.1 Improved access to quality essential health services	102.1	107.8	109.9	2%
1.2 Reduced number of people suffering financial hardship	12.6	13.9	12.2	-13%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	14.2	16.0	16.1	1%
2.1 Countries prepared for health emergencies	20.1	32.4	33.0	2%
2.2 Epidemics and pandemics prevented	11.1	14.6	12.7	-13%
2.3 Health emergencies rapidly detected and responded to	17.0	24.8	25.2	2%

Major office/outcome	2022–2023 WHA74 approved Programme budget	2022–2023 WHA75 Revised approved Programme budget	2024–2025 Proposed programme budget	Change compared with 2022–2023 WHA75 Revised
3.1 Safe and equitable societies through addressing health determinants	7.9	9.5	10.5	11%
3.2 Supportive and empowering societies through addressing health risk factors	16.8	17.6	18.3	4%
3.3 Healthy environments to promote health and sustainable societies	21.3	22.9	23.5	3%
4.1 Strengthened country capacity in data and innovation	14.7	14.7	16.5	12%
4.2 Strengthened leadership, governance and advocacy for health	59.5	62.9	61.7	-2%
4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	23.2	23.5	24.0	2%
Eastern Mediterranean	**469.6**	**609.8**	**618.4**	**1%**
1.1 Improved access to quality essential health services	161.9	170.8	195.4	14%
1.2 Reduced number of people suffering financial hardship	13.0	15.1	12.4	-18%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	14.9	17.7	24.3	37%
2.1 Countries prepared for health emergencies	43.1	90.4	53.5	-41%
2.2 Epidemics and pandemics prevented	32.5	46.0	32.8	-29%
2.3 Health emergencies rapidly detected and responded to	41.2	81.8	94.8	16%
3.1 Safe and equitable societies through addressing health determinants	6.5	7.4	15.3	107%
3.2 Supportive and empowering societies through addressing health risk factors	10.5	11.0	13.2	21%
3.3 Healthy environments to promote health and sustainable societies	9.0	9.9	14.2	43%
4.1 Strengthened country capacity in data and innovation	51.6	68.0	41.2	-39%
4.2 Strengthened leadership, governance and advocacy for health	39.5	45.9	55.3	20%
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	45.8	45.8	66.0	44%
Western Pacific	**352.0**	**403.2**	**408.1**	**1%**
1.1 Improved access to quality essential health services	118.9	125.9	135.9	8%
1.2 Reduced number of people suffering financial hardship	8.8	10.4	10.6	2%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	18.5	20.7	20.3	-2%
2.1 Countries prepared for health emergencies	32.4	45.5	45.0	-1%

Major office/outcome	2022–2023 WHA74 approved Programme budget	2022–2023 WHA75 Revised approved Programme budget	2024–2025 Proposed programme budget	Change compared with 2022–2023 WHA75 Revised
2.2 Epidemics and pandemics prevented	10.3	16.5	14.4	-13%
2.3 Health emergencies rapidly detected and responded to	26.5	36.3	32.5	-11%
3.1 Safe and equitable societies through addressing health determinants	11.8	13.5	8.7	-36%
3.2 Supportive and empowering societies through addressing health risk factors	21.2	22.0	23.3	6%
3.3 Healthy environments to promote health and sustainable societies	24.3	26.0	31.4	21%
4.1 Strengthened country capacity in data and innovation	24.6	27.0	25.3	-6%
4.2 Strengthened leadership, governance and advocacy for health	35.4	40.2	40.4	1%
4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	19.1	19.1	20.1	5%
Headquarters	**1 374.8**	**1 514.3**	**1 468.6**	**-3%**
1.1 Improved access to quality essential health services	348.4	348.4	334.6	-4%
1.2 Reduced number of people suffering financial hardship	24.1	24.1	23.1	-4%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	144.4	144.4	138.8	-4%
2.1 Countries prepared for health emergencies	65.5	105.6	101.5	-4%
2.2 Epidemics and pandemics prevented	69.6	89.0	85.6	-4%
2.3 Health emergencies rapidly detected and responded to	94.1	157.8	151.7	-4%
3.1 Safe and equitable societies through addressing health determinants	28.6	28.6	27.5	-4%
3.2 Supportive and empowering societies through addressing health risk factors	38.0	38.0	36.5	-4%
3.3 Healthy environments to promote health and sustainable societies	55.3	55.3	53.2	-4%
4.1 Strengthened country capacity in data and innovation	183.7	183.7	176.6	-4%
4.2 Strengthened leadership, governance and advocacy for health	168.1	182.9	182.9	0%
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	155.0	156.5	156.5	0%
Grand total	**4 364.0**	**4 968.4**	**4 968.2**	

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