Management Response

Evaluation Title	**Evaluation of WHO 13th General Programme of Work**
Commissioning Unit	**WHO Evaluation Office**
Link to the evaluation	**Report**; **Annexes** **Brief**
WHO biennial evaluation work plan	**Organization-wide Evaluation Workplan for *2022-2023***
Unit Responsible for providing the management response	***HQ/GPA (coordinating across the Organization)***

Overall Management Response: Accepted

A77/16; **PBAC report to WHA77 A77/34**; **resolution WHA77.1**

WHO welcomes and accepts the recommendations arising from the evaluation of the Thirteenth General Programme of Work (GPW 13), which examined the relevance, effectiveness, efficiency and impact of the Organization's work in delivering on its strategic objectives and supporting Member States in achieving better health outcomes.

The evaluation of the 13th General Programme of Work (GPW 13), 2019–2023, was the first evaluation of a WHO GPW. As a formative evaluation, it was intended to support both the Secretariat and Member States in learning from the design and implementation of GPW 13, and to provide critical inputs for the development of GPW 14, including its results framework and theory of change.

During the development of GPW 14, as the independent evaluation of GPW13 was being finalized, mechanisms were established to facilitate the timely transfer of emerging insights from the evaluation team to the WHO Secretariat coordinating the GPW14 process. While fully preserving the independence of the evaluation, this enabled evaluation evidence and lessons learned to be considered during the development of GPW14, including through 25 references to the completed evaluation in the final document.

Finally, many of the recommendations of this evaluation are closely aligned with those of other recent WHO evaluations completed by end-2023, including the evaluations of results-based management and WHO's normative function at country level. Their implementation will be pursued in a complementary manner to ensure coherence and reinforce progress across related agendas.

Management Response Status	*In Progress*
Date	20 July 2026

Recommendations and Action Plan

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

1.1 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.

1.2 In the next two years, Member States and the Secretariat need to address the immediate and most severe impacts of the COVID-19 pandemic These include:

- immunizing 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 — by advocating 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; and
- 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 adequate closure on the COVID-19 pandemic before the political window to do so expires

This involves:

- prioritizing leadership attention and support on finalizing the pandemic treaty and adjustments to the International Health Regulations (2005);
- advancing the health emergency architecture;
- ensuring that as it morphs back to “the new normal” the WHO Health Emergencies Programme can maintain and enhance its capabilities through predictable and sustained financing; and
- continued focus on enhancing preparedness at the country level and sustaining improvements and capabilities developed during the COVID-19 pandemic.

Management response	Accepted			
Status	*Implemented*			
Key actions	*Responsible Unit(s)*	*Timeline*	*Status*	*Comments*
Address data gaps in impact measurement framework for outcome indicators for which no global reporting is available (1.1)	HSD/DDA	Q2 2024	Implemented	Data availability was strengthened during the development of the GPW 14 results framework (2023–2024) through clearer baselines, metadata and indicator feasibility criteria. This was complemented by refinement of outcome indicators based on data coverage, increased reliance on SDG data sources, and strengthened analytical and

				monitoring tools to improve data completeness and use (see WHO results framework: delivering a measurable impact in countries. Technical paper. Geneva: World Health Organization; 2024, GPW 14 Outcome Indicators and Programme Budget Digital Platform for details).
Develop tailored **immunization strategies for high risk populations** in light of residual impact of COVID-19 pandemic (1.2)	PPC/IVB	Q4 2025	Implemented	WHO, together with UNICEF and Gavi, led the Big Catch-Up to restore performance and accelerate immunization coverage following pandemic backsliding, delivering over 100 million vaccine doses to ~18 million children across 36 countries, including large numbers of zero-dose children. This was supported by a US$280 million investment, activated by the Gavi Alliance, to support vaccine procurement and technical assistance in low-income settings. GPW 14 positions immunization as a core delivery platform within UHC and PHC, reflected across Strategic Objectives 3, 4 and 5, treating it as a flagship prevention intervention, health system performance tracer and global public good linked to equity, resilience and health security. It emphasizes recovery, equity and expanded access, consistent with Immunization Agenda 2030 (IA2030), and supports the use of vaccination as a routine preventive intervention and emergency tool. Core WHO commitments, reflected in GPW 14, include recovery of coverage (especially zero-dose children), full implementation of IA2030, scaling new vaccines, driving elimination/eradication agendas (measles, polio), integrating immunization in PHC and life-course services, strengthening vaccine access systems, using vaccination for preparedness and outbreak response, improving data, digital tools and equity tracking, and addressing vaccine demand, trust and misinformation.
Provide WHO normative and technical support to countries for addressing **mental health** impacts of the COVID-19 pandemic (1.2)	PPC/NMH	Q4 2025	Implemented	In 2024 and 2025, the Secretariat supported multistakeholder processes culminating in "Strengthening mental health and psychosocial support before, during and after . . . emergencies" (WHA 77.3) and the UNGA "2025 Political Declaration on NCDs and mental health", marking the strongest global mandate for mental health action to date. By Q4 2024, the WHO Special Initiative for Mental Health supported 9 countries to expand access to services to 72 million people, strengthening mental health within UHC. This number increased to 90 million by Q4 2025. The Comprehensive mental health action plan 2013–2030 calls for 80% of countries to have incorporated mental health and psychosocial support into disaster risk management and preparedness by 2030.

				By 2025, 48% of countries had done so (up from 28% in 2019) – and is driven by capacity-building, including WHO's new multisectoral simulation Build Better Before exercises in 2024 and 2025.
Provide normative and technical support to countries for funding, developing, mobilizing and retaining an effective **health workforce** (1.2)	ACD/HWF and WHE	Q4 2025	implemented	WHO developed a standardized measurement and reporting framework to assess the multidimensional impact of COVID-19 on health and care workers, including infections and deaths, mental health conditions, and industrial action and strikes related to deteriorating working conditions. WHO also conducted systematic evidence reviews and issued policy guidance to inform pandemic response measures, including occupational health and safety, infection prevention and control, adequate personal protective equipment, manageable workloads, and mental health and psychosocial support. The Global Health and Care Worker Compact, adopted through WHA75.17, provided a global framework to advance health worker rights, protection and working conditions, including in emergencies. In addition, more than 100 countries were supported to strengthen workforce capacity, mobilize additional personnel, improve deployment strategies and undertake surge workforce planning to meet increased demand, including for COVID-19 vaccination campaigns. WHO developed tools to estimate workforce requirements and support workforce and resource planning while minimizing disruption to essential health services, and monitored vaccination uptake among health and care workers, including global inequities in coverage. These efforts were complemented by the establishment of a dedicated WHO workstream to strengthen the public health workforce in partnership with associations, institutions and schools of public health as represented by their national, regional and international bodies. The work focusses on strengthening national workforce capacity to deliver the essential public health functions by defining the functions and services, competency-based education and mapping and measurement of occupations. The WHO Health Emergencies Programme established core emergency preparedness and response capacities for National Public Health Agencies (NPHAs) including the public health workforce. WHE strengthened its normative leadership by developing strategic guidance and frameworks to support emergency health workforce strengthening. This included for example the publication of the *Global health emergency corps framework* in 2025, which provides a common framework for developing, sustaining and deploying a competent

				emergency health workforce across countries. Building on this work, the Programme has also finalized the *Global health emergency corps strategy*. Together, these normative products provide Member States with strategic guidance to strengthen emergency workforce capacity, preparedness, resilience and surge capability across the emergency management cycle. WHE provided technical support to Member States to strengthen emergency health workforce capacity, including the development and deployment of emergency medical teams, rapid response teams and other surge capacities. WHO also developed and disseminated technical guidance and training materials on emergency workforce readiness, clinical management, infection prevention and control, and incident and emergency operations. See also WHA78.16 (2025) Accelerating action on the global health and care workforce by 2030.
Provide secretariat leadership and support for Member States to advance the health emergency architecture and finalize the INB and adjustments to the International Health Regulations (2005) and Pandemic Agreement (1.3)	WHE	Q2 2025	Implemented	See WHA77.17 (2024) on IHR Amendments and WHA78.1 (2025) on the WHO Pandemic Agreement. See also A78/9 – DG report on strengthening the global health emergency architecture and Results Report 2024 (A78/17), which reflect progress on implementation of IHR amendments (2024) and related strengthening of the global health emergency framework.
Strengthen capacities of WHO's health emergencies programme, especially at country level, including through related efforts to ensure its sustainable and predictable financing (1.3)	WHE with GPA/PAF	Q4 2025	Implemented	The WHO Health Emergencies Programme has been strengthened through implementation of the Health Emergency Prevention, Preparedness and Response (HEPR) framework, expanded country-level operations and surveillance capacities, and enhanced coordination mechanisms. Progress is reflected in DG reports (A78/9, A78/13) and the Results Report 2024 (A78/17), and is further supported by the Independent Oversight and Advisory Committee report (A78/12), which confirms ongoing strengthening of country-level capacities, while continuing to highlight the need for sustained and predictable financing. Since 2022, WHO has institutionalized the annual WHO Health Emergency Appeal, complemented by ad hoc appeals for acute-onset emergencies, as a core component of its emergency financing architecture. Developed through a country-driven, bottom-up planning process, the Appeal translates operational priorities into a consolidated, evidence-based investment framework that strengthens strategic planning, resource mobilization and accountability across all three levels of the Organization. It has enhanced the visibility of priority funding needs, supported more coordinated and predictable donor engagement,

				reinforced country-level resource mobilization efforts, and contributed to more timely financing for emergency response, thereby strengthening the sustainability and effectiveness of WHO's Health Emergencies Programme.

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

This involves the following.

- Leveraging 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).
- Differentiating 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.
- Developing 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.
- Ensuring that GPW 14 is adaptable by having more explicit considerations of risk and contingencies that may affect its execution.
- Articulating 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 are 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 — address 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 —develop 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 individuals 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[1]

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; and
- 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

For this, 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; and
- 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; and
- set 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; and

1 Independent evaluation of WHO's results-based management. Final report. WHO Evaluation Office – January 2023. Geneva: World Health Organization; 2023 (https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-(rbm)-framework-(2023), accessed 12 December 2023).

• ensure they invest sufficiently to build up their national health information capabilities.				
Management response	*Accepted*			
Status	*Implemented*			
Key actions	*Responsible Unit(s)*	*Timeline*	*Status*	*Comments*
Develop GPW 14 through a broad, inclusive consultation process to ensure the strategy reflects the priorities and perspectives of Member States and key stakeholders, prior to its consideration by WHA77 (2.1)	GPW 14 Steering Group	May 2024	Implemented	See WHA document A77/16 (paras 1-4)
Develop GPW 14 with a comprehensive theory of change that clearly articulates challenges, risks, enablers, actions and results pathways, and defines the specific and unique contribution of WHO (2.1).	GPW 14 Steering Group	May 2024	Implemented	See GPW 14 TOC in WHA document A77/16, Annex
Articulate clear key strategic objectives/priorities as the foundation of the GPW14, its theory of change and results framework (2.1 & 2.2)	GPW 14 Steering Group	May 2024	Implemented	The GPW 14 includes, among the priorities reflected in its six strategic objectives and 15 joint outcomes, an emphasis on health systems resilience, global health equity and access, climate change and disease prevention. See WHA document A77/16.
Strengthen the results framework for GPW 14 by clearly articulating linkages between outputs and intermediary outcomes and by implementing related recommendations from the 2023 evaluation of WHO's results-based management (2.1 & 2.3).	BOS/PRP	May 2024	Implemented	See GPW 14 Results Framework in WHA document A77/16 which, as part of its design, put greater emphasis on data availability and measurement feasibility and ensuring linkages. See also related actions reflected in the management response for the Independent Evaluation of WHO's results-based management (2023).
Simplify and streamline WHO's corporate monitoring and reporting to better focus on measurable results and country impact (2.4)	BOS/PRP	Q4 2025	Implemented	WHO has simplified and strengthened its monitoring and results reporting through a single set of output indicators, clearer links between outputs, outcomes and impact, and a more objective monitoring approach focusing on measurable results. For evidence and evolution of these improvements see WHA documents A78/6, A78/17, A78/INF./8, A79/13, A79/15 and A79/INF./5.
Strengthen the GPW 14 data foundation by scaling support to Member States for strengthening country data and health	HSD/DDA with GPA/CSS	May 2024	Implemented	Work to strengthen health information systems and data is taken forward in GPW 14 through the results framework and associated outcomes and outputs (see A77/16; 3.3.1; 7.2.3). This reflects continued

information systems, and by enhancing WHO's country-level data capacities to improve reporting and decision-making (2.5 & 3.1)				efforts to enhance country data and analytics capacity at national and subnational levels (e.g., ANACOD) to strengthen country ownership of data ecosystems, SCORE assessment of 145 MS's HIS capacities as mechanism to strengthen key areas of country HIS, scaling up technical and operational support for Member States in planning robust and resilient digital health systems, implementing contextually appropriate technologies that support national health priorities and strategies under the principles of inclusivity and equity, and digital health systems and the use of data for monitoring and decision-making. A global TAG has also been constituted to develop a reference architecture to help MS's develop resilient, essential data and digital health capabilities to support core health systems functions. WHO has also defined a Core Country Office Model that sets out core capacities across its five typologies of support to countries. Within this model, for example, a Results-Based Management (RBM) function supports translating data into performance and accountability systems and strengthening evidence-based planning and reporting, while a Health Information Management for Emergencies function focuses on the use of real-time health intelligence to support timely detection, analysis, and response in emergency contexts, including continued efforts to enhance and monitor technical capacities that contribute to strengthening country data and analytics (see Action for Results Group, capacities and Output 8.1.2)

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

For this, the Secretariat should:

- fully integrate results-based approaches and tools into programme and budget processes, manuals and instructions. Over time, results-based-management and what the Secretariat has called 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; and
- reposition the role of the Delivery for Impact (DFI) unit at Headquarters in developing and disseminating DFI analytical products and packages; internal capacity-building; and 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 For this, the Secretariat should implement the recommendations of the valuation of WHO normative function at country level (2023),[2] 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** For this, the Secretariat should: • 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 priorities eliminated and that new silos are not created; and • 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** For this, the Secretariat needs to: • 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** This involves: • implementing planned increases in assessed contributions; • funding GPW 14; • balancing financing among the three billions, notably regarding healthier populations. **3.6 Prior to 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.	
Management response	*Accepted*
Status	*In Progress*

2. Independent evaluation of WHO normative function at country level: available at https://www.who.int/publications/i/item/who-dgo-evl-2023-7. Accessed 21.12.2023

Key actions	*Responsible Unit(s)*	*Timeline*	*Status*	*Comments*
Continue work to further strengthen, optimize, and where appropriate streamline, relevant corporate instruments and processes for planning, budget, monitoring and reporting, and prioritization (3.1).	BOS/PRP with GPA/CSS & HSD/DDA	Q2 2026	Implemented	See related actions reflected in the management response for the Independent Evaluation of WHO's results-based management (2023). The 2023 CCS Guide and 2028–29 Programme Budget planning guidance emphasize strategic dialogue with Member States, UN partners and collaborating entities to identify priorities aligned with WHO's GPW, One UN/UNSDCF and national health strategies, to avoid the need for multiple prioritization exercises. The biennial report on "WHO presence in countries, territories and areas" has been optimized through strengthened alignment with complementary corporate instruments, including the Results Report, Programme Budget Portal, Country Health Data Overviews, and the Global Progress Dashboard. Notably, in 2025, the report was, for the first time, delivered as a fully web-based online publication, enhancing accessibility and integration with other digital WHO information. The "Profiles of WHO Offices in countries, territories and areas" provide key standardized information and are intended to enhance transparency and improve access to consistent information on WHO's presence.
Further strengthen the prioritization, production and integration of WHO technical products at country level by taking forward the management response to the 2023 evaluation of WHO's normative function at country level (3.2).	SCI/SFH	Q4 2024	Implemented	See related actions reflected in the Management Response for the Evaluation of the WHO Normative Function at Country Level.
Take forward work to strengthen WHO's operating model by empowering country offices, optimizing roles across the three levels, and enhancing workforce agility to better align capacity with priorities and improve coherence (3.3).	BOS/PRP with GPA/CSS & GPA/TIC	Q1 2026	Implemented	Related efforts under the WHO Transformation Agenda and the Action for Results Group to optimize roles, strengthen country offices and enhance delivery for impact were taken forward under GPW 14 (Outcome 8.1; Output 8.1.1). Building on lessons learned and related evaluations, enhanced Output Delivery Teams, with streamlined coordination, thematic groupings and senior management oversight, were introduced for GPW 14 to

				further support alignment of capacities with priorities and improve coherence across the three levels. Building on the Core Predictable Country Presence initiative, WHO has advanced the Core Country Office Model (CCOM), a functions-based approach that defines the minimum capacities for country offices, helping to achieve an effective, efficient, empowered and results-focused country presence. A 2026 global baseline exercise now tracks progress on core capacities and informs workforce planning, budget reviews and GPW 14 reporting (Output 8.1.2). In parallel, the enhanced 2023 Delegation of Authority (DoA) to WHO Representatives has been broadly reinstated following the 2025 efficiency measures.
Carry forward actions under GPW 14 to strengthen organizational development and transformation, including improved coordination of learning and adaptation and more systematic use of insights from oversight and organizational learning processes (3.4)	BOS/PRP, BOS/HRT, GPA/IOS & GPA/TIC	Q4 2025	Implemented	This direction was reinforced in GPW 14 through strengthened results-based management and performance assessment (Output 7.1.3), enhanced accountability and organizational learning mechanisms (Output 8.1.3), and a focus on institutionalizing organizational change and workforce capacity (Output 8.1.1). It was operationalized under Programme Budget 2024–2025 through more integrated planning and reporting and stronger feedback loops (see WHO Results Report 2024-2025 for details).
Advance sustainable financing for WHO, while strengthening the predictability, flexibility and alignment of financing with strategic priorities and supporting the full resourcing of GPW 14 (3.5)	GPA/PAF with BOS/PRP	Q4 2028	Ongoing	This agenda was advanced by the implementation of agreed increases in assessed contributions (see WHA75(8)), with the first applied in the Programme Budget 2024–2025 and the second approved in May 2025 as part of the Programme Budget 2026–2027 (see WHA78.2). It was also advanced through the development of a GPW 14 focused investment case and the WHO investment round, which mobilized over 1.97 Bn US$ including over 60% in fully flexible and thematic pledges from 82 partners for 2024-28. With 41 first time contributors to WHO Base segment, the Investment Round helped broaden the WHO donor base and strengthened high-level political support for the full financing of GPW 14.
Ensure that the development of GPW 15, including further refinements to its results framework, is evidence-based and informed by lessons learned	DGO	Q4 2027	Not started	..

from GPW 14, and relevant evaluations, as appropriate and that, when developed, financing needs, organizational alignment and programme and budget implications are reflected (3.6).				

For further information about the evaluation, please contact the WHO Evaluation Office evaluation@who.int

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