

A HEALTHIER HUMANITY

The WHO Investment Case for 2019-2023



World Health
Organization

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WHO/DGO/CRM/18.2

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Suggested citation. A healthier humanity: the WHO investment case. Geneva: World Health Organization; 2018 (WHO/DGO/CRM/18.2). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Design and layout: blossoming.it

Printed in Switzerland

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Foreword



Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Every day when I arrive at work, a bronze statue outside WHO's front entrance reminds me why I'm doing this job. It depicts a young girl about to be vaccinated against smallpox. Among WHO's many successes, the eradication of smallpox stands out as a triumph of science, hard work, and political commitment to liberate humanity from a

deadly disease. It's a daily reminder of why WHO was founded 70 years ago, and what the Organization can achieve.

While I am inspired by our past, the statue reminds me that an even greater challenge lies ahead.

Today, more than half the world's population lacks access to essential health services, and almost 100 million people are pushed into extreme poverty every year by the cost of paying for care out of their own pockets.

This is an outrage. No one should have to choose between buying medicine and buying food for their family. No one should get sick or die just because they are poor, or because they cannot access the services they need.

The inclusion of universal health coverage in the Sustainable Development Goals (SDGs) provides a golden political opportunity to amend these injustices and achieve WHO's founding vision: the attainment by all peoples of the highest possible level of health.

There is ample evidence that investments in health result in tangible, measurable payoffs, locally, nationally and globally. The West African Ebola outbreak of 2014 demonstrated that a local outbreak can quickly become a global health emergency. Universal health coverage and health security are ultimately two sides of the same coin.

This investment case charts a path to the SDG health targets by focusing everything we do around our "triple billion" targets: one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

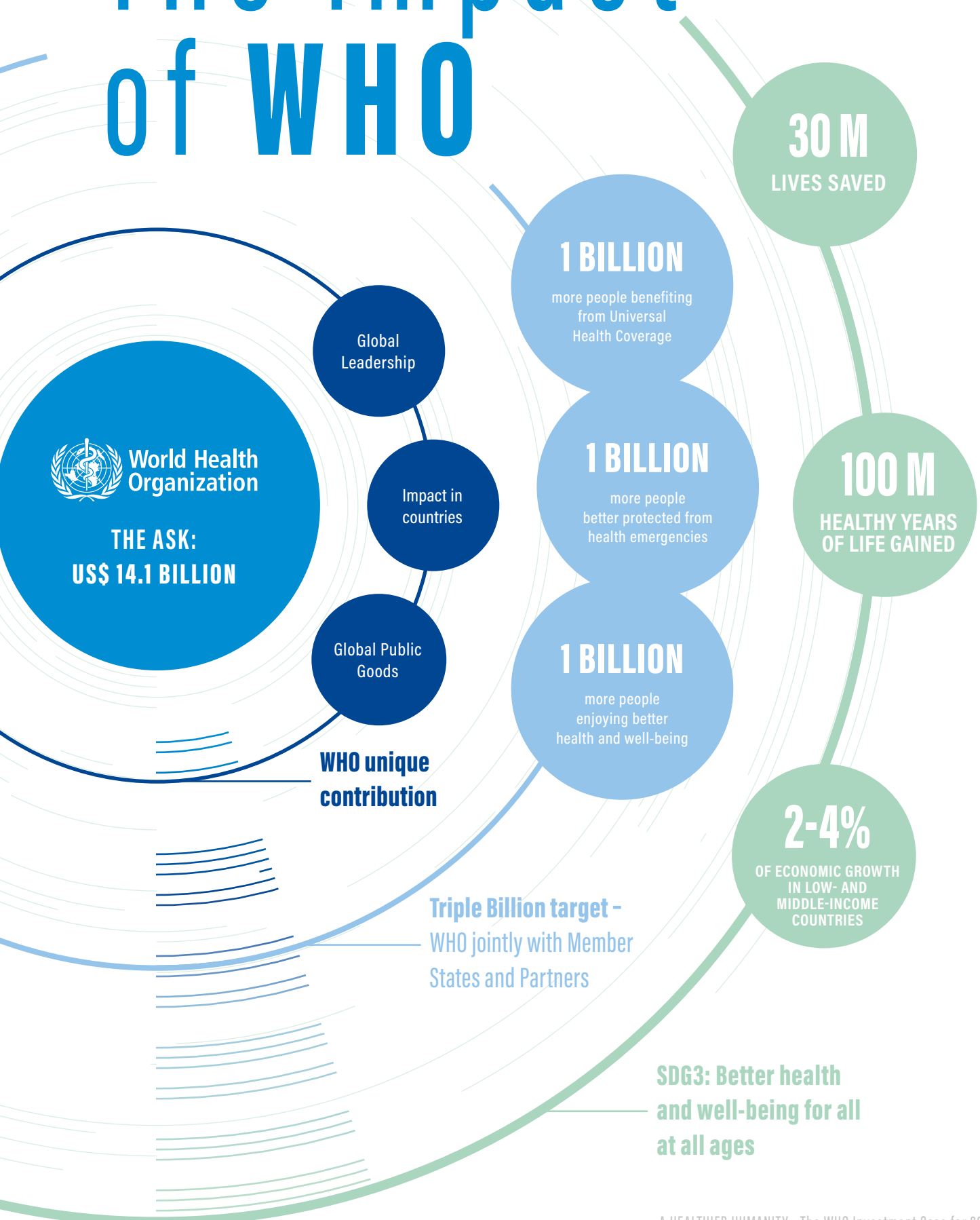
Our agenda is ambitious – it must be. Too much is at stake for us to aim low. Like everything good, it comes with a price attached: US\$ 14.1 billion over the next five years. Many Member States and donors have stuck with us through tough times, and I hope this document will convince them to make even greater contributions – and new contributors to support our work.

Investments in health are not just investments in a healthier future; they're a down payment on a fairer, safer and more prosperous world.

The ultimate measure of our success is not bronze statues; it's individuals, families, communities and nations flourishing because they are healthy.

Your investment can help us make that vision a reality.

The impact of WHO



World Health Organization

THE ASK:
US\$ 14.1 BILLION

Global Leadership

Impact in countries

Global Public Goods

WHO unique contribution

1 BILLION

more people benefiting from Universal Health Coverage

1 BILLION

more people better protected from health emergencies

1 BILLION

more people enjoying better health and well-being

30 M

LIVES SAVED

100 M

HEALTHY YEARS OF LIFE GAINED

2-4%

OF ECONOMIC GROWTH IN LOW- AND MIDDLE-INCOME COUNTRIES

Triple Billion target - WHO jointly with Member States and Partners

SDG3: Better health and well-being for all at all ages

Executive Summary

Why invest in WHO

WHO's five-year strategic plan covering the period 2019–2023 is focused on achieving its Triple Billion target, which states that by 2023:

- One billion more people will benefit from Universal Health Coverage
- One billion more people will be better protected from health emergencies
- One billion people more people will enjoy better health and well-being.

“WHO is the only international organization that enjoys universal political legitimacy on global health matters.”

Angela Merkel, Chancellor of Germany

This investment case describes how a stronger, more efficient and results oriented WHO can serve and guide governments and partners in their efforts to improve the health of their populations and to achieve Sustainable Development Goal 3.

WHO will achieve results: The five years to 2023 will determine whether the world will achieve the health-related SDGs. Early investment in WHO will keep the world on track towards SDG3 and the other health-related targets.

WHO has a unique role and track record: WHO is an indispensable ally, key convenor, and driving force in coordinating efforts across the global health arena. Recent successes include containment of Ebola outbreaks, and major cholera and yellow fever vaccination campaigns.

“Universal health coverage is an ambitious, but achievable, goal. We look forward to working with the World Health Organization, governments, and partners around the world to build strong primary health care systems as an essential step to achieving health for all.”

Bill Gates, Bill & Melinda Gates Foundation

WHO and partners are working to produce and test effective new vaccines against meningitis and Ebola, and the world’s first ever malaria vaccine.

WHO will leave no one behind

Health is a human right. This concept is inherent in the Sustainable Development Agenda's commitment to leave "no one behind". To that end, WHO works to implement equity, gender and rights-based approaches that close coverage gaps, enhance participation and resilience, and empower individuals and communities.

What WHO will achieve

One billion more people benefiting from Universal Health Coverage

Investments in expanding Universal Health Coverage over the next five years will result in 24.4 million lives saved. Each dollar invested will result in

a return of US\$ 1.40. WHO’s principal activities aimed at expanding Universal Health Coverage in the period 2019-2023 include:

- Improving access to quality essential health services
- Ensuring sustainable financing and financial protection
- Availability of essential medicines
- Developing qualified workforces
- Fostering better governance
- Improving monitoring, data, and information

One billion more people better protected from Health Emergencies

Health emergencies affect millions of people every year. Many health emergencies are partly or fully preventable, and harm can be reduced through preparedness, prevention, early detection and rapid response. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life- saving health services to 100 million vulnerable people in fragile and conflict settings. It will save approximately 1.5 million lives and provide economic gains of US\$ 240 billion.

WHO’s principal activities aimed at Health Emergencies in 2019-2023 focus on:

- Increasing preparedness
- Prevention
- Detection and response

“By improving human capital, universal health coverage is a central pillar of the drive towards ending poverty and boosting shared prosperity. WHO’s leadership is essential to placing UHC at the forefront of the global development agenda. The World Bank looks forward to continuing to work closely with WHO to make the goal of universal health coverage a reality.”

Dr. Jim Kim, President, The World Bank Group

One billion more people enjoying Better Health and Well-Being

The work of WHO on health and well-being focuses on three upstream areas: addressing the determinants of health, reducing multisectoral risk factors, and promoting health and well-being through a health in all policies and healthy settings approach. For example, WHO works with countries to improve access to safe drinking water and sanitation, to reduce stunting and wasting among children, and to support early childhood development, while the WHO Global Air Pollution Monitoring System spurs countries to set timelines for improved air quality. A great deal of the work will include identifying underserved populations, and devising policies to reach them regardless of their gender, socioeconomic status or other circumstances.

Beyond the health sector, WHO works to ensure an intersectoral approach is taken towards health investment, so that the development of policies, regardless of sector, considers the health implications of decisions.

Addressing specific Health Challenges

WHO will give special attention to five areas in the 2019-2023 healthy lives. Activities in these areas support all three strategic priorities and contribute to the Triple Billion goal:

- Improving human capital across the life course
- Accelerating noncommunicable disease prevention and mental health promotion
- Accelerating elimination and eradication of high-impact communicable diseases
- Tackling antimicrobial resistance
- Ensuring a healthy environment.

Measuring Success

Measuring progress towards health goals and assessing the state of a population’s health is essential to establish priorities, optimize interventions, and measure their impact. The WHO Impact Framework provides a strategic approach to tracking joint efforts to achieve the SDGs.

Data

WHO will focus on initiatives to support countries strengthen their data and information systems and

evidence-based decision-making. This will contribute to sustainable and integrated health information and dissemination systems and strengthen core technical capacity of Member States.

Innovation

A new WHO innovation hub will look to ways of scaling and sustaining innovations towards accelerating progress.

“As it embarks on its eighth decade, the World Health Organization is as essential and central, as ever. It has a unique role in developing important new norms and standards, and sharing life-saving tools and technologies.”

Paul Kagame, President of Rwanda

How much WHO needs

WHO needs US\$ 14.1 billion for 2019–2023 to deliver on the Triple Billion target, and drive impact in countries. This includes 2.5 billion for humanitarian and emergencies, 1.6 billion for polio eradication and 10.0 billion for the WHO base budget. New investments will be made in the following areas:

- US\$ 397 million to strengthen WHO’s capacity to deliver in-country.
- US\$ 667 million for routine vaccination and health systems affected by polio transition.
- US\$ 296 million for innovation in health and health metrics.

Currently, projected income against the US\$ 14.1 billion is US\$ 4 billion, which includes income from annual dues and long-term pledges. This means WHO needs to raise US\$ 10.1 billion for the next 5 years.

Over the last decade WHO has seen a rise of earmarked voluntary contributions. Partners are requested to increase flexible sources available to WHO, including funding for strategic priorities and regional funding.

Conclusion

With the health-related SDGs and the 2030 Agenda, the international community has laid out an ambitious programme for a healthier humanity.

WHO has responded by setting ambitious new targets for 2023. Success will only be possible with a well-funded WHO that will allow us to strengthen our impact in countries.

Why
invest
in
WHO



This investment case describes how a stronger, more efficient and results oriented WHO, working with a range of partners, can serve and guide governments and partners in their efforts to improve the health of their populations and to achieve Sustainable Development Goal 3 (SDG3). The investment case is based on a study carried out by the WHO Secretariat on costs and benefits of projected investments to reach these objectives in the given timeframe (see

WHO, 2018: Investing global, investing local: supporting value for money towards the health).

This document is available:
<http://www.who.int/docs/default-source/investment-case/value-for-money.pdf>



WHO will achieve results

There is nothing more precious than good health. It enables people, communities and nations to flourish. Investing in health doesn't only improve health. It is also an investment in reducing poverty, creating jobs, spurring inclusive economic growth, fostering gender equality and providing a platform for development.

The five years to 2023 will determine whether the world will achieve the health-related SDGs. Early investment in WHO will keep the world on track towards SDG3 and the other health-related targets.

Most of the investments needed to achieve the SDGs will be made by countries themselves. WHO estimates that in 65 low- and middle-income countries accounting for three quarters of the world's population, 85% of the costs

needed to achieve the SDG health targets could be met from domestic resources. Official development assistance will continue to play an important role for the poorest countries.

WHO's five-year strategic plan covering the period 2019–2023 is focused on achieving its Triple Billion target, which states that by 2023:

- One billion more people will benefit from Universal Health Coverage
- One billion more people will be better protected from health emergencies
- One billion people more people will enjoy better health and well-being.

The three objectives are mutually reinforcing; investing in activities that support one also help to advance the other two.

WHO

has a unique role and track record

WHO is an indispensable ally, key convenor, and driving force in coordinating efforts across the global health arena. It leverages and shapes both domestic and development assistance expenditures through its science-based guidance and enhanced support at country level. Working with a variety of partners, it uses its unique reach and influence to generate funds and help channel them at the country level. This puts the organization in a privileged position to help with national policy formation, institutional strengthening, and effective use of external assistance.

From the very beginning 70 years ago, WHO has brought together the world's best experts to produce international reference materials and make recommendations

for improved health around the globe. Examples include WHO's International Classification of Diseases (ICD) and its contribution to global standards for air and water quality. Its unique prequalification programme for vaccines, diagnostics, and medicines, assures safety and reliability. Organizations like Gavi, The Vaccine Alliance, the Global Fund to Fight AIDS, TB and Malaria, UNICEF, UNITAID, as well as ministries of health depend on the work of WHO to fulfil their own mandates. WHO guidelines have been essential for partners' funding interventions aimed at simplifying treatment regimens for those living with HIV. These have provided 21 million people living with the virus with access to life-saving treatment, to reduce malaria deaths by approximately 57% and tuberculosis deaths by 37% between 2000 and 2015.

As well as setting standards and making recommendations, WHO helps countries adapt and use them on the ground through schemes like the Expanded Programme on Immunization (EPI), which with the help of UNICEF and others has brought life-saving vaccines to millions of children. The organization also negotiates international agreements like the WHO Framework Convention on Tobacco Control (FCTC) which has helped to provide protection for 4.7 billion people through at least one tobacco control measure.

“WHO is a core partner of Gavi, the Vaccine Alliance. Put simply, without WHO's global standards, technical advice and prequalification programme we would not have been able to reach over 700 million children with lifesaving vaccines since 2000.”

Dr Seth Berkley, Chief Executive Officer, Gavi, the Vaccine Alliance

“The Global Fund works hand-in-hand with WHO, and can only succeed in making effective investments when guided by WHO’s technical know-how.”


Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria

Every year, WHO studies influenza trends, to work out what should go into the next season’s vaccine. And it remains on constant alert against the threat of pandemic influenza.

In 2005, all countries agreed to WHO’s Revised International Health Regulations (IHR), which help the international

community to respond to acute public health risks with the potential to cross borders. WHO’s renewed commitment to prevent outbreaks from becoming epidemics, and to respond better and faster to humanitarian emergencies, has spurred the creation of a new, expanded health emergencies programme. This works across all three levels of the Organization, with a major focus on early warning and preparedness.

Recent successes include containment of Ebola and Marburg outbreaks, and helping lead major cholera and yellow fever vaccination campaigns. Meanwhile, WHO has teamed up with partners to help produce and test effective new vaccines against meningitis and Ebola, and the world’s first ever malaria vaccine.



“Achieving the triple billion requires bold action and needs additional financing that is flexible.”

Graça Machel, Chair of the Board, Graça Machel Trust and the Foundation for Community Development



WHO will leave no one behind

The Constitution of WHO states, “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”. Seventy years after these words were adopted, they are as relevant as ever.

Understanding health as a human right entail being accountable to international standards.

This concept is inherent in the Sustainable Development Agenda's commitment to leave "no one behind" and "reach the furthest behind first." Global displacement is at a record high, with some 68.5 million being forced from their homes because of wars, complex emergencies or natural disasters. The number of internally displaced people is estimated at over 40 million. WHO has been engaged in the intergovernmental Global Compact

for Safe, Orderly and Regular Migration as well as in the design of the Global Compact on Refugees. WHO strongly commits to a more equitable sharing of the responsibility for supporting the world's migrants and refugee populations with a Global Action Plan assisting member states to design and implement their own national action plans.

WHO works to implement equity, gender and rights-based approaches that close coverage gaps, enhance participation and resilience, and empower individuals and communities. It seeks to identify the most vulnerable and why they have been missed, to address the root causes. All its work includes close attention to:

Equity

Creating tools to identify barriers preventing the most disadvantaged from accessing health services and providing solutions to eliminate them. Discrimination of any sort creates an impediment to health and well-being, making its elimination a key focus of WHO's work. WHO does not seek simply to reach large numbers of people, it seeks to ensure help for those in the greatest need. Disaggregation of data is an important tool to promote equity, gender, and human rights.

WHO applies a gender lens to all its work, from understanding the causes of ill health, to identifying what drives people to seek health care, and how the health system responds.



Gender

WHO applies a gender lens to all its work, from understanding the causes of ill health, to identifying what drives people to seek health care, and how the health system responds. This means engaging with men and boys, as well as women and girls, while looking at the ways that gender-related inequalities interact with other drivers of health inequalities such as age, ethnicity and level of poverty. WHO works to ensure that for example, all programmes related to Universal Health Coverage recognize that women are disproportionately affected by financial constraints, which can lead to impoverishment, and that most of health workers and informal carers are women.

Human rights

A rights-based approach demands that the furthest behind are prioritized first. WHO therefore identifies the underlying social, legislative and other determinants of health while ensuring non-discrimination, accountability and social participation. To better address international movements of people and strengthen the rights of migrants, as well as contributing to the Sustainable Development Goals, the member states of the UN in July 2018 agreed on a Global Compact for Safe, Orderly and Regular Migration. WHO will focus its efforts on ensuring migrants and refugees are not left behind in terms of health policies and interventions.



Leaving no adolescent behind in Nepal

If you are a poor, rural Nepalese adolescent girl, you are more likely to have dropped out of school, married, and become a mother before age 18 than your urban counterparts. If you live in a mountainous region, chances are you must walk up to four hours to receive health services. You may not be able to pay when you arrive, and you may receive services of lesser quality.

WHO supported the Government of Nepal in its quest to close the gap in meeting adolescent health needs.

By using an approach developed by WHO called Innov8, the government mapped the barriers experienced by some groups of adolescents, such as distance and cost of travel, inability to attend during opening hours, lack of privacy and confidentiality, or adverse gender norms. By establishing that these are real barriers, the government is now working to address them, through an increasing focus on outreach services (in disadvantaged areas) and enhancing community engagement. Other steps involve integrating adolescent sexual and reproductive health into other services, while bolstering health worker training to provide adolescent-friendly and gender-responsive services. Importantly, it included the adolescents themselves in local decision-making processes on health. The programme will be applied to other government departments, such as education, to tackle the causes of early marriage and pregnancy, and address the stigma associated with adolescent reproductive health.



Read More:
<http://www.who.int/news-room/feature-stories/detail/finding-the-gaps-in-meeting-adolescent-health-needs-in-nepal>



What
WHO will
achieve

The triple billion target

WHO will dedicate the next five years to ensuring the world's health-related goals are on track through the Triple Billion target detailed in its five-year strategic plan, WHO will aim at helping provide a billion more people with UHC, to better protect a billion people from health emergencies and to endow a further billion people with better health and well-being. In doing so, it will ensure that no-one is left behind, implementing equity, gender and rights-based approaches that close coverage gaps, enhance participation and resilience, and empower individuals and communities.

1 billion more people benefiting from

Universal Health Coverage (UHC)

1 billion more people better protected from

Health Emergencies

1 billion more people enjoying better

Health and Well-Being



One billion more people benefiting from **UNIVERSAL HEALTH COVERAGE (UHC)**

The goal of universal health coverage is improved health. The key to accelerating progress towards better health is to provide accessible, quality essential health services without financial hardship. This requires a strong primary health-care focus, promoting the individual's engagement in their health, and assuring community-level access to the full spectrum of services, from health promotion and prevention to treatment, rehabilitative and palliative care.

Less than half the world's population currently benefit from UHC, and about 100 million people are pushed into poverty annually by out-of-pocket expenses. Yet progress is possible.

Most UHC investment can be domestically financed and would more than pay for itself. Historically, the health system was often viewed as a drag on productivity and public budgets. It is now clear that the health sector has a positive effect on economic growth, up to a 40% return on investment over the next 5 years.

The economic benefits of health systems include employment, equipment, supplies

and services investment, expenditure on buildings and related facilities; developing communications, logistics and supply networks; and investing in human capital, such as training and education. Globally, the health sector is a significant economic force, worth about US\$ 9 trillion a year representing 10% of global GDP and rapidly growing.

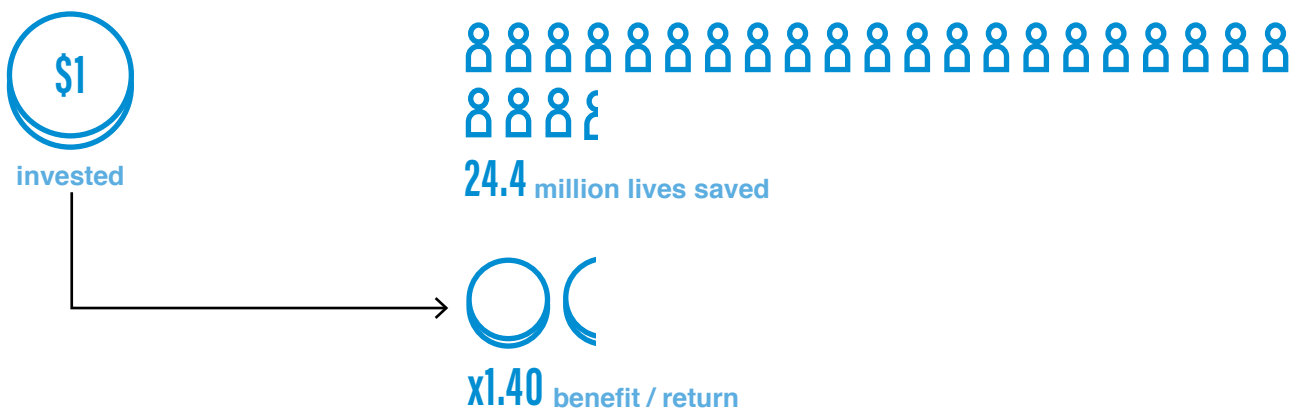
UHC is a social contract – an ambitious agenda contributing to peaceful and inclusive societies that provide equal access to health services based on respect for human rights, the effective rule of law, good governance, and effective and accountable institutions. UHC is the outcome of investments in people-centred services with participation and dialogue as underlying principles.

WHO can provide the leadership required to achieve the ambitious 2030 goal of UHC for all.



Investments in expanding Universal Health Coverage over the next five years will result in 24.4 million lives saved. In economic terms, each dollar invested will result in a return of US\$ 1.40.

* The analysis focuses on market economy and therefore does not include the intrinsic value of lives. Placing an economic value on human life leads to a return on investment (ROI) multiplier estimate of nine. Some earlier studies in OECD countries resulted in lower return on investment.



WHO's key role in achieving Universal Health Coverage

WHO's principal activities aimed at expanding Universal Health Coverage in the period 2019-2023 include the following:

Improving access to quality essential health services

WHO provides advice to countries to design health-care services that best meet people's needs and achieve health impact, focusing on primary health care. Examples include developing health technology, removing barriers that prevent people from accessing services (e.g. gender inequalities or discrimination) and ensuring service quality is appropriate and patients are safe. WHO works with governments to ensure that the local context and health burden are considered when formulating policy and providing services. WHO's work aims to improve health outcomes, like cutting HIV infection rates, or reducing the numbers of malaria and tuberculosis deaths.

Ensuring sustainable financing and financial protection

WHO advises countries on how best to mobilize resources, including the promotion of progressive taxation policies, health taxes and funds pooling, to ensure equitable financing of UHC. The Organization also supports countries with health financing strategies, budgets and national accounts, and institutional mechanisms related to health benefits and entitlements.

Availability of essential medicines, vaccines, diagnostics and devices for primary health care

WHO ensures that all countries have an updated list of recommended essential

medicines, vaccines, diagnostics, and devices, and issues guidance on how to use them to the best possible effect. WHO also works with countries to ensure efficient procurement and pricing to match national needs. This includes strengthening policies and systems to tackle antimicrobial resistance, as well as regulatory capacity.

Developing qualified workforces

WHO works with governments and others to train health workers and promotes rural employment, particularly of women. WHO also shares advice on labour market policies, including compensation and retention strategies.

Fostering better governance

WHO helps countries to develop national health policies in which everyone is treated according to the principles of equity and gender equality. It also encourages people's participation, including the use of health assemblies.

Improving monitoring, data, and information

WHO supports the development of national systems to collect and analyse quality data and monitor the progress of UHC. The Organization supports full freedom of information and promotes national, regional and global accountability platforms so countries can benchmark performance and track progress towards 2030 targets.



WHO's role in the Solomon Islands' road to UHC

The Solomon Islands has a population of 620 000 people dispersed over more than 600 islands. Many islands lack health facilities and the personnel to deliver health services.

The Ministry of Health and Medical Services, with support from WHO, have embarked on a joint undertaking to provide solutions: the development of the Pacific nation's roadmap towards universal health coverage and the SDGs.

The plan defines which services are to be offered at each of the four levels of the health system, from small rural health clinics offering basic primary care, to area health clinics with simple surgical services, provincial hospitals, and the National Referral Hospital. It also details the human resources, infrastructure and equipment that will be needed. The result: a stronger health system which can provide care closer to home.

Developing the plan has involved not only the Ministry of Health, but also the Public Services Ministry, which deals with labour issues, and the Ministry of Infrastructure Development.



Read More:
<http://www.who.int/news-room/feature-stories/detail/health-closer-to-home-transforming-care-in-the-solomon-islands>

One billion more people better protected from **HEALTH EMERGENCIES**

Health emergencies affect millions of people every year, with severe and sometimes fatal consequences for individuals. Whether caused by extreme weather events, conflict or disasters, they erode public health systems, increase the risk of infectious disease outbreaks, and reduce access to services. Around 80% of major outbreaks occur in fragile and vulnerable countries, which also account for around 50% of unmet needs in terms of the SDGs.

Health emergencies such as disease outbreaks are a global concern. Since infectious diseases travel easily across borders, the world's defences are only as effective as the weakest link in any country's health emergency preparedness and response system. In addition, other biological, chemical and radiological threats exact tolls on civilian populations around the world.

The threat from the next global influenza pandemic, which we know is inevitable, remains arguably the single greatest threat to major preventable deaths today.

The US National Academy of Medicine estimates the broader economic costs based on probabilities of mild, moderate, and severe pandemics to be US\$ 60 billion per year. Even the most conservative

estimates suggest that a large pandemic could cut global GDP by 1 to 5%, comparable to threats such as climate change.

Big savings through investing in preparedness, surveillance and control

Many health emergencies are partly or fully preventable, and where they are not, the harm can often be reduced through preparedness, prevention, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies – thereby making us all safer – and providing life-saving health services to 100 million vulnerable people in response to acute public health events in fragile and conflict settings. It will save between 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

What can be done?

Many countries are vulnerable to health emergencies. The International Health Regulations (IHR) and the Sendai

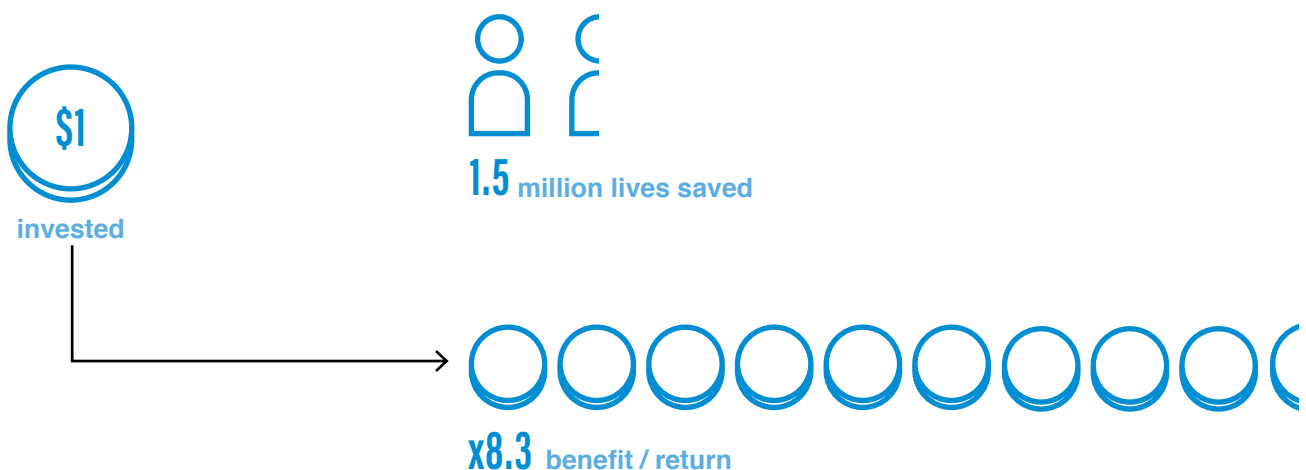
Framework for Disaster Risk Reduction set the global framework for reducing Member State vulnerabilities by assessing risk, identifying gaps, and monitoring responses.

Targeted prevention programmes for epidemic prone diseases such as cholera, yellow fever and meningitis, markedly reduce the cost of response. Cholera prevention costs less than half the average annual cost of cholera response, while reducing cholera deaths by 90%. Recent cholera vaccination campaigns in Bangladesh, Sierra Leone and South Sudan have averted large scale outbreaks.

Early detection, rapid containment and a coordinated response saves lives and costs less. For example, containment of the recent outbreaks of Ebola in the Democratic Republic of the Congo have cost a tiny fraction of the US\$ 3.5 billion spent in West Africa outbreak in 2014–2016.

The cost of rebuilding a health system from scratch far outweighs the cost of maintaining basic functionality during and after a conflict. More than 4 million people have been displaced by the conflict in Syria, including more than half of the qualified doctors. The cost of delivering care for displaced populations is significantly higher for the host country and for the international community.

It is estimated that investments in health emergencies in 2019-2023 will result in 1.5 million lives saved.
The return on investment is US\$8.30 for every dollar provided.



WHO's key role in health emergencies

WHO is uniquely qualified for the leadership of work to prepare, prevent and respond to health emergencies.

WHO will continue to work with Member States and partners to increase health emergency risk management capacity across all phases of emergency preparedness and response through implementation of the IHR (2005) and the Sendai Framework. National health emergency programmes will be supported by a well-resourced and efficient WHO Health Emergencies Programme (WHE), which coordinates the research, development and innovation needed to better detect, prevent and respond to emerging diseases.

WHO's principal activities aimed at Health Emergencies in the period 2019-2023 include:

Prepare

WHO assesses and reports on all hazards related to emergency preparedness, including IHR core capacity for emergency preparedness and disaster risk management for Member States. WHO works with countries to ensure they are equipped to identify, mitigate and manage risks, including high-threat infectious hazards, such as Ebola. WHO also ensures regulatory preparedness for public health emergencies. Building national capacity for surveillance, laboratories, emergency operations centres, epidemiology and risk communication, is grounded in WHO's obligations as the IHR custodian. Increasingly, links between public health capacities and those of the health systems are being established. In addition, WHO manages the research and development blueprint that prioritizes product development

for pathogens with high-threat potential, but that currently lack medical products such as vaccines, diagnostics and therapeutics.

Prevent

WHO assesses, predicts, and monitors the drivers for disease epidemics and pandemics, and supports the development of tools to manage infectious hazards by supporting their appropriate use during outbreaks. WHO also develops and scales up the implementation of prevention strategies for all high threat pathogens. Examples include the Global Influenza Surveillance and Response System, which coordinates the work of more than 140 national influenza centres and reference laboratories, and acts as the world's eyes and ears for any changes in circulating influenza viruses that may carry the potential to cause a pandemic.

Detect and Respond

WHO's global events-based surveillance system receives more than 7000 public health signals or threat warnings a month and helps filter these down to around 30 requiring formal field assessments. Work includes conducting rapid risk assessments of identified threats and establishing well-coordinated, multi-agency rapid responses to acute health emergencies. WHO provides support to health systems to prevent their collapse and continue essential health services in fragile, conflict and vulnerable settings. Overall, WHO responds to around 50 major acute or protracted crises every year. Central to this work is WHO's role in coordinating and leveraging the resources of major partners such as the UN's Global Health Cluster, the Emergency Medical Team Initiative and the Global Outbreak Alert and Response Network.

WHO seeks US\$ 300 million annually from Member States to provide the coordination and technical assistance needed to support national governments and partners prepare for and respond to health emergencies. A further US\$ 500

million per year at country level will allow WHO to directly respond to outbreaks and crises, implement outbreak prevention programmes, and provide life-saving health services in acute events and conflict settings.



The Contingency Fund for Emergencies (CFE)

Highly flexible and rapidly accessible funding for emergency response is a critical element of the WHO funding architecture. While investments in WHO's core capacity and

emergency response operations are essential, funds for immediate response are provided by the CFE. This unique mechanism is designed to release funds (in an initial tranche of up to US\$ 500 000) within 24 hours of an emergency request. This sets it apart from other financing mechanisms such as the Central Emergency Response Fund (CERF), the World Bank's Pandemic Emergency Financing Facility (PEF), and other pooled funds that have different funding criteria and slower disbursement response times.

The CFE is replenished through donor contributions outside the WHE core budget, either directly to the fund or through reimbursement from donations towards specific WHO response plans. These contributions are pooled and not earmarked.

This enables the fund to provide a swift initial response to the broadest possible range of health emergencies. Accountability is ensured through strict adherence to WHO's financial rules and regulations, including standard financial reporting. Any unspent funds are returned to the CFE.



Read More:
<http://www.who.int/emergencies/funding/contingency-fund/en/>

WHO and Ebola in the Democratic Republic of the Congo

In early May 2018, the government of the Democratic Republic of the Congo notified WHO and Medicines Sans Frontiers (MSF) of a cluster of cases of fever and haemorrhage in Equateur province. Within 36 hours of notification a joint team was deployed to investigate.

In addition to Bikoro health zone, Ebola Virus Disease (EVD) was subsequently detected in the neighbouring rural health zones of Iboko and in the peri-urban suburb of the provincial capital Mbandaka, with a population of 1.2 million people, and direct access by the Congo River to Kinshasa, the Republic of the Congo and beyond. This gave significant concern over the risk of national and regional spread. Confirmation triggered a multi-agency rapid emergency response in the affected areas. WHO and partners deployed teams of epidemiologists and clinical experts to expand the response. The government endorsed a Joint Strategic Plan and agreed a proposal for use of the recombinant vesicular stomatitis virus–Zaire Ebola virus vaccine.

Given the incredibly challenging nature of the response, which combined deep-field operations with the potential for significant urban transmission, WHO sought the support of the broader UN network to establish air bridges and provide staff with base camps, life support, and vehicular

access so that technical teams could continue with surveillance and case management efforts.

The Ministry of Health, WHO, MSF, the International Federation of the Red Cross (IFRC), UNICEF and many other partners worked without respite in extremely challenging conditions to contain the disease. Other partners including the Wellcome Trust, DFID, Gavi and Merck provided support for vaccines and research during the outbreak. Logistics experts secured an ultra-cold chain of -80°C , allowing vaccination of over 3000 contacts and contacts of contacts. Staff have deployed deep into the forest in Itipo, following up hundreds of contacts, preventing the continuing transmission of this devastating viral disease.

The difference between the 2014 West Africa Ebola epidemic and the 2017 and 2018 Democratic Republic of the Congo Ebola outbreaks is stark. The former claimed more than 11 000 lives over almost two years, at a cost of more than US\$ 3.6 billion. The outbreak in 2017 claimed four lives, lasted two months, and cost US\$ 2 million to contain. It is estimated that the cost of containment of 2018 outbreak is around US\$ 56 million, despite the substantial risk of national and regional spread given the cases in Mbandaka and the deep-field nature of operations. Overall, the 2018 outbreak claimed 33 lives.

Whilst no single factor can account for such a vast disparity in mortality and morbidity between two outbreaks, there can be no doubt that the speed of the response in the recent Democratic Republic of the Congo outbreaks was the decisive factor. This would simply not have been possible without WHO's global alert and response capacity, and the ability of a broad range of UN and nongovernmental agencies to come together to coordinate support for the Government.



Read More:
<http://www.who.int/news-room/detail/24-07-2018-ebola-outbreak-in-drc-ends-who-calls-for-international-efforts-to-stop-other-deadly-outbreaks-in-the-country>

1 billion more people enjoying better HEALTH AND WELL-BEING

Unlocking the potential for every person to enjoy health and well-being is the third of the Triple Billion targets: healthier populations.

The work of WHO on health and well-being focuses on three upstream areas: addressing the determinants of health, reducing multisectoral risk factors and promoting health and well-being through a health in all policies and healthy settings approach.

On social determinants of health, including social, environmental and economic factors, WHO will address issues such as gender, equity, and rights; nutrition; child development; and violence.

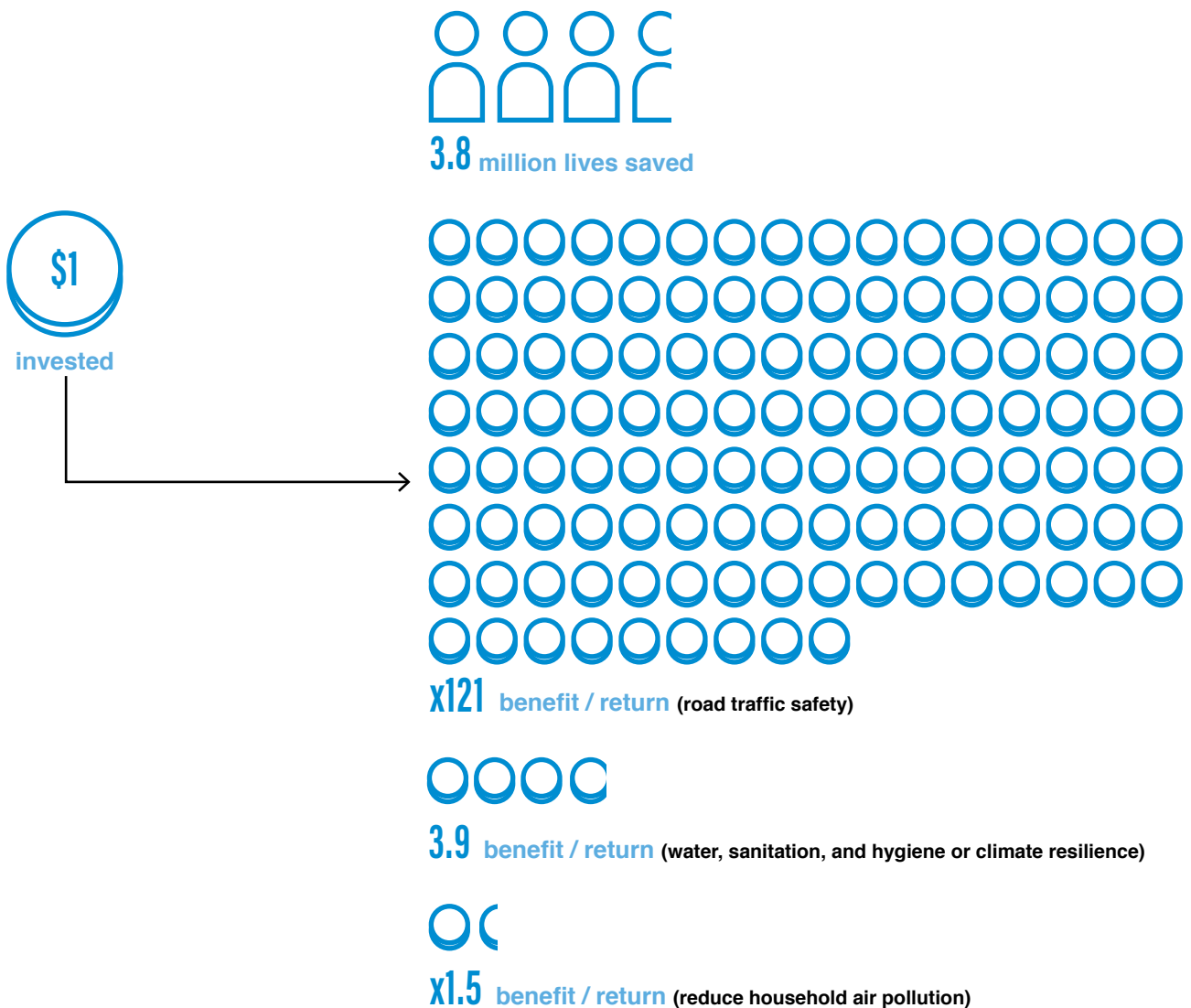
In response to increasing urgency around environmental determinants, WHO will support governments and partners with the creation of policies to address problems such as air pollution, climate change, and water and sanitation.

Other activities will tackle risks which lead to noncommunicable diseases like cancer and cardiovascular diseases. This work encompasses a range of sectors: from tobacco control and reducing alcohol consumption to halting the rise in obesity; from reduction in salt intake and elimination of artificial trans fats to reducing injuries and deaths caused by road traffic accidents.

Taking a health in all policies approach recognizes that healthier lives for all can only be achieved by working across sectors and promoting healthy settings such as healthy cities, workplaces, and schools.

Investments in this part of our work will result in an estimated **3.8 million lives saved** in the 2019-2023 period.

While investments in this activity area can have **immediate payoffs in reduced mortality and morbidity**, by far the greatest impact will be realized over the longer term as benefits accumulate. For example, the full impact of interventions aimed at children will only be felt in the labour force and the economy at least a decade later. Similarly, preventative activities have multiple benefits that become apparent only after many years, such as reducing costs of complex treatment over a person's entire life.



WHO's key role in enjoying better health and well-being

WHO uses a wide range of tools and approaches to promote health and well-being.

WHO's key role involves encouraging laws and policies that promote health; for example, to promote gender or human rights.

WHO works with countries to set standards; for example on safe drinking water and sanitation.

Activities such as the WHO Global Air Pollution Monitoring System, spur countries to set timelines for improved air quality. WHO works with small island and other vulnerable states to protect against the health effects of climate change.

WHO's work focuses on ways to change behaviour; for example, to increase

physical activity and prevent obesity and ensure that everyone – including persons with disabilities and older people – can live their lives to their full potential and with dignity.

WHO advises governments on fiscal and regulatory policy which evidence shows leads to better health outcomes; for example to decrease tobacco use.

WHO engages industry, encouraging reformulation of healthier products; for example, elimination of artificial trans fats.

Beyond the health sector, WHO works with policy-makers and other partners, including civil society organizations, to ensure an intersectoral approach is taken; for example by promoting healthy cities.





Steps towards a smoke free world

Due to the implementation of the WHO FCTC Uruguay was able to dramatically reduce smoking prevalence to 22% from rates among the highest in Latin America a decade ago.

This year the WHO Director-General's Special Recognition Award for World No Tobacco Day was given to Dr Tabaré Ramón Vázquez, President of Uruguay, for the government's commitment to the health of its people. Uruguay used interventions from the WHO FCTC such as, a comprehensive ban on the advertising, promotion and sponsorship of tobacco products, as well as effective tobacco packaging and labelling measures.



Read More:
http://www.who.int/about/finances-accountability/budget-portal/rr_2016-17.pdf



WHO takes to the streets to improve people's diets

Street food is a cherished part of many cultures and a staple in people's diets. WHO researched street food commonly sold in Kyrgyzstan and Tajikistan and found that one serving contains more than twice the daily amount of salt,

and nearly twice the daily amount of trans fats recommended by the WHO. Excess salt and trans-fat in the diet increases the risk of noncommunicable diseases (NCDs), including coronary heart disease, hypertension and stroke. Street food can bring great benefits to communities by supplying healthy parts of a diet such as fibre-rich fruits and vegetables.

WHO continues to work with countries to research and analyse findings in order to develop appropriate policies and recommendations to help reduce blood pressure and lead to lower rates of heart disease NCDs, while keeping important traditions alive.



Read More:
<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/news/news/2017/11/new-studies-of-street-food-in-kyrgyzstan-and-tajikistan-show-alarming-levels-of-trans-fat-and-salt>

Addressing specific HEALTH CHALLENGES

WHO will give special attention to five areas currently damaging the prospect of healthy lives. Activities in these areas support all three strategic priorities and contribute to the Triple Billion target.

Improving human capital across the life course

WHO applies a life-course approach to all of its work, with a special focus on women, newborns, children and adolescents. This means investing early to ensure they develop to their full potential. It also means providing integrated services, including sexual and reproductive health interventions and those for older people, by enabling people to access the information, goods and services they need to survive and thrive at all ages.

With a global population of over 1.8 billion people, youth is the world's greatest untapped resource, possessing the talents and drive. Youth has proven itself as a population group that not only holds potential but can also achieve impactful results. From a human capital investment perspective, youth are strategic partner in health development to deliver Universal Health Coverage and the health-related goals.

Accelerating noncommunicable disease prevention and mental health promotion

Much of the poor health and most premature deaths caused by

noncommunicable diseases (NCDs) can be prevented through interventions to reduce four risk factors: tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. WHO will support countries' through prevention combined with equitable access to effective treatments. WHO will also promote mental health and well-being.

Accelerating elimination and eradication of high-impact communicable disease

WHO will work with partners to ensure that campaigns to eliminate HIV/AIDS, tuberculosis, malaria, viral hepatitis, and neglected tropical diseases are on a sustainable footing by 2023. Along with the elimination of high-burden communicable disease, the eradication of polio and guinea worm disease will remain key priorities, with significant efforts directed to post-eradication planning.

Tackling antimicrobial resistance

Without decisive action, antimicrobial resistance (AMR) could cause an estimated 700000 deaths annually. Estimates of economic impact suggest that AMR could cut global GDP by up to US\$ 3.4 trillion by 2030. WHO advocacy and technical support has helped provide 95% of the world with national action plans to address AMR. However, urgent policy and technical developments are needed and WHO will provide the strategic support

needed to increase sustainable action to tackle AMR and related specific pathogens.

Addressing health effects of climate change in small island developing states and other vulnerable states

WHO will reinforce efforts to prevent air pollution-related disease and continue to work on the interface between climate

change and health. Strong returns can be expected from investment in reducing household air pollution, in water and sanitation, and building resilience to climate change. WHO activities will include supporting national and global advocacy, providing evidence through country profiles, promotion of monitoring and surveillance, and building technical capacity.



Mental Health Care for Refugees

In Lebanon, there are an estimated 1.5 million Syrian refugees which has placed a heavy burden on the health system. The stress has

been particularly felt in the area of mental health which is poorly equipped to handle the high levels of depression and anxiety reported among refugees. To respond to this growing need, WHO, with the government of Lebanon, developed with key partners a national mental health strategy, coordinated the development of national policies on mental health care and created national awareness campaigns. In addition, WHO has helped train 2000 health workers in diagnosing and managing people with mental disorders.

In 2017, a monthly average of 3500 mental consultations were provided to Syrian refugees.



Read More:
http://www.who.int/about/finances-accountability/budget-portal/rr_2016-17.pdf



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Measuring Success

Measuring progress towards health goals and assessing the state of a population's health is essential to establish priorities, optimize interventions, and measure their impact.

The GPW 13 Impact Framework (see Annex) provides a strategic approach to tracking joint efforts by Member States, the WHO Secretariat, and partners, to achieve the SDGs. It calls for the use of better data collection procedures and collaboration to assist Member States to monitor their national health priorities, SDGs and the Triple Billion target. Specific programmatic targets have been incorporated into the WHO planning and budgeting framework, in which outputs will measure the contribution of the WHO Secretariat.

Data

Lack of data disproportionately affects low and middle-income countries. For example, 60% of such countries, home to 2 billion people, are not currently documenting mortality data. More than half the 55 million deaths a year globally go unrecorded, and nearly 40% of 128 million births worldwide are not officially registered.

WHO will focus on priority initiatives to support countries strengthen their data and information systems and evidence-based decision-making. Support includes the SCORE data collection and optimization technical package, World Health Survey Plus (WHS+), and evidence to policy and practice (E2P2) initiative.

Further investment will be made in developing data collection tools, provide training and technical expertise in data collection, analysis and translation and support pathfinder surveys in countries with limited or no data. This will contribute to sustainable and integrated health information and dissemination systems, and strengthen core technical capacity of Member States, as well as WHO regions and country offices.

Innovation

Innovation can accelerate progress towards the Sustainable Development Goals. However, a fundamental challenge in innovation is sustainably scaling-up the most compelling innovations tested at the pilot stage. Innovation includes not only technologies but also social innovations in health delivery or health determinants. WHO, with its 150 country offices, close relationships with governments, and focus on evidence can help innovations scale-up in a sustainable manner in health systems. Innovation requires the ongoing development of research evidence to inform policy making and drive knowledge translation at a global and national level.

More details on the work that WHO will do in each strategic priority will be provided in the programme budget, which will become available on the WHO Programme Budget Portal: open.who.int





How much
WHO needs

WHO needs US\$ 14.1 billion for 2019-2023 to deliver on the Triple Billion strategy, and drive impact in countries. This includes US\$ 2.5 billion for humanitarian and emergencies, US\$ 1.6 billion for polio eradication, and US\$ 10.0 billion for the WHO base budget, which includes global, regional and country activities and excluding polio and humanitarian and emergency response. The target income level represents a US\$1.2 billion increase over the previous work period. It includes new investments in the following areas:

- US\$ 397 million will go towards a significant strengthening of WHO’s capacity to deliver in-country
- US\$ 667 million will strengthen routine vaccination and health systems affected by polio transition (see box).
- US\$ 296 million will go to expand WHO’s work on innovation in health and health metrics.

Increased transparency and financial responsibility

WHO has set a target of US\$ 235 million (or 5%) for efficiency and economy savings by 2023. The organization has already begun to implement improvements in areas such as staff mobility and travel budgets. The five-year strategic plan also places a new emphasis on measuring

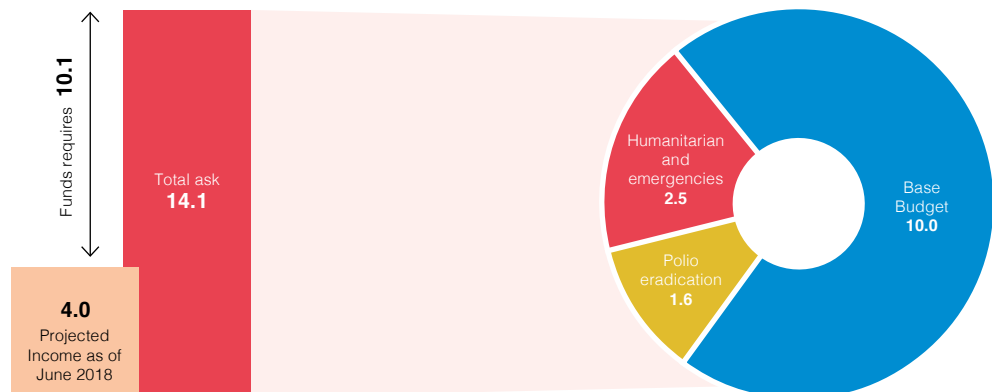
impact, and on ensuring value for money using the measures of cost-effectiveness, cost efficiency and economy.

WHO’s current projected income is US\$ 4 billion for 2019-2023, including income from annual dues and long-term pledges. This means US\$ 10.1 billion needs to be raised for the next 5 years. The Global Polio Eradication Initiative (GPEI) will raise the necessary funding for polio eradication, which includes current costs, plus the establishment of stockpiles and preparation for vaccine withdrawal. The polio estimates are revised regularly.

Towards more flexible contributions

One of the factors that complicates the organization’s job has been a rise of earmarked voluntary contributions. Although such funding is welcome and important in tackling specific diseases, too great a dependency on such funding seriously constrains the organization’s ability to apply funding according to evidence of need or respond quickly to changing conditions. WHO is therefore asking its partners to focus on providing more flexible contributions, including funding towards the Triple Billion target (Universal Health Coverage, Health Emergencies and Healthier Populations) and regional funding.

The ask for 2019-2023: US\$ 14.1*



* All amounts in US\$ billion

Polio transition

Polio is on the verge of eradication, the result of a historic effort that has brought together countries, partners and millions of health workers to vaccinate 400 million children a year. For polio, while our priority remains eradication, it is judicious to begin the polio transition so that essential elements like surveillance and immunization are maintained in fragile health systems.

The infrastructure and expertise invested in this effort go much further than polio eradication, by supporting a wide range of health initiatives including routine immunization, measles campaigns, maternal and child health programmes, humanitarian emergencies and disease outbreaks, as well as sanitation and hygiene programmes.

The end of polio offers a unique opportunity to strengthen health systems in fragile countries, while ensuring that the world remains polio-free through virus containment and surveillance.

Currently, WHO's five-year strategic action plan on polio transition covers 64 countries, with 16 given priority status. As part of the overall GPEI polio transition effort, WHO will provide support for national implementation of polio transition plans, bringing together ministries, other UN agencies, development partners, multilateral institutions, and civil society. This will be a key element of a comprehensive effort across all GPEI partners to support polio transition and ensure a polio-free world.

WHO will also advocate greater domestic resource commitments, raise awareness, provide technical and operational support to strengthen country capacity and track implementation. The total estimated costs for integrating polio capacity to strengthen health systems is US\$ 667 million over five years (75% for disease surveillance and laboratory networks, and 25% for core infrastructure, administration, and outbreak response).



A successful transition of polio functions will:



cover **790 million children** under 15 years of age;



increase immunization rates for **294 million children** under 5 years of age;



contribute to WHO's **Global Vaccine Action Plan (GVAP)** goals;



sustain and expand the scope of **20 national laboratories**



strengthen country core capacities for implementing the **International Health Regulations**.

WHO is Transforming

a new way of working together for greater impact

A transformed WHO will be fully equipped to deliver the Strategic Plan, to work at all levels for measurable country impact, and to ensure excellent normative and technical work promotes health, keeps the world safe, and serves the vulnerable.



A new strategy



A new operating model



Organizational culture and staff engagement



Optimizing organizational performance



Fit-for-purpose processes



New external engagement and partnerships





CONCLUSION

With the health-related SDGs and the 2030 Agenda, the international community has laid out an ambitious programme for a healthier humanity.

WHO has responded by setting an ambitious Triple Billion target for 2023: one billion more people benefitting from universal health coverage, one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being.

Achieving these goals will require unfailing political and financial commitment from governments and donors and strengthened collaboration with civil society, academia, the UN family and all health actors.

Success will be driven by a shared commitment to build a world where no person suffers unnecessarily from lack of access to quality and affordable health care.

Success will only be possible with a well-funded WHO that will allow us to strengthen

our impact in countries and expand work on data and innovation. Not only do we need sufficient funds, but our supporters must provide increased flexibility and alignment of funding to ensure that every dollar received can be applied to achieving these targets.

WHO is keenly aware of past support from governments, civil society, foundations, and others who have played the multiple roles of adviser, colleague, financier and friend to the organization over these past 70 years. Nothing we have achieved would have been possible without the generosity of our partners.

Only with your continued and enhanced support can we ensure joint action transforms the lives of millions. Support for WHO translates into longer and healthier lives for present and future generations.

Life is priceless. Saving lives, promoting health, keeping the world safe, and serving the vulnerable is not a cost. It is an investment.

Annex: Sustainable Development Goals and WHO Targets 2019-2023

The WHO Impact Framework aims to implement a key focus of the 13th General Programme of Work (GPW 13): measurable impact for people at the country level. As such, it has the potential to transform the way WHO works by anchoring commitments in data and accountability, and thereby increasing the likelihood that the world will achieve the GPW 13 triple billion and the 2019-2023 targets. The WHO Impact Framework strategically implements the Sustainable Development Goals (SDGs), especially but not limited to SDG 3 on ensuring healthy lives and promoting well-being.

The WHO Impact Framework is a three layer measurement system: i) an overarching and comparable measure of progress reported by the healthy life expectancy (HALE) indicator connecting the triple billion targets; ii) the triple billion targets, which focus on universal health coverage (UHC), emergency preparedness and healthier populations, respectively; and iii) programmatic targets and related indicators. Please see (http://www.who.int/about/what-we-do/White_Paper_GPW13.pdf?ua=1) for more details. The programmatic targets are shown below, organized by SDG target.

SUSTAINABLE DEVELOPMENT GOALS (SDGs)	WHO GPW13 TARGETS (2019-2023)
GOAL 3	
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births	Reduce the global maternal mortality ratio by 30%
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 births	Reduce the preventable deaths of newborns and children under 5 years of age by 30%

Targets as of 26 July 2018.

SUSTAINABLE DEVELOPMENT GOALS (SDGs)	WHO GPW13 TARGETS (2019-2023)
<p>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p>	<p>Eradicate polio: zero cases of poliomyelitis caused by wild poliovirus (WPV) or circulating vaccine-derived poliovirus (cVDPV)</p> <p>Eliminate at least one neglected tropical disease in 30 additional endemic countries (cumulative total number of countries)</p> <p>Reduce tuberculosis deaths (including TB deaths among people with HIV) by 50%</p> <p>Reduce malaria deaths by 50%</p> <p>Reduce the number of HBV- or HCV-related deaths by 40%</p> <p>Reduce number of new HIV infections per 1000 uninfected population, by sex, age, and key populations by 73%</p> <p>Increase treatment coverage of RR-TB to 80%</p>
<p>3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being</p>	<p>20% relative reduction in the premature mortality (age 30–70 years) from NCDs (cardiovascular, cancer, diabetes, or chronic respiratory diseases) through prevention and treatment</p> <p>25% relative reduction in mean population intake of salt/sodium</p> <p>7% relative reduction in the prevalence of insufficient physical activity in persons aged 18+ years</p> <p>Reduce suicide mortality rate by 15%</p> <p>20% relative reduction in the prevalence of raised blood pressure</p>
<p>3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p>	<p>7% relative reduction in the harmful use of alcohol as appropriate, within the national context</p>
<p>3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents</p>	<p>Reduce the number of global deaths and injuries from road traffic accidents by 20%</p>
<p>3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</p>	<p>Increase the proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods to 66%</p>
<p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p>	<p>1 billion more people with coverage of essential health services</p> <p>Increase access to essential health services (including promotion, prevention, curative, rehabilitative and palliative care) with a focus on primary health care, measured with a UHC index</p> <p>Stop the rise in percent of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services</p> <p>Increase percent of publicly financed health expenditures by 10%</p> <p>Increase availability of essential medicines for primary health care, including free-of-charge items to 80%</p> <p>Increase coverage of essential health services among vulnerable groups, and women and girls in the poorest wealth quintile to 70%</p> <p>Reduce the number of older adults of 65+ years who are care-dependent by 15 million</p> <p>Increase the availability of oral morphine in facilities caring for patients in need of this treatment for palliative care at all levels from 25% to 50%</p> <p>Increase the number of vulnerable people in fragile settings provided with essential health services</p> <p>Increase service coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for severe mental health disorders to 50%</p> <p>Increase coverage of human papilloma virus vaccine among adolescent girls (9–14 years) to 50%</p> <p>Reduce the percentage of bloodstream infections due to AMR organisms among hospital patients by 10%</p>

Targets as of 26 July 2018.

SUSTAINABLE DEVELOPMENT GOALS (SDGs)	WHO GPW13 TARGETS (2019-2023)
<p>3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</p>	<p>Reduce the mortality rate attributed to household and ambient air pollution by 5%</p>
<p>3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate</p>	<p>25% relative reduction in prevalence of current tobacco use in persons aged 15+ years</p>
<p>3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all</p>	<p>Increase coverage of second dose of measles containing vaccine (MCV) to 90%</p>
<p>3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states</p>	<p>Increase health workforce density with improved distribution</p>
<p>3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p>	<p>1 billion more people better protected from health emergencies</p>
<p>OTHER GOALS</p>	
<p>1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters</p>	<p>Reduced number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population</p>
<p>2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons</p>	<p>Reduce the number of stunted children under 5 years of age by 30%</p> <p>Reduce the prevalence of wasting among children under 5 years of age to less than 5%</p> <p>Halt and begin to reverse the rise in overweight (0–4 years) and obese (5–19 years) children</p> <p>Eliminate industrially produced trans fats (increase the percentage of people protected by effective regulation)</p>

Targets as of 26 July 2018.

SUSTAINABLE DEVELOPMENT GOALS (SDGs)	WHO GPW13 TARGETS (2019-2023)
4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	Increase the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being to 80%
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	Decrease the proportion of ever-partnered women and girls aged 15–49 years subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months from 20% to 15%
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	Increase the proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care to 68%
6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all	Provide access to safely managed drinking water services for 1 billion more people
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	Provide access to safely managed sanitation services for 800 million more people
13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing states, including focusing on women, youth and local and marginalized communities	Reduce mortality from climate-sensitive diseases by 10%
16.1 Significantly reduce all forms of violence and related death rates everywhere	Decrease the number of children subjected to violence in the past 12 months, including physical and psychological violence by caregivers in the past month, by 20%

Targets as of 26 July 2018.

