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Konzeptpapier zum Dreizehnten Allgemeinen Arbeitsprogramm der WHO 2019–2023 (Entwurf)

Das vorliegende Dokument dient dazu, den Konsultationsprozess über das Dreizehnte Allgemeine Arbeitsprogramm der WHO 2019–2023 (GPW13) und insbesondere die Messung seiner erfolgreichen Umsetzung einzuleiten. Das GPW13 umfasst den Zeitraum 2019–2023 und dient als strategischer Rahmen für zwei aufeinander folgende Programmhaushalte: 2020–2021 und 2022–2023.

Das Konzeptpapier, in dem erläutert wird, wie die WHO innerhalb des vorgegebenen Zeitrahmens vorgehen will, befasst sich primär mit Resultaten und Wirkungen, orientiert sich an den Zielen für nachhaltige Entwicklung und fördert Fortschritte bei ihrer Verwirklichung, legt Prioritäten fest, folgt einem operativen Ansatz, stellt die Mitgliedstaaten in den Mittelpunkt und ist politisch richtungsweisend.

Der Entwurf des Konzeptpapiers wird zwischen 28. August und 13. Oktober 2017 Gegenstand der Beratungen auf den Tagungen der sechs Regionalkomitees sein. Auf der Grundlage der Beratungen auf den Regionalkomitees und der weiteren Online-Konsultationen wird eine überarbeitete Fassung des GPW13 erstellt und bis 1. November 2017 an die Mitgliedstaaten verteilt.

Nach den Beratungen auf der 142. Tagung des Exekutivrates im Januar 2018 wird davon ausgegangen, dass der abschließende Entwurf des GPW13 der 71. Weltgesundheitsversammlung im Mai 2018 zur Prüfung und Annahme vorgelegt wird.

Keep the World Safe, Improve Health, Serve the Vulnerable

Draft Concept Note towards WHO's 13th General Programme of Work 2019–2023

The election of Dr Tedros was based on five priorities that included both major public health initiatives as well as a transformed WHO. Recognizing that enduring change comes from within organizations, immediately after taking office, the Director-General reached out to all staff at all levels of the Organization to identify initiatives for change. There was a rich response of high quality ideas for change which Dr Tedros reviewed with the Regional Directors. He also received proposals from external partners and experts, and also reviewed the Third Stage Evaluation of WHO Reform.¹

The task now is to organize these ideas into a strategy which will bring coherence to the work at all three levels of WHO. This draft concept note towards WHO's 13th General Programme of Work (GPW) begins the organizing process and proposes a conceptual framework for organizing WHO's work and measuring its success.² GPW 13 will cover the period 2019-2023 and serve as the organizing framework for two Programme Budgets 2020-2021 and 2022-2023 as well as the strategic basis for resource mobilization. In addition, concrete change projects that will engage all WHO staff are currently being developed, based on the proposals from staff and aligned with the Director-General's priorities.

At the time of this writing, we are six weeks into the new leadership of WHO. In light of the issues raised above, both the Officers of the Executive Board (the "Bureau") and Regional Directors recognized and supported the need to move forward with this draft concept note and for "fast-track" approval of GPW 13 in May 2018. This draft concept note is therefore of necessity a preliminary product and will be incomplete. We ask the reader to excuse any omissions.

It is vital that the process be based on consultation. The purpose of this draft concept note therefore is to stimulate discussion and feedback at the Regional Committee Meetings as well as wide consultation with Member States, non-State actors and staff of the Secretariat. Ultimately, GPW 13 will rely on your innovative ideas – and we welcome your feedback.

What does the world need?

In 1918 Spanish Flu killed 50-100 million people. Such an influenza pandemic could happen again. Local authorities battle outbreaks of Ebola, Zika, MERS, and polio. The world needs an organization to prevent, detect and respond to outbreaks so they do not become epidemics – and to finish the job of eradicating polio.

Conflict and natural disasters have devastating health consequences. Often more people die from the health effects – such as cholera or lack of access to essential health services – than from the direct effect. The vulnerable are most hard hit with women and children often bearing the brunt. These crises are a potent driver of mass movements of migrants and refugees. The world needs an organization with

¹ Evaluation of WHO Reform, Third Stage (April 2017).
<http://who.int/about/evaluation/stage3evaluationofwhoreform25apr17.pdf?ua=1>.

² Article 28 (g) of the Constitution of the WHO requires the Executive Board "to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period."

a mandate to coordinate disaster response on health, operate and restore the health system, and support countries to ensure resilient health systems.

Only 60% of the people in the world have access to health care without financial hardship.¹ An estimated 400 million have no access even to essential health services.² The world needs an organization to fight for these people, who are often the poorest, so they can receive access to health services without financial hardship.

The world faces multiple concurrent threats from communicable diseases (such as HIV, TB, malaria, hepatitis and neglected tropical diseases), noncommunicable diseases (such as cardiovascular disease, cancer, lung disease, and diabetes); mental health and substance abuse; and accidents and injuries. Women, children and adolescents are often the hardest hit; threats to children's growing brains in the first 1000 days of life forever limit their potential; and gender inequalities hold back women and girls. Climate and environmental change threatens the progress in health made to date and represents an existential threat. Meanwhile, these challenges affect and are affected by policies and actions in different sectors beyond health. The world needs an organization to provide authoritative advice to governments and the public to help them to provide the most evidence based health services, prevention and promotion.

These global health challenges are not unique to individual countries and there are benefits to collective action. A wide variety of actors are playing important roles in global health. The world needs a trusted organization to coordinate collective action in global health and a governance platform where countries come together to share lessons, engage with non-State actors, and make collective decisions.

All these needs are fulfilled by the World Health Organization (WHO). These scenarios portray WHO's unique Constitutional mandate, role and value as the only international organization in health accountable to all the world's governments. These roles are why WHO exists.

From a historical perspective, it is enlightening to re-visit the WHO Constitution to see how much foresight its founders showed with respect to social justice ("The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition"), social protection ("Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures") and social determinants ("to promote, in cooperation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene"). These values are as important today as they were when first enunciated more than 70 years ago.³

¹ Global health protection crisis leaves almost 40% of the world's population without any coverage. http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_326227/lang-en/index.htm (accessed July 12, 2017).

² New report shows that 400 million do not have access to essential health services. <http://www.who.int/mediacentre/news/releases/2015/uhc-report/en/> (accessed July 12, 2017).

³ Constitution of the World Health Organization (1946) <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>.

What will WHO do differently?

1. **Focus on outcomes and impact**, moving beyond a principal focus on outputs. The last GPW contained a results chain but the measurement focus in practice was more outputs than outcomes or impacts. A focus on impact places people at the centre of WHO's work. WHO will use a measurable results framework and describe with rigor its contribution to outcomes and impact. It is more meaningful to contribute 10% to a drop in maternal mortality than 100% to a maternal mortality action plan (these are not mutually exclusive but the focus of measurement should be on impact first). It is important to note that these outcomes will be a combined contribution of WHO, Member States and partners – and that WHO can do nothing alone, but rather acts in concert with its Member States. An accompanying scorecard will be developed to provide measurable targets for WHO. WHO's results will also be externally reviewed.
2. **Align with and drive progress towards the Sustainable Development Goals (SDGs)**. The last GPW preceded the SDGs but now there is an opportunity to align with this global consensus. There is remarkable alignment of the SDGs with the WHO constitution, which states: "The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States."¹ WHO recognizes that multisectoral action is central to the SDG agenda and many of the health gains come from sectors outside of health, and that health is particularly linked to poverty, environment, rights and equity. Since the world has analyzed global challenges and agreed upon the SDGs, we will not review the context of global health again here.
3. **Set priorities**. Although leadership priorities were developed during the last GPW period, a key lesson is that they must be reflected in the organization's budget. The organization will have the courage to make tough decisions in aligning budgets to priorities. WHO will set priorities based on the clear endorsement by member states of five leadership priorities (health emergencies, universal health coverage; women, children and adolescent health; climate and environmental change; and transforming WHO).² In addition, this plan includes other SDG 3 targets not covered by the five priorities as well as antimicrobial resistance and polio eradication. WHO sometimes finds itself with Member States both asking it to prioritise while at the same time making a wide range of requests on the organization – a fundamental tension that will need to be explicitly recognized and managed in partnership.
4. **Become more operational** especially in fragile, vulnerable and conflict states. A lesson learned during the period of the last GPW: the organization should increase its impact by shifting to a more operational footing. While WHO will become more operational, it will at the same time strengthen its normative and technical functions.

¹ http://www.who.int/governance/eb/who_constitution_en.pdf.

² <http://www.drtedros.com/wp-content/uploads/2017/03/DrTedros-WHOVisionStatement-March2017-DIGITAL-EN.pdf>.

5. **Place countries squarely at the centre of WHO's work.** Results occur at the country level. SDGs are owned by countries and WHO's role is to help countries accelerate attainment of SDG targets. Moreover, as a Member State organization in an era of universal SDGs, WHO recognizes it must add value to all Member States and ensure that its country offices are fit for purpose.
6. **Provide political leadership,** with a strong focus on equity, which is critical for substantial improvements in global health. WHO will fulfil its mandate as the directing and coordinating authority of international health work by strategically and proactively working in partnership with Member States, other international organizations and non-State actors at global, regional and country level. For example, the Director-General recently attended the G20 summit which served as an opportunity to highlight the world's key health challenges to a broad range of political leaders and heads of state.

WHO's vision, mission, strategy

WHO's vision is rooted in Article 1 of its Constitution:

A world in which all people attain the highest possible level of health.

WHO's mission is to:

- ✓ ***Keep the world safe;***
- ✓ ***Improve health; and***
- ✓ ***Serve the vulnerable***

Based on this mission, WHO's strategy through 2023 will be as follows:

Strategic priority	WHO function	Country focus	Outcome / impact target¹
Prevent, detect, and respond to epidemics	Normative, technical and operational	Global	<ul style="list-style-type: none"> ▪ Zero avoidable epidemics ▪ # epidemics stopped saving xx lives ▪ Eradicate polio
Provide health services in emergencies and strengthen health systems	Normative, technical and operational	Fragile, conflict and vulnerable states	<ul style="list-style-type: none"> ▪ Treat xx people ▪ Save yy lives
Help countries to achieve universal health coverage	Normative and technical	Global with focus on equity	<ul style="list-style-type: none"> ▪ Extend UHC to xx people (SDG 3.8)
Lead on health related SDGs including women, children and adolescents; climate and environmental change; communicable and noncommunicable diseases	Normative and technical	Global with focus on leaving no one behind	<ul style="list-style-type: none"> ▪ % of SDG targets on track (SDG 3 plus others)
Provide the world's platform for collective decision-making in health	Governance	Global and regional	<ul style="list-style-type: none"> ▪ TBD (SDGs 16 and 17)

¹ These targets are still under discussion with the relevant WHO Departments.

These strategic priorities are interrelated, non-mutually exclusive, and reinforce each other. For example, the source of a health emergency may be an epidemic, conflict, or natural disaster – and two or even three of these may occur at the same time. Epidemics originate in high- or middle-income countries often where there is contact between humans and animals (like influenza), in fragile contexts (like Ebola) or in areas of conflict or natural disaster (like cholera or polio). A robust emergency response is needed for all hazards – epidemics, natural disasters, accidents, and conflict. WHO is often coordinating the emergency response initially, but may also be operating the health system. Following an epidemic, conflict or natural disaster, WHO may help to rebuild the health system based on the concepts of universal health coverage. Universal health coverage also includes public health preparedness, based on the International Health Regulations, and therefore is critical in preventing outbreaks from becoming epidemics. WHO’s advocacy for and technical assistance with universal health coverage is not limited to emergency contexts and will occur in many countries. Efforts to achieve universal health coverage and its response to health emergencies benefit from WHO’s technical expertise in a wide range of health domains reflected in the SDGs. WHO also provides guidance to all governments, based on its technical expertise and can help achieve SDGs. Finally, all these interrelated activities rest upon a platform of global governance based on decision-making by all Member States, in consultation with non-State actors. These interrelated strategic priorities are described in greater detail below.

Health emergencies: Prevent, detect and respond to epidemics and Provide health services in emergencies and strengthen health systems

Although outbreaks are inevitable, epidemics are preventable. WHO’s goal is to prevent outbreaks from becoming epidemics and prevent excess mortality and morbidity when emergencies occur. Eradication of polio and prevention of antimicrobial resistance rely on a similar approach. WHO will strengthen the capacity of national authorities and local communities to detect, prevent and manage health emergencies taking an all hazards approach – whether the cause is epidemics, natural disasters, or conflict. Health emergencies are often accompanied by mass migration of people, and therefore the health of migrants and refugees is a strong element of this programme. A focus on protection of health systems from collapse and building back better in fragile states brings health emergencies and universal health coverage closely together. A robust response to health emergencies requires a well-integrated programme with active participation of regions and countries.

A results framework has been developed for the health emergencies programme¹ with the following outcomes:

- Health events are detected, and risks are assessed and communicated for appropriate action;
- Populations affected by health emergencies have access to essential life-saving health services and public health interventions
- All COUNTRIES utilize evidence-based risk mitigation strategies for high threat infectious hazards
- All countries assess and address critical gaps, including in International Health Regulations (2005) (IHR) core capacities, to be prepared for health emergencies
- National emergency programmes are supported by a well-resourced and efficient WHO Health Emergencies Programme

¹ <http://www.who.int/about/finances-accountability/funding/financing-dialogue/emergencies-programme-results-framework.pdf>.

Ultimately, the impact goal is zero avoidable epidemics and xx lives saved in emergency contexts (related to SDGs 13.1.2 and 16.1.2 – mortality due to natural disasters and conflicts, respectively), as well as to decrease deaths from antibiotic resistant organisms and to eradicate polio.

Help countries to achieve universal health coverage

WHO will help ensure all people at all ages can access the health services they need without risk of impoverishment, including by encouraging domestic investment in health and strengthening primary health care. Universal health coverage includes health promotion, preventive services, diagnostics, and medicines for communicable and noncommunicable diseases (which are a key driver of out of pocket costs) and curative and rehabilitation services. It builds on a strong understanding of social, environmental and commercial determinants of health, including individual determinants of health such as lifestyle choices, genetics, education, and poverty. Although primarily a focus for governments, there are also strong transnational aspects to universal health coverage since health is central to development; it is a matter of human rights; and without it there is social unrest and migration. WHO believes that universal health coverage is first and foremost a political choice (as countries at various levels of economic development have achieved it), that access to essential health services including prevention is a human right, that countries will find benchmarking their progress against others helpful, and that they will wish to learn from peers.¹

WHO estimates that investments to expand services towards universal health coverage and the other SDG health targets could prevent 97 million premature deaths globally between now and 2030, and add as much as 8.4 years of life expectancy in some countries. Achieving the SDG health targets would require new investments increasing over time from an initial US\$ 134 billion annually to \$371 billion, or \$58 per person, by 2030. Eighty-five percent of these costs can be met with domestic resources, although as many as 32 of the world's poorest countries will face an annual gap of up to US\$ 54 billion and will continue to need external assistance.²

Universal health coverage links with all the other priorities through strong health systems, which are the first line of defence to prevent epidemics. Universal health coverage is the destination on the road map for rebuilding health systems post conflict. And it is the umbrella that brings together the various health related SDG priorities. Helping countries to achieve universal health coverage is based on a fully operational model with WHO actively engaging countries to achieve outcomes (in different ways since there is no one size fits all model).

The impact goal is based on SDG 3.8 (universal health coverage) and WHO, working with all partners including the World Bank, will focus on improving the measurement system for SDG 3.8 and set a target for universal health coverage in terms of number of people covered. Data will require disaggregation for purposes of ensuring equity, which is also a fundamental focus of universal health coverage.

¹ Ghebreyesus TA. All roads lead to universal health coverage. *Lancet Global Health* 2017 [http://thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30295-4/fulltext](http://thelancet.com/journals/langlo/article/PIIS2214-109X(17)30295-4/fulltext).

² WHO estimates cost of reaching global health targets by 2030. <http://www.who.int/mediacentre/news/releases/2017/cost-health-targets/en/>.

Lead on health related SDGs

WHO recognizes that some of the most significant health gains originate in policies from sectors outside of health and in this sense all the SDGs are health related. Moreover, the SDGs are all inter-connected and this is important to remember when evaluating progress on individual targets and indicators. Both strategic priorities above – health emergencies and universal health coverage – rely heavily on WHO’s expertise in health related SDGs. If WHO is to drive progress on SDGs, then WHO’s key performance indicators are the SDG targets themselves, with a valid account of WHO’s contribution to achieving them in partnership with many other actors including individual Member States and partners.

It is worthwhile here to repeat the point made at the beginning of this draft concept note: WHO intends to strengthen its normative functions. WHO recognizes that its normative function is a key source of strategic comparative advantage. For example, over the period of the last GPW, WHO has strengthened the process through which guidelines are developed. At the same time, there are elements of WHO’s normative function that remain to be improved – and a recently completed evaluation of WHO’s normative function will be a very useful guide for improvement.^{1 2} The critical question going forward is how to optimize WHO’s normative function so it has the greatest impact on people and drives progress on SDG targets and indicators.

The priority SDG targets³ which will become the primary focus of WHO’s attention are described below

- Ensure women, children and adolescents survive and thrive. Emphasis will be placed on *Every Woman Every Child* Global Strategy⁴ areas of focus including sexual and reproductive health and rights; empowerment of women, girls and communities; adolescent health and well-being; early child development; humanitarian and fragile settings; and quality, equity and dignity in services. In some countries we must finish the agenda of ending preventable child deaths, and newborn mortality should be a key focus as this has not decreased as much as under-five mortality more generally. WHO could provide support for country implementation. Success will be measured with SDGs 3.1, 3.2, 3.7, 2.2.1, 4.2.1, 5.2 5.3 and 16.2 as well as an established indicator and monitoring framework and online data portal, through the WHO Global Health Observatory, to track country progress.⁵
- By 2030 end epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis. Success will be measured with SDG 3.3.
- By 2030 reduce by one third premature mortality from noncommunicable diseases through prevention and treatment; promote mental health and well-being; strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and

¹ Evaluation of the Impact of WHO publications (2016). <http://who.int/about/evaluation/reports/en/>.

² Evaluation of WHO’s Normative Function (July 2017). <http://who.int/about/evaluation/reports/en/>.

³ Please see here for a listing of the SDG indicators: <https://unstats.un.org/sdgs/indicators/indicators-list/>.

⁴ Every Woman Every Child. The Global Strategy for Women's, Children's, and Adolescent's Health (2016-2030). New York: Every Woman Every Child, Executive Office of the United Nations Secretary-General; 2015; Available from: http://www.everywomaneverychild.org/wp-content/uploads/2016/12/EWEC_Global_Strategy_EN_inside_LogoOK_web.pdf.

⁵ <http://apps.who.int/gho/data/node.gswcah>.

harmful use of alcohol; and halve the number of global deaths and injuries from road traffic accidents. Success will be measured with SDGs 3A, 3.4, 3.5, and 3.6.

- Protect against climate and environmental change. WHO will support national health authorities to better understand and address determinants of health and the effects of climate and environmental change on health; focus on green health facilities; substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination; and improve water and sanitation, and energy. WHO will combat antimicrobial resistance, which arises from misuse of antibiotics in animal and human contexts. In climate WHO will pay special attention to vulnerable communities like small island states. Success will be measured with SDGs 3.9, 6.1.1, 6.2.1, and 7.1.2.

Provide the world's governance platform for health

WHO is the world's governance platform for health and plays a vital leadership role to orchestrate concerted actions amongst a wide range of health actors. Global risks need to be addressed through global collective action and the production of global public goods. WHO's governance platform is the place where this occurs. This governance function is discharged at the global level through the World Health Assembly and its Executive Board and at the regional level through WHO's Regional Committee Meetings, which are informed through the work of a broad range of technical and advisory committees that are convened under the authority of the Organization. WHO is the world's only intergovernmental body covering the full spectrum of health issues.

At the same time, it is recognized that global governance has evolved from intergovernmental governance alone, and WHO is also an emerging platform for multistakeholder (i.e. government, nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions) governance. WHO will also give intersectoral work greater priority since it recognizes that success in tackling most of the challenges facing health development depends on effective engagement of other sectors outside health. Similarly, the global governance of health is increasingly extending to the level of heads of states and government and in many cases, and discussions and decisions also involve the United Nations General Assembly.

Supporting WHO's governance is a unified management structure where the Director-General works closely with Regional Directors through the Global Policy Group, supported by structures including cross-organizational networks and the integrated management of the health emergencies programme. To further strengthen governance, WHO will more clearly define the roles and responsibilities and inter-relationships among the Executive Board Bureau; Programme, Budget and Administration Committee; Executive Board; and World Health Assembly.

Another key aspect is WHO's role as a platform on which public health conventions, regulations, or frameworks could be negotiated and implemented. This century, the global community made two health-related, legally binding agreements: the Framework Convention on Tobacco Control and the International Health Regulations (2005). These greatly contributed to make this world safer and healthier.

How will WHO deliver on this strategy?

Many strategic plans sit on the shelf. Strategy execution is as important as strategy development. By focusing not only on the “what” but also on the “how”, this strategic plan will be more implementable.

In an earlier section of this paper we have already addressed six operating principles describing what WHO will do differently: focus on outcomes and impact, align with and drive progress towards the SDGs, set priorities, become more operational while strengthening its normative and technical functions, place countries squarely at the centre, and provide political leadership. Moreover, we have also described how each of five strategic priorities will be pursued and supported through normative, technical, operational or governance functions. In this section we expand on these issues with more detail on how WHO will deliver.

Recognizing that enduring change comes from within an organization, many of these new ways of working originated from WHO staff themselves based on the initial call for ideas.

Countries at the Centre: WHO will place countries at the centre of its work. WHO’s country footprint is a key comparative advantage: impact occurs at the country level and countries learn lessons from other countries. However, WHO’s country platform requires a major shift. WHO representatives serve as WHO’s health ambassadors, leaders and managers, combining technical expertise, programme management, advocacy and diplomatic skills. Country strategies should become more demand driven and we will increase the level of programmatic, financial, administrative and management autonomy at country level for effective delivery of the Organization’s work at country level. WHO will enhance the quality of leadership at country level through targeted recruitment and training building upon lessons learned from the best performing country offices and make it more attractive – a new generation of WHO Country Representatives who are strong and effective health leaders and health diplomats . WHO needs its best people at the country level, particularly in the most challenging countries. WHO representatives will also become key partners in resource mobilization for our work at the country level. WHO will focus on its over-arching priorities in all countries – but one size does not fit all. In line with the Secretary General’s focus on reform of the United Nations development system, WHO will strive to work within the United Nations family in support of the country and also heed the overarching spirit of the reforms: less global talk and more local action.

Value for Money: Member States’ contribution to WHO is an investment and thus they are entitled to the best return on their investment, which will be possible through WHO’s focus on providing the best value for money. This strategic plan has measureable outcomes and a scorecard with targets, based on the SDGs, will be developed. This is the foundation of another key focus for how WHO will do business: value for money. The most important aspect of value for money is cost effectiveness. This is simply impact divided by cost. Where more value for money exercises fall down is the absence of clear measures of impact and outcomes to evaluate effectiveness. This strategic plan closes that gap. Of course value for money also means cost-efficiency (outputs divided by costs) and economy. WHO will pay careful attention to these issues and improve them through addressing travel and meeting management, procurement, and other related tools to optimise cost efficiency and economy. WHO believes that all its functions (e.g., operational, technical, normative, governance) can contribute to impacts and outcomes at the country level. It is also recognized that impact and value for money need to go beyond strategy into culture: WHO will develop a culture of results focusing on impact.

Workforce of Excellence: WHO's greatest asset is its people. A motivated, engaged, skilled workforce is the key to WHO's success and impact. While WHO may be diverse across the entire organization, it is not diverse at its Headquarters and in the regions. Beyond its inherent fairness, diversity improves organizational performance in three key ways. First, diversity increases the talent pool. Second, diversity brings new perspectives into discussions and decisions. Third, diversity often brings voices of people with lived experience of the health challenges being addressed into the discussion. To address this diversity issue, the mobility programme will be implemented fairly but vigorously. Enhanced attention will be paid to recruitment and retention of women leaders and nationals from developing countries at senior positions. Moreover, at the moment, WHO's organizational performance is not tightly connected to performance management of individuals working at WHO. The stronger this connection, the more the entire organization is focused on results. WHO will improve its performance assessment to link it more closely with organizational performance. Managerial skills will be enhanced by the use of 360 degree feedback. Engagement with staff in the vision and the values of the Organization will lead to a more respectful and ethical workplace and help WHO enhance its culture of collaboration.

Re-engineering Data Architecture: A culture of results and a focus on measureable outcomes and impact presupposes the availability of data. WHO is the "custodian" of many indicators in SDG 3 but its data architecture must extend to all the indicators mentioned above across several SDGs. Data are collected at the country level and aggregated as global statistics. Building upon *World Health Statistics* and the Global Health Observatory, WHO will improve its data architecture – including acquisition, management, and presentation of data – making this effort more systematic. WHO will better align silo information systems across programmes. WHO will focus strongly on monitoring and evaluating for equity and providing Member States with evidence on where there are gaps and more action is needed. This will require disaggregating data for equity trends including but not limited to gender equality and also further encouraging the collection of disaggregated data. WHO will also exploit cutting edge information technology to provide a platform for data management and visualization and also improve its own approach to knowledge management. It is also recognized that there is a potential for partnerships in data architecture. Finally, re-engineering data architecture should be viewed in accordance with SDG indicators that will be mainly measured at country level. WHO will provide robust technical support to countries to measure SDG indicators and improve national health information systems including civil registration and vital statistics.

Fostering Innovation: WHO will embrace innovation to a much greater degree in several ways – recognizing that ultimately innovation is a desired cultural trait within an organization even more so than a strategy. Innovation – including science and technology, social (e.g. many aspects of service delivery), and business / financial innovation – accelerates the attainment of SDGs.¹ WHO will be a better partner with innovation funders including foundations and innovation programmes of governments. WHO has a comparative advantage in helping promising innovations which have been funded by these partners to integrate into country health systems and to scale and become sustainable.² WHO will continue its critical regulatory role in innovation through pre-qualification of medicines, vaccines and diagnostics as well as in health information through the development of ICD 11. WHO has a role in fostering innovation, identifying priorities and coordinating R&D in specific circumstances such as epidemics and areas where innovation has been lagging. WHO also has a role in

¹ International Development Innovation Alliance. Insight on Measuring the Impact of Innovation (2017). <https://www.globalinnovationexchange.org/resources/insights-measuring-impact-innovation>.

² International Development Innovation Alliance. Insights on Scaling Innovation (2017). <https://www.globalinnovationexchange.org/resources/insights-scaling-innovation>.

capacity building for research and innovation in low- and middle-income countries. In addition, WHO itself will become a more innovative organization and develop an internal challenge mechanism to tap and fund the best ideas from across the organization.

Strengthening health diplomacy, resource mobilization, and communications: WHO has critical external relations functions. It has already been mentioned that WHO will provide political leadership with a particular focus on health equity and that the level of health diplomacy will be elevated in country offices. For this, WHO needs a function akin to the Foreign Ministry of a country to support the Director-General. Other key and related external relations functions include resource mobilization, communications, and partnerships. WHO will bring all these together so they work in a more coherent manner. It is also widely recognized that WHO needs to improve some of these functions in particular resource mobilization and communication. On resource mobilization, as a Member State organization, the WHO Secretariat should not be on one side with Member States on the other. Rather, Member States should raise funds for WHO, and this should occur at a senior political level. WHO will also improve the connection between these external relations functions and programmes, since initiatives like health for all are both political and technical, and of course WHO needs to mobilize resources effectively to fulfil its mission. A strong strategy function for the whole organization linked to a strong measurement framework and the external relations function are two sides of the same coin. The best strategy to mobilize resources is to be clear on the impact to be achieved.

Strengthening and expanding partnerships: WHO exists in an ecosystem of partners who can only achieve the SDG targets if they all work together. These partners include United Nations agencies but also nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions. WHO will use FENSA, which is yet to be fully implemented, as an enabler of responsible and productive partnerships. WHO will strive to work as a good partner, collaborating for synergies, and with a sense of humility.

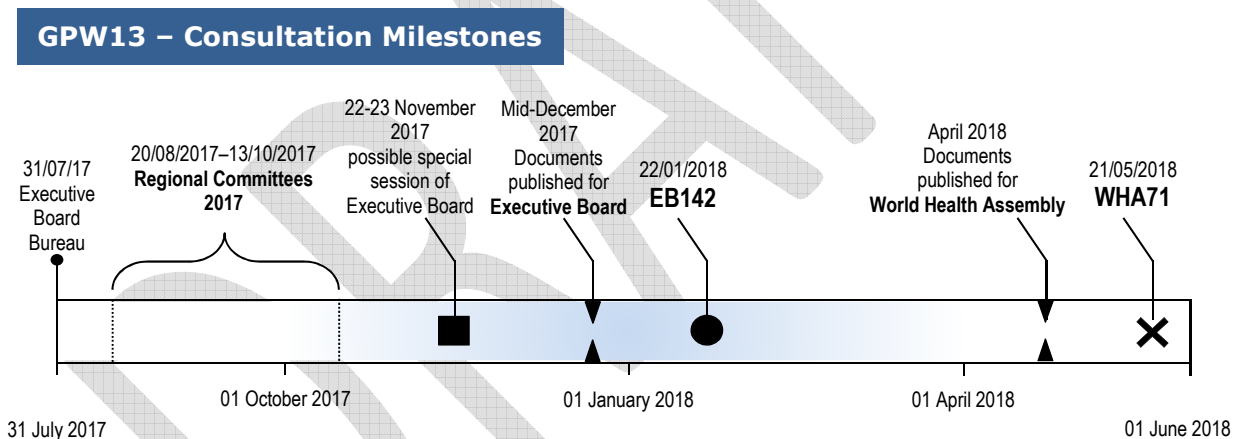
Promoting policy coherence: The SDG's are integrated and indivisible and require a coherent response of the entire system. Therefore WHO will also strengthen its internal coherence between programmes and geographies of the organization. WHO will create incentives for cross-departmental collaboration and disincentives for silo approaches. This will require leadership from the top, cultural change and appropriate management structures and tools. This improved internal policy coherence will also be reflected in more coherent external relations.

Fit-for-purpose administration and management: While recent managerial reforms have resulted in progress in some areas, major elements of WHO's current administration and management are often seen as an obstacle to full efficiency, transparency and accountability in programme implementation. The major elements of WHO administration and management have primarily been built to service a normative, technical organization, with a large degree of adaptation, specification or opting out, and in general employing a risk-averse approach. At the same time, the work of the organization is evolving, with greater emphasis on country-led processes, working in synergy with multiple stakeholders, increased transparency and accountability both internally and to external partners, and the expansion of field-level operational capabilities. There is an urgent need to streamline and improve administrative and management processes to support the new and evolving operating model. This can be achieved through a combined approach of immediate action (focusing on alignment across offices and simplification in key areas) and longer-term action (based upon in-depth analysis and review of policies, procedures, processes, capacities and systems). Consistent with the recommendation of the Third Stage

Evaluation of WHO Reform, the Executive Management meetings will be used to develop implementation plans for recommendations identified during audits, evaluations and reviews.

How will the process of consultation take place?

The proposed goal is to have GPW 13 approved by the World Health Assembly in May 2018. The benefits of this timeline include: (1) rapid pivot from planning to implementation; (2) adopting GPW 13 in time to shape Programme Budget 2020-2021; (3) providing a framework on which to pursue needed resource mobilization in a timely and coherent manner. Naturally, consultation on GPW 13 must be robust. The Secretariat believes the May 2018 goal is feasible. To date, the Bureau and Regional Directors have agreed to support this goal. Robust consultation on the basis of this draft concept note at the Regional Committee Meetings and more broadly through September and October will result in a draft General Programme of Work. Consultation with Member States will continue after the initial discussions at Regional Committees – through WHO country offices and other mechanisms – and robust consultation with partners and other non-State actors will also occur – including a web-based consultation. An additional Executive Board meeting in November 2017 has been proposed to consider the draft GPW and a final draft will be submitted to the January Executive Board meeting. Consultations will occur taking the below statutory deadlines and meetings into account:



Draft Date: August 24, 2017