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# Delivering Results

How WHO is driving a measurable impact in countries and accelerating towards a healthier world for all.

# Delivering results

Even in the face of several global challenges, we have a renewed opportunity to strengthen country capacity and accelerate progress towards achieving the health-related Sustainable Development Goals (SDGs) and Triple Billion targets.

In 2022, the Seventy-fifth World Health Assembly agreed to extend the Thirteenth General Programme of Work (GPW 13) from 2023 to 2025. The rationale and proposed actions for the GPW 13 during this extension are the result of Member States' valuable contributions and suggestions.

Measurable impact remains at the heart of GPW 13. During this period, WHO leadership will intensify its support to countries. Using the Triple Billion targets as a basis, they will set goals reflecting countries' specific public health priorities, ensuring a menu of policy options that can be used by all Member States.

For example, the healthier populations billion could address commercial determinants of health. Universal

health coverage might focus on primary health care, sustainable financing or leading causes of death. Health emergencies protection may prioritise rapid response capacity, vaccination or surveillance.

Delivery is about building a more effective organization. And everyone benefits when we are more responsive to country needs. Progress can be documented and shared with other Member States. Meanwhile, Stocktakes can be taken up at every level to measure this progress.

By uniting all elements of WHO's existing delivery framework – the GPW 13 strategy, a delivery for impact approach, the Programme Budget, reporting and delivering results – we have a model for using our resources to best accelerate progress. It will ensure that the Programme Budget 2024–2025 delivers with accountability, transparency, and efficiency.

Much faster – and much greater – sustained progress remains within reach.

## Progress on the Sustainable Development Goals and Triple Billion Strategy

The UN Sustainable Development Goals remain the central framework for measuring progress and delivering impact. Several health-related SDG indicators and other health measures underpin the GPW 13 Triple Billion strategy, which has made significant progress in improving global health since 2018. But significant gaps remain.

Despite progress since the 2018 baseline, both the healthier populations and universal health coverage billions are currently lagging behind their respective

targets. The health emergencies protection billion is on trajectory to meet its original goal, but the COVID-19 pandemic has exposed the need to expand this billion to cover the global population.

Using the insights provided by regular country Stocktakes, we have identified acceleration scenarios for each of the Triple Billion targets that could substantially close outstanding gaps over the next three years.

# Alignment with WHO's five priorities

The GPW 13 extension maintains the alignment with WHO's five priorities, which define a structure for accelerating progress, and provides strategic direction for the Proposed programme budget 2024–2025.

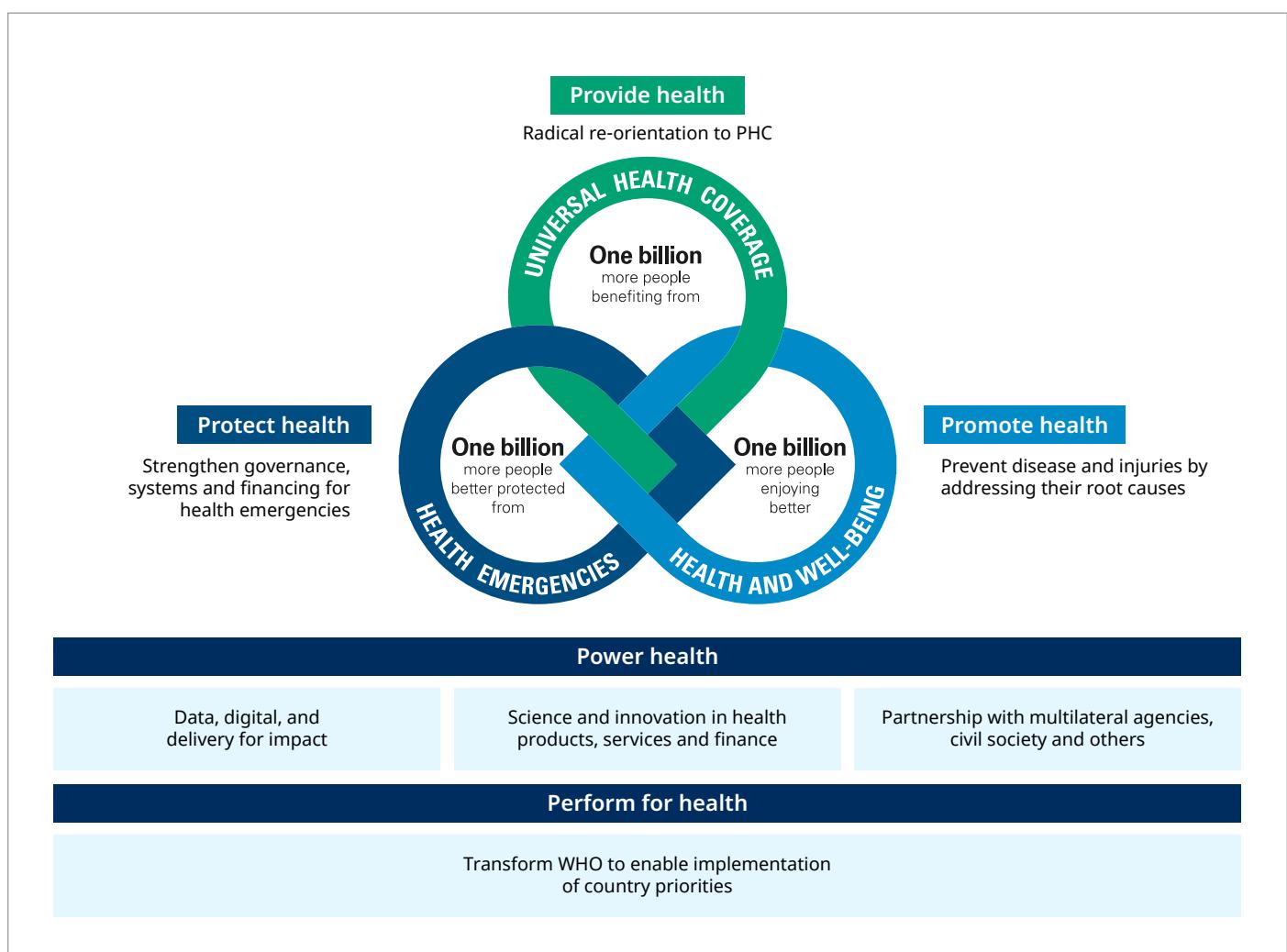
It also aligns the General Programme of Work with the planning cycle of the United Nations. WHO's five priorities are:

1. Support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes
2. Support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage
3. Urgently strengthen the systems and tools for health emergency preparedness and response at all levels

4. Harness the power of science, research, innovation, data, delivery and digital technologies as critical enablers of the other priorities
5. Urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture

The first three WHO priorities are aligned with each of the Triple Billion targets. The fourth and fifth priorities represent the strategic functions of a more effective WHO providing better support to countries.

The proposed actions for the GPW 13 during its extension period also focus on scaling up of high-impact interventions. These will be driven by data, evidence and country priorities in order to deliver faster progress at country, regional and global levels.



# Countries on an accelerated track

Measurable impact in countries is our path to accelerating progress.

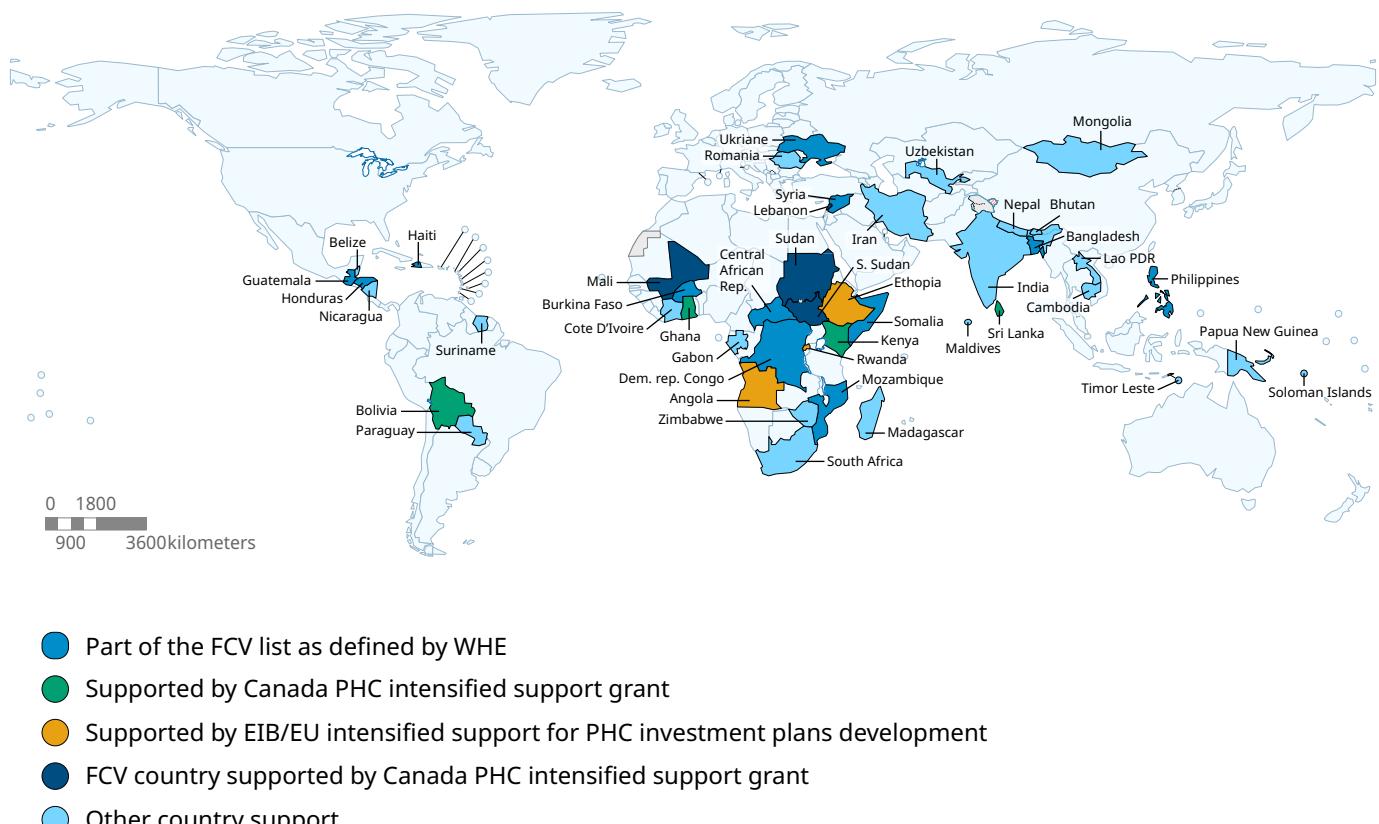
This involves implementing integrated data-driven delivery approaches, promoting integrated platforms, applying digital health and ready-to-scale-up innovations, incentivizing partnerships and multisectoral collaboration, and obtaining innovative financing for public health.

In aid of accelerating country-level support, WHO introduced the 100-day challenge to achieve faster progress on delivering impact in countries.

This time-bound programme sets specific health priorities for each participating country, identifying priority health areas and setting goals that will narrow the gap towards the Triple Billion targets. Nine country offices have been championed so far: Bahrain, Dominica, Iran, Moldova, Nepal, Rwanda, Tajikistan, Vietnam, and Zambia.

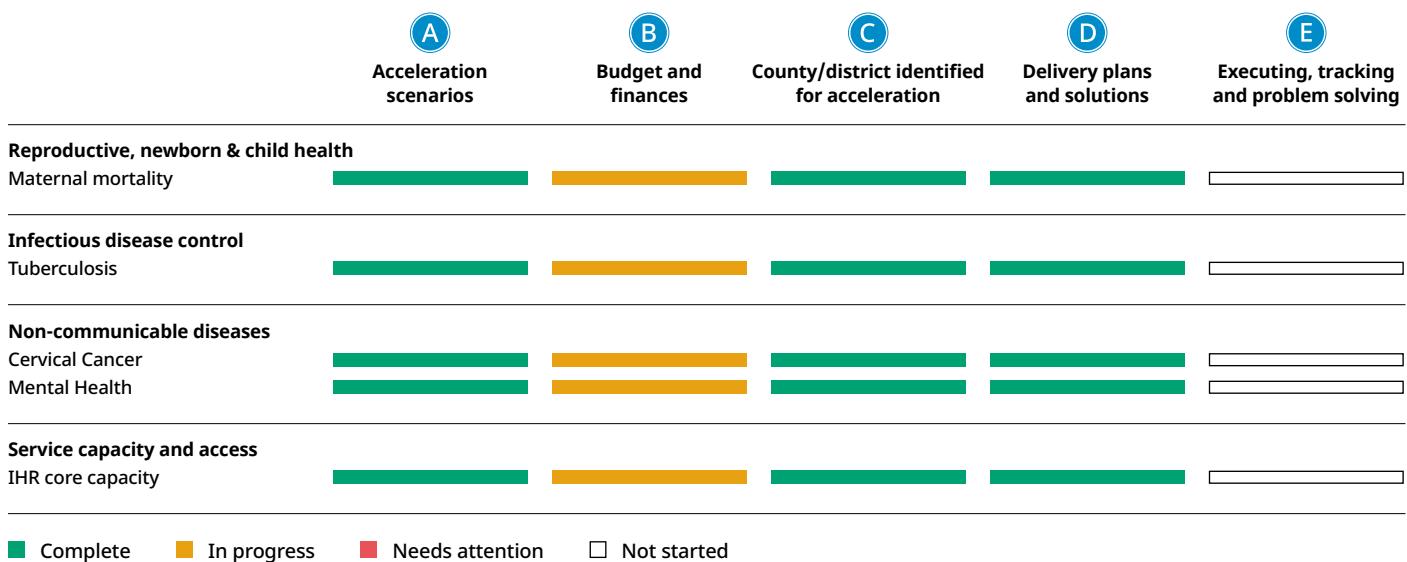
For the programme budget 2022–2023 a group of 45+ countries have been selected for intensified, three-level, support in the coming year.

## 45+ countries for accelerated support



# Nepal on an accelerated track

**WHO's country office in Nepal is using the Delivery for Impact approach to advance country priorities by driving faster progress.**



As one of the nine champion countries, Nepal is part of a first attempt to make WHO planning more impact-focused.

Nepal identified 19 outputs as priorities during the Programme Budget 2024-25 development process.

Using the 100-day acceleration, Nepal has selected five of these areas to drive measurable impact towards national targets by 2027 with data informed acceleration scenarios.

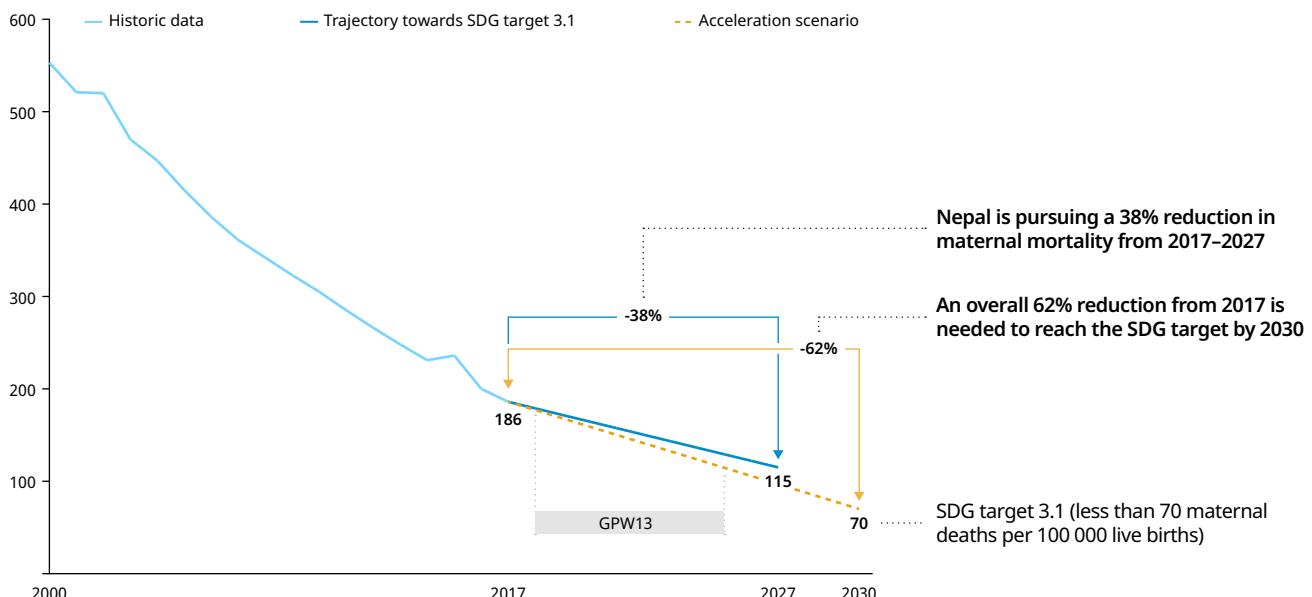
This process was iterative. Priorities were determined through a bottom-up approach, where the country office (CO) determined priorities in consultation with the ministry of health, regional office and HQ.

Further specifying the WHO Strategic Deliverables – defining exactly what activities WHO will contribute to – assists this more focused approach.

Maternal mortality is one of Nepal's five priorities. Nepal has made remarkable progress towards reducing the maternal mortality ratio (MMR). In 2000, there were more than 550 maternal deaths per 100 000 live births. In 2017, the ratio was just 186 per 100 000.

## Nepal has achieved remarkable reductions in maternal mortality. But accelerated progress is needed to reach the SDG target by 2030

Maternal mortality ratio in Nepal (maternal deaths per 100 000 live births)



However, accelerated progress and renewed commitment is needed to achieve further progress towards the SDG target, which calls for a reduction in MMR to less than 70 per 100 000 by 2030.

The delivery for impact approach will help reach those objectives. Developing targets and acceleration scenarios allows monitoring of progress. And setting up routines and undertaking active problem-solving will enable the CO to remain on track to achieving its goals.

Nepal is tracking progress in maternal mortality, and its four other priority areas, using a tailored delivery for impact dashboard.

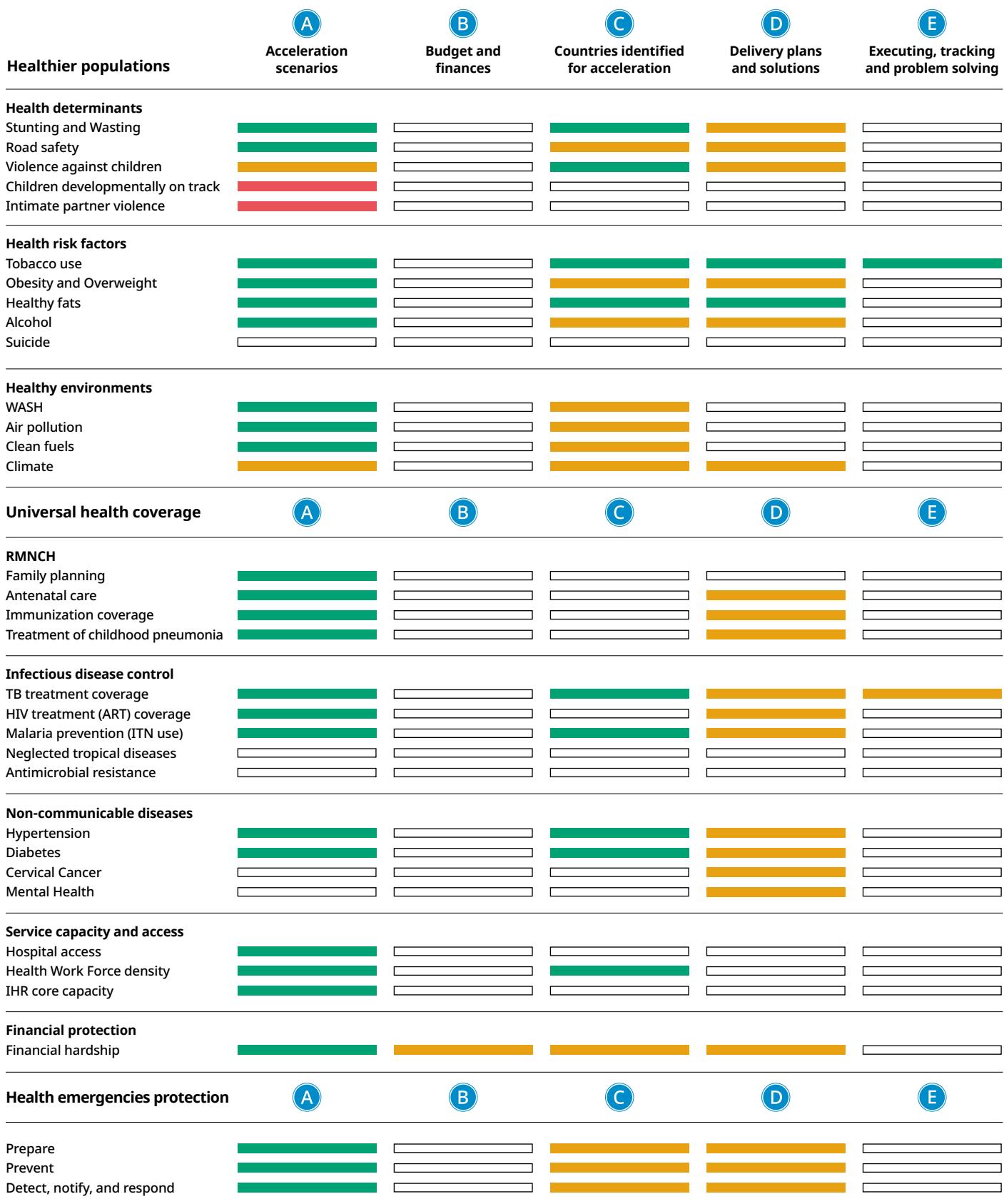
Country-level stocktakes will regularly monitor results, to ascertain if course-correction is needed.

Discussions with relevant technical programmes will begin identifying solutions and strategic deliverables to follow in the next biennium.

This process is being expanded and adjusted for other countries to define specific, measurable targets designed to strengthen their public health infrastructure.

**Together, we can still close the gap towards the health-related SDGs.**

**The Delivery for Impact approach to driving faster progress and higher ambitions  
is being implemented, and tracked in this delivery dashboard.**



Complete    In progress    Needs attention    Not started

\*All data as of May 2022. \*\*Data will be updated as discussions with each of the technical teams progresses. \*\*\*Climate change is not included in calculations for the healthier populations billion.

## Outcome indicators from WHO Results Framework used to track progress towards achieving the Sustainable Development Goals.

SDG/WHA number	Indicator
SDG 1.5.1	Number of persons affected by disasters (per 100 000 population)
SDG 1.a.2	Domestic general government health expenditure (GGHE-D) (% of general government expenditure (GGE))
SDG 2.2.1	Prevalence of stunting in children under 5 years (%)
SDG 2.2.2	Prevalence of wasting in children under 5 years (%)
SDG 2.2.2	Prevalence of overweight in children under 5 years (%)
SDG 2.2.3	Prevalence of anaemia in women aged 15–49 years, by pregnancy status (%)
SDG 3.1.1	Maternal mortality ratio (per 100 000 live births)
SDG 3.1.2	Proportion of births attended by skilled health personnel (%)
SDG 3.2.1	Under 5 mortality rate (per 1000 live births)
SDG 3.2.2	Neonatal mortality rate (per 1000 live births)
SDG 3.3.1	Number of new HIV infections (per 1000 uninfected population)
SDG 3.3.2	Tuberculosis incidence (per 100 000 population)
SDG 3.3.3	Malaria incidence (per 1000 population at risk)
SDG 3.3.4	Hepatitis B incidence (measured by surface antigen (HBsAg) prevalence among children under 5 years) (per 100 000 population)
SDG 3.3.5	Number of people requiring interventions against neglected tropical diseases
SDG 3.4.1	Probability of dying from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease (aged 30–70) (%)
SDG 3.4.2	Suicide mortality rate (per 100 000 population)
SDG 3.5.1	Coverage of treatment interventions for substance use disorders (%)
SDG 3.5.2	Total alcohol per capita consumption in adults aged ≥15 (litres of pure alcohol)
SDG 3.6.1	Road traffic mortality rate (per 100 000 population)
SDG 3.7.1	Proportion of women (aged 15–49) having need for family planning satisfied with modern methods (%)
SDG 3.8.1	UHC service coverage index
SDG 3.8.2	Population with household expenditures on health > 10% of total household expenditure or income (%)
SDG 3.9.1	Mortality rate attributed to air pollution (per 100 000 population)
SDG 3.9.2	Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)
SDG 3.9.3	Mortality rate from unintentional poisoning (per 100 000 population)
SDG 3.a.1	Prevalence of tobacco use in adults aged ≥15 (%)
SDG 3.b.1	Proportion of population covered by three doses diphtheria-tetanus-pertussis-containing vaccine (%)
SDG 3.b.1	Proportion of population covered by two doses measles-containing vaccine (%)
SDG 3.b.1	Proportion of population covered by three doses pneumococcal conjugate vaccine (%)
SDG 3.b.1	Percentage of 15 year old girls receiving the recommended doses of HPV vaccine (%)
SDG 3.b.3	Proportion of health facilities with essential medicines available and affordable on a sustainable basis (%)
SDG 3.c.1	Density of medical doctors (per 10 000 population)
SDG 3.c.1	Density of nursing and midwifery personnel (per 10 000 population)
SDG 3.c.1	Density of dentists (per 10 000 population)
SDG 3.c.1	Density of pharmacists (per 10 000 population)
SDG 3.d.1	International Health Regulations (IHR) capacity and health emergency preparedness
SDG 3.d.2	Percentage of bloodstream infections due to antimicrobial resistant organisms (%)
SDG 4.2.1	Proportion of children under 5 years developmentally on track (health, learning and psychosocial well-being) (%)
SDG 5.2.1	Proportion of women (aged 15–49) subjected to violence by current or former intimate partner (%)
SDG 5.6.1	Proportion of women (aged 15–49) who make their own decisions regarding sexual relations, contraceptive use and reproductive health care (%)
SDG 6.1.1	Proportion of population using safely managed drinking water services (%)
SDG 6.2.1	Proportion of population using safely managed sanitation services (%)
SDG 6.2.1	Proportion of population using hand-washing facility with soap and water (%)
SDG 7.1.2	Proportion of population with primary reliance on clean fuels (%)
SDG 11.6.2	Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (µg/m³)
SDG 16.2.1	Proportion of children (aged 1–17) experiencing physical or psychological aggression (%)
Health Emergencies	Vaccine coverage for epidemic prone diseases
Health Emergencies	Proportion of vulnerable people in fragile settings provided with essential health services (%)
WHA66.10	Prevalence of raised blood pressure in adults aged ≥18
WHA66.10	Best practice policy implemented for industrially produced trans fatty acids (Y/N)
WHA66.10	Prevalence of obesity among children and adolescents (aged 5–19) (%)
WHA66.10	Prevalence of obesity among adults aged ≥18
WHA68.3	Number of cases of poliomyelitis caused by wild poliovirus
WHA68.7	Patterns of antibiotic consumption at national level

Notes: Some outcome indicators include more than one measure.

Sources: WHO Global Health Observatory data repository and UN Global SDG Indicators Database (extracted May 2019, with some additions).