

The George Institute for Global Health - Submission
The 14th WHO General Programme of Work (GPW14), 2025-2028
November 2023

The George Institute for Global Health welcomes this opportunity to submit comments on the World Health Organization's (WHO's) draft 14th General Programme of Work (GPW14), which includes several strategic objectives and draft outcomes that we are engaged with and where we have considerable expertise.

We are a leading independent global medical research institute with over 700 staff based at centres in Australia, China, India and the UK and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat non-communicable diseases and injury (NCDIs) and providing compelling evidence to guide health policy and practice. We work closely with the WHO on a range of health priorities, and direct two WHO Collaborating Centres, on Population Salt Reduction, and Injury Prevention and Trauma Care.

Key recommendations:

- **We urge the WHO to enhance capabilities in research and innovation and prioritise research and building the evidence as a central objective for every goal of GPW14.**
- **We fully support the emphasis on prioritising health and well-being in policy agendas, but we believe that a stronger emphasis should be placed on involving communities in the development, implementation, and evaluation of these agendas.**
- **We recommend a more ambitious focus on achieving equity within GPW14. This should involve clear articulation of how rights-based and equity-centred approaches will be integrated into the GPW's implementation.**
- **We fully endorse the focus on addressing the issue of catastrophic out-of-pocket expenses for health and recommend setting a measurable target for investment in health to reduce out-of-pocket spending in alignment with national disease burdens.**
- **The Commercial Determinants of Health (CDoH) should be a fundamental component of the WHO's efforts to attain the second strategic objective of GPW14, which is focused on tackling the underlying causes of poor health.**



We welcome the proposed strategic objectives under the GPW14, and there are several priority areas we strongly support, for example:

- We strongly support the renewed focus on improving the monitoring and evaluation of results, as well as the emphasis on preventing and treating NCDs, which also encompasses mental health and neurological conditions, and providing access to care for people in need across their life-course.
 - o [WHO's menu of policy options on NCD prevention and control](#) (also known as the NCD 'best buys' and other recommended interventions or the Appendix 3 of the Global NCD Action Plan) should remain a reference to Member States for both population-wide and individual-based interventions that are cost-effective and recommended.
- We fully endorse the focus on addressing the issue of catastrophic out-of-pocket expenses for health (priority area 2). It is alarming to note that individuals with NCDs in low- and lower-middle-income countries bear a disproportionate burden of out-of-pocket healthcare costs, which can lead to delayed or foregone treatment due to financial constraints.
 - o As highlighted in our report with the NCD Alliance, '[Paying the Price](#)', the consequences of this extend to financial hardships and can impact not only individuals but entire households and subsequent generations.
 - o To be more ambitious, **the objective should aim to eliminate catastrophic healthcare expenditure by setting a measurable target for investment in health to reduce out-of-pocket spending in alignment with national disease burdens.** It is essential to note that merely reducing these expenses may not necessarily indicate meaningful progress in addressing impoverishment.
- We strongly support the aspiration for transformative action on the intersection of climate change and health, and as a member of the WHO Civil Society Working Group on Climate Change and Health, stand ready to assist the WHO in advancing toward this goal. In particular, we support interventions that are community-led and adopt a systems approach that addresses community-identified priorities, including the social determinants of health and food and water insecurity.
 - o Our [work with the Yuwaya Ngarra-li Partnership](#), a collaboration between the Dharriwaa Elders Group and the University of New South Wales, has been developing Aboriginal community-led solutions in the remote town of Walgett. These community-led solutions have focused on establishing resilient food and water systems and present a model of community-university collaboration to improve community health and wellbeing outcomes and increase the broader evidence base. The Traditional Knowledges of First Nations and Tribal Peoples and the voices of other communities experiencing marginalisation are crucial to reversing and responding to the ongoing impacts of climate change on health and equity.
 - o Our [research with urban](#) communities experiencing poverty in India shows that climate change may result in young people and adolescents experiencing



a loss of agency and sense of hopelessness. We need to address the systemic barriers that prevent people from fully exercising their agency - particularly people who are marginalised – and support communities to build their resilience to cope with the stress and challenges posed by adverse climate events.

- The proposed outcome related to Climate Adaptation could benefit from a **more robust emphasis on not only building climate-resilient health systems but also resilient populations.**

To further strengthen GPW14, we would also recommend the following:

- As the WHO states, 'High quality research is indispensable to achieving WHO's mandate for the attainment by all peoples of the highest possible level of health.' We urge the WHO to **enhance capabilities in research and innovation and prioritise research and building the evidence as a central objective for every goal of GPW14.**
- These efforts should primarily target the healthcare needs of underserved communities and strengthen equitable, respectful collaborations with research institutions in a manner that respects cultural sensitivity and appropriateness, particularly in **low-resource contexts.**
 - Research plays a vital role in gathering crucial data on disease trends and risk factors. Researchers can work with governments to ensure that scarce resources are directed fairly, towards measures that will yield the greatest benefits for patients and communities. They can co-produce evidence with communities and civil society, in line with local priorities, and provide timely and robust evaluations of health policies and interventions. Research can also ensure that policies are equitable, by focusing on under-served populations. Disaggregated data analyses not only support effective, targeted interventions, but help to ensure no one is left behind.
 - For the WHO, research is also a valuable tool to gain insights into how its efforts contribute to impact on improving health and promoting equity.
- We fully support the emphasis on prioritising health and well-being in policy agendas, but we believe that Objective 1 should place a **stronger emphasis on involving communities in the development, implementation, and evaluation of these agendas.**
 - Governments should allocate financial resources and establish mechanisms for sustained community and civil society engagement in GPW14. These stakeholders play a crucial role in ensuring that health policies and services are responsive to community needs, leaving no one behind.
 - Social participation not only strengthens meaningful engagement with the population but also fosters collaboration between governments and civil society to build and oversee robust health systems through the GPW14.
 - As a member of the [SPHERE consortium](#), we are working to reflect on and draw lessons from past and existing participatory spaces to identify how



people at the margins can be better involved, and how power can be meaningfully claimed by community members. The adoption of a WHA resolution on institutionalising social participation in 2024 is a good place to start in achieving this objective.

- We recommend a more **ambitious focus on achieving equity** within GPW14. This should involve clear articulation of how rights-based and equity-centred approaches will be integrated into the GPW's implementation.
 - o The **routine collection and analysis of data disaggregated by sex, gender, and other characteristics**, including race, ethnicity, sexuality, and disability, is crucial to better understanding of sex and gender differences and intersecting disadvantages in the determinants of health conditions; risk factors; barriers to accessing services; pathways leading to quality care; and outcomes.
 - o For example, cardiovascular diseases, such as heart disease and stroke, are responsible for 35% of deaths among women globally each year but continue to be widely perceived as 'men's problems'. Our research found that ambulance personnel in Australia, for example, are more likely to overlook a stroke diagnosis in women. Raising awareness among all healthcare professionals about the differences in symptom presentation between men and women could help address biases and ensure women are not disadvantaged, including in the critical treatment time window.

- **The Commercial Determinants of Health (CDoH) should be a fundamental component of the WHO's efforts to attain the second strategic objective of GPW14, which is focused on tackling the underlying causes of poor health.** By doing so, the WHO can assist governments in addressing commercial actors' negative influences on social, cultural, and political environments.
 - o Our [CDoH research](#) aims to improve understanding of commercial political involvement; measure CDoH to inform policymaking, market-based strategies, and consumer choices; address commercial marketing tactics; foster wellbeing linked to the use of commercial products and services. [Learn more here.](#)

Reflections on the process for developing GPW14:

While we acknowledge the fast-paced nature of such processes and the opportunity for stakeholder input, we share the concerns of other civil society partners regarding the engagement of non-state actors (NSAs), including youth. We request the WHO to initiate discussions with NSAs and Member States simultaneously, with sufficient notice and background information shared prior to consultations. **A systematic approach should be established for engaging civil society organisations (CSOs) at both regional and national levels in future.** This should prioritise outreach to groups who face the greatest challenges in accessing health services, such as older individuals, persons with disabilities, people with chronic health conditions, women, and children.



We thank you for considering this submission, which is based on the knowledge and experience of a team of leading researchers around the world. We look forward to following the discussions going forward, and to continuing to work closely with the WHO to ensure people live longer, healthier lives.

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