Photo caption: Nurse attending to a patient in the dengue ward at Mugda Hospital in Dhaka, Bangladesh, September 2023

Photo credit: © WHO / Fabeha Monir

© World Health Organization

All rights reserved.

This health information product is intended for a restricted audience only. It may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means.

The designations employed and the presentation of the material in this health information product do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this health information product is complete and correct and shall not be liable for any damages incurred because of its use.

The purpose of publishing evaluation reports produced by the WHO Evaluation Office is to fulfil a corporate commitment to transparency through the publication of all completed evaluations. The reports are designed to stimulate a free exchange of ideas among those interested in the topic and to assure those supporting the work of WHO that it rigorously examines its strategies, results and overall effectiveness.

This is an independent evaluation published by the WHO Evaluation Office, based on the work done by an independent evaluation team. This publication does not necessarily reflect the views of the World Health Organization.

The text has not been edited to official publication standards and WHO accepts no responsibility for errors.
Evaluation Reference Group

Evaluation Reference Group included the Executive Management at WHO Headquarters, and the following staff from WHO regional and country offices: Francisco Katayama, Coordinator, Planning, Budgeting, Monitoring and Evaluation, WHO Regional Office for Africa

Walter Kazadi, WHO Representative, Nigeria

Arash Rashidian, Director, Science, Information and Dissemination, WHO Regional Office for the Eastern Mediterranean

Ibrahim El-Ziq, WHO Representative, Tunisia

Joana Crespo, Planning Officer, Programme and Resource Management, WHO Regional Office for Europe

Uldis Mitenbergs, Team Leader, WHO Regional Office for Europe Country Support Team, WHO Regional Office for Europe

Nicole Wynter, Chief, Planning, WHO Regional Office for the Americas- Pan American Health Organization

Ian Stein, PAHO/WHO Representative, Jamaica

Atul Dahal, Programme Management Officer, Programme Planning and Coordination, WHO Regional Office for South-East Asia

Paranietharan Navaratnasamy, WHO Representative, Indonesia

Yue Liu, Executive Officer, Office of the Director, Programme Management, WHO Regional Office for the Western Pacific

Angela Pratt, WHO Representative, Viet Nam

WHO Evaluation Office

Anand Sivasankara Kurup, Evaluation Manager

Masahiro Igarashi, Director, WHO Evaluation Office

Riccardo Polastre, Chief Evaluation Officer, WHO Evaluation Office

Independent Evaluation Team (PwC)

Antoine Berthaut, Lead Evaluator

Sangeeta Tikyani

Oksana Kulakova

Marie Hoff

The analysis and recommendations of this report are those of the Independent Evaluation Team and do not necessarily reflect the views of the World Health Organization. This is an independent publication by the WHO Evaluation Office. Any enquiries about this evaluation should be addressed to the WHO Evaluation Office.

Email: evaluation@who.int
Executive summary

Background

Since its inception in 1948, the World Health Organization (WHO) has made significant strides in public health, notably eradicating smallpox, expanding immunization and increasing global life expectancy. To further these achievements and achieve the ambitious health-related Sustainable Development Goals (SDGs), the WHO 13th General Programme of Work (GPW 13) introduced a shift to measurable impact at the country level. However, halfway to 2030, countries around the world have faced significant setbacks in achieving these goals. The coronavirus disease (COVID-19) pandemic further disrupted progress.

GPW 13 outlines how WHO will proceed with its implementation and provides a framework to measure progress in this effort towards the health-related SDGs (SDG 3 - ensure healthy lives and promote well-being for all at all ages, and other health-related indicators in other SDGs). GPW 13 is relevant to all countries, whether low-, middle- or high-income. Health is fundamental to the SDGs, and the role of WHO is becoming increasingly relevant in providing global public goods that help to ensure health for all people. WHO makes broad and sustained efforts to leave no one behind in the shared future of humankind, empowering all people to improve their health, address health determinants and respond to health challenges.

WHO marked its 75th anniversary in April 2023 and began planning for GPW 14. It is now crucial to reflect on past successes and obstacles to inform future health initiatives.

Purpose and objectives

The evaluation was intended for the Secretariat and Member States to learn from the reflection on the implementation of GPW 13, to provide critical inputs for the formulation of GPW 14, and to improve the results framework. It addressed four overarching evaluation objectives.

- Objective 1: to assess the appropriateness of the results framework of GPW 13 in facilitating the achievement of the Triple Billion targets and associated organizational goals.
- Objective 2: to identify the areas of work in which good progress was made by countries in achieving the targets and intended outcomes of GPW 13, and in which challenges were met.
- Objective 3: to assess the extent to which WHO was able to focus on the goals of GPW 13 and analyse the factors that facilitated or hindered their achievement.
- Objective 4: to draw lessons from the analyses and recommendations for action, for the WHO Secretariat and Member States, for sustaining results and for development and subsequent implementation of GPW 14.

Methodology

To achieve the evaluation objectives, the team looked at the formulation of GPW 13; mechanisms to cascade and steer GPW 13; and implementation through Secretariat, Member States and partner structures, complemented by a data-driven decision-making framework. This approach was refined during the inception phase to ensure it was relevant to the WHO context and for the purposes of this evaluation.
During the inception and data-collection phases, the team opted for a mixed-methods approach to collect primary and secondary data. This included an extensive desktop and literature review, engagement with more than 300 internal and external stakeholders through key informant interviews (e.g., with Member State representatives with functions in governing bodies), focus-group discussions (e.g., with Member State regional groups), semistructured questionnaires sent to all Member States and WHO country representatives, and observation of key meetings such as the 29th meeting of the WHO Programme Management Network.

Statistical data on GPW 13 indicators were used to assess Member States’ progress and achievements towards the GPW 13. Six remote country “deep dives” were conducted to review the implementation of GPW 13 at the country level. Bahrain, India, Rwanda, the Solomon Islands and Tajikistan were selected based on stratified random sampling to ensure a variety of country offices and geographies were represented. Sudan was later added to ensure an Emergency 3 protracted crisis situation was also captured.

The evaluation team had iterative interactions with the Evaluation Reference Group, the GPW 14 Secretariat, the GPW 14 Steering Committee and other relevant stakeholders, as required to share working hypotheses, early and preliminary findings, and recommendations. Two Member State information sessions were held at the end of the inception phase and following the data-collection phase.

**Key findings**

**Objective 1: to assess the appropriateness of the results framework of GPW 13 in facilitating the achievement of the Triple Billion targets and associated organizational goals**

- **GPW 13 and GPW 13 theory of change**: the WHO Constitution references, but does not define the GPW, leading to varied practices in terms of positioning the GPW as a corporate strategy for the Secretariat, an institutional strategy for Member States and the Secretariat, a global health strategy for the global health ecosystem, or a combination of these; defining the duration of the GPW; and defining the level of alignment with the term of the Director-General. The evaluation found a need to ensure these choices are coherent and their implications on strategic oversight by Member States are understood. The GPW 13 theory of change is implicit and at best incomplete or potentially misleading, because it focuses essentially on the Secretariat to achieve Triple Billion targets.

- **Robustness of the results framework**: healthy life expectancy (HALE) is a crucial part of the GPW 13 impact measurement, effectively measuring the WHO vision for health and well-being. Setting specific targets for HALE improvement and improving the tracking of the contributions of GPW 13 towards HALE would enhance its use. The Triple Billion approach is innovative in the way it aggregates progress across three strategic priorities into a measure of impacted lives. Although the approach is well documented and consulted, significant challenges in building the indices and making this relatable at the country level have yet to be resolved. Impact is measured in terms of the SDGs, using indicators approved by Member States and World Health Assembly resolutions. The design of outcomes, outputs and indicators is, on balance, acceptable. However, there are issues concerning the coherence and consistency between them, the manner in which countries and regions relate to them, and the methodology for the output scorecard. Qualitative case studies are effective in communicating the work of WHO, but they are time-consuming for staff to produce and do not offer a critical assessment of results. The GPW 13 results framework embeds cross-cutting issues on gender, equity and human rights and enables some disaggregation of data. The potential for disaggregation GPW result could be exploited further.
• **Results accounting and reporting**: some monitoring and evaluation activities occur, but they lack a comprehensive and integrated strategy, leading to misalignment and gaps. Data availability, currency and results reporting practices have been inconsistent throughout the GPW period, and stakeholder feedback is that they are burdensome.

• **Country-level data capabilities**: efforts to improve Member States’ data capabilities under GPW 13 are ongoing, with dedicated support from the Secretariat under the Survey, Count, Optimize, Review, Enable (SCORE) Programme. Substantial challenges remain, however, and additional investment by the Secretariat and Member States is a prerequisite to enable data-driven and impact-oriented approaches.

• **Utility of results reporting**: the utility of GPW 13 reporting at the country level is dependent on alignment with country office needs and national health strategies. Despite commendable efforts by the Secretariat to improve reporting and drive towards data-based decision-making, the evaluation found that the current utility and usage of reporting primarily serve communication and advocacy objectives and marginally accountability, decision-making and learning purposes.

**Conclusions**: consistent with findings of the recent evaluation of results-based-management and internal audit of WHO results reporting, the evaluation found that the GPW 13 results framework, although ambitious and welcomed by internal and external stakeholders, faces significant design issues, data currency problems and limitations to its utility. Although useful for communication purposes, the effectiveness of reporting in supporting accountability, decision-making and learning is currently limited. Improvements within the current results architecture are favoured to maintain continuity, but the extent of challenges should not be underestimated. Substantial improvements and a clear road map for enhancement are required, to integrate planning, monitoring, evaluation and reporting for results-based management.

**Objective 2**: to identify the areas of work in which good progress was made by countries in achieving the targets and intended outcomes of GPW 13, and in which challenges were met.

**Member States’ achievements and challenges on GPW strategic priorities**:

• **Universal health coverage (UHC)**: the service coverage index has stagnated globally between 2019 and 2021, with declines in some regions and countries, indicating uneven progress in health service coverage. Emerging evidence shows increased financial hardship, especially among the poorest, with an uneven recovery after 2020-2021. A notable concern is the higher public spending on national debt over health in developing countries.

• **Health emergencies**: despite progress in preparedness at various levels post-COVID-19, many systems remain inadequate or weakened, with a narrowing window for political action. The pandemic caused significant disruptions in immunization and surveillance. Recovery has been strong but uneven globally. The continuous occurrence of acute and protracted health emergencies highlights the need for improved systems and governance, despite resource limitations.

• **Healthier populations**: progress has been made on water and sanitation, household air quality, tobacco, and, to a lesser extent, on stunting and wasting and road safety. However, challenges persist in addressing overweight children and nutritional issues, with a significant part of the world population unable to afford a healthy diet, and millions still die annually due to inadequate water supply, sanitation and hygiene services, necessitating a significant increase in efforts to
achieve universal health coverage by 2030. The scale of the pervasive impact of environmental change on health is underestimated and not well captured in GPW 13 indicators.

Secretariat strategic and operational shifts

- **Stepping up leadership**: stakeholders acknowledged the Secretariat’s leadership at the global, regional and country levels during the pandemic. There were reservations about the effectiveness of the Secretariat in fostering collaboration between Member States and in addressing challenges such as politicization and financing. Some Member States question the balance between the equity and human rights agenda and the scientific and public health foundations of WHO.

- **Driving public health impact in every country**: the country-focused approach is evident, such as through the piloting of results-oriented approaches or the work of the Action for Results (ARG) group. Progress has been delayed, however, and changes have yet to be institutionalized. The increase in country-level expenditure is more the result of overall budget growth than of the roll-out of a new organizational model. The satisfaction of WHO representatives and Member States on actual effectiveness of regional offices and headquarters in supporting countries is mixed.

- **Focus global health public goods (GHPG) on impact**: the Secretariat has made strides in organizing the delivery of GHPGs, through increased transparency on the pipeline on goods, clearer quality assurance processes across the life cycle of technical products, and some level of prioritization. Consistent with a recent evaluation of normative function at the country level, the evaluation found that there is room for improvement in prioritization, timely delivery of agreed goods, integration between production of goods and their implementation, and monitoring and evaluation of adoption at the country level.

**Conclusions**: the analysis presents a mixed picture of progress and challenges. Member States and the Secretariat have made significant efforts, and progress is observed in several areas. But overall progress towards the GPW 13 goals is stagnating or even going into reverse in some areas. Overall, Member States are off track to reach the health SDG targets. The pandemic exacerbated existing challenges and created new ones, affecting service coverage, financial hardship and emergency preparedness. Recovery has been uneven, and the impact on government finances and trust is significant.

**Objective 3: to assess the extent to which WHO was able to focus on the goals of GPW 13 and analyse the factors that facilitated or hindered their achievement**

- **GPW 13 prioritization challenges**: the global and comprehensive nature of GPW 13 makes prioritization challenging. However, cascading mechanisms and planning frameworks exist and help to balance focus and flexibility in response to varying country contexts and circumstances.

- **Flexibility during the COVID-19 pandemic**: the experience of flexibility in implementing GPW 13 during the COVID-19 pandemic varied across country offices. Although the Secretariat was able to reconfigure itself to respond to the most pressing needs of Member States, balancing the focus on GPW 13 with the need for emergency response flexibility, especially amidst funding constraints and organizational rigidity, proved particularly challenging. The pandemic and other health emergencies catalysed some progress in preparedness and demonstrated the value of
integrated approaches. There are examples of opportunities seized to advance the UHC and healthier population agendas in the pandemic response. On balance, however, the shifts in focus and resources towards emergency response caused deviations from core programmatic activities and impacted overall implementation in other strategic priorities.

- **Factors affecting achievements of Member States and the Secretariat, deviations and challenges**: achievements of Member States and the Secretariat – together with the challenges they face and any departures from planned implementation – are shaped by external contingencies, including the COVID-19 pandemic. They are also influenced by factors that are within their control, such as governance and leadership, financing and resource allocation, collaboration and partnerships, capacity and infrastructure, communication and engagement, and finally, equity and inclusivity. These are of relevance to inform the theory of change for future GPWs, because addressing these enablers and hindrances may require targeted interventions such as those for political commitment, improved funding mechanisms, conflict resolution efforts, comprehensive public health education, and strategic resource allocation.

**Conclusions**: the ability of Member States and the Secretariat to effectively implement GPW 13 at the country level has been tested, particularly in the context of the flexibility demands of the COVID-19 pandemic. The findings underscore the importance of balancing strategic focus with operational flexibility, considering the diverse challenges and contexts of Member States.

The experience highlights the need for WHO in GPW 14 to accommodate unforeseen challenges more adaptively, ensuring better alignment of strategic goals with operational capabilities and resources. The role of external and internal factors, including governance, funding and organizational structures, is pivotal in shaping future successes.

Moving forward, a nuanced understanding of these factors and more agile response mechanisms are crucial for the successful implementation of GPW 14 and future global health frameworks. This requires an ongoing commitment to improving governance, enhancing communication and engagement, and ensuring needs-based equitable resource allocation and collaboration among all stakeholders.

**Objective 4: to draw lessons from the analyses, and recommendations for action, for the WHO Secretariat and Member States, for sustaining results and for development and subsequent implementation of GPW 14**

**General conclusions**:

- **Alignment and commitment need**: GPW 13 highlighted the need for better horizontal alignment between the Secretariat, Member States and partners at the country level. Although some alignment was achieved, the lack of formal commitment mechanisms on country-level objectives and on legally binding instruments such as a pandemic treaty was noted.

- **Role of data in decision-making**: sound and timely data are crucial for guiding results-oriented actions and accountability. Challenges in data availability and reliability need to be addressed for effective, evidence-driven decision-making at all levels.

A key challenge for WHO leadership and Member States will be to resolve the following tensions:

- **Balancing continuity and disruption**: in terms of continuity, the GPW 13 objectives are still relevant, and many positive changes have yet to be institutionalized. At the same time, the post-COVID-19 environment requires adapting to dynamics affecting global health. This includes
rethinking strategies to better prioritize areas of high impact and aligning commitments across the health ecosystem.

- **Short-term and long-term focus**: focus is required on resolving immediate pandemic impacts, most notably on immunization, mental health and the health workforce; and building frameworks for future preparedness before political momentum fades. In the longer term, WHO has a unique role to play in bringing attention and action to address the powerful megatrends affecting global health. A more equitable, sustainable and resilient health environment is at stake.

- **Flexibility and results orientation**: a balance needs to be found between the required flexibility in responding to changing health circumstances, and a relentless focus on achieving specific, targeted and measurable health outcomes. Adaptive strategies need to lead to tangible and sustainable improvements in global health.

- **Aligning ambitions with means**: ambitious health goals need to be matched with sustainable and aligned financing. As WHO moves towards GPW 14, it is crucial to secure consistent funding that aligns with prioritized goals and resolve funding imbalances across different areas. Sustained resourcing of the Health Emergencies Programme is paramount, but so is a rebalancing towards healthier populations, which are structurally underfunded but a major contributor to HALE.

### Recommendations

The recommended actions presented below are clustered under three overarching recommendations that are aimed at the Secretariat and Member States. They align with the key evaluation questions under Objective 4.

**Recommendation 1**: to obtain closure on COVID-19 and reset progress towards the GPW 13 objectives, the WHO Secretariat and Member States should prioritize the following short-term actions for the remaining period:

1. **By latest Q2-2024, the Secretariat should seek to bridge the data gap on outcome indicators for which no recent global reporting is available.** This is paramount to get a complete and coherent picture of global health post-COVID-19 and before GPW 14 implementation is initiated. Several global monitoring reports are about to be released and these data should be used. Global health estimates should also be available by then. Where no global monitoring report is forthcoming, alternative sources and approaches should be used. Particular attention should be paid to healthier population indicators which proved hard to analyse in a comprehensive way.

1. **In the next two years, Member States and the Secretariat need to address the immediate and most severe impacts of the COVID-19 pandemic**: immunize high-risk populations, particularly in countries with large populations and with a special emphasis to mitigate the potential resurgence of vaccine-preventable diseases and ensure comprehensive immunization coverage.

   - Mental health — advocate for increased national government financial investment in services to address access and delivery challenges; support training programmes to strengthen human resources; focus on enhancing the quality of services available at the primary care level; and ensure availability of essential medicines.
   - Health workforce strengthening: Member States should consider comprehensive mental support and incentive programmes for health care professionals to tackle the pressing issue of staff
burnout resulting from the COVID-19 pandemic and the loss of skilled health workforce during the pandemic. The Secretariat should provide technical assistance to Member States, where needed, to establish mechanisms for funding, development, mobilization and retention of an effective health workforce, involving key partners.

1.3 Member States and the Secretariat need to seek adequate closure on the COVID-19 pandemic before the political window to do so expires:

- Prioritize leadership attention and support on finalizing the pandemic treaty and adjustments to the International Health Regulations (2005).
- Advance the health emergency architecture.
- Ensure the WHO Health Emergencies Programme can maintain and enhance its capabilities through predictable and sustained financing.
- Focus on enhancing preparedness at the country level and sustaining improvements and capabilities developed during the COVID-19 pandemic.

Recommendation 2: WHO should build on GPW 13 and its learnings to ensure that GPW 14 will be an effective results-based strategic instrument

2.1 In formulating GPW 14, the Secretariat and Member States should ensure that it is positioned as an effective instrument to foster increased coherence and collaboration in global health:

- Leverage GPW 14 as an agenda-setting instrument for Member States, the Secretariat and partners, ensuring that it does not focus only on the Secretariat; the process of consultation is inclusive; and mechanisms for stakeholders to commit to its implementation are considered (e.g. adoption of HALE targets at the country level, SDG localization efforts at the country level, and more explicit reference and efforts to align to GPW in national or partner strategies).
- Differentiate between what is acknowledged as an important area of work and the four to six critical narrowly defined strategic priorities that, if implemented, will make a disproportionate contribution to global health. This is where leadership attention will be provided, funding opportunities directed, and budgets scaled up. The Secretariat should develop ways to report on the share of the budget going to these narrowly defined strategic priorities, and Member States should ensure a greater share of the budget is progressively allocated to them.
- Develop an explicit, comprehensive and coherent theory of change that articulates the challenges at stake, enablers and barriers, key actions and changes required, intermediate and final outcomes, and the roles of key stakeholders. The Secretariat should pay particular attention to articulating between outputs, intermediary outcomes and final outcomes; and embedding these linkages in its results-based-management approach; and articulating its specific unique and relevant contribution.
- Ensure GPW 14 is adaptable by having more explicit considerations of risk and contingencies that may affect its execution.
- Articulate a monitoring and evaluation strategy for GPW 14.

2.2 In formulating GPW 14, the Secretariat and the Member States should consider the following four areas as possible priorities for inclusion in GPW 14:
• Build resilient health systems - long-term investment in health infrastructure, workforce development and technology is crucial. This encompasses not only physical resources, but also policies and practices that make health systems more adaptable and resilient to future crises.

• Global health equity and access - addressing inequalities in health access and outcomes should be a central focus. This includes ensuring equitable access to health care services and safe, effective, quality-assured health products (including, medicines, vaccines, medical devices, diagnostics, assistive products, blood and blood products, and other products of human origin), irrespective of geography, economic status or other social determinants of health.

• Climate change and health - developing strategies to mitigate and adapt to the health impacts of climate change is a critical long-term priority. This includes understanding the health risks associated with climate change and implementing measures to address these risks.

• Preventive health, chronic disease management and public health education - a critical long-term priority is to shift from reactive to preventive health care, which encompasses promoting healthy lifestyles, effective management of chronic diseases, and investing in preventive measures such as screenings and vaccinations. Integral to this shift is enhancing public health education and awareness. Educating the public about health risks, preventive practices and healthy behaviours is essential for empowering people to make informed health decisions and fostering a health-conscious society. This approach not only addresses immediate health concerns, but also helps in the prevention of future health issues by creating a more informed and proactive population.

2.3 The Secretariat should strengthen its results framework, accountability for results and managing of results by implementing the recommendations already formulated in the 2023 evaluation of results-based management. The Secretariat should also:

• consider targets for HALE and linking HALE to outcome indicators and the Triple Billions targets;
• further align the Triple Billion targets to the SDGs and implement identified improvements to indicators and indices;
• ensure results are also reported by equity dimensions;
• seek more integration and streamlining of existing results frameworks across different segments of the programme and budget; planning guidance and activities initiated by different departments in headquarters; workplans; and key performance indicators (KPIs) used in regions and globally;
• ensure outputs are formulated in a way that countries can relate to in a meaningful way;
• ensure sufficient consistency is preserved in results indicators to allow trending.

2.4 The Secretariat should ensure that reporting is useful, usable and used at the country level. The Secretariat should pivot the approach to reporting from being primarily driven by corporate reporting needs to a cockpit approach that can be used at the country level and that clearly ties together ongoing monitoring and results reporting. The goal should be to develop reporting templates and practices that:

---

allow the users to clearly identify and allow implementation tracking against agreed country priorities, whether they are acceleration plans or country cooperation strategies;

- can be used as the basis for delivery stocktakes and monitoring and evaluation;

- can be an instrument with which WHO country offices can engage with national governments as part of policy dialogue, review of service delivery and accountability to Member States.

2.5 As a requisite enabler for the above, Member States and the Secretariat should get their data foundation right by focusing on improvements to data collection and data management. As WHO embraces data-driven approaches, the Secretariat should:

- further scale up its support to build Member State capacity to track and report on key health indicators;

- strengthen its own data collection and analysis capabilities, notably at the country and regional levels;

- ensure any new indicators can be tracked through routines systems or country-recognized platforms;

- set key performance indicators (KPIs) on data quality with targets for improvements on WHO core metrics to assess whether progress is sufficient.

To improve the quality and timeliness of Member State reporting on national indicators, Member States should:

- be reminded of their obligation under Articles 61 and 62 of the WHO Constitution to share relevant data in a timely manner;

- ensure they invest sufficiently to build up their national health information capabilities.

Recommendation 3. The Secretariat should renew efforts to institutionalize changes underway and reap the benefits of strategic and operational shifts:

3.1 The Secretariat should scale up, mainstream and integrate its approach to delivery of results:

- Fully integrate results-based approaches and tools into programme and budget processes, manuals and instructions. Over time, results-based-management and delivery for impact should become synonymous and be supported by proper theories of change.

- Ensure alignment between country cooperation strategies and acceleration plans.

- Build up analytical capacity at the regional and country levels.

- Clarify the respective roles and responsibilities of the Planning Resource Coordination and Performance Monitoring Division, Country Strategy and Support Division, and Data Analytics and Delivery for Impact division in planning, monitoring and reporting to improve coherence and avoid duplication.

- Reposition the role of the Delivery for Impact (DFI) unit at Headquarters in developing and disseminating DFI analytical products and packages internal capacity-building, focused selective support in advancing GPW 14 strategic priorities and major acceleration scenarios.

3.2 The Secretariat should further improve the prioritization, production and integrated delivery of technical products. It should implement the recommendations of the 2023 report Evaluation of WHO
Normative Function at Country Level, including sufficient and consistent feedback mechanisms from countries and users, taking into consideration, at the country level, that these products require adaptation to local contexts. The Secretariat should start by enforcing more stringent upfront prioritization of technical products based on strategic importance and feasibility.

3.3 The Secretariat should further align its operating model to ensure it is fit for purpose to enable strategic shifts:

- Empower WHO country offices and Secretariat mechanisms such as output delivery teams (ODT) through adequate administrative and technical resourcing to support the work; financial allocation for the ODT/country office representative to incentivize collaboration; and delegation of authority.
- Align and optimize the Secretariat operating model by refreshing the definition of the Secretariat’s core functions and the related division of labour between the three levels of WHO; aligning resource allocation and staffing accordingly; and ensuring that duplication of work between each strategic priority is eliminated and that new silos are not created.
- Optimize within each level and redeploy between levels through the mobility policy and workforce planning.

3.4 The Secretariat should ensure organizational development is deliberate, systematic, well architected and coordinated:

- Adequately resource organizational development and transformation functions and initiatives.
- Articulate the change management plan underpinning GPW 14.
- Ensure a process exists to consolidate recommendations for improvements stemming from multiple oversight functions and ensure the resolution of these is effectively and efficiently channelled into change management plans.

3.5 Member States and the Secretariat should renew efforts to improve the quality, predictability and alignment of financing to strategic priorities:

- Implementing planned increases in assessed contributions.
- Fund GPW 14.
- Balance financing among the three billion, notably regarding healthier populations.

3.6 Before the formulation of the WHO Fifteenth General Programme of Work (GPW 15), the WHO Secretariat should establish a phased strategic planning process. This process should start well in advance by an evidence-driven situation analysis, mid-term evaluation of GPW 14 and choices on the positioning of GPW 15. It should then be followed by an assessment of strategic options leading to an agreement on strategic priorities. Only then should the results framework be defined. As a last step, the implications of GPW 15 on financing needs, organizational alignment, and programme and budget planning should be defined.

---