World Health Organization

WHO Public Health Goods

Technical Products on norms/standards, data and research

Guide in alignment with PB22-23

April 2021

Contents

Foreword by DDG

Dear colleagues,

I am pleased to present to you the guide on WHO Public Health Goods – Technical Products on norms/standards, data and research (TPs for brevity). This document will assist you in understanding the concept of TPs and their planned implementation across the three levels of the Organization in alignment with PB 2022–23.

The present guide is based on the valuable guidance of the DPMs network and recommendations of the three-level Task Force that addressed issues identified in relation to the lifecycle of TPs (ex-GPHGs) in PB 2020–21 and provided opportunities for its strengthening. It is the result of the dedicated work of the Deputy Director-General Office; Science Division; Data, Analytics and Delivery for Impact Division; Health Emergencies Preparedness and Response Division; and Planning, Resource Coordination and Performance Monitoring Department along with the highly valuable inputs from our colleagues from WHO regional and country offices.

An important feature of the TPs lifecycle in PB 2022–23 is that it will be a cross-organizational process, reflecting the call and direction given by the DPM Network that three levels of the Organization should develop "common" products (not "global" or "regional") and follow "common" processes in terms of selection, development and quality assurance. The primary aim is to ensure organizational alignment in the development and implementation of TPs that will drive impact in countries and the achievement of GPW 13 "Triple Billion" targets.

This guide will remain a living document and will be regularly updated for your reference to describe newly developing processes and address any queries that arise.

I rely on the ownership and active engagement of everyone at WHO in ensuring the success of the TPs process in PB 2022–23 particularly by:

- Participating in the three-level discussions and focusing on selecting TPs that address country priority and needs; and
- Delivering TPs of the highest quality.

Finally, I would like to thank each one of you for your hard work and contribution to delivering WHO's core functions on setting norms and standards, and promoting and monitoring their implementation; monitoring the health situation and assessing health trends; and shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.

Zsuzsanna Jakab
Deputy Director-General

1. Introduction and background

In the context of WHO transformation and guided by WHO's Thirteenth General Programme of Work (GPW13), the Global Public Health Goods (GPHG) initiative was introduced in PB2020-21 to further the visibility of WHO's work around norms, standards, data, research, and innovation.

Half way through the first two-years of GPHGs, a task force (TF) was convened to review and assess a range of completed evaluation and consultation processes, to suggest recommendations that would address the emerging challenges.

Key recommendations of the TF as approved by the Executive Management included:

- To brand and recognize the equal value of WHO's work across all three strategic shifts and to ensure the distinction with the economic definition of "public/ global goods" by:
  - elevating and broadening the definition and reflecting the contribution from the three levels; and
  - replacing "global" with "WHO" and changing the overarching title to "WHO Public Health Goods".
- To promote the understanding of common goods instead of global and regional products by renaming "Global Public Health Goods on norms/standards, data and research" to "Technical Products on norms/standards, data and research" (TP[1]).
- To ensure consistency, the TP unit should comprise of "core" and "supporting" (accompanying, derivative and adaptation) products.

WHO Public Health Goods (WPHG)

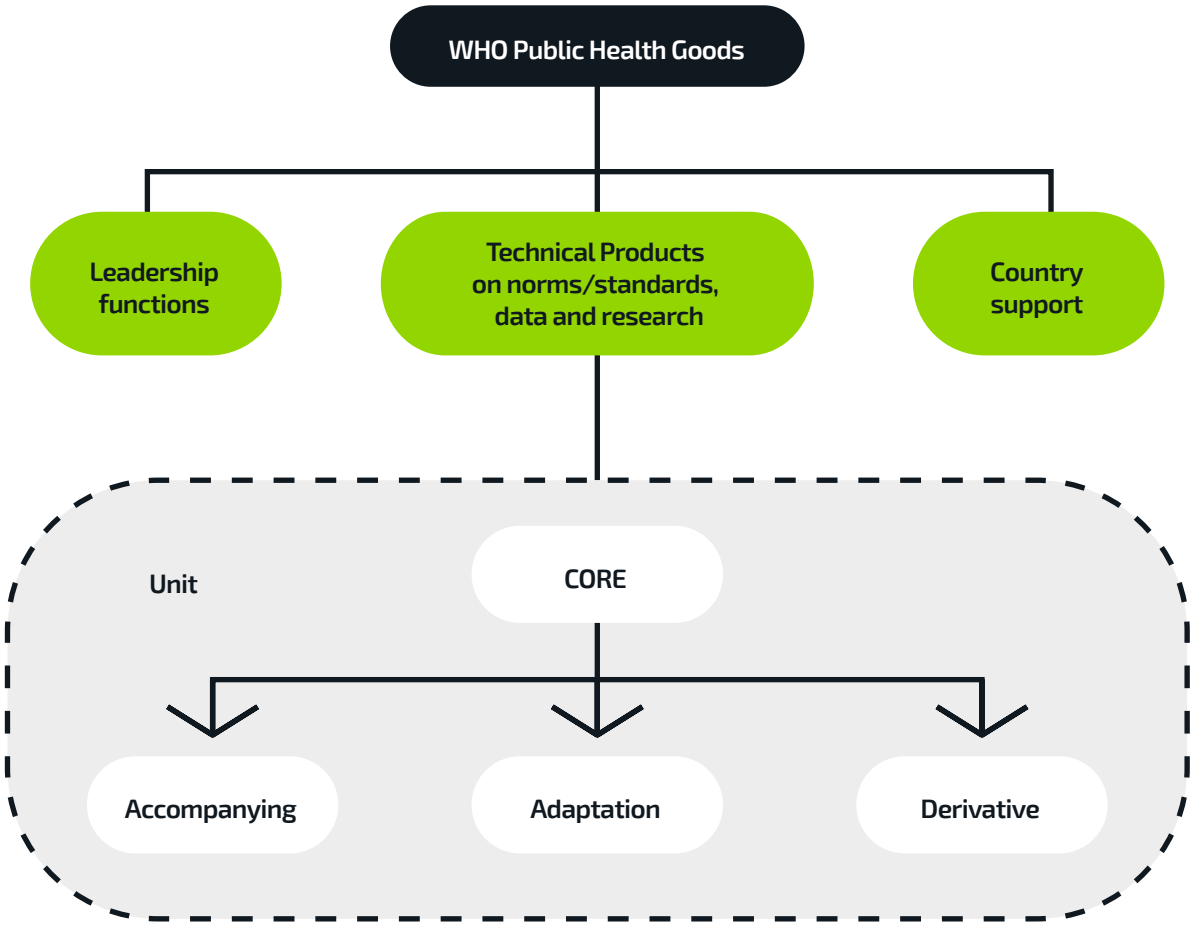
are products and services uniquely delivered by WHO for the benefit of all countries, that are essential to achieve the GPW13 Triple billion targets, with the following three strategic shifts:

1. Leadership functions.
2. Technical Products on norms/standards, data and research (formerly Global Public Health Goods – GPHGs).
3. Country support.

Figure 1 (overleaf) illustrates the above recommendation and the interlinkages.

1 – For brevity, the abbreviation "TP" will be used further in the document.

Figure 1 – WHO Public Health Goods



This guide, developed jointly by DDGO, PRP, QNS, DDI, RFH, and WHE, provides details on the definition, scope and processes related to the above recommendations, with a particular focus on the **Technical Products on norms/standards, data and research (TPs)**[2].

It presents comprehensive step-by-step guidance on all phases of the lifecycle of TPs from selection through to development, quality assurance, implementation, measurement and monitoring for PB2022–23 and onwards.

Primarily, the current version has a greater focus on the selection phase of TPs; with limited information provided for other phases, as these are still under varying degrees of development.

As a living document, it is expected that it will evolve over time as processes are further developed and/or refined with the lessons learned and feedback from different stakeholders.

2 – Tailored products and services that are developed to respond to emergencies and appeals are outside the scope of this document.

2. Technical Products on norms/ standards, data and research

2.1 Definition

Technical Products on norms/standards, data and research (TPs) are applicable to multiple countries[3] and developed using rigorous processes at global, regional and country level to drive impact.

These belong to the following areas:

1. **Norms and standards:** Products that tell the end-user what to do or how to perform an action. These products can be primarily technical or scientific in nature, or they can be based on legal or ethics frameworks or conventions, or they can be a combination of these types. Standard-setting products: (i) indicate categories or labels; (ii) set thresholds or standards along a continuous measure; or (iii) provide an assessment based on a threshold or standard.
2. **Data:** Products developed by WHO that are for the benefit of all regions and countries to strengthen country data and information systems for health; to monitor population health trends, inequalities, and to use data to deliver impact in countries. The five categories of data products are: (i) standards and classifications, (ii) data collection tools, (iii) databases and data exchange platforms, (iv) global reports, and (v) delivery for impact. An integral part of WHO's transformation, these products are directly linked to GPW13 outputs 4.1.1 and 4.1.2, unless they are specialized data products linked to the respective programme-specific outputs.
3. **Research, innovation and horizon scanning:** Products that advance scientific knowledge and the development of new technologies ranging from guidance on best practices for research implementation and use, to analyses to support the evidence-based local or global research and innovation agenda.

2.2 TP Units

A specific core product with its supporting products constitutes a TP unit. It has been proposed for operational purposes and to facilitate the management of TPs throughout all phases of their lifecycle.

Supporting products include:

1. **Accompanying products:** related products that differ in technical content (such as implementation handbook, systematic review of evidence).
2. **Derivative products:** related products that contain no additional technical content (such as translation, executive summary, policy brief, communication/ advocacy product, package of training materials).
3. **Adaptation products:** products adapted from the core, accompanying, or derivative products(s) to reflect regional settings and contexts (such as regional guidance or regional communications materials).

Annex II provides non-exhaustive examples of TPs for each of the three areas.

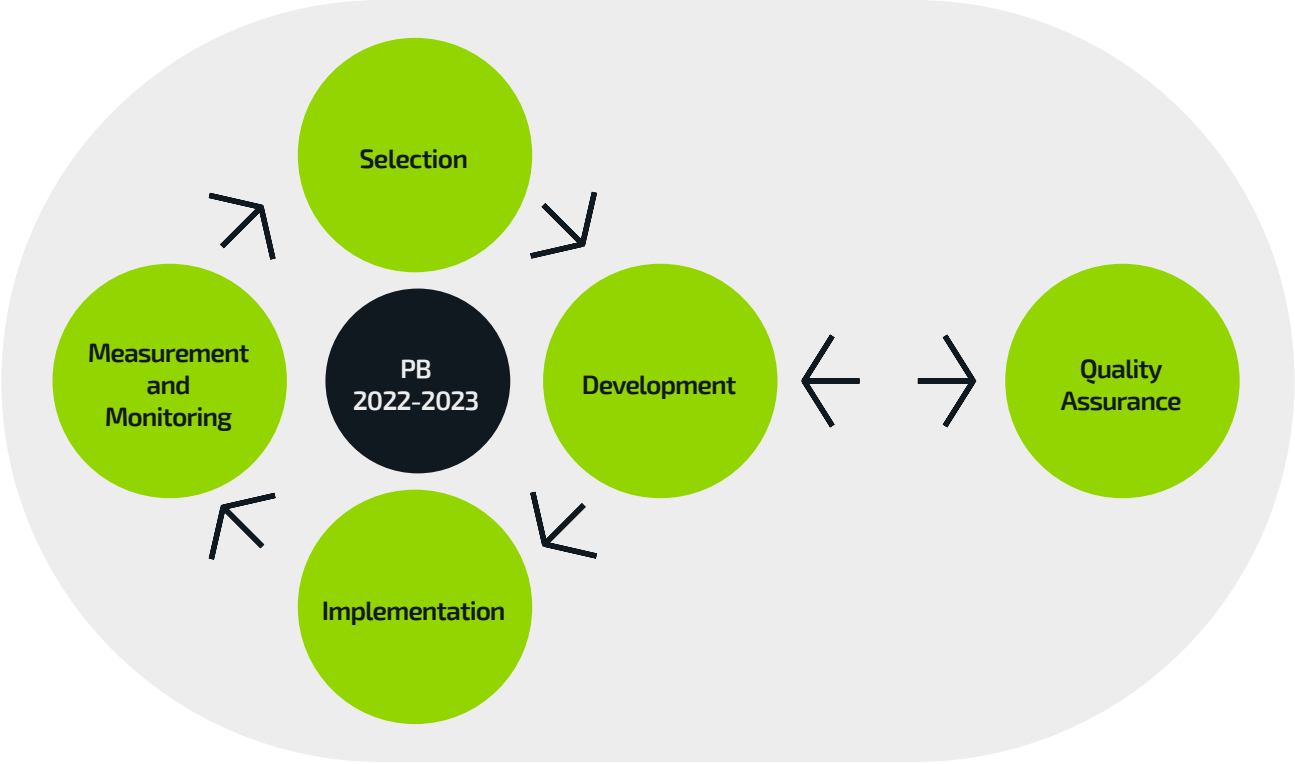
3 – If a "core" or "supporting" product is for the use of a single country, it belongs to the Country Support strategic shift.

2.3 The TP lifecycle

As represented in *Figure 2* below, the TP lifecycle consists of the following five phases:

- Selection
- Development
- Quality assurance
- Implementation
- Measurement and monitoring

Figure 2 – Phases of the TP process



While development and quality assurance occur in parallel, the implementation, measurement and monitoring take place throughout the lifecycle.

The process is cyclical, and all phases of the TP lifecycle are aligned with the corporate process of programme budget development.

The selection phase takes place every two years, prior to the start of the new biennium (for example selection of TP for PB22–23 will start in 2021, before the operational planning process) and is informed by the priorities arising from the strategic planning for the programme budget.

The selected TPs feed into the operational planning and are included in the resulting workplans created for the new biennium.

The interconnected development and quality assurance phases can take place at any time during the biennium, with each selected TP under development following the timeline approved in the workplan. The implementation of the TPs can start as soon as they are completed, quality assured and available for use.

Regular reviews and response take place every six months to update and adjust workplans according to progress (including TP development), identify any emerging needs, and signal when TPs are completed and available for implementation by others and added to the Country Support Plans (CSPs).

2.3.1 Linkages of TP lifecycle to CSP and Operational Planning for PB 22-23

Seamless and functional interlinkages between the TP cycle and programme budget are critical for the alignment of the two corporate exercises and to warrant constant monitoring throughout the biennium. The foundations for these interlinkages are set during the CSP discussions and the operational planning process as presented in Figure 3 (TP lifecycle linkages to CSP and Operational Planning) and *Figure 4* (Operational Planning Process Overview).

Figure 3 – TP lifecycle linkages to CSP and Operational Planning

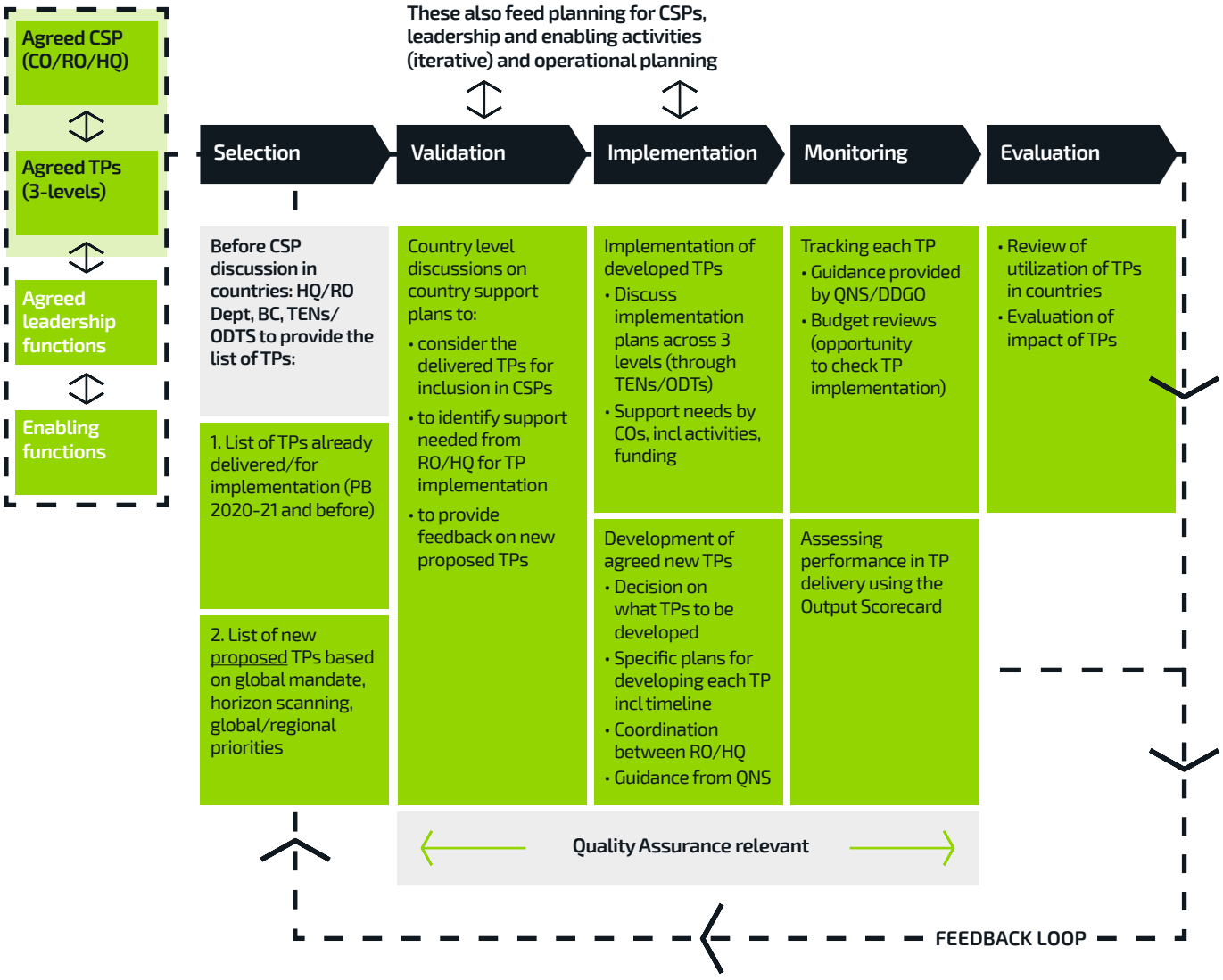
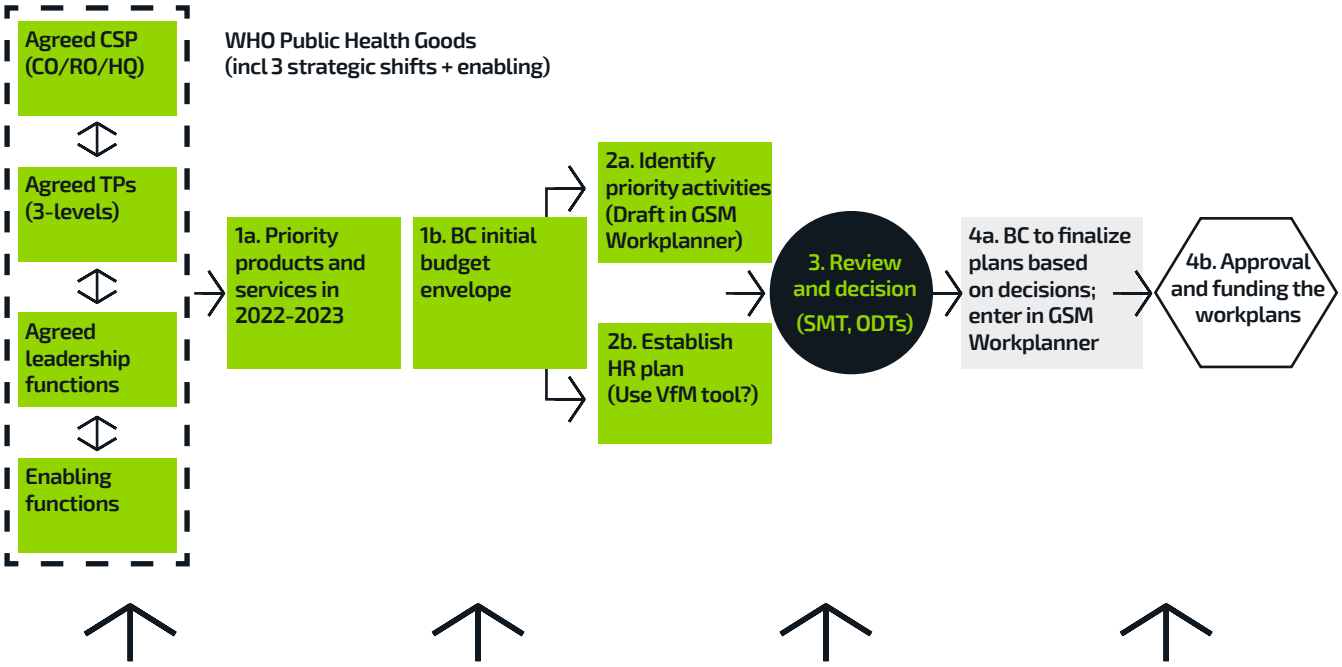


Figure 4 – Operational Planning Process Overview



1. Prerequisites/Essential preparatory work

1a. Products and services by strategic shifts are identified (for planning Top Tasks in GSM). These are based on CSPs, TPs, leadership functions and other commitments – to be considered together)

Identification and prioritization – iterative manner, country-needs driven.

1b. Initial budget envelope provided to BCs to guide realistic expectations in planning for delivery

2. Development of workplans

2a. BC to draft activity plans (what will be delivered). This must align to previous steps especially prioritizing activities

2b. Draft detailed HR plan and activity plans will be developed, with several considerations, esp. outputs and products and services to be delivered; will also draw from specific initiatives and senior mgt decisions

3. Review and decision

- 3-tier review involving BC, MO and global.
- Within MO review, SMT review and decision before finalizing the plans.
- Supported by the ODTs to identify cross-cutting/ synergy issues
- Review will be based on agreed products and services

4. Finalization, approval and funding in GSM

4a. Involves refining the plans based on SMT decisions; entering plans in GSM, approval and funding of workplans in GSM

4b. Should be completed by Nov 2021 (to start recruitments, committing activities for Q1/2022)

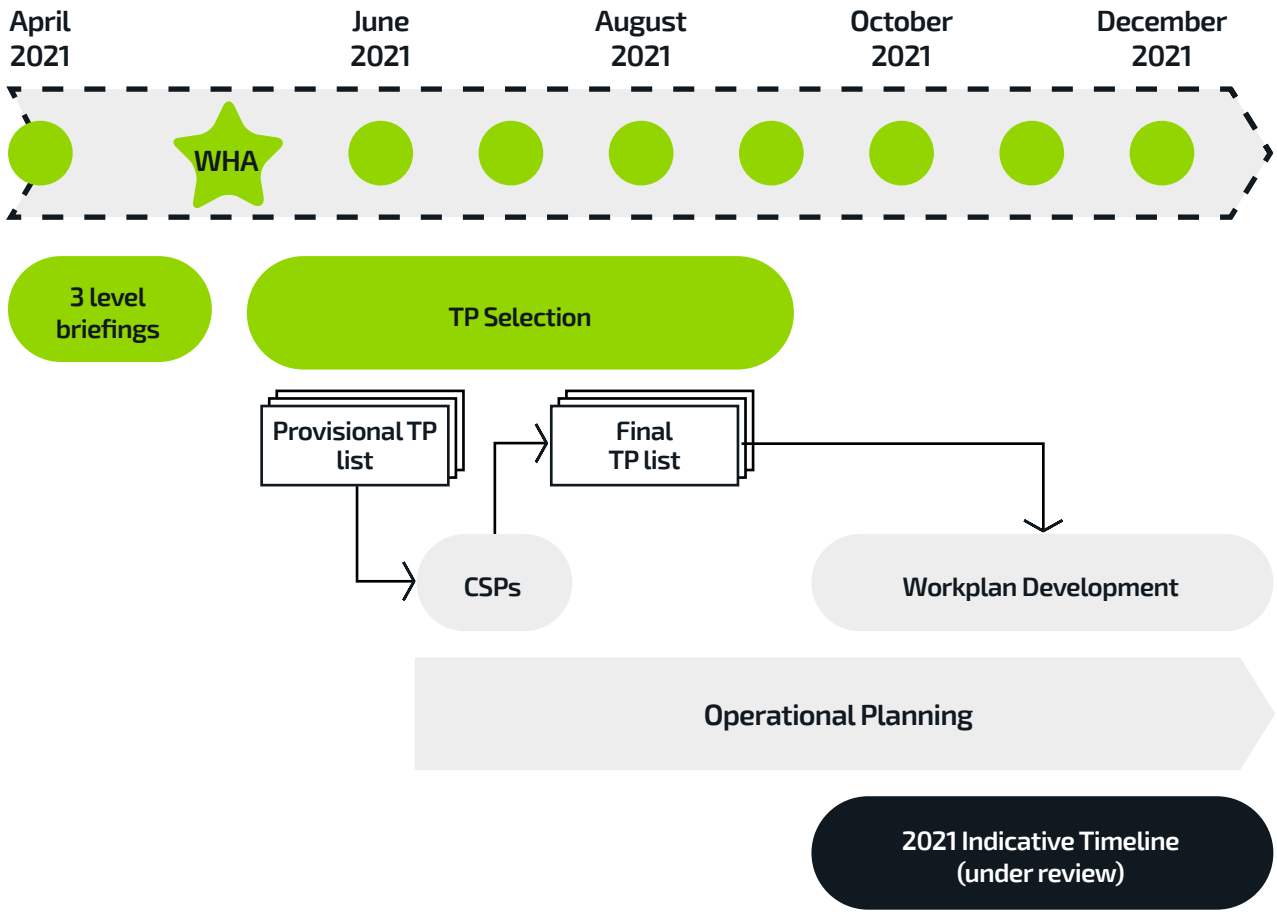
July 2021 — Aug-Sep 2021 — Oct 2021 — Nov 2021

For additional clarity, forthcoming guidance from PRP on the corporate planning exercise is expected to include the following critical elements related to the TP lifecycle:

1. Guide for country offices on the list of completed/ available TPs to consider for implementing their priorities.
2. Guide for Technical Expert Networks (TENs) and Output Delivery Teams (ODTs) on the needs or gaps arising from the country support planning discussion in the selection of new TPs for development.
3. Guide for teams and units with approved TPs for development in PB 2022–23 on how to include TP development in their respective workplans to ensure monitoring of TP development throughout the biennium (classification; task naming convention).
4. Guide for country offices and teams implementing completed and available TPs on how to include TP implementation in their respective workplans to ensure monitoring of TP development throughout the biennium.
5. Guide on how to review and monitor TP development and implementation throughout the biennium.

Subject to further review, an indicative timeline for the selection of TPs in alignment with the PB 2022–23 operational planning is reflected in Figure 5 while further explanations are available in subsequent sections.

Figure 5 – Indicative 2021 Timeline



2.4 Governance, oversight and coordination

The following mechanisms will provide oversight and coordination of the TP process:

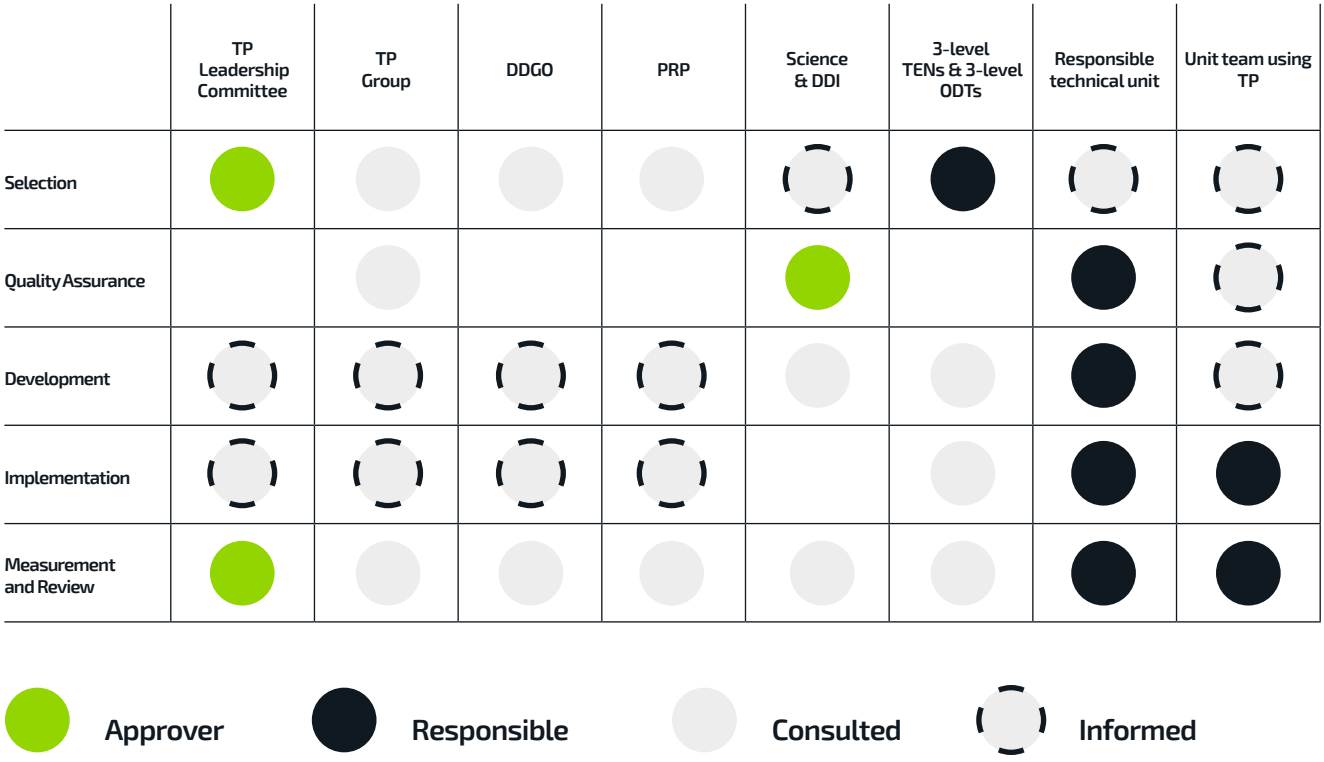
- Policy guidance: Global Policy Group (GPG);
- Leadership and approval: TP Leadership Committee (DDG (Chair), ExD Health Emergencies, DPMs, Chief Scientist, ADG DDI and ADGs);
- Support: TP Group with regional representation; and
- Secretariat: DDGO.

The functions of the key stakeholders in the above mechanisms are provided in Annex III.

In addition, the matrix below in Figure 6 summarizes the responsibilities of the key stakeholders across the various phase of the TP, where:

- "approver" includes those who sign off or approve the work provided by the responsible;
- "responsible" indicates those who do the work to complete the task;
- "consulted" may include subject matter experts or anyone whose opinions are sought; and
- "informed" includes those kept up to date with the process (in most cases, they may be informed after completion of the task).

Figure 6 – Matrix of responsibilities across the TP lifecyle



3. Lifecycle Phases

The TP lifecycle consists of five phases:

- Selection
- Development
- Quality assurance
- Implementation
- Measurement and Monitoring

3.1 Selection phase

3.1.1 Purpose

The selection phase aims to create a list of TPs to be developed and made available to support the priorities and needs of the Organization during the biennium. The list of selected TPs feeds into operational planning.

3.1.2 Principles

TP selection is based on the following principles:

- transparency: based on clear TP definition and set identification criteria (see Box 1);
- ensuring country focus and impact: guaranteeing country engagement and placing country needs first (see Box 2); and
- collaboration, efficiency and synergies across the three-levels and technical areas.
- three-level agreement on priorities: three-level TENs and/or ODTs; DPM Network and TP Leadership Committee

3.1.3 Number

There are no restrictions on the total number of TPs proposed for selection and for approval as long as they meet the selection criteria and have the budget and resources available for development and implementation at the various budget centres involved.

3.1.4 Three level alignment

The following three-level networks will be engaged to achieve synergies across the three levels of the Organization (details in Annex IV).

Three-level Technical Expert Networks (TENs) – a key mechanism to ensure coherence and alignment of technical expertise across three WHO levels to efficiently and effectively deliver products and services within WHO technical areas of work.

Three-level Output Delivery Teams (ODTs) – a key mechanism to coordinate delivery of integrated outputs across each major office and across the three levels of the Organization in the context of the programme budget, planning, budgeting, monitoring, performance assessment and corporate reporting.

BOX 1

TP identification criteria

To be selected, a proposed TP must meet the first and at least one of the remaining criteria:

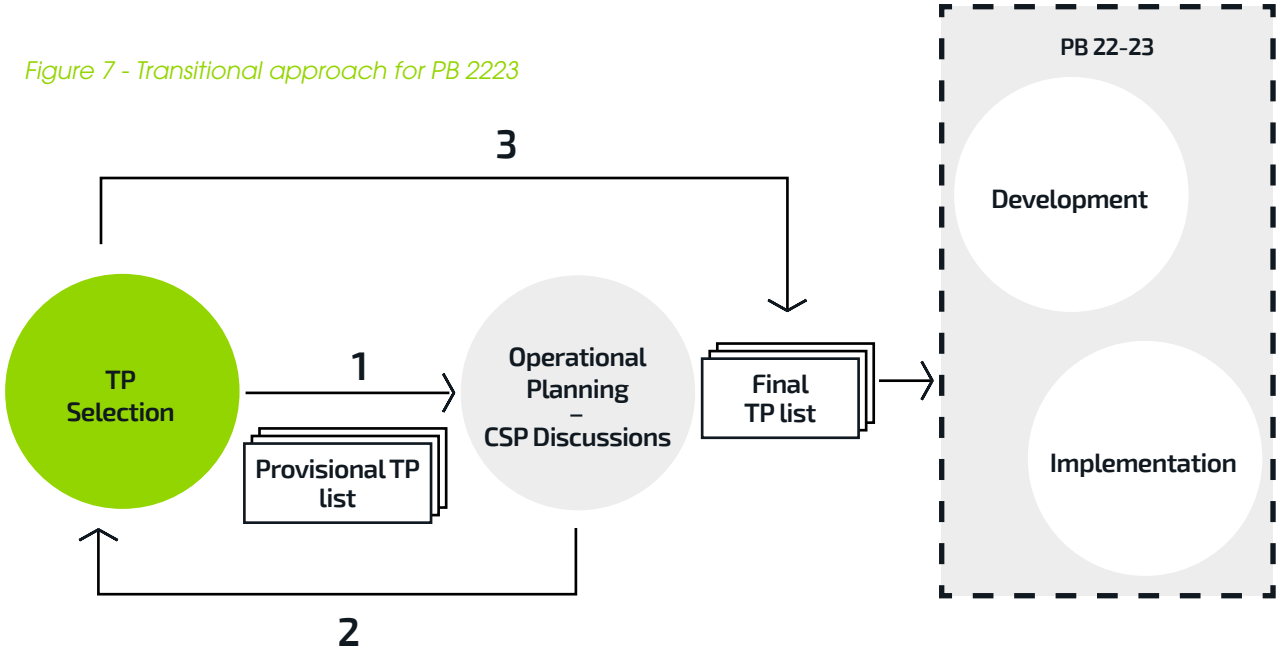
1. Fills a need that is not already filled by an existing TP.
2. Responds to countries' needs (as defined through outcome prioritization and/or country requests) and/or meet trajectory(ies) agreed at a Triple Billion Delivery Stocktake.
3. Is called for in a Governing Body resolution.
4. Is linked to evidence-based emerging global or regional public health issues and/or reflects demonstrable need based on evidence from the global or regional public health community (such as research gaps, STAGs, partnerships forums).

BOX 2

Ensuring country ownership of the selected TPs

To ensure that TPs are available to countries in time for operational planning, the selection of TPs will be completed as presented in Figure 7 below.

Figure 7 - Transitional approach for PB 2223



Initially, a provisional list of TPs will be prepared before the start of the operational planning. This will facilitate the availability and use of the provisional list during the Country Support Plan (CSP) discussions in order to seek their validation and inclusion in the work plans of the targeted countries.

Subsequently, at the conclusion of the CSP deliberations, a final list will be developed after making necessary adjustments. The TPs included and notified in this final list will proceed to the next phases of the lifecycle.

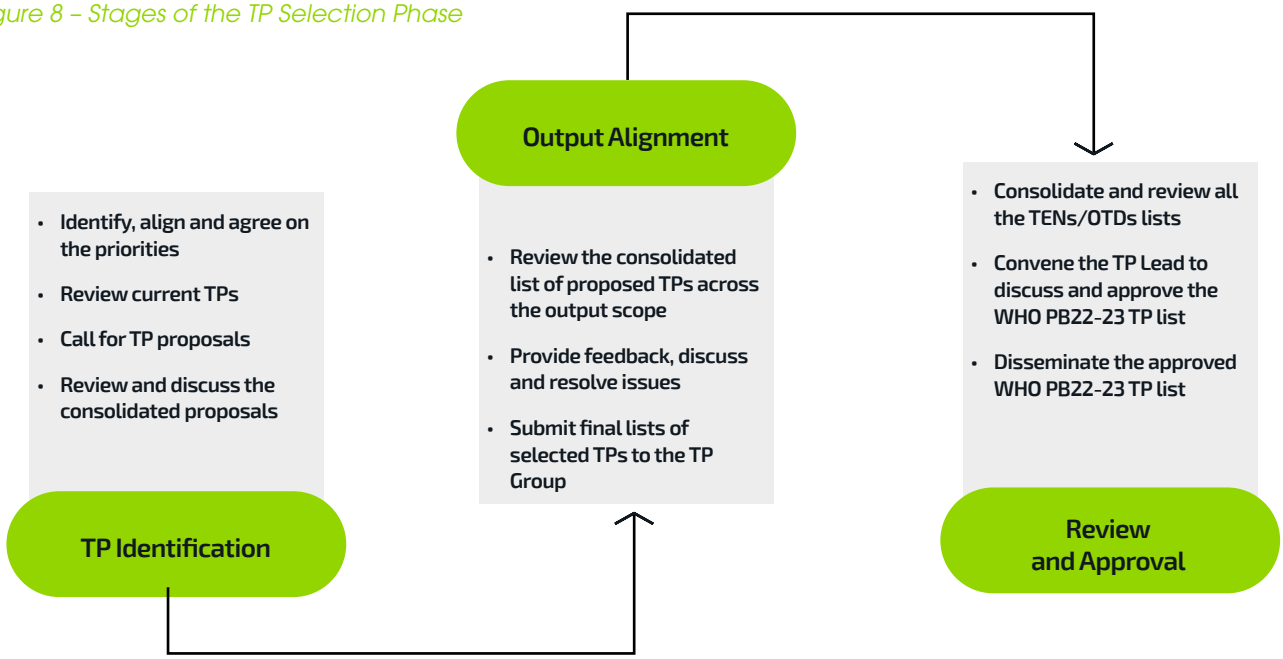
Both the provisional and final list will be managed and approved as per process required under the selection phase.

3.1.5 Selection stages

As presented in Figure 8, the TP selection phase comprises three stages:

1. TP identification within the technical areas (through a three-level consultation).
2. Output alignment.
3. Review and approval.

Figure 8 – Stages of the TP Selection Phase



Stage 1: TP Identification

Responsible: three-level TENs and/or ODTs

Stage 1 of the selection should preferably be coordinated by TENs. TENs are established for areas where ODTs cover outputs related to multiple technical areas (for example, 1.1.2 and 1.1.3), while ODTs dealing with outputs covering a single specific programme or technical area (for example AMR, health and environment, data and science) will coordinate Stage 1. These ODTs are already operational so creating TENs for these areas will result in duplicity of memberships across the three levels. Annex V provides the lists of TENs that will be established along with ODTs playing the dual role of TENs. In cases where an ODT performs the dual role of a TEN, it will also manage Stage 2 along with other ODTs not involved in Stage 1.

Tasks:

a) Identify and align the technical area priorities, drawing on the latest version of the programme budget:

- country priorities based on prioritization of health outcomes and/or results of delivery stock takes as available;
- regional priorities based on Governing Body resolutions, results of delivery stocktakes if available, regional strategies and priorities, evidence-based emerging regional public health issues and the evidence from the regional public health community; and
- global priorities based on Governing Body resolutions, results of delivery stock take if available, global strategies and priorities, evidence-based emerging global public health issues and the evidence from the global public health community.

b) Review the list of existing 2020–2021 GPHGs (developed/underdevelopment) for the relevant technical area.

c) Identify new TP units (for development and implementation) in 2022–2023 based on required criteria (see Box 1).

d) Consider budget and resources (available/expected) for the development and implementation of the proposed TPs[4] and their value for money.

e) Prepare TP proposals using a standard template (see Box 3).

f) Validate TP proposals for targeted countries, through the respective WHO regional offices representation. Some TPs, such as those stemming from governing body resolutions and/or those related to research, innovation and horizon scanning are exempt from this step.

g) Review and discuss the proposals, flag and resolve duplications, identify synergies across the three levels.

h) Review roles and responsibilities for the development of the unit of TPs across the three levels.

i) As and when required, consult relevant WHO headquarter divisions suggested (see Box 4).

j) Provide the list and details of the TP proposals to relevant ODTs[5].

BOX 3

TP proposal template

Information to be submitted for each unit of a TP (core and supporting) proposal:

- Working title
- Description of specific core TP
- Type of TP (one-off, ongoing or regularly updated)
- List and description of supporting products
- GPW 13 output and justification how the TP contributes towards its achievement
- Technical area(s) and a leading TEN (if applicable)
- Proposing major office/division/department/responsible Officer
- Identification criteria (2–4)
  - if criteria (2), provide list of suggested countries needing the TP to deliver country support and health outcomes and/or a reference to a relevant trajectory(ies) agreed at a Triple Billion Delivery Stocktake that the TP will enable, suggested list of countries, regions and/or programmes needing it
  - if criteria (3), provide direct quote with URL to resolution
  - if selection criteria (4), reference to evidence (such as STAG recommendation, recommendation of R&D network)
- Budget and resource plans for development and implementation of TPs (at country office, regional office and WHO headquarters) including resource mobilization plans to address any remaining gaps
- Planned timeline for development of TP

4 - In their deliberations, TENs should select only TPs having the needed resources (human and financial) for development and implementation or with a clear plan to mobilize the resources needed to address any gap. For any TP expected to be implemented at the country level, it must be ensured that budget and resources will be made available either by WHO country offices, regional offices or WHO headquarters.

5 – As a transitional measure for PB22-23, (please see in Box 2) an provisional list will be prepared in a first iteraction to support the CSP discussions. Once these are completed the provisional list is reviewed to produce the final list of TPs

Stage 2: Output alignment[6]

Responsible: Three-level ODTs

Tasks:

a) Review the list of TPs proposed by TENs and/or ODTs across the output scope to flag gaps or misalignment and duplications.

b) If relevant, identify opportunities for synergies within the output and/or outcome.

c) Provide feedback and discuss with TENs and/or ODTs to resolve any identified issues.

d) Submit final lists[7] of selected TPs agreed and supported by TENs and/or ODTs to the TP Group.

BOX 4

Roles of HQ divisions in TP Selection

- DDGO (TP Secretariat) facilitates the selection process and provides support to ODTs and/or TENs; organizes meetings of the TP Leadership Committee; coordinates meetings of the TP Group; disseminates information across the three levels
- The SCI, DA and DDI advise on the applicable QA mechanisms.
- PRP advises on planned, available and expected resources for TP development, especially HR-related, to highlight any budget considerations

Stage 3: Review and approval

Responsible:
Secretariat, Group and Leadership Committee

Tasks:

Secretariat (DDGO):

a) Review the proposed list in terms of the required criteria and approval requirements.

b) Assign a unique index number to each TP unit.

c) Manage submissions and approval from TP Group and Leadership Committee.

d) Disseminate the approved list of TPs (new and existing) in time for operational planning, for countries to consider in the development/review of the CSPs and workplans, and for RO/HQ to include in their workplans.

TP Group:

e) Review the overall list of selected TPs to ensure completeness.

f) Make the final recommendation to the TP Leadership Committee.

TP Leadership Committee

g) Approve the final list of TPs taking into consideration the following factors:

- Meeting definition and selection process requirements
- Carrying no political risk
- Driving GPW and impact in countries
- Considering resources availability
- Having demand from relevant country offices

6 – Stage 2 is identified as a separate stage although, when certain ODTs are coordinating Stage 1 in their dual role as TEN, the same ODTs will also manage Stage 2 along with other ODTs not involved in Stage 1.

7 – As mentioned before, there will be no restrictions on the total number of TPs proposed for selection and approval, as long as selected TPs meet the identification criteria as required and have budget and resources available for development and implementation in respective budget centres.

3.2 Development phase

Responsible: Units/Teams responsible for the approved TPs.

TPs approved by the Leadership Committee will proceed to the development phase by the technical programmes of the proposed level. Along with the new TPs, the 2020–2021 products not yet completed will also be developed during 2022–2023 (see Box 5).

Tasks:

1) Plan the development of approved TPs of 2022–2023 and incomplete 2020–2021 products
   - in their workplans (activities and HR) according to PRP operational guidance
   - in conformity with the applicable quality assurance mechanism.
2) Carry out the necessary activities to develop the products from both biennia.
3) Regularly review their plans to adjust, adapt and update the TP development progress in their workplans.

Further details will be developed and disseminated in due course.

BOX 5

Continuity between PB 2020–21 to PB 2022–23

While developing the country, regional and WHO headquarters workplans for 2022–2023, the following set of products needs to be considered:

- Approved 2020–2021 products (GPHGs) already completed and are available for implementation;
- Approved 2020–2021 products (GPHGs) to be completed during 2022–2023; and
- Approved 2022–2023 products (TPs) to be completed during the biennium

3.3 Quality assurance phase

Responsible: Science Division in collaboration with DDI and in consultation with WHO regional offices and country offices.

3.3.1 Purpose

To strengthen WHO's normative work, an organization-wide quality assurance mechanism will be established to ensure alignment with the overarching standards and quality criteria set by the Organization. Quality assurance is one aspect of a larger quality management system that aims to help the Organization to produce measurable impact[8] in countries and achieve the goals of GPW 13.[9]

The specific purpose of the quality assurance process for Technical Products is to ensure:

1. harmonized standards and processes
2. consistency of message between products throughout WHO, to the extent possible
3. transparency of the development process and the basis for decision-making
4. the highest possible quality, including validity and usability of the product
5. credibility
6. impact.

8 – Impact refers to the extent the unique content, recommendation or guidance included the TP positively affects the key health-outcome metric it is intended to improve.

9 – ISO 9000 defines quality assurance (QA) as "part of quality management focused on providing confidence that quality requirements will be fulfilled" (ISO 9000:2005, clause 3.2.11)

3.3.2 Principles

1. Quality assurance is based on the highest global standards and must ensure that all Technical Products reflect WHO's core values[10] while corresponding to Member States' needs.
2. The processes, procedures and execution of quality assurance must be independent of any personal, administrative, political or commercial interests. Real or perceived risks of conflicts of interests should be managed through: (i) the collection and assessment of the declarations of interest of all external participants performing the quality assurance; and (ii) the declaration and recording of conflicts of interests of all internal participants involved in the quality assurance process (for example, if a submission is originating from the same department as a participant in the quality assurance process).
3. Quality assurance must be based on transparent criteria and process, and the basis for decisions must be documented and communicated with the technical units concerned.

3.3.3 Quality criteria

The following high-level criteria will be used to appraise the quality of Technical Products. These Quality Assurance (QA) criteria will be applicable to all published Technical Products across the three levels of the Organization.

Process:

- stakeholder inclusiveness
- management of conflict of interest
- appropriate clearances

Method:

- rigorous, transparent and reproducible methods
- best available evidence to inform decisions
- gender, equity and human rights properly addressed

Presentation:

- information optimally presented (in WHO house style)
- user-friendly format and effective use of visuals

Impact:

- translation into local language
- optimized for usability and impact in countries

Quality criteria for guidelines are further detailed in the Handbook for guideline development and a Quality assurance of norms and standards handbook (QA Handbook) for normative and standard setting products that are not guidelines (expected released date December 2021).

3.3.4 Salient features

1. Quality assurance is part of quality management and validates the processes and methods used. It is not intended to influence the technical content, responsibility for which remains with the responsible technical unit(s).
2. The quality assurance review will take place after the TPs selection, during the development phase.
3. Common quality assurance criteria and three-level quality assurance mechanism for all TPs across the three level of the Organization will be applicable.
4. Quality assurance shall be led by the department or division in charge of the specific product category and shall involve all relevant departments or divisions.
5. The quality assurance mechanisms will build on established mechanisms and be expanded across the three levels.
6. Each core and supporting TP will be subject to quality assurance. All approved units of TPs will follow agreed-upon common and specific methods, standards and procedures for quality assurance based on their area (norms and standards, data, research, innovation and horizon scanning) and type (core or supporting TPs).

10 – The core values of WHO are service orientation, integrity, being equitable, respect, collaboration, transparency, accountability, efficiency, inclusiveness and continuous improvement https://www.who.int/about/who-we-are/our-values

3.3.5 Roles and Responsibilities

1. Science Division will provide QA support to technical departments utilizing agreed methods, standards, and procedures, in collaboration with DDI and in consultation with WHO regional offices and country offices. Within Science Division, QNS will serve as the focal point of the issues related to QA in terms of methodology, standards, process efficiency and product design for impacts.
2. Teams or units with selected TPs at various levels of the Organization prepare the product plan and final product and submit it for quality appraisal.
3. A Quality Support Panel (QSP)[11] will have responsibility for providing technical departments with standardized peer-review services for quality appraisal throughout the end-to-end process.

3.3.6 Quality assurance stages

Quality assurance occurs in parallel with the TP development phase and includes two stages:

Planning stage

Overview:

Prior to initiation of the content development of a TP, a product plan is developed and, as soon as all information is available, submitted for quality appraisal. Once the product plan has been approved, the plans can be implemented, and the product developed.

Detailed process:

- Using predefined templates, technical teams or units prepare a document (product plan) that describes the plans and methods for development of the TPs and submit it for review to the QSP.
- The QSP reviews the product plan submitted and:
  - appraises the planned processes, methods and approaches for technical content development, the plans for reporting and presentation as well as plans for country implementation. The review is done based on existing checklists following the established quality criteria.
  - identifies opportunities for improvements in terms of methods and approach to content development or plans for county implementation and liaises with the technical unit if revision of the product plan is needed.
  - once the product plan is considered to meet agreed quality criteria, provides clearance for the product plan during the planning publication clearance process or alternative process.

Executive clearance

Overview:

Once the TP has been developed, the final edited manuscript will be reviewed by the QSP and validated before its publication as part of the executive clearance stage.

Detailed process:

- When the TP has been developed and there is a final product ready for publication or release, technical teams or units submit the final product for review by the QSP.
- The QSP will:
  - appraise the final product, in reference to processes, methods and approaches for technical content development, plans for reporting and presentation as well as plan for country implementation. The review is done based on existing check list following the established quality criteria.
  - identify area of improvement when necessary and liaise with the technical unit to adjust the product accordingly.
  - once the product is considered to meet agreed quality criteria, provide clearance for the product during the executive publication clearance process or alternative process.

Further details will be developed and disseminated in due course.

3.4 Implementation phase

Responsible: WHO country offices and/or technical units at WHO regional office and WHO headquarters level.

Aligned with the global PB 2022–23 planning process and based on the country support plans, countries will select from the list of approved TPs (both from the current and new biennia) for implementation in 2022–2023. WHO regional office and WHO headquarter divisions will also include these TPs in their respective workplans for implementation after their development and quality assurance.

Further details will be developed and disseminated in due course.

11 – Quality Support Panels (QSP) will be set up in consultation with the WHO regional offices to support WHO in producing consistently high-quality normative and standard-setting products that drive impact in countries.

3.5 Measurement and Monitoring phase

Responsible: PRP in coordination with DDI, QNS, relevant ODTs and the teams, units, departments and budget centres across the three levels of the Organization (developing and implementing TPs).

3.5.1 Purpose

To measure the impact of WHO's work and to monitor the progress of the development and implementation of the selected TPs.

3.5.2 Principles

WHO's available corporate frameworks and methodologies will be used to measure and monitor.

- The WHO Results framework measures the results of WHO (country offices, regional offices and headquarters) and member states through indicators that measure the health outcomes achieved by the Secretariat and the Member States and indices that measure country impact (the Triple Billion targets).

Among other mechanisms, it entails routine reviews of progress, or "stocktakes," against agreed indicators globally and in priority countries.

- The output scorecard assesses the Secretariat contribution to the results (outputs) across six different dimensions with TPs[12] being one of them.

Further details will be developed and disseminated in due course.

3.5.3 Periodic reviews and emerging needs during the biennium

To allow the off-cycle inclusion, sunsetting , or the carry-over of the approved TPs to the next biennium, TP reviews should be held in alignment with regular programme budget reviews. The expected roles and tasks are described below.

Responsible: Teams, units, departments and budget centres across the three levels of the Organization (developing and implementing TPs).

- Monitor and assess the progress of TP development or implementation.
- Update status.
- Adjust plans if needed (timelines, planned costs, budget allocation, responsible officer).
- Identify any emerging needs for new TPs and proposed to the respective TENs/ODTs through the relevant channels.

Responsible: TENs/ODTs

- Review and guide the support (technical and financial) provided by WHO regional offices and headquarters for TP implementation in countries.
- Review and identify new TPs (offcycle) to address emerging needs and to undergo and offcycle selection process.
- Review and idenfity the TPs to refocus, to sunset and to carry over the development for the subsequent biennium.

Responsible: TP Leadership Committee

- Monitor and assess the progress of TP development and implementation in countries.
- Review and guide the support (technical and financial) provided by WHO regional offices and headquarters for TP implementation at country level.
- Identify new TPs to address emerging needs during the ongoing biennium (offcycle) (to undergo the proposed selection process).
- Review the need to refocus, sunset or carry over the development of an approved TP to the next biennium.

12 – Previously denominated Global Goods

4. Relevant Background Information

Depending on the phase of the proposed cycle and/or the role, the following background information will be relevant:

- Lists of selected TPs by output including:
  - TPs completed and available for implementation
  - TPs for development (new and carried over)
- GPW 13 and programme budget
- Country Support Plans
- Impact Framework with targets
- PRP timeline and specific guidance on PB 2022–23 operational planning and regular review exercises
- QA timeline and guidance
- Delivery stock takes.

Annex I

Acronyms

Acronyms

ADG	Assistant Director-General
AMR	Anti-microbial Resistance
CSP	Country Support Plans
DA	Data Analytics
DDGO	Deputy Director-General Office
DDI	Data, Analytics and Delivery for Impact
DPM	Director Programme Management
GPG	Global Policy Group
GPHG	Global Public Health Good
GPW	General Programme of Work
HWCO	Heads of WHO Country Offices
ODT	Output Delivery Teams
PB	Programme Budget
PRP	Planning, Resource Coordination and Performance Monitoring
QA	Quality Assurance
QNS	Quality Assurance of Norms and Standards
QSP	Quality Support Panel
RC	Resident Coordinator
RFH	Research for Health
RO	Regional Office
HQ	Head-quarters
R&D	Research & Development
SCI	Science
STAG	Strategic and Technical Advisory Group
STAR	Strategic Tool for Assessing Risks
SDG	Sustainable Development Goals
TEN	Technical Expert Networks
TP	Technical Products
TF	Task Force
WHA	World Health Assembly
WHE	WHO Health Emergencies

Annex II

Examples of Technical Products on norms/standards, data and research

This table provides some examples of TPs under each area: norms/standards, data and research. It is not inclusive in nature and does not tell which are core TPs or not. All proposed TPs will be reviewed and selected through the proposed process.

Core TPs and supporting TPs cannot be defined as an innate character – this can be decided in the selection process.

Area	Examples	Comments
Norms and standards	• WHO global strategy on health, environment and climate change • Strategic Framework for the control of Skin NTD • WHO roadmap on neglected tropical diseases • Global action plan on physical activity • Regional framework for action for the prevention and control of noncommunicable diseases • Regional framework for action on food safety • WHO Chemicals Road Map and Workbook	Constitutional normative products – conventions, regulations, regulatory and strategic recommendations approved by the WHA, RC or other equivalent governing bodies.
	• WHO guidelines on physical activity and sedentary behavior • Environmental Noise Guidelines for the European Region • Colaboración entre el sector de WASH y el sector de la salud: • Guía práctica para los programas de lucha contra las enfermedades tropicales desatendidas • Operational framework for building climate-resilient health systems • Training modules on hepatitis B and C screening, diagnosis and treatment • Standard operating procedure for determination of nicotine, glycerol and propylene glycol in e-liquids • Management of radioactivity in drinking-water • Clinical care of severe acute respiratory infections – Tool kit • Asbestos: elimination of asbestos-related diseases Tripartite Zoonoses Guide	Scientific and technical normative products - norms and standards for broad range of thematic areas, based on scientific evidence and advice from leading technical experts, including guidelines, implementation tools, operational framework, SOPs, training modules and toolkits.
	• FAO/WHO Codex Alimentarius (International food standards) • ILO/WHO International Chemical Safety Cards • WHO Guidelines for indoor air quality • WHO Housing and health guidelines • WHO Guidelines for drinking-water quality	Standards and classifications based on health risk assessment/management approach.

Area	Examples	Comments
Data	• International Classification of Diseases -11 (ICD-11); • International Classification of Functioning, Disability and Health (ICF)	Data standards and classifications - Products that define the standards underpinning all health data.
	• World Health Surveys+ • Harmonized Health Facility Assessment • WHO Verbal Autopsy instrument • HEAT and HEAT Plus • SCORE • DHIS 2 (District Health Information System 2) • Strategic Tool for Assessing Risks (STAR)	Data collection and generation tools - Products that provide standards for generating and analyzing health data.
	• Global Health Observatory • Mortality database • GPW 13 Triple Billion targets Dashboard • EMRO Regional Health Observatory (Different types of country profiles)	Data and data exchange – products which store, present, and facilitate interaction with health information and data from population-based surveys, health facility surveys, and disease surveillance.
	• 2020 World Health Statistics • UHC Global Monitoring Report • Inequality reports • EMRO Regional Health Profile	Global and regional reports.
	• Delivery Stocktakes that track progress towards the Triple Billion targets and health related SDGs.	Delivery for impact – products that measure impact on health and facilitate policy and decision-making for Member States and WHO to track progress.
Research	• Repositories and platforms for monitoring and analyzing global R&D activities (such as Global Observatory on health R&D; ICTRP; GAPf) • Horizon scanning process and research priority setting guidance	Research leadership, management and coordination - While not expected to be TPs themselves they are essential enabling functions for the TPs so need full recognition in budget.
	• Guidance on general research areas (such as genetically modified mosquitoes, human genome editing, trial endpoints, topics identified by horizon scanning process)	Research guidance.
	• Evidence for specific products or policy needs (such as target product profiles, data for decision-making or disease control efforts)	Research evidence.

Accompanying products (non-exhaustive list)

Description		Examples
Toolkit	Provide packaged information/toolkit	Toolkit for implementation in national legislation for the National IHR Focal Points; Toolkit on care of small and sick new-borns; Guidance and tools for strengthening radiation safety culture in health care; SCORE survey packages
Implementation and development guide	Provide step by step guidance on how to implement policies or develop programs	Guidance on how to design and cost a realistic minimum package of quality services; Practical implementation guidance on prevention, screening, diagnosis, treatment & care delivery for TB; implementation/transition handbook for ICD-11
Evidence review		Evidence reviews for key contaminants
Datasets	Provide access to data used to develop a product or service	Survey data for World Health Survey+;

Derivative products (non-exhaustive list)

Description		Examples
Training materials package	Development of training materials	Development of online training course, development of training handbook
Policy brief	Development of policy brief materials	
Executive summary	Executive summary	
Translation	Translations	Translations in other languages (Arabic, French, Russian, etc.)
Communication materials package	Development of communications materials	Social media tiles, infographics, communications brochures, leaflets
Adaptation products (non-exhaustive list)		

Adaptation products (non-exhaustive list)

Description	Examples
Adaptation of a Toolkit (accompanying product)	Toolkit on care of small and sick new-borns in the African Region;
Adaptation of Training materials package (derivative product)	Development of online training course for prevention, screening, diagnosis, treatment & care delivery for TB in central Asia.

Annex III

Governance: Key Stakeholders and Functions

Members	Functions
DDG Division	Serving as the Secretariat for overall coordination and reporting; managing the selection phase and monitoring of the TP development, and implementation across all levels.
Science Division	Overall coordination of the QA process across the three levels during the TP development phase; managing quality assurance of TPs under the areas of norms and standards and research, in collaboration with WHO regional offices; regularly updating DDGO on the status of the QA processes of norms/standards and research products.
Data, Analytics and Delivery for Impact Division	Managing quality assurance of TPs under the area of data products, in collaboration with WHO regional offices; assessment of impacts and outcomes, including delivery stocktakes; regularly updating DDGO on the status of the QA processes of data products.
Health Emergencies Divisions	Representation in designing and implementing the processes, coordination and reporting of products developed by Health Emergencies programmes.
Regional Offices	Presenting regional and country level perspectives; ensuring the needed coordination of TP-related processes in their respective offices at regional office and country office level.
PRP Department	Ensuring interlinkages of the TP process in the corporate programme budget development (including strategic and operational planning, and monitoring).

Annex IV

Technical Expert Networks (TENs) and Output Delivery Teams (ODTs)

Technical Expert Networks (TENs)

Aim: to ensure coherence and alignment of technical expertise across three WHO levels to efficiently and effectively deliver products and services within WHO technical areas of work.

Working arrangements: meet as needed to support TP process phases (selection and review).

Membership: (The membership in each TEN may not exceed 15 people):

WHO headquarters	WHO regional offices	WHO country offices
Lead: senior staff member (preferably, Director); staff members from departments contributing to the TEN.	Designated by regional office DPMs: director, coordinator or regional advisor responsible for the programme or technical area in the region.	Country office staff from each region (HWCOs/ technical staff).

Output Delivery Teams (ODTs)

Aim: to coordinate delivery of integrated outputs across each major office and across the three WHO levels of the Organization in the context of the programme budget, planning, budgeting, monitoring, performance assessment and corporate reporting.

Working arrangements: meet as needed to lead the selection phase and to support the overall TP process.

Membership:

WHO headquarters	WHO regional offices	WHO country offices
Designated ODT leads (directors of departments contributing to the output).	The ODT lead(s) from each of the six regional offices (directors of departments contributing to the output).	Designated HWCOs/ technical staff

Please see Annex V for list of three level TENs and ODTs.

Annex V

List of TENs and ODTs (playing dual role of TENs)

List of TENs

Title	Leads
HIV, Hepatitis and STI	M Doherty
Tuberculosis	T Kasaeva
Malaria	P Alonso
Neglected Tropical Diseases	M Malecela
Non-Communicable Diseases	B Mikkelsen; R Krech
Mental health, brain health and substance use	D Kestel
Vaccine preventable diseases and immunization	K O'Brien
Ageing and health	A Banerjee; E Krug
Sexual, reproductive, maternal, child and adolescent health	A Banerjee; I Askew
Violence and unintentional injuries	E Krug
Nutrition and Food Safety	F Branca
Health and migration	S Severoni

List of ODTs (playing dual role of TENs)

Output	ODT	Leads
1.1.1	Service packages	G Schmets; M Malecela; S Dalil
1.1.4	Governance	B Lane a.i
1.1.5	Health workforce	J Campbell
1.2.1 1.2.2 1.2.3	Health financing policy Financial protection and health expenditure analysis Economic evaluation and priority setting	J Kutzin
1.3.1 1.3.2	Access to medical products Global market shaping	M Simao
1.3.3	Regulatory capacity	M Simao
1.3.4	R&D agenda	J Reeder
1.3.5	AMR – surv, infection control, lab capacity	HH Balkhy

Output	ODT	Leads
2.1.1	All-hazards emergency preparedness capacities in countries assessed and reported	S Chungong; S Pendergast
2.1.2	Capacities for emergency preparedness strengthened in all countries	S Chungong; S Pendergast
2.1.3	Countries operationally ready to assess and manage identified risks and vulnerabilities	N Emiroglu; S Pendergast
2.2.1	Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards	S Briand; S Pendergast
2.2.2	Proven prevention strategies for priority pandemic- or epidemic- prone diseases implemented at scale	A Musani; S Pendergast
2.2.3	Mitigate the risk of the emergence and re-emergence of high-threat pathogens	S Briand; S Pendergast
2.2.4	Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	A O'Leary; E Ekeman; S Pendergast
2.3.1	Potential health emergencies rapidly detected, and risks assessed and communicated	O Morgan; S Pendergast
2.3.2	Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	M Yao; S Pendergast
2.3.3	Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	A Musani; S Pendergast
3.1.1	Social determinants	E Krug
3.1.2	Environmental determinants	M Neira
4.1.1 4.1.2	Data, analytics and health information systems GPW 13, health trends, SDG indicators, inequalities monitored	S Asma; R. Minghui
4.1.3	Norms and standards, research capacity, scale up innovations, including digital technology	S Swaminathan; J Grove
4.2.6	"Leave no one behind" approach focused on equity, gender and human rights progressively	N Simela; Min-Whee Kang

Annex VI

Draft form for proposal for new TPs for PB 2022–23

(Content under development/review)

Information to be submitted for each unit of a TP (core and supporting) proposal

Section 1 - Information about the Submitting Team

Proposals with no secured Director's approval will not be considered.

- Major Office – Select from list
- Division – Select from list based on Major Office selected (question 1)
- Department – Selected from list based on Division selected (question 2) – WHO headquarters only
- Name of Responsible Officer
- Email of Responsible Officer
- Confirmation of written approval from the Division Director

Section 2 - Validation of TP Criteria

Proposed criteria to assess whether a TP supports the Organization in the achievement of GPW 13 goals and fulfilment of its mandate to the Member States.

To be considered a proposed TP must meet the first criteria and at least one of the remaining criteria (criteria 2, 3, 4 and 5):

1. Does your proposed TP fill a need that has not already been filled by an existing TP? Y/N
2. Is your proposed TP called for in a Governing Body (WHA or RC) resolution? Y/N. If Yes:
   - Please quote the resolution that called for the TP Proposal
   - Indicate the URL to the resolution indicated above
3. Is your proposed TP responding to countries' needs (through outcome prioritization; requested by countries)? Y/N. If yes indicate ONLY the countries that have requested the TP - this information will be validated by the respective WHO regional offices and country offices.
   - Select countries needing the TP to deliver country support and health outcomes. List of countries. Multiple choice
4. Is your proposed TP meeting trajectory(ies) agreed at a Triple Billion Delivery Stocktake? Y/N. If Yes:
   - Select countries, regions and/or programmes needing the trajectory(ies) agreed at a Triple Billion Delivery Stocktake. List of countries. Multiple choice.
5. Is the proposed TP linked to evidence-based emerging global or regional public health issues (such as research gaps, STAGs). Y/N. If Yes:
   - Provide a summary of the evidence (such as STAG recommendation, the recommendation of R&D network
   - URL to the evidence (such as STAG recommendation, the recommendation of R&D network)

Section 3 - Information about the Proposed TP (Core and Supporting)

Please provide the basic information and rationale for the Core TP and the Supporting Products:

- CORE TP - Proposed Working Title. Text. (Limit characters)
- CORE TP – Description. Text. (Limit characters)
- GPW 13 Output . Select from list (only one output)
- How does the TP contribute towards the achievement of the output indicated above. Text (Limit characters)
- Type of TP. Multiple choice (one-off, ongoing, regularly updated)
- Does the TP have supporting products? Y/N. If Yes:
  - SUPPORTING TP 1 – Title. Text. (Limit characters)
  - SUPPORTING TP 2- Title. Text. (Limit characters)
  - SUPPORTING TP 3 - Title. Text. (Limit characters)
  - SUPPORTING TP 4 - Title. Text. (Limit characters)
  - SUPPORTING TP 5 - Title. Text. (Limit characters)
  - SUPPORTING TP 6 - Title. Text. (Limit characters)
  - SUPPORTING TP 7 - Title. Text. (Limit characters)
  - SUPPORTING TP 8 - Title. Text. (Limit characters)
  - SUPPORTING TP 9 - Title. Text. (Limit characters)
  - SUPPORTING TP 10 – Title. Text. (Limit characters)
  - (More than 10 supporting products please contact DDGO – include the first 10 in the form and any TPs beyond 10 provide a list to DDGO)

Section 4 - Budget and resources

Budget and resource plans for development and implementation of TPs (at WHO county offices, regional offices and headquarters) including resource mobilization plans to address any remaining gaps:

- Estimated budget for the development of and implementation of the TP (core and supporting) in PB 2022–23 (US$). value
- Is the estimated budget within your division allocated budget? Y/N
- Do you have the resources available to implement the proposed budget? Multiple choice (All resources; Partial resources; No resources)
- Please indicate the resources mobilized for the proposed TP. Text
- What is your resource mobilization strategy to secure the resources for this TP? Text.

Section 5 - Planned timeline for the proposed TPs (core and supporting)

- TP Development Start Date (date)
- TP Development End Date (date)

Section 6 - Comments

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This is a living document. For updated versions and any information related to the TP process please check the dedicated sharepoint page

https://worldhealthorg.sharepoint.com/sites/TechnicalproductsonnormsstandardsdataandresearchFor any queries and/or updates on TPs please contact WPHG-TP@who.int

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