World Health Organization

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Proposed programme budget 2026–2027

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Introduction

1. The Proposed programme budget 2026–2027 is the first to be fully developed based on the Fourteenth General Programme of Work, 2025–2028 (GPW 14), which prioritizes advancing health equity and strengthening health systems resilience.

2. The GPW 14 builds on the foundation established in the Thirteenth General Programme of Work, 2019–2025 (GPW 13) and takes forward WHO's pledge to promote, provide and protect health, while helping to power the work of the entire global health ecosystem towards achieving the Sustainable Development Goals, and enhance WHO's own Organizational performance.

3. The Proposed programme budget 2026–2027 also reaffirms the indispensable role of multilateralism in addressing today's complex and interconnected health challenges. In a time of geopolitical tension and rising inequalities, WHO remains a vital platform for cooperation, solidarity and coordination in global health. The Proposed programme budget reflects the shared responsibility of all Member States to invest in a stronger, more coherent global health architecture – one that protects every country by supporting the most vulnerable and that ensures collective preparedness and response for future health threats.

4. The global health landscape continues to evolve rapidly. Persistent and emerging threats – including pandemics, climate change, conflict, economic fragility and rising inequities – have reaffirmed the need for resilient, people-centred health systems and coordinated international action. WHO's leadership, technical expertise and convening power remain vital in supporting countries to navigate this complexity and deliver better health outcomes.

5. The Proposed programme budget 2026–2027 is designed to operationalize the strategic shifts outlined in the GPW 14: prioritizing country impact, fostering equity, maximizing value and building strategic partnerships. These shifts are embedded throughout the Proposed programme budget, which focuses on strengthening primary healthcare, advancing universal health coverage and reinforcing global preparedness and response capacities.

6. This version of the Proposed programme budget reflects a disciplined and realistic response to the current and evolving global financing environment. Investments in development assistance, including resources for health, are decreasing everywhere. In response to this new reality, the overall budget envelope for 2026–2027 has been revised from the initial US$ 5.3 billion presented to the Executive Board to US$ 4.2 billion in the current version. This adjustment ensures that the Organization remains focused on delivering results with efficiency and impact, while aligning available resources to safeguard the most essential work of the Organization.

7. WHO continues its commitment to strengthening country focus. This means we will continue to prioritize support to Member States in implementing their national health strategies. We recognize that health outcomes are ultimately realized at the country level, and it is there that WHO must direct its efforts to support capacity-building, policy development and the implementation of evidence-based interventions. This budget will allocate resources to enhance technical cooperation, foster partnerships and support the achievement of national and global health targets.

8. Accountability is central to this Proposed programme budget. A strong results framework, impact and performance indicators, and transparent reporting mechanisms will guide implementation and help track progress. WHO remains committed to supporting Member States

in implementing national health strategies, building institutional capacity, and delivering evidence-based, equitable interventions where they are most needed.

9. Our work is guided by the principle of equity, ensuring that no one is left behind. This budget emphasizes support for people in vulnerable situations, including women, children and persons with disabilities. We will continue to advocate for universal health coverage and the right to Health for All, striving to reduce health disparities and improve access to essential health services.

10. Achieving the goals of the GPW 14 will also require a sustainably financed WHO. The continued implementation of the increase in assessed contributions as a share of the base programme budget – approved by the Seventy-fifth World Health Assembly – alongside the launch of WHO's first investment round, reflects the shared commitment of Member States to strengthen WHO's financial stability, resilience and responsiveness.

11. Ultimately, the Proposed programme budget 2026–2027 is a collective investment in a healthier, safer and fairer world. It translates our shared aspirations into a concrete plan of action – one that can deliver real and lasting impact at country level, in line with WHO's values and Member States' priorities.

Results framework

12. The WHO results framework is a systematic and structured approach to define, organize and assess the expected impacts, outcomes and outputs of health initiatives. It provides a clear and logical connection between inputs, activities and the resultant health improvements, ensuring that every action contributes to the overarching goals of the Organization. Fig. 1 depicts the WHO results framework.

Fig. 1. WHO results framework

13. The development of the results framework for the GPW 14 builds on the lessons learned from the GPW 13, focusing on areas requiring improvement and essential changes while maintaining the integrity of the results chain. This involves balancing the granularity of outputs, ensuring clarity and keeping the number of results to a minimum to enhance manageability without sacrificing detail.

14. In alignment with the recommendations of the independent evaluations of the GPW 13 and of WHO's results-based management framework, this Proposed programme budget incorporates several key improvements to address identified gaps and enhance overall effectiveness. One major recommendation was the need for effective prioritization. The Proposed programme budget 2026–2027 builds on the previous experiences of priority-setting, especially the development of the Programme budget 2024–2025, and reflects a transparent prioritization process that is driven by evidence and aligned with the GPW 14. This approach aims to ensure that resource allocation is based on priorities set collectively by the Secretariat and Member States to enhance the impact and coherence of WHO's efforts, particularly at the country level, by focusing on areas with the greatest potential for significant health improvements.

15. Furthermore, we recognize the importance of building trust and confidence with Member States and other partners. This Proposed programme budget includes measures to improve transparency in resource allocation and results reporting. By further improving a robust monitoring system with outcome and output indicators and integrating lessons learned from previous cycles, we aim to provide a more accurate and comprehensive picture of our progress and challenges. This transparency is crucial for fostering a collaborative environment in which all stakeholders can contribute to and support WHO's mission more effectively.

16. By embedding these principles into its results framework, WHO aims to enhance transparency, accountability and effectiveness in its operations, ultimately driving better health outcomes for populations worldwide and ensuring that the Organization's efforts are consistently aligned with the most pressing health needs and the Sustainable Development Goals.

17. The GPW 14 outcomes were based on extensive consultations with a wide range of stakeholders. Outputs were developed through a consultative process at the three levels of the Organization, including country and regional office teams. Member States were also consulted in the development of outputs through two white papers, the respective regional committees and the Executive Board version of the Proposed programme budget.

18. Table 1 presents the strategic priorities, outcomes and outputs of the GPW 14, while Annex 1 provides further details, such as outcome and output scopes, outcome and output indicators. Dedicated chapters of the present document further detail the process of completing the results framework.

Table 1. Joint and corporate outcomes and outputs

Objective	Outcome	Output code	Output description
Strategic objective 1. Respond to climate change, an escalating health threat in the 21st century	**Joint outcome 1.1. More climate-resilient health systems are addressing health risks and impacts**	1.1.1	WHO supports countries in developing health vulnerability and adaptation assessments and national adaptation plans, and provides guidance, capacity-building and piloting of interventions to enhance the climate resilience of health systems through a One Health approach
	Joint outcome 1.2. Lower-carbon health systems and societies are contributing to health and well-being	1.2.1	WHO develops norms, standards, policy guidance and strengthens capacity in countries to reduce greenhouse gases and other pollutants from the health sector, and to engage other sectors (such as food, transport, energy, education) to reduce their emissions

Objective	Outcome	Output code	Output description
Strategic objective 2. Address health determinants and the root causes of ill health in key policies across sectors	**Joint outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health**	2.1.1	WHO supports countries in designing policies and regulations, shaping resource allocation and investment building capacity, and establishing partnerships within and beyond the health sector to address social determinants and reduce health inequities, particularly for populations in situations of vulnerability
		2.1.2	WHO supports countries in developing evidence-informed policies across sectors at all levels of government and adapts public health measures to meet the health needs of populations such as migrants and displaced people
	Joint outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches	2.2.1	WHO develops norms, standards and technical packages to address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and strengthen food safety and reduce environmental health risks, and supports countries in their implementation, including in the monitoring and development of legislation and regulations
		2.2.2	WHO supports countries to ensure comprehensive access to promotion and preventive health services for populations (such as tobacco and alcohol cessation services, physical activity counselling and nutrition counselling, including for breastfeeding), and to monitor their implementation
	Joint outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making	2.3.1	WHO develops guidance and supports countries to strengthen their capacity to engage with and empower individuals and communities and all levels of government across sectors to increase health literacy, enable healthier behaviours, advance co-benefits and improve the governance and implementation of settings-based approaches and health promotion policies
Strategic objective 3. Advance the primary healthcare approach and essential health system capacities for universal health coverage	**Joint outcome 3.1. The primary healthcare approach renewed and strengthened to accelerate universal health coverage**	3.1.1	WHO strengthens country capacity and provides guidance on the design, delivery, quality and measurement of integrated services
		3.1.2	WHO strengthens national institutional capacities for essential public health functions to improve health systems resilience
		3.1.3	WHO strengthens countries' national capacity to develop implementable national strategies for universal health coverage
	Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved	3.2.1	WHO provides technical guidance and operational support to countries to optimize and expand their health and care workforce
		3.2.2	WHO generates evidence, guides design and supports health-related macroeconomic policies and practices for sustainable health financing
		3.2.3	WHO supports countries to implement measures for better access to, and use of, safe, effective and quality-assured health products

Objective	Outcome	Output code	Output description
	Joint outcome 3.3. Health information systems strengthened, and digital transformation implemented	3.3.1	WHO builds country capacity and develops tools and platforms to support countries in developing and improving their national digital health and health information systems to improve resilience, coverage, equity and impact
Strategic objective 4. Improve health service coverage and financial protection to address inequity and gender inequalities	**Joint outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance**	4.1.1	WHO develops evidence-based policies and supports the implementation, scale-up and measurement of best buys and other actions to strengthen person-centred prevention, control and management of noncommunicable diseases
		4.1.2	WHO supports the design, scale-up, implementation and measurement of the coverage of people-centred, equitable services for key mental health, neurological and substance use conditions
		4.1.3	WHO provides leadership, develops evidence-based guidance and standards, and supports Member States to build capacity to deliver targeted, innovative and integrated people-centred services for communicable diseases
		4.1.4	WHO develops and disseminates guidance and tools to mitigate antimicrobial resistance, collects and reports data for action, raises awareness, guides research and innovation, builds country and regional capacity to implement a core package of interventions, and coordinates global multisectoral action
	Joint outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved	4.2.1	WHO provides guidance and technical assistance to improve sexual, reproductive, maternal, newborn, child, adolescent, adult and older person health
		4.2.2	WHO provides guidance and technical assistance to strengthen and sustain quality immunization services, including for poliomyelitis, especially for unvaccinated and undervaccinated persons
	Joint outcome 4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable	4.3.1	WHO provides guidance and technical assistance and strengthens capacity to track and analyse health expenditures at the system level -- to monitor financial hardship and financial barriers to access and inform decision-making for financial and social health protection

Objective	Outcome	Output code	Output description
Strategic objective 5. Prevent, mitigate and prepare for risks to health from all hazards	**Joint outcome 5.1. Risks of health emergencies from all hazards reduced and impact mitigated**	5.1.1	WHO collaborates with partners to communicate risks and engage with communities to co-create public health prevention and response interventions for all hazards
		5.1.2	WHO provides technical expertise and operational support to strengthen and scale preventive population and environmental public health interventions for all hazards, utilizing a One Health approach
	Joint outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced	5.2.1	WHO conducts risk and capacity assessments and supports the development and implementation of national preparedness and readiness plans, including tailored prevention and mitigation strategies for specific hazards
		5.2.2	WHO establishes and manages collaborative research networks for fast-track research and development, scalable manufacturing and resilient supply chain systems to enable timely and equitable access to medical countermeasures during health emergencies
		5.2.3	WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients
Strategic objective 6. Rapidly detect and sustain an effective response to all health emergencies	**Joint outcome 6.1. Detection of and response to acute public health threats is rapid and effective**	6.1.1	WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events
		6.1.2	WHO coordinates rapid and effective responses to acute public health threats, including deploying multisectoral response capacities, surging emergency supplies and logistics support, providing contingency financing, and implementing strategic and operational response plans
	Joint outcome 6.2. Access to essential health services during emergencies is sustained and equitable	6.2.1	WHO coordinates and leads the health cluster or sector and partners to assess health needs and develop, fund and monitor humanitarian health emergency response plans in humanitarian emergencies
		6.2.2	WHO ensures the provision of life-saving care and maintains essential health services and systems in emergencies and vulnerable settings, addressing barriers to access and inequity
Powering the global health agenda	**Corporate outcome 1: Effective WHO health leadership, through convening, agenda-setting, partnerships and communications, advances the sustainably financed GPW 14 outcomes and the goal of leaving no one behind**	7.1.1	Convening, advocating and engagement with Member States and key constituencies in support of health governance and to advance health priorities
		7.1.2	Effectively communicating to promote evidence-informed planning for decision-making for interventions and healthy behaviours in countries

Objective	Outcome	Output code	Output description
		7.1.3	Effective results-based management realized through a sustainably financed programme budget aligned with evidence-informed country, regional and global priorities, supported by transparent resource allocation and robust monitoring and performance assessment
	Corporate outcome 2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level	7.2.1	Evidence-based and quality-assured normative products, including the living approach, are developed with and for countries, are digitally accessible and used for health, policy and practice impact
		7.2.2	Strengthening national and regional science ecosystems to improve health and provide opportunities and equity, active support for the digital health transformation, research, development and innovation, including manufacturing capacities of countries
		7.2.3	WHO supports Member States in strengthening health information collection, aggregation, analysis and interpretation to monitor trends and progress towards Sustainable Development Goals indicators and targets, including inequality monitoring
Optimizing WHO's performance	**Corporate outcome 3: An efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the GPW 14 outcomes**	8.1.1	Policies, rules and regulations in place to attract, recruit and retain a diverse, empowered and fit-for-purpose workforce, operating in a respectful and inclusive workplace with Organizational change fully institutionalized
		8.1.2	Core capacities of WHO country and regional offices strengthened to drive measurable impact at country level
		8.1.3	Accountability and legal functions enhanced in a transparent, compliant and risk management-driven manner, promoting Organizational learning, effective internal justice, safety and impact at the country level
		8.1.4	Fit-for-purpose, cost-effective, innovative and secure corporate digital platforms and services aligned with the needs of users, corporate functions and technical programmes
		8.1.5	Working environments, infrastructure, support services, supply chains and asset management are fit-for-purpose, accountable, cost-effective, innovative and secure for optimized operations
		8.1.6	Sound financial practices supported by an effective internal control framework to ensure transparency, accountability and optimal financial management

Results and strategic significance of priority-setting

19. The prioritization of outcomes and outputs for WHO's technical cooperation under the GPW 14 was led by countries and grounded in the principle that WHO should focus its efforts where it provides the greatest added value. The process was guided by country cooperation

strategies, available data and trends and was aligned with regional and global strategic directions (Box 1). Its aim was to identify, across all settings, the areas in which WHO's technical cooperation is most needed in order to advance national health agendas to achieve collectively agreed results at country level.

20. To operationalize this approach, country offices led outcome prioritization consultations in collaboration with governments and key partners. Countries were asked to rank each outcome as "high", "medium" or "low" priority – signalling the expected level of WHO technical cooperation and contribution rather than the overall importance of the result. This allowed for a realistic alignment of WHO's support with national contexts, capacities and the presence of other partners.

Box 1. Criteria for priority-setting

Minimum criteria for priority-setting:

(a) Country/Global Health Observatory evidence indicating concentrated accelerated action, status of Sustainable Development Goal-related indicators;

(b) Alignment with national health/multisectoral strategic and plans or national development plans;

(c) National United Nations Sustainable Development Cooperation Framework analysis/Country Cooperation Strategy (active or recent);

(d) Health ministries and partners highlighting need for WHO support;

(e) WHO constitutional mandate;

(f) WHO global and regional resolutions/declaration/binding commitments (relevant to country and active ones);

The degree of WHO's comparative advantage:

(g) WHO is uniquely positioned to address the scope of an outcome: it has the technical capacity and the ability to mobilize the necessary resources and/or partners to address the needs of the country. Its value-added/positions can be qualified and quantified as follows:

  (i) **Low (1)**. The country has *strong capacity* and/or is working with other partners to address the situation/needs; that is, WHO can shift support or resources to other areas requiring greater attention;

  (ii) **Medium (2)**. The country has *moderate capacity* and there are other partners who can provide support, but WHO's additional support is needed to address the situation/needs; and

  (iii) **High (3)**. The country has *limited capacity* and requires the full support of WHO to address the situation/needs.

21. Following the Executive Board meeting held in early 2025, significant changes in the global financing landscape prompted a revision and reduction of the overall budget envelope. In response, countries were invited to revisit their prioritization to reflect evolving funding realities and partner landscapes, including shifts in support from key health actors. While overall patterns remained largely consistent, some changes were observed. These updates are reflected in the consolidated results presented below.

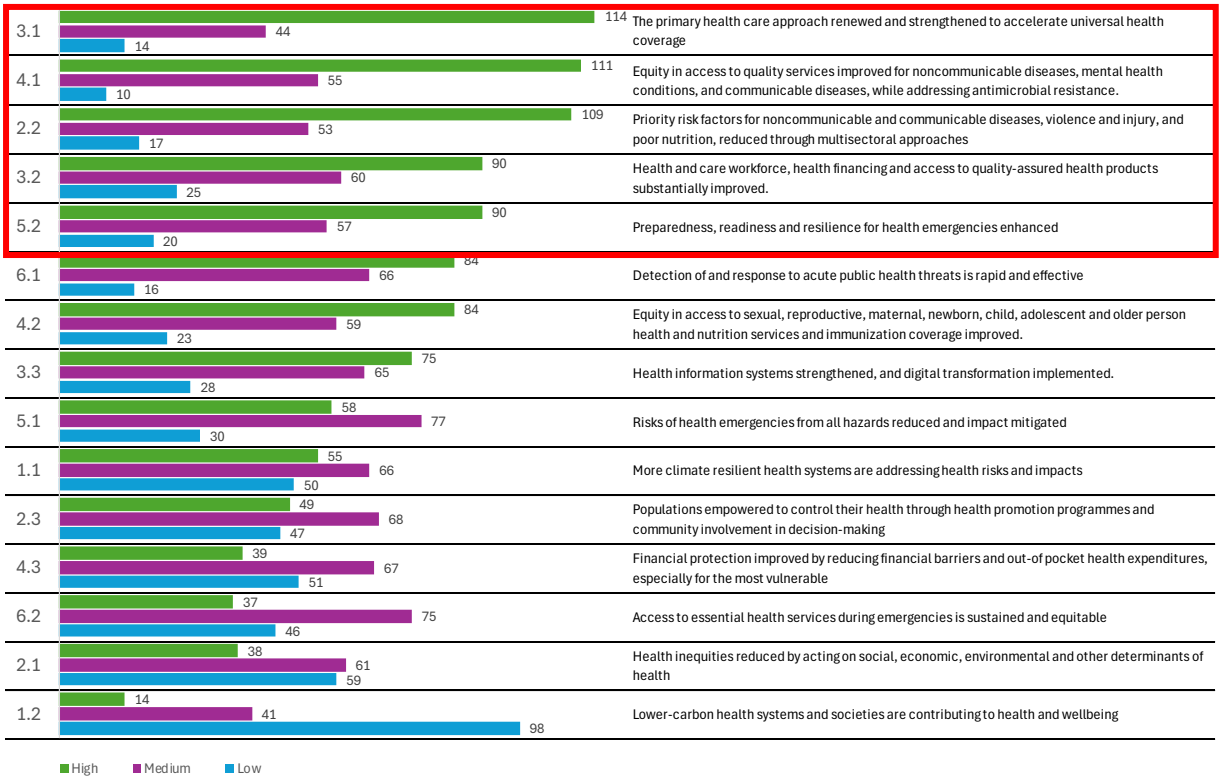
22. The updated country prioritization results show that among 183 countries that expressed their priorities, the following five GPW 14 outcomes were most frequently ranked as "high priority" by Member States (Fig. 2):

- 3.1 (The primary healthcare approach renewed and strengthened to accelerate universal health coverage)
- 4.1 (Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance)
- 2.2 (Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches)

- 3.2 (Health and care workforce, health financing and access to quality-assured health products substantially improved)
- 5.2 (Preparedness, readiness and resilience for health emergencies enhanced).

These results reflect a strong global demand for WHO's technical cooperation in areas central to strengthening health systems, improving service coverage and access and building resilience.

Fig. 2. Joint outcomes ranked by 183 Member States (red box indicates five highest ranked outcomes)



23. Regional variations provide further insight into country needs and contexts (Fig. 3). In the African Region, 85% of countries identified GPW 14 outcome 4.2 (Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved) as "high priority". In the South-East Asia Region, all Member States prioritized outcome 2.2 (Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches) as "high", a pattern also seen in the Western Pacific and European regions. The Eastern Mediterranean Region prioritized outcome 6.1 (Detection of and response to acute public health threats is rapid and effective), while in the Americas Region, outcome 4.1 (Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance) was most frequently ranked as "high priority". Outcome 1.1 (More climate-resilient health systems are addressing health risks and impacts) is among high priority outcomes in the Western Pacific Region that is unique and resonates with specific public health challenges in the majority of Western Pacific countries.

Fig. 3. Ranking of GPW 14 outcomes, by region, based on priority-level scoring (number of countries)

24. In addition to these outcome-level patterns, the regional offices also applied tailored approaches to consolidate country priorities into regional-level programmatic priorities. While grounded in country-level data, each region adapted the process to reflect regional strategic priorities or flagship areas, specific operational realities and planning needs, thereby ensuring coherence and responsiveness to Member State expectations. The implications of the priority-setting in each region are summarized below.

25. In the African Region, the Proposed programme budget 2026–2027 builds on countries' priorities. Across 47 Member States, there was strong and consistent demand for support in areas that strengthen front-line health services and protect essential care. The most frequently prioritized outputs include those in the areas of reproductive and life-course health (4.2.1), immunization (4.2.2), integrated service delivery (3.1.1) and people-centred communicable disease care (4.1.3), reflecting a regional focus on resilient health systems and universal health coverage, aligned with demographic pressures, persistent disease burdens and the need for integrated services. At the same time, outputs requiring intersectoral collaboration, such as those in the areas of climate and sustainability, migrant health, social determinants, and research and development for emergency preparedness, were rated lower. These areas, which are seen as longer-term in the current context, may slow progress on equity and health system transformation, highlighting the need for partnerships and phased engagement. At the regional level, the African Region is recalibrating by preserving high-impact deliverables, scaling back lower-priority work and clarifying roles. This shift allows country offices to focus on their priorities, while the Regional Office for Africa becomes a more agile and responsive enabler of impact.

26. The Regional Office for the Americas consolidated inputs from 25 Member States and Puerto Rico who conducted the prioritization exercise using PAHO-HANLON methodology. The exercise built on country strategic planning processes and enabled the identification of the programmatic areas that require the most technical cooperation. Budget allocations are guided by the results of the Member States prioritization and consider regional priorities, including governing bodies mandates. Additionally, the Regional Office for the Americas has completed a prioritization exercise with country offices to identify the outputs that will require the most technical support in order for the Secretariat to deliver on the prioritized outcomes.

27. For the Regional Office for the Eastern Mediterranean, the prioritization process supported the recalibration of its focus areas in the light of persistent emergencies and constrained resources. Guided by the Regional Strategic Operational Plan and flagship initiatives, the process strengthened the emphasis on WHO's core roles in leadership, guidance, intelligence and flexible country support. To improve efficiency, structural adjustments are being implemented, including reorganized teams, hybrid delivery models and new coordination mechanisms. Collaboration across the UN system is also being expanded to enhance coherence and complementarity in response.

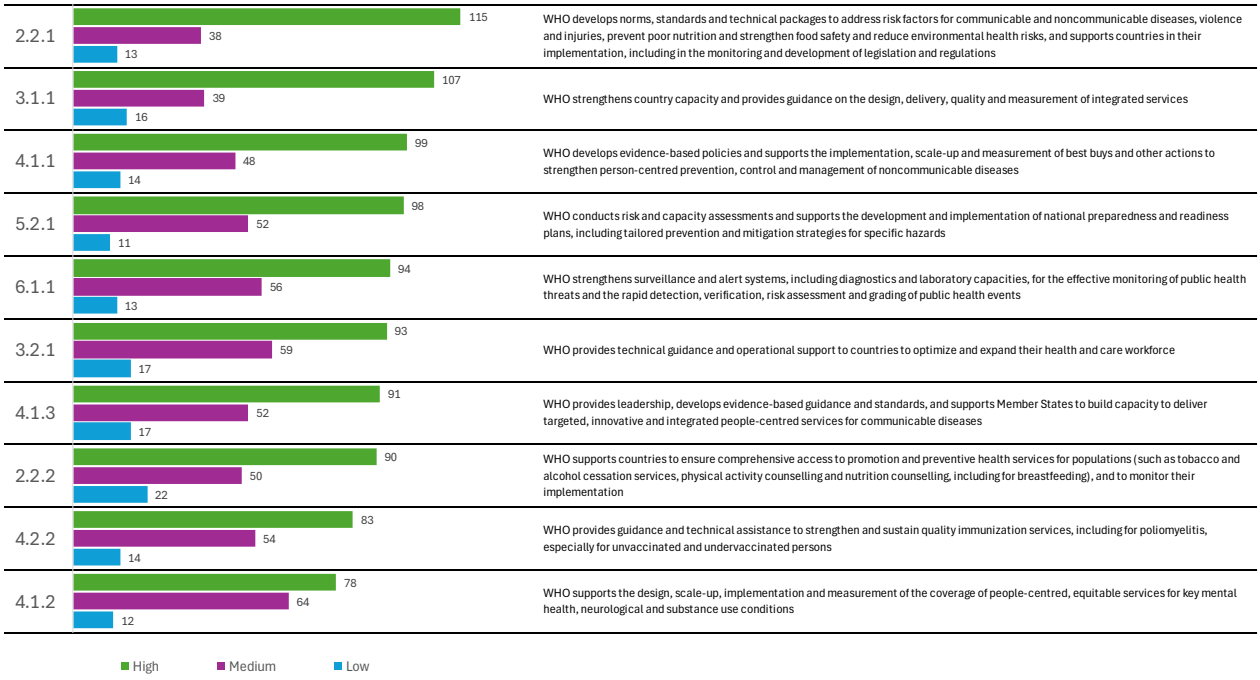
28. In the European Region, the prioritization process is still ongoing. Country allocations are based on the results of national consultations, with at least 80% of each country's budget directed to high and medium priorities. At the regional level, prioritization is guided by the development of the second European Programme of Work, which informs strategic focus on primary healthcare, health system capacities, financial protection and cross-cutting health determinants, such as equity, ageing and climate resilience. The Regional Office for Europe is also reinforcing WHO's leadership and normative functions through more efficient use of resources and closer engagement with Member States.

29. The Regional Office for South-East Asia maintained its strong emphasis on Member States driven country-level planning for delivery of results, allocating more than 75% of its budget to country offices. Regional prioritization was conducted focusing on ensuring that regional technical support complements country priority requests and leverages WHO's comparative advantage and contribution. Internal coordination and integration across programme areas were reinforced to ensure effective delivery of the Regional Roadmap for Results and Resilience, even within a reduced budget envelope.

30. The Regional Office for the Western Pacific engaged with country offices in a coordinated process to review and identify priorities in the light of resource constraints and shifting priorities in countries. A total of 11 high priority technical outputs were identified at the regional level based on the bottom-up inputs from country offices. This further guided 70% of country and regional office levels budget to be targeted to these 11 priority outputs, with the remaining being resources allocated to other country- and region-specific priorities. This process supported strategic alignment, budget rationalization and early planning for potential organizational adjustments.

31. Once priority outcomes have been defined, the Secretariat (for some countries in consultation with Member States) will determine which of the Proposed programme budget outputs will require the most technical support in order for the Secretariat to deliver on the prioritized outcomes. The 10 outputs most frequently identified as "high priority" align closely with the top outcomes and emphasize areas such as the development and implementation of technical guidance, support for health system capacity-building and risk prevention (Fig. 4).

Fig. 4. Top 10 programme budget outputs, ranked by priority level (number of countries)



32. To support the strategic alignment across the three levels of the Organization – especially across headquarters and the regional offices – a prioritization exercise was conducted based on the guidance of the 156th session of the Executive Board, which requested the Secretariat to revisit the costing of the priorities at the three levels of the Organization, in line with the principle of realistic budgeting and also aligned with the recent country prioritization process, while taking into account the current economic and financing context.

33. The prioritization process at the regional office and headquarters levels was based on the Proposed programme budget 2026–2027 deliverables within each output (Annex 1) and aimed to identify areas that WHO needs to safeguard and areas that WHO can scale down, delay or stop in a P1–P2–P3 framework (P1= *Essential, must be preserved*; P2 = *Important, but can be scaled back or delayed*; P3 = *Consider sunsetting or stopping*).

34. In order to arrive at prioritized deliverables, headquarters divisions and regional offices assessed their relevance on a three-level scale, according to the following questions:

(a) What is WHO's unique comparative advantage?

(b) What did Member States mandate WHO to do (resolutions, decisions)?

(c) How does WHO respond to the country prioritization results?

(d) What are the risks of WHO deprioritizing certain programmes regarding health gaps?

35. In addition, each rating was supported by responses to guiding questions along WHO's core functions (norms and standards, policy options, research agenda, leadership, monitoring, technical support) and by questions relating to the division of roles across WHO's three levels, as well as the indicative planned costs (human resources and activities)

36. The preliminary analyses of the deliverables prioritization show that the Secretariat should (a) refocus on its core mandate; (b) better delineate work from partners and Member States; (c) seek better alignment across the three levels of the Organization; and (d) consolidate fragmented efforts and address duplications. This can be achieved by aligning the Proposed programme budget with priorities and rethinking Organizational design in order to harvest the potential to design a new, more efficient and effective Organization that is driven by its core mandates.

37. The prioritized deliverables also align well with the WHO core functions.[1] The vast majority of headquarters' top priority deliverables align with WHO's global leadership and convening, norm-setting and standard-setting functions. This reflects the headquarters mandate to lead international efforts on, among other areas, global health strategies, governance and normative frameworks.

38. Headquarters also prioritized a significant number of deliverables corresponding to technical support core functions. While some technical backstopping from headquarters is necessary (e.g. specialized expertise), this is an area to further analyse and streamline – direct support is traditionally a regional/country function. The presence of many headquarters-led technical support activities may indicate some overlap with regional roles or a need to clarify which support requires headquarters' unique expertise (e.g. vaccine prequalification, global emergency response) versus which functions should be provided by the regions and countries.

39. Across the six regions, prioritized deliverables heavily emphasize leadership and partnership and technical support core functions, which aligns with the regions' expected focus on country support and contextualized leadership. This suggests that the regional offices are championing regional health initiatives and coordinating partners (leadership), while also directly supporting countries with technical guidance, capacity-building and implementation support.

40. Box 2 provides illustrative examples of areas that were identified to be safeguarded and areas that could potentially be scaled down.

[1] Providing leadership and convening partners, shaping research agendas, setting norms and standards, articulating policy options, providing technical support and building capacity, and monitoring health trends.

Box 2. Illustrative examples from the prioritization process

Safeguard (examples)

- WHO's core leadership in norms and standards, emergencies and convening
- production and maintenance of essential global public goods (e.g. clinical guidelines, surveillance frameworks, classification systems)
- research agenda for developing and deploying new or improved health interventions (vaccines, treatments) for priority diseases
- global health security architecture under the International Health Regulations (2005), including preparedness, surveillance and response coordination
- prequalification of vaccines, medicines and diagnostics
- WHO's global role in data for monitoring disease burden and impact
- preserving capacity-building and normative translation with high country demand
- health equity and gender mainstreaming in normative work
- preserving our workforce capabilities (e.g. with a flagship platform for learning)
- fostering robust national and regional science ecosystems
- prevention of sexual exploitation, abuse and harassment
- sound financial and governance practices to ensure transparency, accountability and optimization
- use of digital technology and AI to streamline processes (i.e. language services, guideline development, etc.)

Scale down/sunset (examples)

- the volume of technical products and focus on fewer high-quality, country-focused, impactful normative products
- technical support for the national adaptation of non-essential norms
- technical assistance for countries with no request or absorption capacity
- direct delivery of capacity-building initiatives in contexts in which partners or regional bodies are better placed
- duplication and topic scatter across the Organization
- support for ad hoc policy dialogues with limited expected results
- support for global alliances or partnerships with a limited WHO leadership role
- maintenance of databases or tools with limited use or overlap with partner platforms
- development of detailed training tools for low-priority topics
- ad hoc learning initiatives outside strategic priorities
- WHO-led development of communication campaigns on non-core priorities (where national actors can lead)
- expansions of monitoring and evaluation frameworks with minimal strategic utility
- review of country office presence in high-/middle-income countries

41. Prioritization work at headquarters and regional work will continue into the operational planning phase to ensure that WHO starts the 2026–2027 biennium as a more efficient, effective and sustainable Organization. In the context of a constrained funding environment, these priorities will guide resource mobilization and strategic resource allocation and help ensure that available funds are channelled to the areas of highest value and impact.

42. To promote transparency and enable ongoing dialogue, the Programme Budget Digital Platform is being regularly updated with the latest prioritization results. The platform is available to Member States and will continue to be refined and expanded as implementation progresses.

Financial and programmatic implications of governing bodies' approval of resolutions and decisions

43. Within WHO's results-based management framework, the programme budget is structured around defined outcomes and outputs with associated budget costing. While this framework is approved well in advance of the biennium, some areas of work remain broad in scope at that

stage. Resolutions[2] and decisions provide an opportunity for Member States to shape more concretely the work to be delivered within these outputs.

44. The financial and programmatic implications presented alongside draft resolutions and decisions help clarify the expected scale and scope of activities. They offer insight into how resources may be directed in accordance with Member States' priorities.

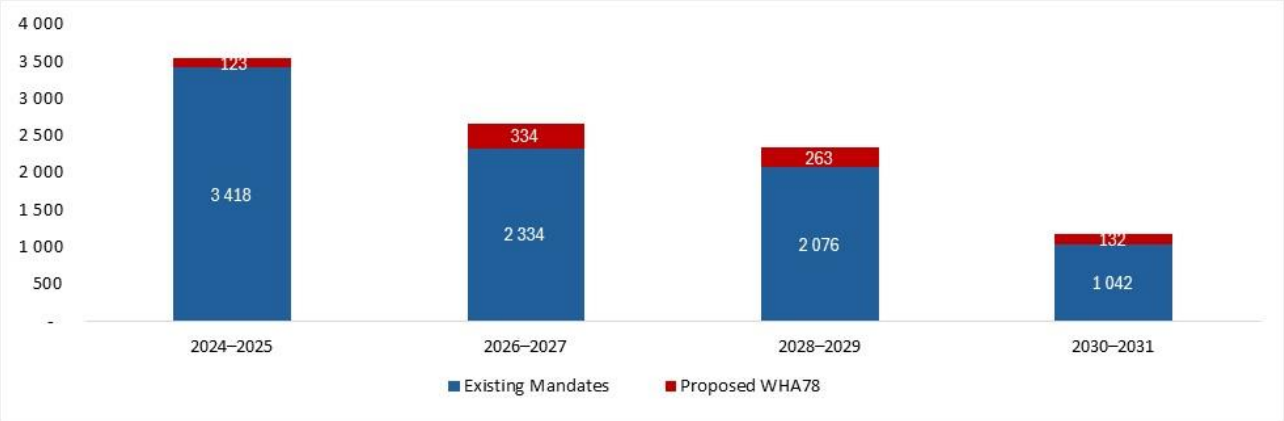
45. This approach reflects the evolution from resource-based to results-based management of earlier bienniums, when the costing of resolutions and decisions was used to secure additional resources for specific mandates. Today, financial implications are indicative in nature. The implementation of resolutions and decisions depends on the availability and mobilization of resources and as a general rule has to be implemented as part of the future or the already existing work programme (and budget) of a technical unit through the realignment of activities.

46. For the remainder of the current biennium (i.e. through the end of 2025), resolutions and decisions proposed for adoption at the Seventy-eighth World Health Assembly are estimated to have financial implications of US$ 123.2 million. The total estimated cost of these resolutions and decisions over time, including future bienniums, amounts to US$ 852.7 million, all within the base segment of the programme budget (Fig. 5).

47. These projected costs are in addition to the financial implications of already existing mandates for future bienniums (2026–2027 through 2030–2031), which amount to approximately US$ 5.45 billion. With the US$ 852.7 million proposed for adoption at the Seventy-eighth World Health Assembly, the total estimated cost of all active and proposed mandates through 2031 now stands at approximately US$ 6.3 billion.

48. For the current biennium (2024–2025), the additional financial implications of proposed resolutions and decisions – US$ 123.2 million – are relatively modest, reflecting the fact that the biennium is already well under way and nearing completion. Of this amount, approximately US$ 26 million remains unfunded, underscoring the need to align new mandates with available implementation capacity, particularly in the context of constrained resources (Fig.6).

Fig. 5. Outlook financial implications of existing and proposed resolutions and decisions until 2031 (US$ millions)



[2] Reference to resolutions in this report shall be understood as referring to both resolutions and decisions.

Fig. 6. Outlook financial implications of proposed resolutions and decisions for the Seventy-eighth World Health Assembly for the remainder of 2025 (US$ millions)

49. As the Organization undergoes significant budgetary adjustments, with the base segment of the Proposed programme budget reduced from US$ 5.3 billion to US$ 4.2 billion, careful consideration of new mandates is essential. While resolutions and decisions provide strategic direction and visibility for WHO's work, they may also carry additional reporting obligations and operational workload for the Secretariat.

Budget summary

Overall considerations for the Proposed programme budget 2026–2027

50. As in the approved programme budgets of previous bienniums, the Proposed programme budget 2026–2027 is presented in four segments: base programmes; emergency operations and appeals; polio eradication; and special programmes. All budget segments will contribute to and are managed within the results framework presented in Table 1 and Annex 1, while the separation of the budget into segments responds to the different governance mechanisms that define the budget of each segment.

51. **Base programmes:** this segment represents the core mandate of WHO and constitutes the largest part of the Proposed programme budget 2026–2027 in terms of strategic priority-setting, detail, budget figures and performance assessment mechanisms. This segment will reflect overall global health priorities trends and show budget distribution by outcome across the major offices.

52. **Emergency operations and appeals:** this segment includes WHO's operations in emergency and humanitarian settings, including protracted crises, as well as its response to acute events. Increasingly protracted, complex and multidimensional crises demand multifaceted responses and greater resources than ever before.

53. **Polio eradication:** this segment represents WHO's share of the implementation of the Global Polio Eradication Initiative strategy budget.

54. **Special programmes:** this segment includes special programmes that have additional governance mechanisms and budget cycles that inform their annual and biennial budgets, namely the United Nations Development Programme (UNDP)/United Nations Population Fund (UNFPA)/United Nations Children's Fund (UNICEF)/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction; the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; and the Pandemic Influenza Preparedness Framework. The distinct budget segment for these programmes provides the necessary flexibility to accommodate the requirements of their respective oversight bodies, while at the same time enhancing the transparency of their contribution to the results of the Proposed programme budget 2026–2027.

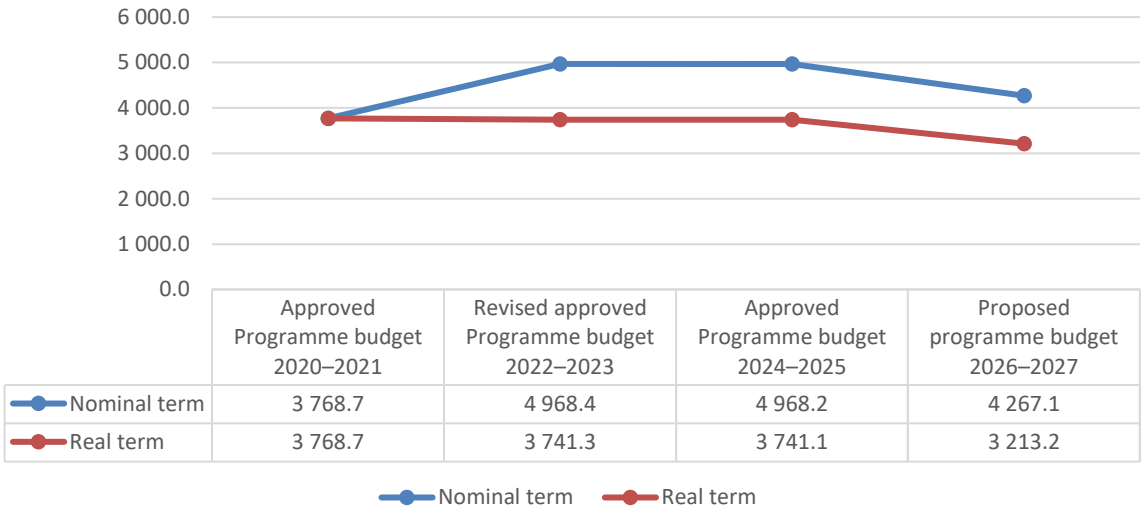
55. Table 2 summarizes the Proposed programme budget 2026–2027, by segment, showing its development through the regional committees and towards its consideration by the Health Assembly.

Table 2. Proposed programme budget 2026–2027 (US$ million)

Budget segment	Approved Programme budget 2020–2021	Approved Programme budget 2022–2023	Approved Programme budget 2024–2025 (1)	Proposed programme budget 2026–2027 (RC) version	Proposed programme budget 2026–2027 (EB version)	Proposed programme budget 2026–2027 (WHA version) (2)	Difference between (1) and (2)
Base programmes	3 768.7	4 968.4	4 968.2	5 687.7	5 324.1	4 267.1	-701.1
Polio eradication	863.0	558.3	694.3	976.3	976.3	770.9	76.6
Special programmes	208.7	199.7	171.7	172.8	172.8	168.7	-3.0
Emergency operations and appeals	1 000.0	1 000.0	1 000.0	1 000.0	1 000.0	1 000.0	0.0
Total	**5 840.4**	**6 726.4**	**6 834.2**	**7 836.8**	**7 473.2**	**6 206.7**	**-627.5**

56. While the process of developing a programme budget focuses on addressing critical health priorities and achieving measurable outcomes efficiently, it has historically been done irrespective of inflation. Inflation adjustments are indirectly managed through careful financial oversight, rather than as a predefined component of the budgeting process. If inflation were to be systematically applied as part of the base programmes segment of the programme budget development process, using the global inflation rate across the 2020–2027 (cumulative inflation from 2020 to 2025 of 32.8%) period would result in a proposed budget of US$ 5 billion in nominal terms – expressed in 2020 US$. Fig. 7 shows the overall impact of inflation on the base programmes budget since 2020–2021.

Fig. 7. Impact of inflation on approved base budget segment since 2020–2021 (US$ million)



	Approved Programme budget 2020–2021	Revised approved Programme budget 2022–2023	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Nominal term	3 768.7	4 968.4	4 968.2	4 267.1
Real term	3 768.7	3 741.3	3 741.1	3 213.2

Base programmes budget segment

57. The base programmes budget segment is proposed to be set at US$ 4 267.1 million, compared with US$ 4 968.2 million for the Programme budget 2024–2025 (Table 2) and with US$ 5 324.1 million proposed to the 156th session of the Executive Board.

58. The Executive Board at its 156th session, through the Programme Budget and Administration Committee, provided guidance for the Proposed programme budget 2026–2027 given the current global environment,[3] especially:

(a) to reflect the current financial and economic constraints by decreasing the base segment of the Executive Board version of the Proposed programme budget 2026–2027, while safeguarding and prioritizing core functions, accountability and country capacities;

(b) to build this proposal on the country priorities that were recently defined jointly by Member States and the Secretariat for the duration of the GPW 14, namely 2025–2028;

(c) in line with the principle of realistic budgeting, to revisit the costing of the priorities at the three levels of the Organization, aligned with the recent country prioritization process, while taking into account the current economic and financing context and ensuring a stronger focus on delivering measurable impact in countries.

59. In the light of the above guidance – and although the Executive Board at its 156th session recommended a decreased envelope of US$ 4.9 billion for the biennium 2026–2027 – the Secretariat proposes a further reduction to US$ 4.267 billion as a more realistic response to the current rapidly evolving global financing environment.

60. In order to arrive at a reduction of US$ 4.267 billion by major office, the following principles were followed:

- alignment of resources with results and capacity to implement;
- fair allocation of resources;
- loss of a major donor;
- safeguarding impact at the country level.

61. Table 3 provides a summary of the proposed base budget by major offices and the corresponding decreases. The important reduction in the base programmes segment is being distributed across all regional offices, although a larger share of the reduction is being allocated to headquarters. On average, regional offices will decrease by 14%, while headquarters will be reduced by 23% (without accounting for the increased cost of the global technical centres of US$ 68 million).

[3] Document EB156/4.

Table 3. Base programmes segment of Proposed programme budget 2026–2027, compared with base programmes segment of approved Programme budget 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025 (1)	Proposed programme budget 2026–2027 (2)	Difference between (1) and (2) (%)	Share in the Proposed programme budget 2026–2027 (%)
Africa	1 326.6	1 139.6	-14%	27
The Americas	295.6	254.8	-14%	6
South-East Asia	487.3	417.2	-14%	10
Europe	363.6	308.9	-15%	7
Eastern Mediterranean	618.4	533.7	-14%	13
Western Pacific	408.1	347.2	-15%	8
Headquarters	1 468.6	1 125.8	-23%	26
Global technical centres	0.0	140.0		3
Total [a]	**4 968.2**	**4 267.1**	**-14%**	

[a] Totals may differ from the sum of figures due to rounding.

62. The Proposed programme budget 2026–2027 includes a new budget line equivalent to a major office for global outposted technical centres, “Global technical centres”. This is largely for presentational purposes in order to allow for greater visibility, oversight and transparency of these initiatives in line with recommendation T1 of the Agile Member States Task Group.[4] Currently, these outposted centres are accounted for under “headquarters”, but having a separate budget line will allow for greater transparency in respect of the budget dedicated to the centres, their financing and their implementation at the monitoring and reporting stages.

63. The amount of US$ 78 million of the current headquarters budget will be shifted to this new line for already existing centres. In addition, an increase of US$ 62 million in the base programmes segment will be required to allow for a better planned budget for the centres. The current proposal is summarized below.

- **WHO Global Centre for Traditional Medicine: US$ 12.5 million (additional budget requirement).** Established in Jamnagar, Gujarat, India, in 2022, it serves as a global centre to advance research, facilitate knowledge exchange, conserve biodiversity and foster partnerships in traditional, complementary and integrative medicine (TCIM). The Centre’s focus on research, policy development and capacity-building aims to ensure the safe, effective and sustainable use of traditional medicine. It promotes evidence-based practices and the preservation of traditional knowledge, while fostering innovation and collaboration. The Centre’s work will primarily contribute to outputs 7.2.2 (Strengthening national and regional science ecosystems to improve health and provide opportunities and equity, active support for the digital health transformation, research, development and innovation, including manufacturing capacities of countries) and 3.1.1 (WHO strengthens country capacity and provides guidance on the design, delivery, quality and measurement of integrated services).

[4] Document EB152/33.

- **WHO Hub for Pandemic and Epidemic Intelligence: US$ 60 million (already accounted for in the proposed base programmes segment and to be shifted to the new budget line).** The WHO Hub for Pandemic and Epidemic Intelligence was established in Berlin in September 2021. It aims to address the weaknesses in how countries detect, monitor and manage public health threats. The Hub leverages innovations in data science for public health surveillance and response, creating systems for sharing and expanding expertise globally. It works closely with WHO regional and country offices, linking local, regional and global initiatives to foster a collaborative environment for innovators, scientists and experts. The Hub will contribute primarily to outcomes 5.1 (Risks of health emergencies from all hazards reduced and impact mitigated), 5.2 (Preparedness, readiness and resilience for health emergencies enhanced), 6.1 (Detection of and response to acute public health threats are rapid and effective) and 6.2 (Access to essential health services during emergencies is sustained and equitable).
- **WHO Academy: US$ 50 million (US$ 15 million already accounted for in the base programmes segment and to be shifted to the new budget line; US$ 35 million additional budget requirement).** The WHO Academy, which opened in Lyon, France, in December 2024, is a significant advancement in global health education. It aims to empower health workers, policy-makers and WHO staff with accessible, competency-based training to tackle major health challenges. The Academy's concept originated from WHO's transformation agenda in 2017, emphasizing the need for training. The pandemic further highlighted the necessity for health workers to quickly adapt their skills. Utilizing technologies such as artificial intelligence (AI), virtual reality and mobile learning, the Academy ensures inclusivity, especially for health professionals in low- and middle-income countries. The work of the Academy contributes to outcome 3.2. (Health and care workforce, health financing and access to quality-assured health products substantially improved).
- **WHO's Hub for Global Health Emergencies Logistics in Dubai: US$ 17.5 million (US$ 3 million already accounted for in the proposed base programmes segment and to be shifted to the new budget line).** Establishing the Hub will create a platform for the life sciences and health sector logistics by bringing together expertise from various sectors to address the supply of essential health products during emergencies. It will develop a strategic global stockpile of medical supplies, build a network of contingency stocks and increase support for strategic supply chain planning. The Hub will also establish a medical logistics training facility, create a platform for developing new health emergency equipment, facilitate the rapid deployment of supplies and skilled personnel, and develop standard information management and reporting systems to improve supply chain performance. The Hub will contribute to outcome 6.1. (Detection of and response to acute public health threats are rapid and effective).
- **WHO Tokyo Office/Universal Health Coverage Knowledge Hub: (under development).** The Universal Health Coverage Knowledge Hub will bring together the combined strengths of WHO and the World Bank, with the Government of Japan and other partners, to support knowledge creation, sharing and dialogue on universal health coverage financing, drawing from the latest data and analytics, to advance universal health coverage and strengthen health systems resilience and health security. This work will primarily contribute to GPW 14 output 4.3.1 (WHO provides guidance and technical assistance, and strengthens capacity to track and analyse health expenditures at the system level to monitor financial hardship and financial barriers to access and inform decision-making for financial and social health protection).

- **Total: US$ 140 million (US$ 78 million shift from headquarters budget and US$ 62 million additional budget requirement).**

64. Going forward, all future similar global initiatives and centres will be accounted for under this budget line.

65. After the budget envelopes were agreed by major office, the costing of the budget was undertaken by each budget centre. The costing process followed these principles aimed at improving budget allocation and alignment with priorities:

- **Decentralized but coordinated** – budget costing is a decentralized process of every major office, coordinated globally.
- **Safeguard country share** – driven by country priority-setting and, in line with the guidance of the Executive Board at its 156th session, every effort was made to safeguard country budget share.
- **Member States-driven** – the process is based on needs both in countries and for global health, driven by Member States' input.
- **Continuity** – must continue the trend established in the Programme budget 2024–2025, including lessons learned.
- **Demonstrated implications of the prioritization** – the results of the prioritization must be translated into the budget, financing and workforce capacity as much as possible.

66. The below budget summaries by level, outcome and major office are the aggregated results of the budget costing by every major office.

67. In line with the above principles the Secretariat continued its commitment to safeguarding country-level budget, as an important foundation of the Proposed programme budget 2026–2027. The growth of the country share of the budget has been steady across the GPW 13 and is sustained at the onset of the GPW 14 as the overall share of the base budget (Fig. 8). However, the overall reduction of the Proposed programme budget 2026–2027 will lead to a decrease of the country-level budget in absolute terms (Fig. 9).

Fig. 8. Evolution of programme budgets' shares by Organizational levels, 2020–2021 to 2026–2027 (%)

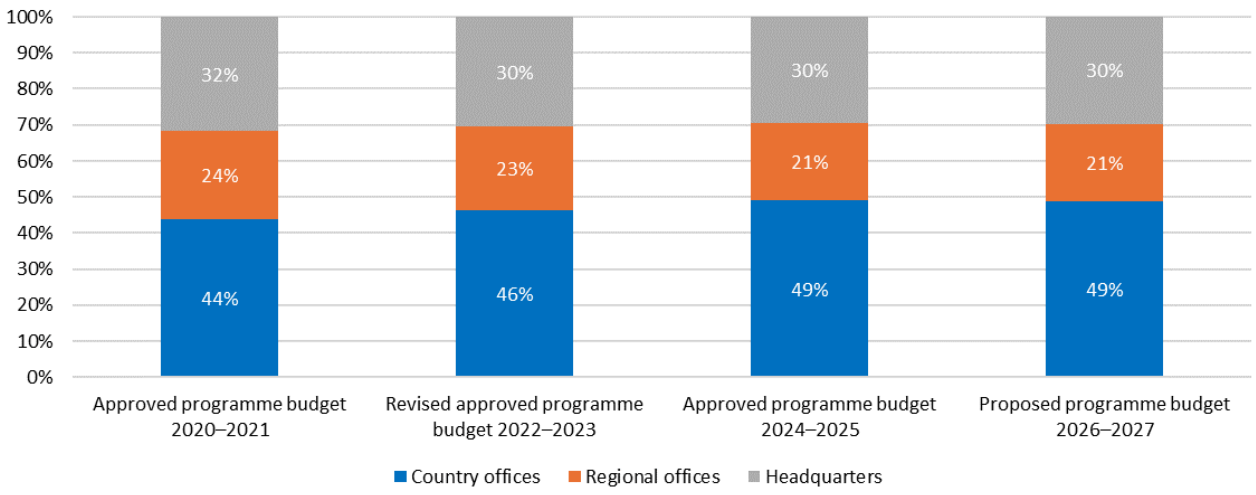
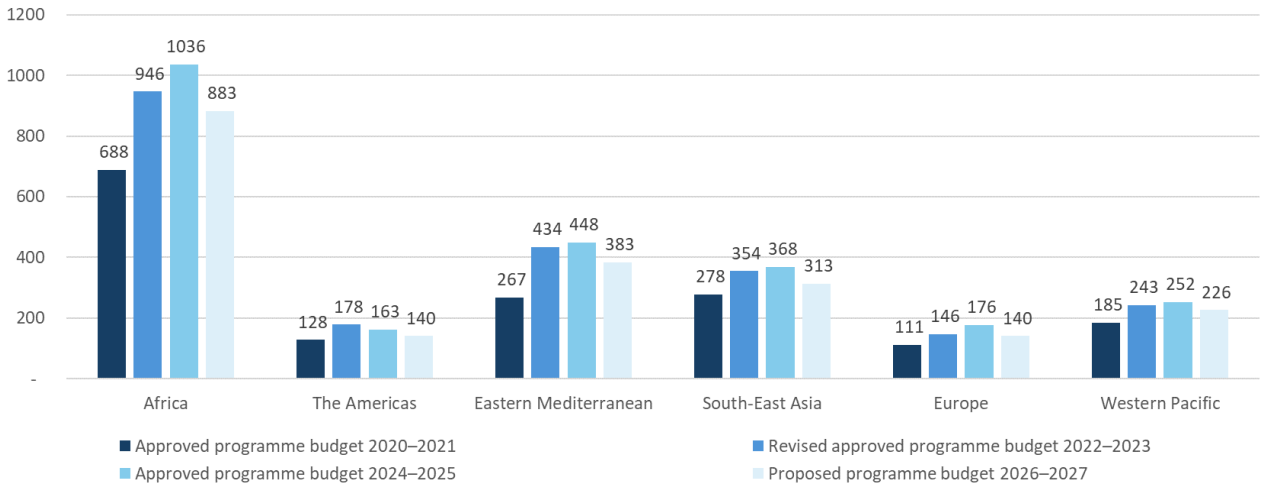
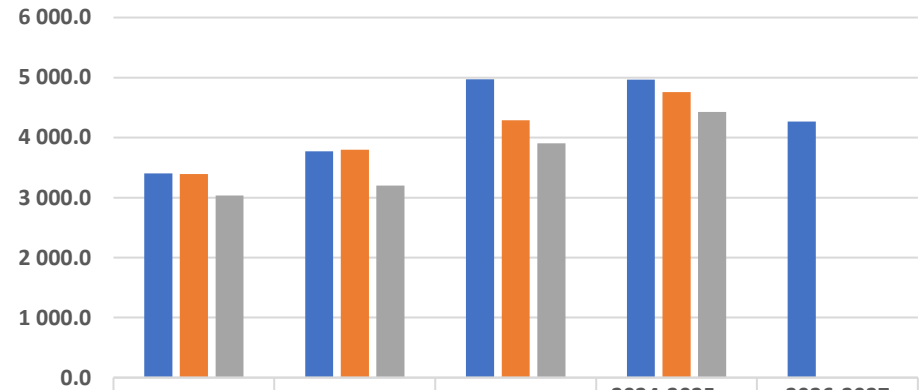


Fig. 9. Evolution of country-level programme budgets, by region, 2020–2021 to 2026–2027 (US$ million)



68. Finally, Fig. 10 shows the base programmes of the Proposed programme budget 2026–2027 in comparison to the base programmes of approved budgets, funds available and implementation from biennium 2018–2019 and up to the current biennium 2024–2025.

Fig. 10. Base programmes segment of approved budgets, funding available and implementation, 2020–2021 to 2026–2027 (Proposed programme budget)[a] (US$ million)



	2018-2019	2020-2021	2022-2023	2024-2025 as at end March 2025	2026-2027 WHA proposed
Approved Programme budget	3 400.3	3 768.7	4 968.4	4 968.2	4 267.1
Funds available	3 391.8	3 796.1	4 288.0	4 758.5	
Implementation	3 033.2	3 200.2	3 905.0	4 429.0	

[a] 2024–2025 implementation is projected.

Emergency operations and appeals budget segment

69. Year by year, WHO is responding to more frequent, more complex and longer-lasting health emergencies than at any time in its history. In 2024, WHO responded to a total of 51 graded emergencies in 89 countries and territories, comprising 21 grade 3 emergencies, requiring the highest level of Organization-wide support, as well as 30 grade 1 and grade 2 emergencies. As 2024 came to an end, five of the six WHO regions were impacted by worsening conflict and insecurity in Haiti, Lebanon, the occupied Palestinian territory, including east Jerusalem, Sudan,

the Syrian Arab Republic and Ukraine. In these instances, WHO scaled up operations to provide critical life-saving health interventions and prevent, detect and respond to infectious disease outbreaks; strengthened hospitals to ensure continuity of essential services; supplied essential medicines and medical equipment; and worked to enable and strengthen laboratory capacity to diagnose diseases.

70. Based on the discussions with the regional committees, it is proposed to continue with the practice in previous bienniums of setting the budget for this segment at US$ 1 billion. While Member States acknowledged the current reporting discrepancies, they advised that at this point in time it is wiser to keep the current practice in order to avoid the perception of a large budget increase. Regional shares for 2026–2027 have been recommended based on the results of the annual operational planning process for 2025 (Table 4).The level of the budget as set within this segment will always be a baseline, while the actual budget needs will be driven by the level of operations in emergencies and crisis response. Therefore, as in previous bienniums, the budget of this segment will be adjusted as needed throughout the biennium, in response to the occurrence of events. This is the essence of the delegated authority the Director-General has to increase the budget of this segment, as appropriate and in line with the level of operations, funding availability and implementation levels.

71. In 2022, WHO moved to a structured annual operational planning process for the emergency operations and appeal segment, involving all six regions, and launched the Organization's first-ever consolidated Global Health Emergency Appeal to cover annual foreseen operational needs. The Appeal is now published on an annual basis, with updates on new acute onset emergencies and/or the required scale-up of existing response operations. This practice will continue in 2026–2027.

Table 4. Emergency operations and appeals segment of Proposed programme budget 2026–2027, by major office (US$ million)

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Africa	274.0	220
The Americas	13.0	50
South-East Asia	46.0	20
Europe	105.0	110
Eastern Mediterranean	334.0	580
Western Pacific	18.0	10
Headquarters	210.0	10
Total[a]	**1 000.0**	**1 000.0**

[a] Totals may differ from the sum of figures due to rounding.

Polio eradication budget segment

72. The proposed budget for the polio eradication segment is based on the extension of the Global Polio Eradication Strategy through 2029. The budget begins to ramp down starting in 2027, based on anticipated progress towards the Strategy's twin goals of stopping both wild and variant polioviruses and the certification of eradication in 2029. The segment is estimated at US$ 770.9 million for the biennium 2026–2027 (Table 5).

73. Within the polio segment, all actions and efforts related to providing support and surveillance-strengthening within endemic countries, including the Global Polio Laboratory Network, will contribute to output 6.1.1 (WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events). While the response to polio outbreaks will contribute to output 6.1.2 (WHO coordinates rapid and effective responses to acute public health threats, including deploying multisectoral response capacities, surging emergency supplies and logistics support, providing contingency financing, and implementing strategic and operational response plans).

74. In the biennium 2026–2027, polio activities in the high-risk countries of the African Region will be intensely focused on interrupting circulating vaccine-derived poliovirus (cVDPVs) in order to achieve the second goal of the Global Polio Eradication Initiative (GPEI) Endgame Strategy of stopping cVDPV type2 outbreaks. Whereas it was previously assumed that these countries would be actively transitioning from GPEI support and integrating core functions into base programmes, the scale and persistence of outbreaks and the need for continued focus on timely detection of, and response to, the poliovirus requires a more prudent approach. In the light of this evolving epidemiological situation, the costs of high-risk countries in the African Region that will continue to be supported by GPEI in 2026–2027 will be shifted from the base budget to the polio segment. This will allow for the agility and responsiveness required to achieve the goal of eradicating polio and to adjust to evolving funding needs and projections. The decision to shift back these costs to base budget will be re-evaluated and adjusted after the biennium 2026–2027, in line with the evolving polio epidemiology.

Table 5. Polio eradication segment of Proposed programme budget 2026–2027 compared with polio eradication segment of approved Programme budget 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Africa	20.2	78.9
The Americas	–	0.9
South-East Asia	–	3.6
Europe	–	3.3
Eastern Mediterranean	342.8	274.0
Western Pacific	–	2.6
Headquarters	331.2	407.6
Total	**694.3**	**770.9**

Special programmes budget segment

Special Programme of Research, Development and Research Training in Human Reproduction

75. Launched in 1988, the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction Programme is the main instrument within the United Nations system for research in human reproduction. It supports and coordinates research on a global scale, synthesizes research through systematic reviews of literature, builds research capacity in low-income countries, and develops norms and standards to

support the efficient use of its research outputs. Support for the country-level delivery of the Programme's outputs is provided by all its cosponsors, including through WHO's regional and country offices. The proposed budget level for the Programme for 2026–2027 is US$ 76 million, which will be reviewed with the Programme's cosponsors in December 2024 and submitted for approval by the Policy and Coordination Committee in April 2025 (Table 6). This special programme will contribute to output 7.2.2 (Strengthening national and regional science ecosystems to improve health and provide opportunities and equity, active support for the digital health transformation, research, development and innovation, including manufacturing capacities of countries).

Table 6. Special Programme of Research, Development and Research Training in Human Reproduction: proposed budget level for 2026–2027 compared with approved budget level for 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Headquarters	72	76
Total	**72**	**76**

Special Programme for Research and Training in Tropical Diseases

76. The biennium 2026–2027 is part of the 2024–2029 strategy of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, which is aligned with the Sustainable Development Goals and contributes to its cosponsors' objectives, including the GPW 14 goals. The Programme will continue to support innovative global health research, strengthen in-country health research systems and promote the translation of evidence to improve interventions that reduce the burden of infectious diseases for the most underserved. It will continue to do this through three strategic priority areas – research for implementation; capacity-strengthening for health research; and engaging with global and local stakeholders for increased impact and sustainability. The Programme will contribute to output 4.1.3 (WHO provides leadership, develops evidence-based guidance and standards, and supports Member States to build capacity for delivery of targeted, innovative and integrated people-centred services for communicable diseases).

77. The Programme will focus its work on identifying and overcoming barriers to effective health interventions and on research that specifically addresses four global health challenges: (a) country resilience against outbreaks and epidemics; (b) control and elimination of diseases of poverty; (c) population resilience against the impact of climate change on health; and (d) resistance to treatment and control agents. The proposed budget level for the Programme for 2026–2027 was discussed and approved by its Standing Committee and the Joint Coordination Board in 2024 (Table 7). It is aligned with the Programme's governing bodies review cycle, which ensures their full engagement in the budget development, approval and revision processes and includes large representations from disease-endemic countries.

Table 7. Special Programme for Research and Training in Tropical Diseases: proposed budget level for 2026–2027 compared with approved budget level for 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Headquarters	50	50
Total	**50**	**50**

Pandemic Influenza Preparedness Framework

78. The implementation of the Pandemic Influenza Preparedness Framework in 2026–2027 will be aligned with the objectives of the GPW 14 and will focus on strengthening pandemic influenza preparedness (PIP) through a whole-of-society approach that ensures a more equitable response by building stronger and resilient country capacities. The Framework's priorities will be set in accordance with the High-Level Implementation Plan for 2024–2030. An iterative process will be conducted in 2025 to develop country, regional and global activities of work that deliver against the results expected for the biennium 2026–2027, while ensuring alignment with national priorities and Member States' commitment. The work will focus on (a) strengthening policies and plans, including improving understanding of the burden of disease, assisting countries with their influenza preparedness policies and developing their PIP plans; (b) collaborative surveillance through the WHO Global Influenza Surveillance and Response System, including through strengthening laboratory capacities and building resilient surveillance systems; (c) strengthening risk communication, community engagement, knowledge translation and infodemic management; and (d) improving access to countermeasures, including further enhancing regulatory readiness and resilience and building capacities to manage the deployment of pandemic products at the national and global levels. Within this budget segment, all activities related to the implementation of the Plan will contribute to output 5.2.1 (WHO conducts risk and capacity assessments and supports the development and implementation of national preparedness and readiness plans, including tailored prevention and mitigation strategies for specific hazards), while Secretariat activities will contribute to output 5.2.2 (WHO establishes and manages collaborative research networks for fast-track research and development, scalable manufacturing and resilient supply chain systems to enable timely and equitable access to medical countermeasures during health emergencies).

79. The proposed budget level for 2026–2027 is US$ 42.7 million, with 70% of partnership contributions directed towards preparedness work at the regional and country levels (Table 8). After the scale-up of the budget during the biennium 2024–2025 owing to the underutilization of funds during the coronavirus disease (COVID-19) pandemic, the budget is gradually returning to baseline levels.

Table 8. Pandemic Influenza Framework: proposed budget level for 2026–2027 compared with approved budget level for 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Africa	4.3	4.2
The Americas	5.1	4.2
South-East Asia	4.6	4.2
Europe	4.8	4.2
Eastern Mediterranean	4.6	4.2
Western Pacific	4.2	4.2
Headquarters	22.3	17.5
Total[a]	**49.7**	**42.7**

[a] Totals may differ from the sum of figures due to rounding.

Total budget proposal

80. Table 9 shows the total Proposed programme budget 2026–2027, by outcome and major office. Priorities set by countries and territories are published, together with an aggregated costing at output level, on the Programme Budget 2026–2027 Digital Platform.[5] Alignment of the priority outcomes (Fig. 3) and their respective budgets can be found in Annex 5.

81. Table 10 summarizes the proposals made above for the total Proposed programme budget 2026–2027, by major office and segment.

[5] Programme Budget 2026–2027 Digital Platform website.

Table 9. Proposed programme budget 2026–2027, by major office, Organizational level, outcome and budget segment (US$ million)

Outcomes	Africa			The Americas			South-East Asia			Europe			Eastern Mediterranean			Western Pacific			Headquarters	Global technical centres	Total
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total			
1.1. More climate-resilient health systems are addressing health risks and impacts	9.2	1.2	10.4	0.6	0.5	1.0	3.7	2.3	6.0	3.1	2.1	5.2	7.7	1.3	9.1	20.0	2.2	22.2	7.0		60.8
1.2. Lower-carbon health systems and societies are contributing to health and well-being	5.1	1.2	6.3	0.6	0.5	1.0	0.9	0.5	1.4	2.1	0.0	2.1	0.4	0.2	0.7	1.6	1.1	2.7	6.0		20.1
2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health	16.2	3.6	19.7	6.9	5.6	12.5	3.2	1.2	4.5	3.8	8.5	12.3	6.8	2.4	9.2	2.2	4.1	6.3	20.0		84.4
2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches	36.4	9.1	45.4	7.8	6.4	14.3	13.7	3.1	16.7	7.0	10.0	17.0	19.1	4.2	23.3	12.6	6.1	18.7	64.0		199.4
2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making	8.5	1.7	10.2	3.7	3.0	6.8	2.2	0.6	2.8	0.5	5.0	5.5	1.8	1.9	3.7	1.6	1.6	3.2	3.0		35.2
3.1. The primary healthcare approach renewed and strengthened to accelerate universal health coverage	59.1	9.5	68.6	14.3	11.7	25.9	16.5	4.2	20.7	23.3	14.1	37.4	35.3	6.1	41.4	21.9	8.1	30.0	44.1	12.3	280.4
3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved	35.9	10.0	45.9	10.2	8.4	18.6	12.6	5.6	18.2	9.9	10.1	20.0	30.2	5.4	35.6	14.5	8.7	23.2	174.8	48.8	385.0
3.3. Health information systems strengthened, and digital transformation implemented	18.2	2.4	20.6	5.5	4.5	10.0	8.5	1.1	9.6	6.4	5.9	12.3	16.9	5.1	22.1	8.2	1.9	10.1	0.0		84.6

Outcomes	Africa			The Americas			South-East Asia			Europe			Eastern Mediterranean			Western Pacific			Headquarters	Global technical centres	Total
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total			
4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance	82.1	36.8	118.9	23.2	19.0	42.3	66.2	16.8	83.0	13.8	15.6	29.4	37.5	14.8	52.3	34.2	16.0	50.1	194.1		570.1
4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved	81.5	24.8	106.3	6.6	5.4	12.0	105.4	14.7	120.1	6.5	8.0	14.5	30.9	15.0	45.9	21.8	5.0	26.8	98.4		423.9
4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable	17.8	1.8	19.6	0.4	0.3	0.8	2.5	0.7	3.3	0.8	2.6	3.4	4.6	2.2	6.8	1.6	0.5	2.1	8.0		43.8
5.1. Risks of health emergencies from all hazards reduced and impact mitigated	25.6	8.5	34.1	8.1	6.7	14.8	4.1	2.6	6.7	4.0	9.0	13.0	12.5	2.8	15.3	6.5	3.7	10.2	40.5		134.6
5.2. Preparedness, readiness and resilience for health emergencies enhanced	53.2	12.3	65.5	18.0	14.7	32.8	9.7	4.0	13.8	11.5	9.5	21.0	22.6	11.4	34.0	14.9	11.9	26.8	46.4	17.5	257.9
6.1. Detection of and response to acute public health threats is rapid and effective	148.3	24.0	172.4	7.6	6.2	13.8	15.3	6.7	21.9	3.2	10.5	13.7	21.7	14.0	35.7	14.3	15.2	29.5	53.7	60.0	400.7
6.2. Access to essential health services during emergencies is sustained and equitable	39.7	9.1	48.8	2.6	2.2	4.8	3.4	2.2	5.6	1.4	4.5	5.9	20.9	5.7	26.7	1.3	0.3	1.6	31.9		125.3

Outcomes	Africa			The Americas			South-East Asia			Europe			Eastern Mediterranean			Western Pacific			Headquarters	Global technical centres	Total
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total			
Corporate outcome 1: Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the sustainably financed GPW 14 outcomes and the goal of leaving no one behind	88.5	54.5	143.0	7.6	6.2	13.9	12.6	13.5	26.0	7.0	35.0	42.0	48.2	22.3	70.6	30.3	12.7	43.0	90.5		428.9
Corporate outcome 2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level	23.9	6.7	30.6	3.4	2.7	6.1	2.7	4.1	6.8	2.4	3.4	5.7	5.7	5.7	11.5	1.4	5.2	6.6	81.0		148.3
Corporate outcome 3: An efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the GPW 14 outcomes	133.9	39.4	173.3	13.0	10.6	23.6	29.8	20.4	50.2	33.6	15.0	48.6	60.3	29.7	90.0	17.1	17.1	34.2	162.4	1.4	583.7
Subtotal base programmes	**883.1**	**256.5**	**1 139.6**	**140.1**	**114.7**	**254.8**	**313.0**	**104.2**	**417.2**	**140.2**	**168.7**	**308.9**	**383.2**	**150.5**	**533.7**	**225.9**	**121.3**	**347.2**	**1 125.8**	**140.0**	**1 267.1**
Polio eradication	58.6	20.3	78.9	0.0	0.9	0.9	0.29	3.3	3.61	0.0	3.3	3.3	257.3	16.7	274.0	0.0	2.6	2.6	407.6		770.9
Special Programmes	0.0	4.2	4.2	0.0	4.2	4.2	0.0	4.2	4.2	0.0	4.2	4.2	0.0	4.2	4.2	0.0	4.2	4.2	143.5		168.7
Emergency operations and appeals	220.0	0.0	220.0	50.0	0.0	50.0	20.0	0.0	20.0	110.0	0.0	110.0	580.0	0.0	580.0	10.0	0.0	10.0	10.0		1 000.0
Total proposed programme budget 2026–2027	**1 161.7**	**281.1**	**1 442.7**	**190.1**	**119.7**	**309.9**	**333.3**	**111.7**	**445.0**	**250.2**	**176.2**	**426.4**	**1 220.4**	**171.5**	**1 391.9**	**235.9**	**128.0**	**363.9**	**1 686.9**	**140.0**	**5 206.7**

Table 10. Total Proposed programme budget 2026–2027 compared with the approved Programme budget 2024–2025, by major office and segment (US$ million)

Major office/segment	Approved Programme budget 2024–2025	Proposed programme budget 2026–2027
Africa	**1 625.1**	**1 442.7**
Base	1 326.6	1 139.6
Polio eradication	20.2	78.9
Special programmes	4.3	4.2
Emergency operations and appeals	274.0	220.0
The Americas	**313.7**	**309.9**
Base	295.6	254.8
Polio eradication	0.0	0.9
Special programmes	5.1	4.2
Emergency operations and appeals	13.0	50.0
South-East Asia	**537.9**	**445.0**
Base	487.3	417.2
Polio eradication	0.0	3.6
Special programmes	4.6	4.2
Emergency operations and appeals	46.0	20.0
Europe	**473.4**	**426.4**
Base	363.6	308.9
Polio eradication	0.0	3.3
Special programmes	4.8	4.2
Emergency operations and appeals	105.0	110.0
Eastern Mediterranean	**1 299.8**	**1 391.9**
Base	618.4	533.7
Polio eradication	342.8	274.0
Special programmes	4.6	4.2
Emergency operations and appeals	334.0	580.0
Western Pacific	**430.2**	**363.9**
Base	408.1	347.2
Polio eradication	0.0	2.6
Special programmes	4.2	4.2
Emergency operations and appeals	18.0	10.0
Headquarters	**2 076.1**	**1 686.9**
Base	1 390.6	1 125.8
Polio eradication	331.2	407.6
Special programmes	144.3	143.5
Emergency operations and appeals	210.0	10.0
Global technical centres	78.0	**140.0**
Base	78.0	140.0
Total[a]	**6 834.2**	**6 206.7**

[a] Totals may differ from the sum of figures due to rounding.

Monitoring, performance assessment and evaluation

82. The Proposed programme budget 2026–2027 uses the GPW 14 results framework to track and assess results, using 42 outputs and 18 outcomes (Table 1). The GPW 14 results framework demonstrates the pathway through which the Secretariat's outputs will lead to eventual impacts, to be finalized as part of the development of the Proposed programme budget 2026–2027. It clearly articulates which specific results will be measured and what measurement criteria will be used, namely:

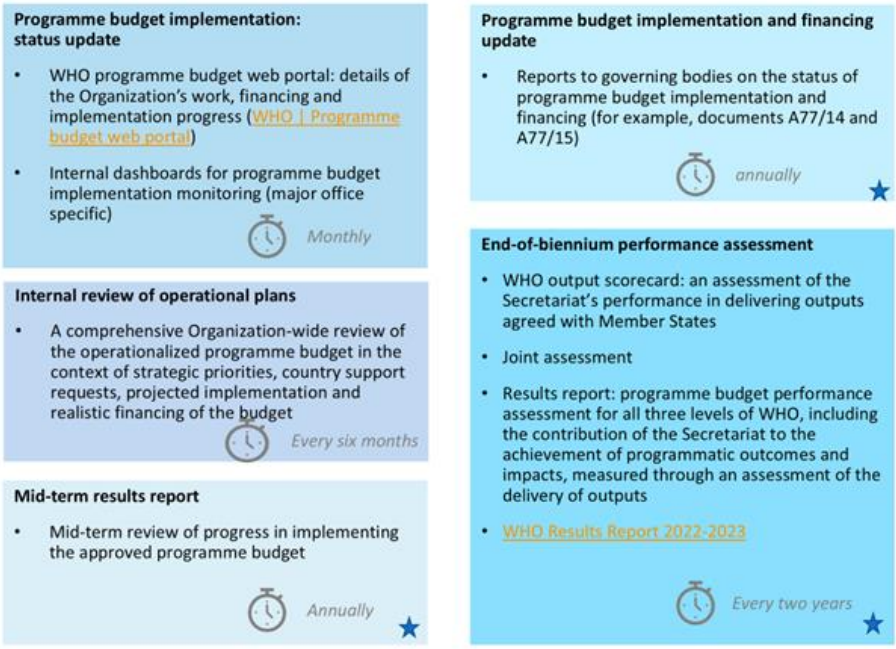
(a) an impact measurement system for tracking progress on the recalibrated WHO triple billion targets;

(b) outcome indicators that are aligned with the health-related Sustainable Development Goals; and

(c) output/leading indicators measuring the contributions of the WHO Secretariat to the health outcomes and impact, accompanied by an output scorecard assessing the Secretariat's accountability for results and performance.

Monitoring and assessment are essential for the proper management of the programme budget and to guide necessary revisions to policies and programmes. WHO will continue to monitor, assess and report on programme budget implementation, in line with the results framework described above. The monitoring and assessment of programme budget implementation will be conducted through the mechanisms outlined in Fig. 11, in alignment with the Organization's results-based management approach, in order to ensure transparency and accountability for results.

Fig. 11. Overview of programme budget monitoring and assessment mechanisms



Impact measurement and outcome indicators

83. At the core of the GPW 14 results framework is measurement, including healthy life expectancy, the triple billion targets and the outcome indicators that are aligned with the Sustainable Development Goals.

84. The joint results of Member States, partners and the Secretariat will be measured using specific outcome indicators and the WHO composite indices for the triple billion targets. Progress on gender equality and health equity will be tracked through the collection and analysis of data that are disaggregated by sex, age and other metrics that reflect potential vulnerabilities (for example, disability). The triple billion targets to be achieved by 2028 are:

(a) 6 billion people with better health and well-being;

(b) 5 billion people who benefit from universal health coverage without financial hardship; and

(c) 7 billion people better protected from health emergencies.

85. To reflect emerging global health priorities in the GPW 14 period (2025–2028) and beyond, the Secretariat adopted an inclusive process to update the outcome indicators. A wide range of stakeholders – from Member States and partners to civil society and young people – were extensively consulted between 2023 and 2024 to ensure varying perspectives, relevance and applicability across different health contexts.

86. The key principles for updating the outcome indicators included continuity with the GPW 13 and alignment with Sustainable Development Goals. Concrete criteria were applied to select indicators that are meaningful, measurable and minimal; reduced data-collection burden on countries; and had detailed metadata and high data availability. Member States requested the addition of a limited number of indicators that measured progress in emerging or other critical public health priorities that may not meet the criteria of high availability of data.

87. The proposals for outcome indicators were continually reviewed and refined by the Secretariat, in consultation with Member States, during 2024–2025 to finalize the list of outcome indicators, which are being presented to the Seventy-eighth World Health Assembly as a part of the Proposed programme budget 2026–2027.

88. Outcome indicators in the following two categories will ensure that all GPW 14 outcomes under the three goals of “promote”, “provide” and “protect” can be tracked for joint accountability between the Member States and the Secretariat:

(a) 72 outcome indicators that meet all the selection criteria, with baselines and targets;

(b) 12 outcome indicators that have been selected for data strengthening to ensure monitoring of critical public health concerns, with a focus on strengthening health information systems to improve availability of high-quality data.

89. Progress towards corporate outcomes (“power” and “perform”) will be measured through the output indicators, as they relate to WHO Secretariat’s performance and accountability.

90. The outcome indicators are included under the relevant outcomes in Annex 1. The full list, with baselines and targets are also made available on the Programme Budget 2026–2027 Digital Platform.[6]

91. The Secretariat will continue to work with health ministries, ministries of information and technology, national statistics offices and registrar generals’ offices to improve public health surveillance, civil registration and vital statistics, routine health information systems and digital health.

[6] Programme Budget 2026–2027 Digital Platform website (accessed 20 December 2024).

Output/leading indicators

92. The Secretariat's performance and its subsequent contribution to the delivery of health outcomes under the GPW 14 results framework will be tracked through the output/leading indicators. In the results chain, they have a clear and direct linkage to the outputs, as well as a plausible contribution to outcomes through the outcome indicators. The output/leading indicators are not intended to cover the full scope of the output. Instead, they focus on measuring immediate or intermediate changes that will make a strong contribution to the successful delivery of the output, highlighting areas in which the WHO Secretariat adds the highest value.

93. The final list of output/leading indicators were selected after four rounds of comprehensive and careful review and consultations across the three levels of the Organization, including dedicated consultations with all WHO country offices to ensure country relevance and ownership. Precise selection criteria were used to ensure that the output/leading indicators reflect the performance, accountability and added value of the WHO Secretariat; that there is a clear link to the health outcome and the related outcome indicators; that they are measurable with the systems available in countries and the metadata is complete; and that the values are available yearly (or at least once every two years) for monitoring. The aim is to draw on the experience of the GPW 13 and to offer a single pool of output/leading indicators from which countries can select during planning and subsequently monitor for annual corporate reporting on the programme budget. In addition, some output/leading indicators will gather the data needed to report on investment case commitments, underlining the commitment for sustainable financing that is critical for WHO's ability to deliver its mandate.

94. The output/leading indicators are included under the relevant outputs in Annex 1. The full list, with draft baselines and targets, is also available on the Programme Budget 2026–2027 Digital Platform.[7] To ensure that the baselines and targets are fully aligned with the outcomes of the prioritization exercise, they will be validated and finalized through dedicated regional and country consultations following the Seventy-eighth World Health Assembly in May 2025.

Simplified reporting focusing on results

95. In response to the requests of Member States, the Secretariat is simplifying its reporting, with a focus on measurable results. This new approach aims to enhance the clarity, relevance and measurability of WHO's results reporting. The key components of this approach include an integrated, streamlined presentation of information, with less focus on narrative, aiming to capture concrete results and provide essential insights at a glance, to enable all stakeholders to quickly and easily assess WHO's contributions to global health outcomes and impact. The mid-term review of the Programme budget 2024–2025 serves as the first trial of this approach.[8] Lessons learned from monitoring of results will be proactively used to foster Organizational learning.

96. The output scorecard, a composite index first introduced in the GPW 13 and subsequently refined, will be revisited during the course of the GPW 14 to effectively measure the Secretariat's accountability for results and performance, including through joint assessments to validate country office achievements and improve the methodology for indicator reporting.

[7] Ibid.

[8] WHO Results Reports website (accessed 22 April 2025).

Evaluation

97. In addition to the Secretariat's annual reporting on the achievement of GPW 14 results (that is, in WHO results-based management reports), Organizational learning and evaluation approaches will be used to provide insights about opportunities to improve results-based management during the GPW 14 period.

98. Evaluation is a cornerstone of WHO's results-based management culture. By drawing on lessons learned, enhancing Organizational effectiveness and promoting accountability for results, the evaluation function strengthens WHO's added value. To further strengthen its comparative advantage, WHO will continue investing efforts to systematically use evaluation findings and recommendations across all the levels of the Organization and its partners in order to inform policies, strategies and programmes, leading to improved health outcomes.

99. Independent evaluations provide analysis, backed up by evidence, of how and to what extent outcomes (and impact, where applicable) have been achieved by WHO, by tracing output–outcome–impact pathways. Evaluations identify the effects of WHO activities, separating them from the impact of external factors such as epidemics or environmental changes. This provides a basis for properly assessing outcome indicators and allows WHO managers to account for results and foster adaptive management.

100. Adequate evaluation coverage is key to providing a representative, unbiased picture of WHO and ensuring that policies, strategies and programmes are evidence-based. The design of new strategies, joint programmes and country programmes must be informed by an adequate and relevant body of evaluations. These include Organization-wide thematic or global/joint evaluations; corporate evaluations of WHO instruments and mechanisms; programme- and project-level evaluations; evaluations of WHO's contribution at the country level; evaluations of humanitarian interventions; and decentralized evaluations, United Nations Sustainable Development Cooperation Framework evaluations or other country-level joint evaluations that are part of different costed evaluation plans.

101. The minimum coverage for evaluation at the country, regional and corporate levels, along with responsibilities for evaluation management, is presented in Table 11.

Table 11. Minimum coverage for evaluation at the country, regional and corporate levels, along with responsibilities for evaluation management

Type of evaluation	Frequency	Management
Organization-wide thematic or global/joint evaluations	All strategic outcomes within the strategic plan (GPW) period (three bienniums).	WHO Evaluation Office
Corporate evaluations of WHO instruments and mechanisms	(a) At least one corporate instrument or mechanism of strategic importance per biennium. (b) General programmes of work will be evaluated by their penultimate year of implementation.	WHO Evaluation Office

Type of evaluation	Frequency	Management
Programme and project evaluations	All programmes or projects above US$ 10 million are evaluated within their life cycle.	According to location, managed by programme with WHO Evaluation Office/regional office support
Evaluation of WHO contributions at country level	At least one country per year per region, including: (a) countries with off-track health indicators and/or high risks are subject to evaluation every programme cycle, at a time useful to the country; and (b) countries with country cooperation strategies, if selected for evaluation, during the penultimate year of the strategy period.	Jointly managed by the appropriate regional office and the WHO Evaluation Office
Evaluation of emergency and humanitarian interventions, including inter-agency joint evaluations	At least one evaluation of emergency and humanitarian interventions per year, including: (a) health emergencies for which a system-wide scale-up is declared and evaluated through the inter-agency humanitarian evaluation mechanism; and (b) health emergencies for which a scale-up is declared by WHO and not covered by the inter-agency humanitarian evaluation mechanism.	(a) Inter-agency humanitarian evaluation mechanism management group (b) WHO Health Emergencies Programme, with the support of the WHO Evaluation Office
Decentralized evaluations	Decentralized evaluations that are not covered in the above categories may be conducted at the initiative of the programme or regional or country office, or at the request of funding partners.	Programme/project, or regional or country office/department
United Nations Sustainable Development Cooperation Framework evaluations or other country-level joint evaluations	Coverage and frequency are determined by: (a) the United Nations Country Team; and (b) the country-level arrangement.	(a) United Nations Resident Coordinator Office (b) As appropriate

102. It has been assumed that adequate human and financial resources are available, enabling the evaluation function to meet its objectives.

WHO's commitment to leaving no one behind: action on gender, equity, human rights and disability Inclusion

103. The Secretariat is fully committed to going beyond a "do-no-harm" approach to ensure that the implementation of the GPW 14 does not inadvertently maintain or exacerbate inequalities, discrimination or exclusion. Using the GPW 14 results framework, the Secretariat will implement a twin-track approach: (a) mainstreaming gender equality, equity, human rights and disability inclusion into interventions; and (b) undertaking targeted interventions to advance results in these areas. This approach aligns with the UN System-Wide Action Plan on Gender Equality and the Advancement of Women and the United Nations Disability Inclusion Strategy (UNDIS).

104. The mainstreaming track means that although gender equality, equity, human rights and disability inclusion are not the primary goals, they are essential to drive change in outputs, outcomes and impacts. On the other hand, the targeted interventions track focuses on areas in which public health can actively contribute to advancing these goals by addressing structural challenges within the health systems and specific health gaps related to gender equality, equity, human rights and disability inclusion. Both tracks aim to achieve positive and tangible results in

health and well-being for all people at the country level, ensuring that WHO walks the talk on leaving no one behind.

105. Reflecting WHO's commitment to strengthening results-based management across the three levels of the Organization, programme initiatives related to gender equality, equity, human rights and disability inclusion will be developed, with clear results frameworks that are aligned with the GPW 14 and adaptable to specific regional and country priorities and contexts. These will be adapted and aligned with the emerging priorities.

106. Through the GPW 14, the Secretariat will continue efforts to institutionalize gender equality, equity, human rights and disability inclusion in corporate outputs, ensuring that they are integrated into the regular, sustained and established processes and procedures within the Organization and across its three levels, and are supported by clear directives, guidance, methodologies and tools.

Risk management approach towards achieving the billion targets by 2028

107. The achievement of the ambitious targets set in the GPW 14 and the Sustainable Development Goals requires WHO to operate in an increasingly complex and uncertain global environment. In this context, avoiding risk altogether is neither feasible nor desirable. WHO must take informed, calculated risks to deliver on its mission effectively.

108. To do so, the Organization is strengthening its enterprise risk management approach, grounded in international best practices and the recommendations of the United Nations Joint Inspection Unit. This includes a clear risk-appetite framework that guides where WHO can accept risk and where risks must be tightly managed or avoided.

109. The Proposed programme budget 2026–2027 reflects this approach. It identifies areas in which WHO has a low tolerance for risk — such as risks affecting the following WHO's key success factors : "People, safety and well-being" (including the prevention of sexual exploitation, abuse and harassment and staff safety), "compliance and integrity" and "technical excellence" – and prioritizes resources accordingly. In these areas, investments are directed towards strengthening systems, including people, processes and technology, to reduce risks to acceptable levels.

110. These areas have been assigned the lowest risk tolerance levels in WHO's risk-appetite framework. Therefore, resources will be prioritized to maintain risk within defined thresholds in these domains.

111. Given its constrained funding, WHO cannot address all risks simultaneously. A risk-based prioritization is therefore applied to focus resources on the most critical threats to successful country-level delivery. This ensures that efforts are aligned with WHO's strategic priorities and can generate the highest impact.

112. The Global Risk Management Committee is responsible for monitoring these risk acceptability levels and ensuring that mitigation actions are aligned with WHO's resource planning. Member States are invited to support this approach by ensuring adequate and predictable funding for critical risk mitigation activities, particularly in low-tolerance areas.

113. Through this risk-based approach, the Secretariat seeks to ensure that resources are directed where they are most needed to sustain the integrity, credibility and impact of WHO's work.

Financing outlook of the proposed Programme budget 2026–2027

114. WHO's financing outlook for its Proposed programme budget 2026–2027 has significantly changed in the first quarter of 2025. The long-term reduction in foreseen contributions for future bienniums has triggered a decrease in the base segment of the Proposed programme budget 2026–2027to US$ 4.26 billion. Building on previous processes aimed at increasing the sustainability of WHO's financing, funding levels for the 2026–2027 biennium are currently projected at approximately US$ 2.4 billion (56% of the Proposed programme budget).

115. World Health Assembly decision WHA75(8) (2022) on sustainable financing aims to improve the predictability and flexibility of programme budget funding. It does so by increasing assessed contributions and core voluntary contributions, as well as thematic funding. This has already started to strengthen WHO's efficiency and focus on results and has improved the financing of under-resourced parts of the budget. Now more than ever, sustainable financing is a critical component of WHO's ability to deliver its mandate and success in increasing its sustainability.

116. WHO is also making changes to attract more flexible and predictable voluntary contributions. To encourage contributors to move away from tightly earmarked specified voluntary contributions, a new definition of thematic funding was agreed: it is now expanded to outputs at the global and country levels, with programmatic earmarking no more detailed than at the strategic objective level. In parallel, work is continuing to further improve resource allocation and increase the transparency of the three-level Resource Allocation Committee (see Annexes 2 and 3).

117. Following the withdrawal of the United States of America, assessed contributions are to stand at US$ 1074.7 million for 2026–2027 (see subsection below entitled "Increase in assessed contributions"). This is down from an expected US$ 1378 million prior to withdrawal.

118. In May 2024, WHO launched its first investment round during the Seventy-seventh World Health Assembly, aiming to achieve predictable, resilient and flexible funding. Prior to the launch of the investment round, WHO needed an estimated US$ 7.1 billion in voluntary contribution to fully finance the projected base programmes of the GPW 14. Building on its investment case, WHO has secured pledges for a total of US$ 1.7 billion throughout the investment round, including at its launch event and at the G20 Leaders' Summit held in November 2024. Taking into account these pledges, signed funding agreements and expected contributions from other partnerships, the total projected voluntary contributions for the next four years amount to US$ 3.9 billion.

119. In addition, the investment round has achieved significant milestones, with 71 pledges, 39 of which are from first-time voluntary contributors. Notably, seven low-income and 28 lower-middle-income and upper-middle-income countries are among the new donors, reflecting a shift towards a more inclusive and diversified funding base. A total of 55 donors have pledged flexible funding, compared with 35 in the previous four years, enhancing WHO's ability to allocate resources strategically and respond to emerging needs. Efforts are ongoing to raise the funds required to deliver the GPW 14 fully, including the Proposed programme budget 2026–2027.

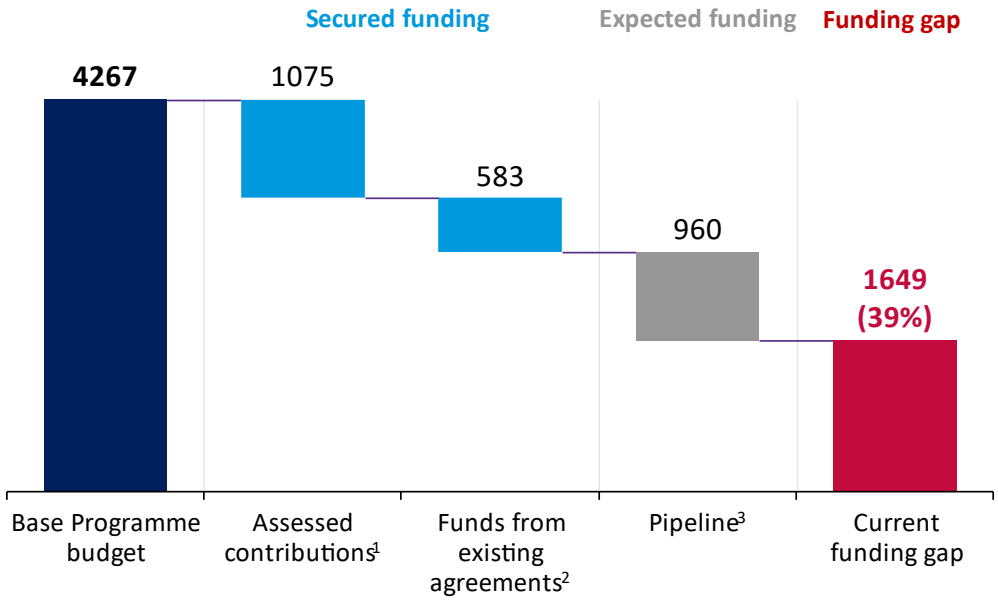
120. Projected available funds for the 2026–2027 biennium are as follows (Fig. 12):

- US$ 960 million in voluntary contributions from upcoming agreements ("pipeline"). This includes agreements that are in early stage of negotiations, as well as agreements for which negotiations are well under way.

- US$ 583 million in funds from agreements that have already been signed. This includes converting pledges from the investment round into the agreements.
- US$ 1074.7 million in projected assessed contributions (for details, see subsection below, entitled “Increase in assessed contributions”).

121. This adds up to a total of US$ 2.6 billion, or 61% of the US$ 4.26 billion base segment of the Proposed programme budget 2026–2027.

Fig. 12. Level of projected financing for the base programmes segment of the Proposed programme budget 2026–2027, US$ million

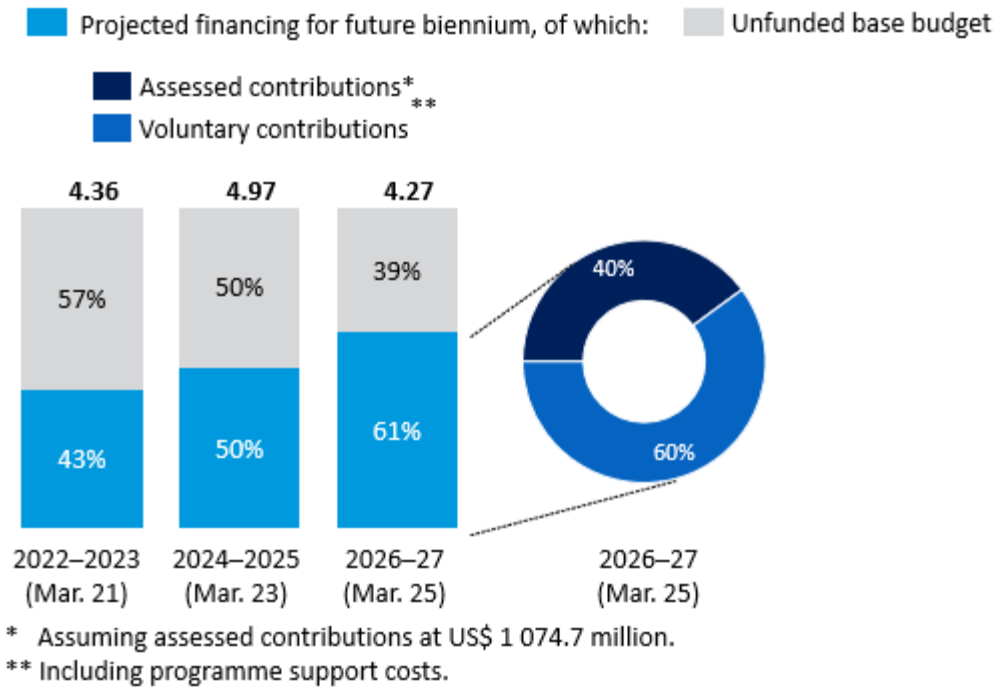


[1] Assuming the increase is approved at the Seventy-eighth World Health Assembly.
[2] As of 30 April 2025.
[3] Pipeline includes agreements that are in early stage of negotiations and agreements for which negotiations are well under way, as well as projected funds from global health partnerships. Programme support costs included.

122. Fig. 13 compares the financial outlooks for each biennium at the end of March of the previous year. In comparison, the Proposed programme budget 2026–2027 has higher financing levels than previous bienniums at a similar point in time (61%, up from 50% for the previous biennium). This is partly because the Proposed programme budget 2026–2027 is lower than it was at the same time for the 2024–2025 budget. However, expected voluntary contributions have also increased in absolute amounts. This is the result of efforts led by the WHO Secretariat and Member States to increase the predictability of funding, especially through the investment round.

123. This is a positive development, when it comes to the predictability of funds. However, it also means that contributions that in previous years would, have come in gradually until the start of the biennium have been front-loaded. Given the highly constrained financial environment, closing the remaining funding gap for 2026–2027 will likely be more challenging than it has been in previous bienniums.

Fig. 13. Projected financing for the base programmes segment of the Proposed programme budget 2026–2027, compared to previous bienniums, US$ million



Increase in assessed contributions

124. The Proposed programme budget 2026–2027 has been developed under the key assumption that the second gradual increase in assessed contributions will be approved, as introduced in the report on sustainable financing submitted to the Seventy-fifth World Health Assembly.[9] However, the Secretariat is cognizant that such an increase will not be automatically granted. More than ever, in WHO's current financial context, the proposed increase in assessed contributions is the most effective mechanism to mitigate effects of the loss of large donors: it provides room to the Secretariat to adjust and increase its resource mobilization efforts, while continuing under the agenda set by Member States.

125. The report of the Working Group on Sustainable Financing defines the concept and end-goal of gradual increases in assessed contributions by 2030–2031.[10] Furthermore, the gradual increases are to be granted based on the achievement of the Secretariat's implementation plan on reform, with the aim of enhancing budget governance, transparency and overall accountability.

126. The announcement of the intention to withdraw of the United States of America has significantly decreased the expected assessed contributions for 2026–2027. Where the expected amount of assessed contributions previously stood at US$ 1378 million for 2026–2027, it is now down to US$ 1074.7 million. This is also a decrease compared to the US$ 1148 million planned to be received in 2024–2025.

[9] Document A75/9.

[10] "that the Seventy-fifth World Health Assembly, recognizing the important role of assessed contributions in sustainably financing the Organization, requests the Secretariat to develop budget proposals, through the regular budget cycle, for an increase of assessed contributions to contribute to financial sustainability of WHO and with its aspiration to reach a level of 50% of the 2022–2023 base budget by the biennium 2030–2031, while aiming to achieve this by the biennium 2028–2029".

127. Given this prospect, the Secretariat has prepared the Proposed programme budget 2026–2027 on the basis of the following initial assumptions:

(a) the use of the approved scale of assessments for 2024–2025 contained in resolution WHA76.8 (2023);

(b) the target for the assessed contribution increase was originally set at 50% of the approved budget for the base programmes segment for 2022–2023 (US$ 2 182 million), to be reached by 2030–2031;

(c) the gap in absolute value created by the withdrawal of the United States of America (US$ 260 million) will not be filled by other Member States; rather, the proposed rates of increase will be maintained between 2024–2025 and 2026–2027 (see below); and

(d) the increase in assessed contributions will be phased, starting from 2024–2025 (see Table 12).

Table 12. Assessed contributions increase between 2022 and 2031, without the United States of America

Biennium	Total assessed contributions (US$ million)	Increase over current level of assessment (%)	Increase per biennium, (US$ million)	% of base budget 2022–2023
2022–2023	956.9	–	–	22
2024–2025	1 148.3	20	191.4	26
2026–2027	1 074.7	20	-73.6	24
2028–2029	1 335.0	25	261.0	31
2030–2031	1 695.5	27	360.5	39

128. During the regional committees and the deliberations of the Executive Board at its 156th session, Member States strongly recognized the need to make WHO financing more sustainable in order to underpin the successful achievement of the results set jointly with Member States. In that regard, Member States reconfirmed their commitment with respect to Health Assembly decision WHA75(8), and demonstrated their support for the WHO investment round.

Annex 1

Results framework: outcomes and outputs[1]

The GPW14 outcomes outline the joint responsibility of WHO Member States and the Secretariat, whereas the outputs define what the Secretariat will concretely deliver to achieve these outcomes and impacts. They will be measured through the outcome indicators and output/leading indicators, respectively. The final list of the outcome indicators, with available baseline and targets, together with the list of output/leading indicators, will be made available on the Programme Budget 2026–2027 Digital Platform.[2] The final and full set of both outcome and output/leading indicators, with baselines and targets, will presented to the World Health Assembly as part of the Proposed programme budget 2026–2027.

The Secretariat will deliver the outputs through the six core functions stipulated in the WHO Constitution:

- leadership
- policy options
- norms and standards
- research
- monitoring
- technical support

and the WHO Secretariat contributions have been categorized accordingly in the output scopes below.

Although each output has a clearly defined scope for monitoring and accountability purposes, due to the interlinkages, interdependencies and the complexity of achieving results, their delivery will require a collective effort, including more effective and collaborative ways of working across the three levels of the Organization and across the various technical teams. Hence, the Secretariat will ensure vertical and horizontal coherence to deliver the outputs.

[1] The proposed outcome indicators with an asterisk (*) reflect important global health topics that have limited data availability and will be areas of intensified focus for data strengthening during the course of the GPW 14.

[2] Programme Budget 2026–2027 Digital Platform website (accessed 20 December 2024).

Strategic objective 1. Respond to climate change, an escalating health threat in the 21st century

Joint outcome 1.1. More climate-resilient health systems are addressing health risks and impacts

Climate-related risks to health systems and health and nutritional outcomes will be systematically assessed and addressed, in line with the drive for universal health coverage, a scaled-up primary healthcare approach and the wider societal goal of climate adaptation. This work will build on and advance existing work to strengthen health, water, sanitation and hygiene (WASH) and food systems. Climate-informed health decision-making will be promoted, recognizing the distinct vulnerabilities and disproportionate impacts of climate change on disadvantaged groups, as well as in different regions and subregions, especially in the small island developing States. National health adaptation plans, based on the local context, will be designed, implemented and monitored, with active social participation, in order to promote, support and enable appropriate behaviours and ensure that population health is resilient to climate shocks and stresses over time. This outcome includes interventions and innovations within health systems (e.g. to promote climate-resilient and environmentally sustainable healthcare facilities and a climate-competent workforce), essential public health functions (e.g. to establish climate-informed disease surveillance and responses, including to vector-borne and foodborne diseases) and partnerships with other sectors to safeguard key health determinants (e.g. promoting climate-resilient water and sanitation and food systems).

Outcome indicator	Baseline	Target
Index of national climate change and health capacity		

Outputs

1.1.1 WHO supports countries in developing health vulnerability and adaptation assessments and national adaptation plans, and provides guidance, capacity-building and piloting of interventions to enhance the climate resilience of health systems through a One Health approach

Output/leading indicator	Baseline	Target
Number of countries having conducted a climate change and health vulnerability and adaptation assessments and having developed the health component of their national adaptation plans		
Number of countries integrating meteorological information into surveillance and response systems for at least one climate-sensitive health risk (e.g. extreme heat or climate-sensitive infectious disease) benefiting from WHO technical guidance or support		

Scope of outputs

1.1.1. WHO supports countries in developing health vulnerability and adaptation assessments and national adaptation plans, and provides guidance, capacity-building and piloting of interventions to enhance the climate resilience of health systems through a One Health approach

WHO will support countries' efforts to ensure that health systems are equipped to anticipate, respond to, recover from and adapt to climate-related shocks and stresses in order to guarantee the sustained delivery of essential health services. This involves systematically assessing the health risks posed by climate change and aligning these efforts with the pursuit of universal health coverage, scaled-up primary healthcare and the broader societal goals of climate adaptation. WHO's leadership will be fundamental to advancing the health argument within climate that health is central to climate policies and fostering multisectoral approaches, partnerships and collaboration.

WHO will provide guidance and technical support to countries in developing health vulnerability and adaptation assessments with a view to building health systems and health services that are resilient to climate shocks and stresses, ensuring long-term sustainability. Recognizing that climate financing is a major barrier in low- and middle-income countries, WHO will provide assistance in accessing financial support for climate and health actions. Moreover, WHO will also work to enhance the capacities of the health workforce and advance prioritized research agendas to ensure that scientific evidence is central to health adaptation to climate change.

These efforts will be aligned with other outputs that focus on WHO's work for reducing greenhouse emissions and other pollutants (output 1.2.1), addressing other health determinants (output 2.1.1) and tackling risk factors to communicable and noncommunicable diseases (output 2.2.1).

The Secretariat will:

Leadership

- lead health initiatives and highlight the health arguments that significantly influence climate negotiations in the areas of mitigation and adaptation, advocating that health is a pivotal and constructive component of climate policies;

- strengthen the health workforce capacity to champion climate and health action, enhancing its capacity to drive impactful interventions;

Research

- define prioritized research agendas for health adaptation to climate change, guiding global efforts in addressing health impacts;

Norms and standards

- provide guidance, tools and technical support for countries to develop health vulnerability and adaptation assessments and health components of national adaptation plans, enhancing climate resilience of health systems and societies;

Technical support

- build technical capacity and support implementation for climate-informed surveillance, increasing preparedness and response to heat stress, floods and other climate-related emergencies and climate-sensitive infectious diseases, bolstering preparedness;

- assist in obtaining financial support for climate and health actions in lower-middle-income countries, focusing on populations in situations of vulnerability and promoting health equity;

- provide support for countries to ensure the continuity and functionality of health systems and facilities amid climate change challenges, including WASH and energy access, safeguarding health services;

- develop guidance and technical support to reduce the health risks that climate change presents through its effects on nutrition and food safety;

Monitoring

- monitor country and global progress in health protection from the effects of climate change, ensuring ongoing evaluation and fostering improvement; and

- promote the assessment of the health risks, including the health equity risks, posed by climate change and the compilation of effective adaptation strategies, fostering resilience from national to global levels.

Joint outcome 1.2. Lower-carbon health systems and societies are contributing to health and well-being

Plans to reduce, where possible, the carbon footprint of health systems, supply chains and care services will be developed, tailored and implemented, taking account of different national and local contexts and aligned with national priorities for scaling up primary healthcare and universal health coverage, as well as broader climate resilience and mitigation efforts. Work on climate-smart and context-sensitive health products and supply chains will be encouraged. The health community will engage outside the health sector in partnerships and advocacy, and will play a leadership role in presenting health evidence to accelerate policies and actions (e.g. in the energy, food, transport, urban systems, environment and finance sectors) that both mitigate climate change and enhance health (e.g. by improving air quality, increasing access to healthy and affordable foods and enhancing environments that promote physical activity). This will include elevating and enhancing work on the interactions between climate change and human health and well-being in the context of the United Nations Framework Convention on Climate Change and related instruments (e.g. the Green Climate Fund, the Global Stocktake, the Loss and Damage Fund).

Outcome indicator	Baseline	Target
Healthcare sector greenhouse gas emissions		

Outputs

1.2.1 WHO develops norms, standards, policy guidance and strengthens capacity in countries to reduce greenhouse gases and other pollutants from the health sector, and engage other sectors (such as food, transport, energy, education) to reduce their emissions

Output/leading indicator	Baseline	Target
Number of countries with strengthened health sector capacity to understand the health risks of air pollution and evaluate the effectiveness of interventions using tools like health impact assessment, enabled by WHO		
Number of countries with national air quality standards aligned with WHO air quality guidelines		
Number of countries implementing national plans to develop a low-carbon and sustainable health system		

Scope of outputs

1.2.1. WHO develops norms, standards, policy guidance and strengthens capacity in countries to reduce greenhouse gases and other pollutants from the health sector, and engage other sectors (such as food, transport, energy, education) to reduce their emissions

The Secretariat will provide countries with guidance, norms and technical support to advance their efforts to reduce greenhouse gases and other pollutants from the health sector and other sectors, including by taking account of different national contexts. It will also lead and promote partnerships and collaboration that extend beyond the health sector, fostering multisectoral work and advocacy across sectors such as energy, food systems, transportation, urban planning, the environment and finance. To do that, WHO will provide countries with guidance, technical support and capacity-building to implement its Operational Framework for Climate-Resilient and Low-Carbon Health Systems. Moreover, WHO will support the health sector to take on a leadership role, leveraging health evidence to accelerate cross-sectoral policies and actions.

Similarly, the Secretariat will develop guidance to address the health impacts of climate change, pollution and biodiversity loss, while promoting sustainable and resilient health systems. WHO will support countries in integrating health and climate goals into national strategies, including nationally determined contributions, and in conducting economic assessments to promote health-focused adaptation and mitigation, including fiscal reforms targeting polluting industries and sectors. WHO will assist countries in accessing funds for clean energy, WASH and waste management in health facilities, especially in low- and middle-income countries.

These efforts will be aligned with other outputs that focus on WHO’s work on climate adaptation (output 1.1.1), addressing other health determinants (output 2.1.1) and tackling risk factors to communicable and noncommunicable diseases (output 2.2.1).

The Secretariat will:

Leadership

- promote a comprehensive approach to reducing greenhouse gases and other pollutants and ensuring environmental stability of health systems, while reinforcing universal health coverage and resilience to climate risks;

- address zoonotic diseases, and support the development of strategies that enhance the health and environment sectors' capacities and influence the policies of other sectors, including through a One Health approach;

Norms and standards

- develop and promote norms, standards, technical guidance and effective measures to reduce, where possible, the carbon footprint of health systems, supply chains and care services, aligned with national priorities for scaling up primary healthcare and universal health coverage, as well as broader climate resilience and mitigation efforts;

Policy options

- systematically assess opportunities and support the health sector to work with other sectors, such as the energy, industry, transport, food, rural development, agriculture and land-use sectors, to improve health and health equity by reducing carbon emissions, greenhouse gases and other pollutants through policies and tools, including for quantifying health benefits;

- support countries in implementing policies with health, climate and environmental co-benefits, particularly in the areas of air pollution, waste and chemical pollution, through actions in sectors such as the energy, transport, land-use and agriculture sectors;

- support countries in implementing cross-sectoral policies to protect biodiversity and ecosystems in order to mitigate climate change-related negative impacts on health and protect health;

- conduct economic assessments and promote health, adaptation and mitigation across sectors, including through health infrastructure investments and fiscal reforms of polluting industries, energy sources, transport and land use;

- promote healthy and sustainable diets in health facilities and in societies, ensuring nutrition and food security while advancing health equity;

Technical support

- provide guidance and technical support to integrate health and climate into cross-sectoral mitigation plans, including nationally determined contributions and long-term strategies under the United Nations Framework Convention on Climate Change;

- provide Member States with technical capacity-building and implementation support to adopt WHO's Operational Framework for Climate-Resilient and Low-Carbon Health Systems; and

- support implementation and assist in accessing funds for clean energy, adequate WASH and waste management, and climate resilience in healthcare facilities in low- and middle-income countries.

Strategic objective 2. Address health determinants and the root causes of ill health in key policies across sectors

Joint outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health

Emphasis will be on both health sector and intersectoral actions that foster well-being and health equity as co-benefits across sectors and put health outcomes at the centre of relevant policies and processes. Priority will be given to enhancing decision-making and resource allocation for universal access to key public goods for health (e.g. clean air, safe food, healthy diets and housing, safe and active transport and mobility, education and clean energy, and safe and healthy working environments). The role and capacity of the health sector will be strengthened through enhanced evidence, policy options, analyses (e.g. using health impact and health equity impact assessment tools and methodologies), advocacy and intersectoral action to leverage policy interventions in other key sectors (e.g. for transport and food and agricultural systems, social policy, health-promoting schools and workplaces, housing and WASH) that improve health across the life course through better living and working conditions, including utilizing a One Health approach. Work will be carried out to increase fiscal space for addressing social protection, early-years services, safe and decent employment, gender equality, and food and income security and the impact of demographic change. Health sector capacities to assess the health impact of social inequalities and the differential impact of sectoral policies, and to tackle systemic and structural barriers to health such as those related to gender and age, will be strengthened. This work will also address the increasing influence of commercial practices and agreements on health (e.g. in relation to tobacco and nicotine products, harmful use of alcohol and unhealthy foods) in order to prevent harm and foster policy coherence and pro-health practices, including the protection of children and adolescents from exploitative marketing. Cities and local governments will be supported to implement actions on health determinants across the life course. Governance for health and well-being will be promoted across and between levels of government. Particular attention will be given to ensuring that programmes reach people in vulnerable situations or facing marginalization and discrimination, including persons with disabilities, migrants and displaced people, and older populations.

Outcome indicator	Baseline	Target
Sustainable Development Goals indicator[3] 10.7.2. Does the government provide non-national (including refugees and migrants) equal access to (i) essential and/or (ii) emergency healthcare? (New)		
Sustainable Development Goals indicator 11.1.1. Proportion of urban population living in slums, informal settlements or inadequate housing (New)*		

[3] See United Nations, "Sustainable Development Goals: SDG Indicators" (https://unstats.un.org/sdgs/metadata/, accessed 8 April 2024).

Sustainable Development Goals indicator 1.3.1. Proportion of population covered by at least one social protection benefit (%) (New and cross-referenced with related indicator under outcome 5.1)

Outputs

2.1.1 WHO supports countries in designing policies and regulations, shaping resource allocation and investment, building capacity and establishing partnerships within and beyond the health sector to address social determinants and reduce health inequities, particularly for populations in situations of vulnerability

2.1.2 WHO supports countries in developing evidence-informed policies across sectors at all levels of government and adapts public health measures to meet the health needs of populations such as migrants and displaced people

Output/leading indicator	Baseline	Target
2.1.1 Number of countries implementing intersectoral policies, plans and strategies to advance health equity with WHO support		
Number of countries adopting measures to address conflicts of interest/industry interference/commercial influence in public health policies and programming at national or subnational levels, with WHO technical assistance		
2.1.2 Number of countries implementing at least two WHO-recommended measures to provide equitable health services for migrants, refugees and displaced populations		

Scope of outputs

2.1.1. WHO supports countries in designing policies and regulations, shaping resource allocation and investment, building capacity and establishing partnerships within and beyond the health sector to address social determinants and reduce health inequities, particularly for populations in situations of vulnerability

WHO's leadership in supporting countries to address the social determinants of health and the root causes of ill health combines the provision of scientific normative guidance and direct technical support in order to build capacity at country level to address the broad range of determinants that impact health.

This work focuses on sectors that lie outside the traditional ambit of health but whose policies and interventions can affect health and well-being, including the education, housing, food, transportation, urban planning, social protection, agriculture, trade and rural development sectors. The WHO Secretariat's work aims to ensure universal access to essential public goods such as clean air, education, water, healthy diets, healthy housing, social protection, sustainable transport and safe mobility, with a focus on health equity. WHO's unique value lies in leveraging its scientific credibility to support the health sector in engaging with these other sectors and supporting them in the implementation of health-promoting policies and actions, as well as in

building country capacity to address conflicts of interest, safeguard public health from harmful commercial interests and engage the private sector in health-positive initiatives.

In response to the global trend towards increased urbanization and the growing percentage of the global population residing in urban areas, there is a focus on leveraging the potential of urban actors to implement policies across various sectors that positively impact health. This approach aims to address the needs of local populations effectively. To address the demographic change and population ageing, WHO supports the development of policies that address ageing, combat ageism and foster the development of age-friendly environments. Recognizing the negative impact of social isolation on physical and mental health, as well as on longevity, WHO's work includes translating research and evidence on effectiveness into providing support to governments for strategies and interventions that tackle loneliness and improve social connection through targeted actions at the individual, community and societal levels. In response to the global trend towards increasing digitalization, WHO supports the response to the impact of the digital determinants of health.

WHO also advises Member States on applying a One Health approach to address complex health risks that often extend beyond the public health sector but have significant impacts on human health. To advance One Health initiatives, WHO supports countries with strategic planning, technical assistance, political advocacy, evidence generation, policy guidance and cross-sectoral partnerships to implement One Health initiatives effectively.

By combining this leadership and its normative role in developing guidance, policies and tools, WHO provides scientific and technical support to countries in their efforts to improve healthier populations. Partnerships are fostered at all levels of government and across stakeholders to promote inclusive environments and sustainable solutions for health and well-being across the life course.

The Secretariat will:

Leadership

- establish partnerships at international, national and local levels within and beyond the health sector, and facilitate intercountry exchange to create supportive environments for increasing equity in access, affordability and quality of essential public goods;

- lead and advocate for addressing the social determinants of health within the workstreams of other UN organizations and international organizations, as part of efforts to improve health equity and achieve universal access to public goods;

- spearhead action by international organizations and UN partners to address health-harming commercial practices and strengthen global governance to address the commercial determinants of health;

- engage with the private sector and health-aligned commercial actors to support action to address harmful commercial practices and foster action to address health equity;

- position urban health high up on the agenda of sectors whose policies impact on health in urban settings, such as the urban planning, transport, housing and food systems sectors;

- advocate, engage and partner with the animal health, agriculture and environment sectors in high-level political forums to ensure that One Health is prioritized on the international political agenda and effectively translated into national policies and strategies with operational models;

- engage with the transport sector to achieve sustainable transport and safe mobility solutions, through global and regional forums, to ensure that health impacts are reflected and reduce health risks associated with transportation (e.g. through collaboration with the International Transport Forum to encourage the inclusion of safety in policies relating to sustainable transport);

- work at global and national levels to engage other sectors on the prevention of occupational diseases and injuries, improve occupational safety standards and normative guidance, including in their implementation;

- lead advocacy efforts to combat ageism, create age-friendly cities and communities and promote actions to enhance social connection;

Research

- enhance global, regional and country capacities to strengthen research and research agendas to implement evidence-informed policies and practices at all levels in order to address health and health equity harms arising from the structural determinants of health, including commercial determinants, digital determinants, indigeneity, racism and discrimination;

Norms and standards

- compile evidence on the rationale and investment case for actions aligned to the World Report on Social Determinants of Health Equity recommendations, including evidence on policies and good practices;

- develop norms and standards, including on conflicts of interest, to address the health and health equity impacts of harmful commercial practices through the implementation of the recommendations of the Global Report on the Commercial Determinants of Health;

- develop evidence-based guidance for the implementation of urban health policies and interventions, including on how key health topics are relevant to urban settings (e.g climate change, migration);

- develop guidance and recommendations to assess the health and safety impacts of transport policies, including how these can affect a range of health outcomes in different settings (e.g. in urban contexts);

- develop guidelines and evidence-based tools to address age-based discrimination, foster social connection and identify gaps in age-friendly environments to support global norms and standards;

Policy options

- convene dialogues and synthesize evidence on policy options to address the health equity impacts of digital determinants, as a social determinant of health;
- support country implementation of normative work and its adaptation to country contexts (e.g. through developing urban health action plans);
- advocate for nutrition-sensitive social protection systems, ensuring food security and improved nutritional outcomes for populations in situations of vulnerability;
- tackle loneliness and social isolation by fostering social connection through targeted actions at the individual, community and societal levels;

Technical support

- build capacity and raise awareness on commercial practices' risks to health (noncommunicable diseases risk factors, increased risk of communicable diseases, environmental risks, antimicrobial resistance risk, risks of injuries and violence, mental health risks, increased risks for health emergencies etc.) in order to empower authorities, communities and individuals to support action on the commercial determinants of health;
- provide technical support to strengthen country capacity to implement urban health strategies, policies and programmes through working across sectors to respond to the unique health challenges and opportunities in urban settings;
- provide technical support, high-level policy advice and guidance to help countries implement a One Health approach at the national level;
- provide targeted technical support to strengthen intergenerational practices, strengthen knowledge and action on age-friendly cities and communities, and scale up interventions to prevent and respond to the abuse of older people;
- develop technical tools to support countries in assessing the health impacts of economic instruments (including debt, trade and taxation) and support countries in the inclusion of health and health equity in economic instruments and decision-making; and

Monitoring

- monitor the social determinants of health equity and benchmark progress in the implementation of actions to address them, including by leading the development of indicators and monitoring frameworks for the commercial determinants of health and enhancing the monitoring and evaluation of ageism through the development and implementation of metrics to monitor social isolation and loneliness.

2.1.2. WHO supports countries in developing evidence-informed policies across sectors at all levels of government and adapts public health measures to meet the health needs of populations such as migrants and displaced people

The global health goals cannot be achieved without addressing the health needs of the approximately 1 billion migrants and displaced populations worldwide. The increasing mobility of populations over the last decade underscores the urgency of this issue, which is likely to continue.

WHO recognizes the critical importance of promoting the health and well-being of migrants, refugees and displaced populations. WHO's response is guided by the WHO global action plan for promoting the health of refugees and migrants, 2019–2030. This comprehensive plan allows WHO to lead the global discourse on health and migration and leverages its normative work, leadership, global reach and technical assistance to countries to improve the responsiveness of health systems and services to the needs of these mobile populations.

To address these challenges, WHO takes a comprehensive approach that considers both short-term and long-term health needs. This approach addresses the social determinants of health and their impact on migrants and advocates for inclusive health systems to achieve universal health coverage through a primary healthcare approach.

In terms of solutions, WHO's technical assistance is focused on strengthening countries' health system capacities, including the health workforce, to respond to the specific health needs of refugees and migrants. Global advocacy efforts are also in place to promote the implementation of global targets through international dialogues and forums, such as the International Migration Review Forum to be held in 2026 and the Global Refugee Forum to be held in 2027.

Moving forward, WHO will continue its support for countries in developing national research agendas and action plans over the next four years. This will strengthen evidence-based policy-making and implementation to meet the health needs of the target populations. In addition, WHO will facilitate knowledge-sharing on good practices among policy, practice and academia.

Furthermore, the WHO monitoring framework of the global action plan for promoting the health of refugees and migrants, 2019–2030, will establish the first global monitoring baseline for refugee and migrant health. This baseline, along with the monitoring framework, will ensure that WHO can effectively monitor and report on progress throughout the 2026–2027 biennium and the period of the GPW 14 (2025–2028).

The Secretariat will:

Leadership

- engage in high-level advocacy to promote the health and well-being of refugees and migrants;

Research

- enhance global, regional and country capacities to strengthen research and research agendas to implement evidence-informed policies and practices at all levels in order to promote the health of migrants and displaced populations;

Technical support

- provide technical support to countries for improving health systems responsiveness to the health needs of refugees, migrants and host communities;
- strengthen health system and health workforce capacities through enhancing quality and culturally responsive healthcare for refugees and migrants; and

Monitoring

- support national data monitoring to ensure equal access to essential and emergency healthcare services for migrants and displaced populations.

Joint outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches

Multisectoral and multistakeholder approaches will be co-designed and implemented across the life course, including through cost-effective policies that are based on the right to health, legislation and regulatory measures, in order to reduce major risk factors for noncommunicable and communicable diseases, violence and injuries, mental health conditions and poor nutrition, and to address rehabilitation needs and healthy ageing. For example, in the area of noncommunicable diseases, effective packages, such as WHO "best buys",[4] will be introduced or strengthened to reduce consumption of unhealthy products (e.g. tobacco, the harmful use of alcohol, unhealthy foods), including through monitoring use, cessation assistance, health warnings, advertising restrictions and health taxes (e.g. with regard to alcohol and sugar-sweetened beverages). Cost-effective nutrition services will be promoted and physical activity will be enabled through supportive environments.[5] Comprehensive food safety measures will be promoted along the food chain. In the area of communicable diseases, for example, barriers to access for affected populations in marginalized situations will be prioritized and such populations will be meaningfully engaged. Policies that reduce exposure to road traffic risks and that encourage safe, active mobility will be encouraged, as well as legislation on safe vehicles, infrastructure and road-user behaviour. Investments in education and supportive economic and social policies that can reduce interpersonal violence and violence against children will be encouraged. The health sector will help to promote equity-enhancing policies and legislation across key sectors, including the food, agriculture, energy, sports, transport and tourism sectors, while managing and reducing conflicts of interest.

Outcome indicator	Baseline	Target
Sustainable Development Goals indicator 2.2.1. Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)		

[4] See Technical Annex (version dated 26 December 2022): Updated Appendix 3 of the WHO Global NCD Action Plan 2013–2030. Geneva: World Health Organization; 2023 (accessed 17 December 2023).

[5] See the More active people for a healthier world: the global action plan on physical activity 2018–2030 website (accessed 1 April 2024).

Sustainable Development Goals indicator 2.2.2. Prevalence of overweight (weight for height more than +2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)
Sustainable Development Goals indicator 2.2.2. Prevalence of wasting (weight for height less than -2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (GPW 13)
Sustainable Development Goals indicator 2.2.3. Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (%) (GPW 13)
Resolution WHA69.9. Exclusive breastfeeding under six months (New)
Sustainable Development Goals indicator 3.9.1. Mortality rate attributed to household and ambient air pollution (GPW 13)
Sustainable Development Goals indicator 3.9.2. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) (GPW 13)
Resolution WHA73.5. Proportion of people who have suffered a foodborne diarrheal episode of non-typhoidal salmonellosis (New)
Sustainable Development Goals indicator 6.1.1. Proportion of population using safely managed drinking water services (GPW 13)
Sustainable Development Goals indicator 6.2.1. Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water (GPW 13)
Sustainable Development Goals indicator 7.1.2. Proportion of population with primary reliance on clean fuels and technology (GPW 13)
Annual mean levels of fine particulate matter (GPW 13)

Resolution WHA66.10. Prevalence of obesity among children and adolescents (aged 5–19 years) (%) (GPW 13)
Resolution WHA66.10. Prevalence of obesity among adults aged ≥18 years (GPW 13)
Sustainable Development Goals indicator 3.6.1. Death rate due to road traffic injuries (GPW 13)
Sustainable Development Goals indicator 16.2.1. Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (GPW 13)
Resolution WHA71.6. Prevalence of insufficient physical activity (a) in adolescents (aged 11–17);(b) in adults (aged 18–65) (New)
Sustainable Development Goals indicator 3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older (GPW 13)
Resolution WHA66.10. Prevalence of raised blood pressure in adults aged ≥18 years (GPW 13)
Sustainable Development Goals indicator 3.5.2. Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol (GPW 13)

Outputs

2.2.1	WHO develops norms, standards and technical packages to address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition, strengthen food safety and reduce environmental health risks, and supports countries in their implementation, including in the monitoring and development of legislation and regulations
2.2.2	WHO supports countries to ensure comprehensive access to promotion and preventive health services for populations (such as tobacco and alcohol cessation services, physical activity counselling and nutrition counselling, including for breastfeeding) and to monitor their implementation

Output/leading indicator	Baseline	Target
2.2.1		
Number of countries that have strengthened at least one PWER measure from the MPOWER technical package, enabled by WHO technical support		
Number of countries integrating WHO guidance on water, sanitation, hygiene and health in policies, plans, regulations or in monitoring systems		
Number of countries adopting evidence-based legislative and policy reform to prevent and respond to violence against children, enabled by WHO technical support		
Number of countries that have made a legislative or policy change to improve road safety, enabled by WHO technical support		
Number of countries that have adopted technical support packages and guidance to tackle alcohol population-based policy measures, in line with WHO policies and resolutions		
Number of countries with at least one of the following policies – national policy on physical activity; national policy on walking and cycling; national physical activity guidelines; national physical activity communications campaign; brief interventions on physical activity in primary healthcare – enabled by WHO technical support		
2.2.2		
Number of countries reviewing or implementing new population-based alcohol policy measures, in line with WHO resolutions		
Number of countries that have strengthened cessation services (i.e. O from MPOWER), enabled by WHO efforts		
Number of countries with established multisectoral collaboration and communication mechanism for food safety events (SPAR score at least 4)		
Number of countries having adopted a policy package to achieve all targets included in the comprehensive implementation plan on maternal, infant and young child nutrition, enabled by WHO efforts		
Number of countries implementing national policies to eliminate trans-fatty acids from the food supply and reduce sodium and sugars consumption, in alignment with WHO guidelines, best-practice and technical packages		

Scope of outputs

2.2.1. WHO develops norms, standards and technical packages to address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition, strengthen food safety and reduce environmental health risks, and supports countries in their implementation, including in the monitoring and development of legislation and regulations

WHO will provide technical support to countries to address leading risk factors or causes of premature mortality and morbidity for communicable and noncommunicable diseases, violence

and injuries, unsafe food and environmental health risks. Its support will include the development and implementation of norms and standards (including legislation, fiscal measures, regulations), building capacity, and monitoring and evaluation.

Furthermore, WHO will provide leadership at both global and national levels that combines enhancing advocacy efforts on the public health arguments with ensuring that political commitments and investments to address risk factors are commensurate with the public health burden. Tobacco control will be strengthened through support for the implementation of the MPOWER technical package, while addressing alcohol use will be tackled based on the recommendations of the SAFER package.

Support to Member States will be scaled up to reduce physical inactivity and ensure healthy, safe diets and healthy food environments, as well as to address food insecurity. Risk factors for road traffic injuries, violence against children, drowning and falls prevention will be addressed through relevant technical packages and through making the public health argument for their consideration as health issues. Evidence-based guidance will underpin the technical support provided to countries on drinking water, sanitation, hygiene and health to inform WASH programming and WASH-health integration.

WHO will assist countries to increase action to address environmental risk factors, including action on air pollution, as well as chemicals, waste and radiation management. National and global monitoring approaches will be strengthened to support countries in collecting data to allow the tracking of all risk factors and to assess the implementation of proven prevention strategies. In doing this work, WHO will support Member States to address gender inequalities, human rights concerns and health inequities by ensuring that all interventions address differentiated risk factors, including for groups facing vulnerability, marginalization or discrimination.

The efforts to tackle the risk factors will be complemented and aligned with other outputs addressing health determinants that affect the distribution of risk factors (2.1.1), services to address risk factors (2.2.2) and wider health promotion policies (2.3.1).

The Secretariat will:

Leadership

- promote, protect and support optimal infant and young child feeding practices through comprehensive programmes and policies;

- lead global and national initiatives to advocate for increased action on violence against children through ensuring the issue is raised at global and national forums and through convening leaders to act as champions to end violence against children;

Norms and standards

- develop and disseminate guidelines to promote healthy food environments, including taxes, subsidies, marketing regulations, labelling, public procurement and trade policies, as part of the WHO’s efforts to promote health equity;

- develop guidance on healthy diets, addressing all forms of malnutrition and promoting healthy food environments;

- develop guidance on food safety (food additives, pesticide and veterinary drugs residues, microbiological risks and allergens) in support of the Codex Alimentarius and in line with the implementation of the WHO global strategy for food safety 2022–2030;

- develop innovative risk assessment methodologies to address complex exposures and emerging food security challenges, including novel food sources and technologies;

- develop guidance based on best practices for legislation and policies and standards, including guidance on addressing the safety of powered two-wheelers;

Technical support

- address the harmful use of alcohol through advocacy, setting high-impact policies, developing evidence-based guidance, supporting intersectoral collaboration and monitoring high-impact policy measures linked to Sustainable Development Goals indicator 3.5.2;

- provide evidence-based technical support and strengthen country capacity to implement comprehensive tobacco control measures, aligning with the WHO Framework Convention on Tobacco Control and MPOWER strategies, including advertising bans, graphic health warnings, smoke-free public places, taxation, tobacco and nicotine product regulation and sustainable crop transitions for tobacco farmers;

- provide technical support to build capacity of institutions at country level to adopt and implement policies and legislation to address key risk factors for road traffic injuries, facilitating exchanges with relevant stakeholders to ensure that normative guidance can be adapted to specific contexts;

- provide training and technical support to countries to implement existing guidance, such as by strengthening policies, legislation and community action relevant to drowning and falls and ensuring safer environments through multisectoral collaboration;

- address risk factors for violence against children through supporting countries with the scale-up of evidence-based prevention and response strategies, including the implementation of the WHO-led INSPIRE framework for ending violence against children, requiring multisectoral action, policy dialogues and building capacity;

- lead, provide technical support and capacity-building to Member States and monitor progress in the implementation of fiscal measures for health, such as health taxes, subsidies and appropriate investments, that minimize the impact of risk factors for noncommunicable diseases and promote better health and well-being;

- address physical inactivity through advocacy, setting global policy, developing evidence-based guidelines and providing technical support to countries, fostering intersectoral collaboration and global monitoring of progress;

- assist countries to increase action in the areas of environment, climate change and health, by working on priority risk factors and implementing interventions for creating health-conducive environments through technical and policy support, and through facilitating national and regional processes;

- monitor and provide technical support for improving air quality and sustainable energy access for all populations, improving health outcomes;

- provide technical support through evidence-based guidance and data on drinking water, sanitation, hygiene and health to inform healthier WASH programming, improved WASH-health integration and improved national WASH monitoring systems;

- enhance safe chemical management by supporting the implementation of the WHO Chemicals road map, strengthening poison centres, human biomonitoring, engaging in international and national initiatives, and providing other technical tools and packages;

- assist countries in addressing children's environmental health by focusing on priority threats such as lead exposure, ensuring safer environments for children;

- ensure worker health and safety by developing policies, building institutional capacities and expanding the coverage of occupational health services;

- build capacity and raise awareness of the environmental risks to health in order to empower authorities, communities and individuals to adopt health-conducive actions, policies and behaviours;

- build country capacity to protect workers, patients and the general population by managing radiation risks, including those from electromagnetic fields and ionizing and ultraviolet radiation;

- support the development of legislation and regulations to implement WHO guidance, including on product regulation, marketing restrictions and labelling measures;

Monitoring

- develop global status reports to monitor global and regional progress, including but not limited to prevalence estimates on violence against children; data on road safety, including road traffic deaths and injuries; and reducing the risks for drowning and falls; and

- provide direct technical assistance to countries to build their capacity to collect and report data, including on the implementation of legislation and policies to reduce risk factors.

2.2.2. WHO supports countries to ensure comprehensive access to promotion and preventive health services for populations (such as tobacco and alcohol cessation services, physical activity counselling and nutrition counselling, including for breastfeeding) and to monitor their implementation

WHO will support countries to develop and implement comprehensive health promotion and preventive services to address and reduce risk factors for communicable and noncommunicable diseases. These include the high prevalence of tobacco use, harmful alcohol consumption, malnutrition and physical inactivity, all of which are significant contributors to the global burden of disease. Tobacco use remains a leading cause of preventable disease and premature mortality worldwide. Harmful use of alcohol is also a major contributor to the global burden of disease, causing injuries, chronic diseases and social harm. Malnutrition affects billions

of people and is a critical barrier to achieving better health outcomes and greater health equity. Unhealthy diets are linked to a wide range of communicable and noncommunicable diseases. Physical inactivity is a significant risk factor for noncommunicable diseases such as heart disease, diabetes and cancer, and also contributes to poor mental health.

To address these major health challenges, WHO will provide guidance and technical support to countries in designing, implementing and scaling up comprehensive tobacco and alcohol cessation services, including by supporting the integration of evidence-based cessation interventions into primary healthcare systems, in particular through capacity-building to enable healthcare systems to deliver these services effectively.

On malnutrition and physical inactivity, WHO will provide guidance and technical support for developing and scaling up nutrition counselling services, tailored to different country contexts and the needs of diverse population groups, including through integration into primary healthcare systems. For malnutrition, this will comprise the promotion, protection and support of breastfeeding as the cornerstone of child survival and maternal health by providing essential nutrients and protective factors against infections and chronic diseases. WHO will develop guidance, technical support and standards to foster breastfeeding counselling as part of the commitment to create enabling environments for breastfeeding. For physical activity, the aim will be to improve physical and mental outcomes.

These efforts to enhance promotion and preventive health services will be complemented and aligned to other outputs addressing health determinants (output 2.1.1), risk factors (output 2.2.1) and wider health promotion policies (output 2.3.1).

The Secretariat will:

Technical support

- deliver technical assistance and policy guidance for the promotion, protection and support of breastfeeding, ensuring improved health outcomes for mothers and infants;

- provide technical support and capacity-building to implement comprehensive tobacco cessation services, contributing to the reduction of tobacco use and improvement of public health;

- offer technical guidance for screening, early detection, brief interventions and treatment initiatives targeting harmful alcohol use, contributing to supporting countries in reducing the harm caused by alcohol consumption;

- provide technical support and leadership in advocating, promoting and enabling policy measures to increase physical activity, including by providing health counselling, and therefore contributing to the prevention of noncommunicable diseases and improving health and well-being; and

- provide technical support and normative guidance for nutrition and dietary counselling services for adults and children, enhancing the nutritional status and overall health of populations.

Joint outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making

Public health programmes will be designed or strengthened, including through the use of behavioural sciences, in order to create an enabling environment that supports and encourages health-promoting choices. The promotion of key behaviour changes will be supported by addressing health and well-being in the particular settings in which people live, work and play (e.g. schools, workplaces and healthcare facilities), with policies and procedures informed and implemented by social dialogue with relevant populations (e.g. workers). This outcome will advance community engagement and participatory governance for health and health literacy (including digital means). Health sector governance capacity will be strengthened for policies and regulations that facilitate, support and enable choices and behaviours that promote health, particularly physical activity.

Outcome indicator	Baseline	Target
Proportion of cities, municipalities and localities in regional Healthy City networks that are health-promoting (New) – Selected for data strengthening		
Proportion of countries using societal dialogue as a mechanism for prioritizing and co-shaping the health agenda (New) – Selected for data strengthening		

Outputs

2.3.1 WHO develops guidance and supports countries to strengthen their capacity to engage with and empower individuals and communities and all levels of government across sectors to increase health literacy, enable healthier behaviours, advance co-benefits, and improve the governance and implementation of settings-based approaches and health promotion policies

Output/leading indicator	Baseline	Target
Number of countries that have implemented a national or subnational healthy settings policy or programme aligned with WHO guidance, or with or through WHO technical support		
Number of countries with national or subnational policies on promoting health and well-being that have integrated a comprehensive health promotion approach, aligned with WHO guidance, or with or through WHO technical support		

Scope of outputs

2.3.1. WHO develops guidance and supports countries to strengthen their capacity to engage with and empower individuals and communities and all levels of government across sectors to increase health literacy, enable healthier behaviours, advance co-benefits, and improve the governance and implementation of settings-based approaches and health promotion policies

The health and well-being of people are influenced by everyday settings. Health promotion is about creating environments conducive to health and empowering people to make healthy choices across the life course. Generally, decisions to promote and protect health lie outside the health sector. It is critical to promote governance systems that put health and well-being of the people and the planet at the centre, using whole-of-government and whole-of-society approaches that ensure policy coherence, effective cross-sectoral collaboration, enhanced health literacy and community empowerment.

Supported by WHO's leadership, countries advance their health and well-being agenda and address major sustainable development challenges, enabled by WHO's technical advice, research, policy guidance, norms and standards and monitoring tools. The work focuses on strengthening good governance for health and well-being across levels of government (national, subnational and local), across sectors (health and non-health) and across settings (e.g. cities, islands, villages, educational facilities, workplaces, markets, digital platforms), using a health promotion approach and tools such as health in all policies, health literacy and community engagement. WHO's unique value lies in its political capital, evidence generation, scientific credibility and convening capacity to bring various stakeholders at national and local levels to promote equitable health and well-being in their respective agendas, through the health promotion and healthy settings policies and programmes (e.g. the Healthy cities, Health-promoting schools and Healthy markets programmes).

Work on this output involves collaboration with teams working on urban health, social determinants of health and health inequities (output 2.1.1), risk factors for communicable and noncommunicable diseases (2.2.1), young adult and adolescent health (4.2.1), universal health coverage (4.3.1), community protection and resilience (5.1.1) and urban preparedness (5.1.2).

The Secretariat will:

Leadership

- support work towards creating the conditions for and building well-being societies through approaches for inclusive health promotion policies;

- provide leadership and technical support for the development and implementation of healthy cities programmes and the strengthening of urban governance for health and well-being, using the WHO corporate framework on healthy cities;

Norms and standards

- provide normative guidance on the strategic distribution of food outlets in cities, promoting healthier food environments, enabling healthy food choices and improving public health nutrition;

- develop guidance and technical products to support Member States in implementing "Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach" to promote better and equitable distribution of resources and access to health and health services, while also measuring well-being at the national level;

- provide normative guidance on community engagement and empowerment mechanisms to enable people to take control of their health, enhancing public participation for improved health outcomes;

Technical support

- deliver technical support and normative guidance on health-promoting schools and public food procurement, fostering healthier educational environments, healthy choice architectures and improving child health outcomes;

- provide technical assistance and capacity-building for healthy, safe and resilient workplace initiatives, promoting workforce health and well-being;

- provide technical guidance and support to countries to use societal dialogue to prioritize and co-shape the health agenda;

- offer technical guidance and capacity-building to support countries in utilizing behavioural sciences to understand health behaviour drivers and barriers, designing behaviourally informed policies and programmes;

Monitoring

- provide leadership and technical support to countries to implement a tool to assess and monitor population levels health literacy and develop national health literacy policies; and

- support countries to develop health promotion action plans and use monitoring frameworks that monitor the contribution of non-health sectors in promoting health and well-being.

Strategic objective 3. Advance the primary healthcare approach and essential health system capacities for universal health coverage

Joint outcome 3.1. The primary healthcare approach renewed and strengthened to accelerate universal health coverage

The focus of this outcome is on strengthening core capacities and the approach used to scale primary healthcare in different contexts to leave no one behind, while monitoring the impact of such initiatives. Particular attention will be given to bolstering public health functions and the planning, organization and management of quality health services, including nursing, surgery and anaesthetics, from primary to tertiary levels, with strategic planning for capital goods investment and sustainable health infrastructure enhancement, including hospitals. Models of care that are oriented towards primary healthcare, operate across the life course, promote patient safety and are delivered as close as feasible to people's everyday environments will be defined in order to

ensure the integrated delivery of comprehensive service packages, including health promotion and prevention services (e.g. screening and vaccination), essential nutrition services, acute care and referral services, self-care, evidence-based traditional and complementary medicine, rehabilitation and palliative care, and services to promote, protect and enhance the health of all peoples, including Indigenous Peoples, migrants and refugees.[6] Digital systems that enable continuity of care and persistent health records will be promoted. Communities, with clear road maps for their engagement, will be at the heart of this approach, especially with regard to women, children and adolescents, persons with disabilities and chronic health conditions and populations in vulnerable and marginalized situations, in order to reach the unreached, address barriers in accessing quality health services, including quality preventive measures, diagnostics and treatments, and ensure the acceptability of such services. The scope and capacities of health governance will be strengthened to promote transparency and combat corruption in health systems, which is a prevalent barrier to equitable, quality healthcare; enhance social participation; and advance the multisectoral approach that is needed to tackle the health implications of climate change, address health determinants and risk factors, take forward the antimicrobial resistance agenda and a One Health approach, engage with communities and community-based organizations, and manage and regulate the contribution of the private sector.

Outcome indicator	**Baseline**	**Target**
Sustainable Development Goals indicator 3.8.1. Coverage of essential health services (GPW 13) (cross-referenced with related indicator under outcome 4.1)		
Resolution WHA72.2. Primary healthcare-oriented governance and policy composite (New)		
Resolution WHA72.2. Institutional capacity for essential public health functions (meeting criteria) (New)		
Resolution WHA72.2. Health facility density and distribution (by type and level of care) (New)		
Resolution WHA72.2. Integrated services and models of care composite indicator (New)		
Resolution WHA72.2. Service utilization rate (primary care visits, emergency care visits, hospital admissions) (New)		
Resolution WHA72.2. % of population reporting perceived barriers to care (geographical, sociocultural, financial) (New) – Selected for data strengthening		

[6] Resolution WHA76.16 (2023).

Resolution WHA72.2. Service availability and readiness index (% facilities with service availability, capacities and readiness (WASH, infection prevention and control, availability of medicines, vaccines, diagnostics, priority medical devices, priority assistive products) to deliver universal healthcare package) (New)		
Gender equality advanced in and through health[7] (New)		
Resolution WHA72.2. People-centredness of primary care (patient experiences, perceptions, trust) (New)*		

Outputs

3.1.1 WHO strengthens country capacity and provides guidance on the design, delivery, quality and measurement of integrated services

3.1.2 WHO strengthens national institutional capacities for essential public health functions to improve health systems resilience

3.1.3 WHO strengthens countries' national capacity to develop implementable national health strategies for universal health coverage

Output/leading indicator	**Baseline**	**Target**
3.1.1		
Number of countries that have developed or updated existing quality of care and patient safety strategies/plans, based on WHO guidance		
Number of countries that have strengthened monitoring of access to equitable and quality health services, based on WHO guidance		
Number of countries that have an integrated universal health coverage package of priority services that meets core WHO criteria		
3.1.2		
Number of countries with defined multisectoral coordination mechanism(s) for the delivery of essential public health functions and public health services		
Number of countries that have incorporated the service-oriented essential public health functions (within their universal health coverage package of health services (or equivalent)		

[7] This is a composite indicator (index) that will measure progress in closing gender equality gaps in two key domains: (a) health outcomes and (b) access to health services, including in emergencies. The index will comprise selected gender-relevant indicators included in the GPW 14 results framework and will be finalized as part of the development of the Proposed programme budget 2026–2027.

Number of countries reporting on key public health occupations across health and allied sectors through the National Health Workforce Accounts (NHWA)	
3.1.3	
Number of countries that have a national health sector policy/strategy/plan updated within the last five years, with WHO support	
Number of countries that have assessed the progress of their national health policy/strategy/plan based on baseline and targets in the last two years, with WHO support	
Number of countries that have advanced social participation, with WHO support	
Proportion of tracer countries with new or revised national health laws, policies, strategies and plans that incorporate gender equality, human rights and equity considerations, in line with WHO guidance and tools	

Scope of outputs

3.1.1. WHO strengthens country capacity and provides guidance on the design, delivery, quality and measurement of integrated services

Quality health services are the linchpin for achieving universal health coverage. This means services are accessible and affordable, effective, safe and people-centred. Providing the right care, at the right place and time and in the right way, is key to reorienting health systems towards primary healthcare and reaching the unreached.

To improve the integrated delivery and experience of care, WHO leads global efforts to embed quality as a core universal health coverage principle, advance patient safety, infection prevention and control (IPC), and foster patient and community engagement. This is vital for both positive health outcomes and building trust in health systems. And it is also key to advancing gender equality, human rights and health equity.

WHO also supports optimization of service delivery through primary healthcare-oriented models of care. It provides guidance on strengthening district and community health systems, integrated health networks and delivery channels, and primary care and hospital facilities. These service-delivery reforms build resilient and equitable systems amid resource constraints that adapt to demographic pressures, epidemiological shifts, climate change, public health emergencies and emerging technologies.

To meet people's comprehensive needs and preferences, WHO supports Member States to promote the safe and effective use of TCIM by regulating, researching and integrating evidence-based practices into health systems, where appropriate.

Building on its capacity to work across programmes and systems components, WHO supports countries to develop and implement integrated universal health coverage service packages, consolidate clinical guidance, and mainstream quality and safety.

It also adopts a cross-cutting and integrative approach to lead on health services metrics development and global surveys, assess barriers to effective coverage, monitor health services performance, inform policy and planning decisions, and strengthen accountability, from subnational to global levels.

The Secretariat will:

Leadership

- facilitate partner alignment in country-led monitoring and evaluation of national health policies, strategies and plans for action (NHPSPs). This involves coordinating partners around a common set of health system performance metrics and measurement approaches based on country priorities and systems;

- establish alliances with key acute care stakeholders aimed at strengthening acute care delivery in low- and middle-income countries. This will be achieved by disseminating WHO tools, generating an evidence base on the use and impact of the tools, and building local capacity;

- collaborate with partner organizations to provide thought leadership and strategic guidance on the evolving agenda on integrated service delivery, with quality primary healthcare at the centre;

- lead global efforts for quality of care, patient safety and IPC, through dedicated World Health Days, global strategies and action plans, strategic meetings (i.e. ministerial summits), thematic challenges and a network of partners and collaborating centres;

- set the strategic direction for TCIM globally and enhance the recognition and integration of evidence-based TCIM into health systems globally. For this purpose, WHO will partner with a large network of collaborating centres and NGOs in official partnerships and technical advisory groups on TCIM;

- advocate and foster alignment with and among countries and partners to establish the foundation for a cross-cutting approach to health services delivery, integrating across disease- and condition-specific programmes, between public and private providers, across systems of medicine and with other sectors;

Norms and standards

- develop guidance and tools for the design and implementation of integrated universal health coverage service package, care pathways and effective referral and counter-referral mechanisms, with a focus on reorienting these health systems towards primary healthcare. WHO will also maintain a universal health coverage package planning platform and define reference packages for primary care services, emergency care and palliative care, including in humanitarian settings. This includes (or is linked to) guidance on the costing of systems needed to offer these packages;

- generate policy guidance and tools for strengthening integrated service delivery networks and integrated delivery channels (e.g. primary care; emergency, critical and operative care; long-term care and social care; and palliative care). WHO guidance will also promote the adoption of population health approaches, community health needs and asset assessments and empanelment systems;

- generate technical guidance and tools for assessing health services performance, including assessment of primary care delivery, quality and safety of care, IPC, integrated models of care, community linkages and delivery of TCIM;

- provide technical standards, guidance and tools on quality, safety and IPC in healthcare. WHO facilitates their dissemination and supports decision-makers at the national, subnational and service-delivery levels to identify the most applicable tools and resources given their specific context and needs. WHO also facilitates the implementation of patient safety risk management and streamlines the engagement of patients and communities in service delivery;

- generate technical standards, programmatic guidance and tools based on the review of scientific evidence for the integration of quality and safe TCIM within national or local health systems;

- develop operational tools, digital resources and guidance for use at the point of care, such as clinical decision support and key clinical process tools to improve care processes, from community-level care to triage and diagnosis and treatment;

Policy options

- assist countries in articulating policy options and identifying evidence-based interventions to make hospitals fit-for-purpose in primary healthcare-oriented health systems;

- support countries to identify policy options and implement development plans to increase the functionality of district (subnational) health systems and strengthen the capacity and readiness of primary care facilities and settings;

- provide a framework for the integration of TCIM into national health systems, in particular by analysing and assessing diverse models of integration in Member States;

- create policy spaces for effective dialogue on service-delivery reforms as an integral component of health system reforms towards a primary healthcare approach. These are included in NHPSPs and universal health coverage/primary healthcare road maps in order to foster alignment with a “one plan, one budget, one monitoring system” approach;

- assist countries in articulating policy options to advance an equity-oriented approach that advances gender equality and that fully respects human rights through quality equitable services, i.e., that removes barriers to effective coverage of services, adapts service-delivery modalities to account for the drivers of inequitable access, makes patients’ rights explicit and fosters community engagement;

Monitoring

- collect, analyse and disseminate data through global and regional data-collection systems and reports on service delivery, use and experience. Global reports on integrated service delivery topics are published, covering topics such as primary care services, access and availability of health services, quality of care, patient safety and IPC, and TCIM;

Technical support

- strengthen country capacities to track and monitor health system progress and performance based on the primary healthcare approach, centred around country priorities and plans;

- support countries to develop and implement national policies and strategies, plans and actions for quality, patient safety and IPC. This support builds on related WHO global strategies and action plans and on a unified evidence and practice-based framework, which guide countries to select and scale up context-relevant policy options and interventions aligned with the maturity level of their systems. WHO also supports the capacity-building of health and care workers for the implementation of the framework;

- support countries to develop national TCIM strategies and implement action points noted in the WHO Traditional Medicine Strategy: 2025–2034, by facilitating the accessibility and availability of quality, safe, effective and evidence-based traditional medicine to promote their suitable integration into national health systems;

- help countries establish resilient health services and strengthen their capacity to ensure that essential health services in emergencies are maintained;

- support countries to assess and improve how health services are planned, prioritized and managed at the national and subnational levels. To operationalize primary healthcare-oriented models of care, assistance is provided to countries to design and implement integrated packages for universal health coverage;

Research

- stimulate the generation of knowledge, competencies and sharing of experience on the use of digital technologies and AI in order to transform service delivery for access, integration, efficiency and effectiveness;

- establish a global research agenda, facilitate a common understanding of TCIM and share what are considered to be accepted practices in countries of origin and beyond. This will facilitate research into the safety and effectiveness of these practices with standard definitions and scientific methodologies. Through the WHO Strategic Technical Advisory Group for Traditional Medicine, TCIM evidence will be reviewed and graded;

- facilitate intra-country and cross-country learning on health services reforms and innovations that promote integrated services with high-quality primary care at the centre, with particular emphasis on reaching the unreached through a primary healthcare approach; and

- establish a global research agenda on community engagement, first-contact primary and emergency care, patient safety and IPC, and facilitate the implementation of the agenda. This entails the development of guidance on research methods, protocols and tools to be hosted on a central platform, as well as the promotion of community-based and facility-based data collection and research, and it aims to bridge the knowledge/evidence/research–policy gap.

3.1.2. WHO strengthens national institutional capacities for essential public health functions to improve health systems resilience

Delivering essential public health functions is the most cost-effective, comprehensive and sustainable way to enhance the health of populations and individuals and reduce the burden of disease and build resilience towards universal health coverage. There is a recognized urgent need to strengthen the role of national (and subnational) public health institutions[8] in leading and coordinating the delivery of essential public health functions in health and allied sectors. This should cover all areas of essential public health functions and services from health promotion to prevention, protection and public health emergency management, encompassing the wide range of social determinants and public health challenges (including climate change, emerging and re-emerging outbreaks, growing burden of noncommunicable diseases and mental health disorders, and conflicts and disasters).

WHO has a unique added value as the lead UN agency for public health and can facilitate convening and coordination of responsible authorities at the country level (including ministries of health, national public health institutions, allied public health sectors) for essential public health functions. WHO has the body of knowledge and technical expertise to drive institutional reforms and develop capacity for essential public health functions and services from national to subnational levels. WHO's leadership role will be key to driving global efforts for adapting and applying essential public health functions for building health systems resilience in various contexts, including emergencies and fragile settings. The Secretariat will guide public health orientation of health-sector strategic development plans, health workforce strategies, linkages with health-security planning, and integrated monitoring and evaluation.

At the global level, the Secretariat will ensure the continued development and adaptation of guidance and operational tools and document lessons learned across countries.

The Secretariat will:

Leadership

- continue advocacy, engagement and collaboration with technical partners and donors to strengthen national institutional capacity for essential public health functions;
- provide convening and coordination in applying essential public health functions in recovery and resilience efforts for humanitarian contexts, ensuring effective public health responses in crisis situations;

Norms and standards

- develop and support adaptation of technical tools for country-level application in strengthening the capacity of national public health institutions to deliver essential public health functions;
- offer technical guidance and support for measuring health systems' functionality and resilience, ensuring the continuous delivery of public health services;

[8] The type of institution designated as the responsible entity for public health differs in different countries and contexts and can include the ministry of health, national public health institutes etc.

Technical support

- support countries to incorporate/integrate essential public health functions in developing/updating their national health strategies;
- provide technical support and capacity-building for subnational public health capacity, ensuring robust and resilient public health systems at all levels;
- provide technical assistance and leadership in implementing public health reforms and resilience-building initiatives, strengthening health systems and improving public health outcomes;
- provide technical support to strengthen capacity for evaluation of the essential public health functions as a basis for improved policy-making, planning and decision-making in countries; and
- provide technical support and capacity-building for workforce development in public health, including emergency management (based on the road map for aligning WHO and partner contributions on national workforce capacity to implement the essential public health functions)

3.1.3. WHO strengthens countries' national capacity to develop implementable national health strategies for universal health coverage

There is an urgent need to accelerate progress towards universal health coverage, make health systems more resilient, strengthen public health, improve the efficiency of domestic and external financing, and adapt health systems to new opportunities and challenges, such as digitalization, ageing, climate change, emerging conflicts or increasing numbers of migrants and refugees. This cannot be done without reforms that reorient health systems towards a primary healthcare approach, starting with robust dialogues to reorient national policies, strategies and plans.

WHO has a unique added value as a neutral health broker to support its Member States in updating and reforming their NHPSPs, as well as in redefining country priorities and budgets that embody a vision for improving access, protecting against financial risks and ensuring the resilience of health systems. Strengthening the institutional capacity of health systems will be essential to increase transparency and accountability, using a whole-of-society/whole-of-government approach between relevant ministries, the private sector, civil society and other national or external partners in increasingly decentralized systems. Important aspects of sound reforms include giving citizens a voice, engaging with the private sector, increasing accountability, fighting corruption, developing sound legal and regulatory frameworks and regularly monitoring health system performance and progress towards set targets. In countries receiving external assistance and in line with the Lusaka Agenda and its priorities, efforts will also include supporting multistakeholder and donor platforms to ensure alignment with national strategies, following the principles of the one country, one plan, one budget and one monitoring and evaluation mechanism.

At the global level, the Secretariat will ensure the development of guidance and operational tools, and document lessons learned across countries.

The Secretariat will:

Leadership

- provide global leadership in health systems governance (strategic planning, health laws and regulations, institutional reforms, voice and participation, engagement with the private sector, fight against corruption, health systems performance assessments, aid effectiveness, sustainability and transition);
- advance an evidence-based agenda on health systems governance needed to achieve universal health coverage (equitable service access, accountability, transparency, quality responsiveness and empowerment);
- foster global partnerships in health systems governance (e.g. the Global Network for Anticorruption Transparency and Accountability in Health, the Health Systems Governance Collaborative);

Norms and standards

- develop guidance for countries and partners and norms and standards for health systems governance (development and implementation of results-oriented NHPSPs, policy dialogue and citizens participation, health systems performance assessment, operational planning, laws and regulations, decentralization, institutional arrangements, monitoring and evaluation, public policy towards the operation of the private health sector, anticorruption);

Monitoring

- monitor strategic planning (NHPSP database), laws, social participation, aid effectiveness (from whom to whom);
- monitor the impact of governance reforms and countries' capacity to govern;

Research

- consolidate evidence, identify evidence gaps and develop global research priorities on health systems governance;
- conduct horizon-scanning for innovations in health systems governance and assessment of their potential applications/replications in countries;

Technical support

- provide technical assistance to build sustainable country institutional capacity to support the development, implementation, monitoring and evaluation of NHPSPs; work on laws and regulations; manage the contribution of the private health sector, social participation and anticorruption efforts to sustaining progress towards supporting universal health coverage;
- promote competency-based learning to facilitate the translation of governance guidelines, norms, standards and strategies into practice through digital and hybrid learning for WHO staff, policy-makers, leaders, managers, educators, researchers and health workers.

Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved

Critical gaps in the health and care workforce will be identified by occupation, including community health workers, and will be addressed through a holistic, long-term approach that includes expanding education and employment in the health and care sector; addressing critical skill gaps; leveraging technology for training and certification; promoting multidisciplinary teams; ensuring decent, safe and healthy working conditions;[9] addressing gender and other social inequities in distribution; recruiting and retaining personnel (including through enhanced understanding of values and motivations); and the ethical management of international migration. This work will also seek to address the lifelong learning needs of health and care workers and the recognition of learning achievements. Particular attention will be given to advancing gender equality and protecting health and care workers from gender-based and other forms of violence. Work on the tracking of financial expenditures on health against political commitments will be enhanced, especially given the recent negative trend in development finance. Evidence-based strategies will underpin work to enhance adequate, sustainable, effective and efficient public financing for health that is aligned with national disease burdens and complemented by the strengthening of national capacities to negotiate and manage the alignment of nongovernmental financing streams with national priorities and plans.[10] The strengthening of national regulatory capacities will be supported. An end-to-end approach will assess and enhance access to safe, effective and quality-assured health products[11] that are affordable and acceptable, while contributing to local and regional resilience and self-reliance, including through geographically diversified, sustainable and quality-assured production capacity.

Outcome indicator	Baseline	Target
Resolution WHA64.9. Government domestic spending on health (1) as a share of general government expenditure, and (2) per capita (New)		
Access to Health Product Index (New)[12]		
Resolution WHA67.20. Improved regulatory systems for targeted health products (medicines, vaccines, medical devices including diagnostics) (New)		

[9] ILO Guide to International Labour Standards on Occupational Safety and Health website (accessed 1 April 2024).

[10] See, for example, proposals outlined in The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process website (accessed 1 April 2024).

[11] Health products consist of medicines; vaccines; blood and other products of human origin; and medical devices, including diagnostics and assistive products.

[12] Replacing Sustainable Development Goals indicator 3.b.3 (Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis) (used in the GPW 13).

Outputs

3.2.1 WHO provides technical guidance and operational support to countries to optimize and expand their health and care workforce

3.2.2 WHO generates evidence, guides design and supports health-related macroeconomic policies and practices for sustainable financing

3.2.3 WHO supports countries to implement measures for better access to, and use of, safe, effective and quality-assured health products

Output/leading indicator	Baseline	Target
3.2.1		
Number of countries implementing the NHWA and reporting data through the NHWA data platform		
Number of countries reporting on health worker migration through the NHWA		
Number of countries reporting on the production of health and care workers		
3.2.2		
Number of countries showing evidence of progress in health financing policies for universal health coverage as a result of WHO support		
Number of countries applying WHO-recommended approaches on economic evidence for planning, decision-making and resource allocation (including priority-setting, economic evaluation, costing, investment cases and plans, defining health benefit packages or health technology assessment) as a result of WHO engagement		
3.2.3		
Number of countries with a list of essential medicines (or reimbursed medicines) developed centrally (national or regional), updated within the last five years and grounded in the concept of the WHO Model List of Essential Medicines		
Number of in-country registrations of prequalified products and SRA/WLA approved products registered under the Collaborative Registration Procedure or other facilitated reliance pathway in case of emergency		
Number of Member States with an established institutional development plan to improve regulatory capacity for health products, based on assessment using the WHO global benchmarking tool		

Scope of outputs

3.2.1. WHO provides technical guidance and operational support to countries to optimize and expand their health and care workforce

Achieving universal health coverage and health security requires a skilled, accessible and well-performing health and care workforce, employed under decent working conditions.

However, many countries face workforce challenges that undermine the access to and quality of health services, equity and resilience. In some countries, challenges include shortages, unemployment, underemployment of qualified graduates, skills mismatches, outmigration and weak health information systems, leading to suboptimal performance. Other countries face growing needs-based demands that are driven by demographic shifts, an ageing workforce with high attrition and retirement rates and underinvestment in workforce sustainability. International recruitment partly offsets low domestic education outputs but has consequences for source countries. Addressing education, employment and retention of the health and care workforce is critical to making progress towards universal health coverage and health security.

WHO plays a unique global leadership role in providing normative guidance and technical support to address these challenges and shape the health workforce agenda. Through the NHWAs, WHO strengthens health information systems, increasing the availability and quality of disaggregated data for health labour-market analysis. This supports evidence-based policy and planning, and the analysis and monitoring of gender inequality. WHO's standards and tools for education, competencies, lifelong learning and regulation are crucial levers for aligning service provision with population health needs, assuring quality and relevance of services. By monitoring the WHO Global Code of Practice on International Recruitment of Health Personnel, WHO provides a global perspective on the ethical management of workforce migration. The Working for Health mechanism and its 2022–2030 Action Plan actively support and operationalizes a comprehensive, multisectoral workforce investment agenda.

The Secretariat will:

Leadership

- advocate for gender equality and women's empowerment in health and care workforce policies, engage with key stakeholders and decision-makers at all levels, engage in global political processes such as G7, G20, Asia-Pacific Economic Cooperation and the United Nations General Assembly;

- strengthen health and care workforce data collection, disaggregation, analysis and reporting, through the NHWA, which adopts a standardized measurement approach through human resources for health systems strengthening and multisectoral governance of health workforce data;

- strengthen workforce science and the governance functions by building a critical mass of workforce leadership, management and institutional capacity on health and care workforce policy, planning, management and development, and related functions and systems;

- promote the management of the international migration and mobility of health workers, including through reporting on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

- facilitate global partnerships and networks to advance the health and care workforce agenda, including those related to the Working for Health Partnership of WHO, the International Labour Organization and the Organisation for Economic Co-operation and Development;

- promote safe and decent work for health and care workers, including fair income and employment, safe and decent working conditions, equal opportunity, labour and social protections and respect for rights at work, as well as the prevention of violence against, and sexual harassment of, health and care workers, in line with the Global Health and Care Worker Compact;

- advocate for increased investments in education, employment in decent jobs and retention in order to progress on national strategies for universal health coverage;

Norms and standards

- develop normative guidance, prototype curriculums and operational tools, including standards to recognize learning achievement for continuing professional development;

- assess the implications of digital technologies (including AI) for the health and care workforce and provide guidance to strengthen workforce education, management and practice;

- provide occupation-specific guidance, normative products, education and lifelong learning (all health and care occupations, such as nursing and midwifery, public health and community health workers);

Policy options

- reorient and reform workforce models, occupations and delivery teams to respond to national contexts and priorities (for example, with respect to adequate classification, skills mix, roles and scopes of practice) in order to effectively and efficiently deliver essential packages of health services and the essential public health functions. This includes reorganizing scopes of practice and optimization in multidisciplinary teams through role substitution or role delegation (often referred to in advocacy terms as task-shifting or task-sharing) in order to expand access to critical services and optimize primary healthcare delivery;

Monitoring

- monitor progress on Sustainable Development Goals target 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);

Research

- lead a research agenda that helps countries to identify barriers to women's access to paid health and care employment and aids in the understanding of the drivers of gender-based occupational segregation and gender pay gaps. Analyse data from labour force surveys and NHWAs to support evidence-based recommendations in order to increase gender equality across the sector;

Technical support

- provide guidance to improve access to health services by reducing inequalities in the distribution of health and care workers through appropriate strategies and policy options

in order to develop, attract, recruit and retain health and care workers in rural, remote, hard-to-reach and underserved areas;

- align education, training, competencies and lifelong learning towards producing the skills needed to deliver priority health services, including the delivery of essential public health functions based on a primary healthcare approach;

- provide technical assistance to countries for conducting gender analyses of their health labour market, including for the implementation of gender-responsive health workforce policies and strategies;

- conduct health labour-market analysis to understand key health workforce challenges, address key multisectoral policy questions and inform policy dialogue, prioritization and decision-making on strategies and investments;

- expand the capacity of national authorities to appropriately regulate health practitioners' education, practice and ethical and professional conduct in order to advance health system goals, including public- and private-sector actors;

- strengthen national human resources for health information systems and data governance mechanisms in order to inform health workforce policy and planning;

- support evidence-informed integrated health and care workforce policy and planning for universal health coverage and health security;

- strengthen national institutional capacity for human resources for health leadership and management;

- support the management of migration and mobility, including through bilateral and regional cooperation;

- address occupation-specific issues through technical assistance (all health and care occupations, such as nursing and midwifery, public health and community health workers); and

- facilitate and inform national processes to mobilize partnerships towards securing funding from domestic, development and private-sector sources in order to sustain the recurrent costs, recruitment, deployment, protection and retention of health and care workers.

3.2.2. WHO generates evidence, guides design and supports health-related macroeconomic policies and practices for sustainable health financing

WHO supports Member States to advance universal health coverage through the development and implementation of strategies to increase both service coverage and financial protection. This includes the continual improvement of health financing strategies through the provision of economic data and analyses, the assessment of existing policies on revenue-raising to expand the fiscal space for health, including links between health and macroeconomic policies, pooling and risk-sharing mechanisms, priority-setting and strategic purchasing, and benefit package design. Such support also includes metrics on prices, costs and cost-effectiveness, instruments and processes to institutionalize health technology assessments, as well as the

strengthening of public financial management systems to align both external and domestic fund flows with domestic priorities. Support is provided through normative guidance, capacity-building, policy dialogue and tailored country support in order to promote adequate spending on health and support efficient and equitable spending.

The Secretariat will:

Leadership

- disseminate key messages and guidance through capacity-building events, international forums/events, flagship reports on sustainable health financing strategies for universal health coverage;
- facilitate policy dialogue at global, regional and country levels, focused on the alignment of external financing with domestic systems and strategic priorities;
- engage with key stakeholders, convening and shaping the agenda on health financing policy related to strategic purchasing and provider payment;
- support countries to improve public financial management and expand fiscal space to make health financing more sustainable, and to align budget flows with priority services and populations;
- engage with key stakeholders and shapes the agenda in emerging topics in health financing in order to support progress towards universal health coverage;

Norms and standards

- develop normative guidance on health financing policies to improve equitable access to health services and universal health coverage;
- provide guidance, economic evidence, data and tools on costing and economic evaluation, for use in health planning, health technology assessment and health benefit package definition;
- provide guidance and tools to produce investment cases and plans for health;
- provide guidance on the institutionalization and procedures for health technology assessment and health benefit package design;
- provide guidance on strategic purchasing policies and provider payment methods to enhance the equitable distribution of resources, efficiency, equitable access, quality of care and financial protection;
- offer diagnostic tools to identify and address public financial management challenges in support of universal health coverage;
- develop guidance material and provide conceptual clarity and framing in the field of emerging topics in health financing;
- engage with key stakeholders and develop guidance to shape the agenda and establish standards in emerging health financing topics to support universal health coverage;

- develop guidance and evidence synthesis on macroeconomic, industrial/commercial and labour market policy for health;

Policy options

- provide policy advice and technical support on strategic purchasing and provider payment methods to enhance the equitable distribution of resources, efficiency, equitable access, quality of care and financial protection;

Technical support

- provide technical support and guidance to Member States in the development, implementation and evaluation of health financing strategies and policies to improve equitable access to health services and universal health coverage;

- develop key metrics and provide technical support to monitor the alignment of external funds with domestic health and budgetary systems in support of sustained progress towards universal health coverage;

- provide technical assistance to strengthen the public financial management systems of Member States in support of universal health coverage; and

- provide policy guidance and support to understand and incorporate strategies to manage the political economy of health financing reform for universal health coverage.

3.2.3. WHO supports countries to implement measures for better access to, and use of, safe, effective and quality-assured health products

WHO plays a unique role in improving access to health products critical for the achievement of universal health coverage, primary healthcare goals and emergency preparedness and response. The scope of this output includes medicines, vaccines, biotherapeutic products, cell and gene therapy products, medical devices (including in vitro diagnostics), assistive devices, blood and other products of human origin, as well as vector-control products.

The Secretariat assigns names and develops norms, standards and guidance. It also provides leadership and technical support for health products and technologies to ensure good practice in the research and development, manufacture, application and management of intellectual property, selection, affordability, procurement and supply chain management, prescribing, dispensing, provision, management and use of quality-assured health products. In addition, the Secretariat supports Member States through the implementation of prequalification, providing global access to quality-assured, safe and effective health products; increasing the capacity of regulatory authorities to review and approve health products that meet safety, efficacy and quality standards, including market surveillance (pharmacovigilance, identifying substandard and falsified products and supporting capacity-building of national control laboratorial capacities); and supporting geographically diversified manufacturing and technology transfer.

The Secretariat will:

Leadership

- develop benchmarks for training and practices in TCIM to ensure the quality and safety of these health services;

- enhance global pharmacovigilance by creating a comprehensive database of case safety reports and supporting the national pharmacovigilance system under the framework of the WHO Programme for International Drug Monitoring;

- provide leadership and guidance on reduction of shortages and equitable access to safe, effective and quality-assured essential and priority health products, including in emergencies;

Norms and standards

- lead global nomenclature by assigning International Nonproprietary Names to pharmaceutical substances and developing nomenclature policies and classifications of medicines and health technologies, including medical devices, ensuring standardization, proper identification, appropriate use and patient safety;

- set international written and physical standards for pharmaceutical and biological products to ensure their quality, safety and efficacy in all countries;

- provide guidance on the selection and prioritization of medicines and health technologies (including medical devices, in vitro diagnostics and assistive products), supporting countries to make evidenced-based and sustainable decisions in procurement, reimbursement and use;

- develop and disseminate technical specifications for health technologies to support the procurement decisions process, ensuring their quality and suitability for use in different settings;

- provide technical guidance and support on the management and use of medicines and health technologies to ensure their safe, effective and efficient utilization;

- set standards and provide technical guidance and support on the development of donation and transplantation systems for human cells, tissues and organs, ensuring their availability, ethical access and proper regulatory oversight for quality and safety;

- set standards, provide technical guidance and country support to strengthen blood systems, including regulation, supply and transfusion, for ensuring availability and access to quality and safe blood products;

- support regulatory preparedness and response efforts to address public health emergencies and outbreaks in order to ensure the timely access to, and use of, safe, effective and quality medical countermeasures;

Monitoring

- monitor and assess the needs, unmet needs and satisfaction regarding medicines and health technologies (medical devices, in vitro diagnostics and assistive technologies) in order to inform policy and improve access to safe, affordable and quality products;

Policy options

- promote policies, innovation, practices and international cooperation to improve the affordability of medicines and health technologies, ensuring equitable access for all populations;

- support countries in strengthening procurement and supply chain management to ensure equitable access to essential health products;

Technical support

- support the development and adoption of innovation and emerging technologies to address health challenges and improve health outcomes;

- provide technical guidance and support to build the capacity of services and the health workforce to ensure the effective provision and use of medical devices and assistive products;

- support countries in strengthening procurement practices and supply chain management to ensure equitable access to safe, effective and quality-assured essential and priority health products;

- conduct the prequalification of medicines, vaccines, in vitro diagnostics, vector-control products, medical devices and ancillaries in order to ensure their safety, quality and efficacy;

- provide technical support to strengthen regulatory systems at national and regional levels to ensure the quality, efficiency and safety of health technologies;

- maintain a list of recognized and highly performing regulatory authorities to promote timely access to assured quality health technologies through reliance;

- promote regulatory harmonization, convergence, networking and reliance in order to build trust, avoid duplication of efforts and streamline approval processes, ultimately improving access to health products globally;

- promote reliance and support countries to implement reliance mechanisms (including the WHO Collaborative Registration Procedure) to facilitate and accelerate access to quality-assured medical products;

- build capacity and support regulators to conduct risk-based market surveillance to combat and communicate the risk of substandard/falsified medical products to protect public health;

- build the capacity of national control laboratories to facilitate the access to, and availability of, medical products;

- provide guidance on a risk-based approach to regulate medical devices, including in vitro diagnostics, ensuring their safety and effectiveness; and

- promote and assist quality and sustainable production practices, supporting the development of health products manufacturing capacities in low- and middle-income countries in order to bridge the access gap and strengthen health security.

Joint outcome 3.3. Health information systems strengthened, and digital transformation implemented

Innovative approaches will be emphasized to enhance the collection (at all levels of care), transfer, analysis and communication of data at the national and subnational levels, as the cornerstone for evidence-based decision-making to drive high-impact interventions. Special attention will be given to helping countries in strengthening capacities and technical standards for surveillance; improving civil registration and vital statistics systems; monitoring progress towards universal health coverage (including the safety and quality of services) and the health-related Sustainable Development Goals; tracking and analysing data gaps; integrating information systems and digital service-delivery tools; and using electronic health records and facility reporting systems. Disaggregated data will be generated to identify and monitor progress in addressing inequities and systemic and structural barriers, including in relation to gender and disabilities. Intersectional analyses will be promoted to address gender and other barriers more holistically. National strategies and costed action plans will be developed to guide the digital transformation of health systems through robust digital public infrastructure and quality-assured digital public goods, while ensuring a people-centred approach. Countries will be supported to establish a robust enabling environment and ecosystem, supported by strong public–private partnerships, robust governance and regulation, data-privacy policies, standards, information exchange and open interoperability architecture. The digital transformation will support the modernization and strengthening of data systems to enhance programme effectiveness, real-time surveillance and early-warning capacities, the monitoring of health system performance and decision-making, and essential system functions such as equipment inventory and maintenance management.

Outcome indicator	Baseline	Target
Existence of national digital health strategy, costed implementation plan, legal frameworks to support safe, secure and responsible use of digital technologies for health (New)		
Number of countries that improved health information systems, measured by the SCORE Index		
Resolution WHA71.1. % of health facilities using point-of-service digital tools that can exchange data through use of national registry and directory services (by type) (New) – Selected for data strengthening		

Outputs

3.3.1	WHO builds country capacity and develops tools and platforms to support countries in developing and improving their national health and health information systems to improve resilience, coverage, quality, equity and impact

Output/leading indicator	Baseline	Target
Number of countries with a digital health strategy and/or a road map		
Number of countries that have demonstrably improved their health information system capacity and increased their country assessment scores using the SCORE for Health Data technical package		

Scope of outputs

3.3.1. WHO builds country capacity and develops tools and platforms to support countries in developing and improving their national digital health and health information systems to improve resilience, coverage, quality, equity and impact

Innovative approaches will be emphasized to enhance the collection, transfer, analysis and communication of data, as the cornerstone for evidence-based decision-making to drive high-impact interventions. Special attention will be given to improving civil registration and vital statistics systems; monitoring progress towards universal health coverage (including the safety and quality of services) and the health-related Sustainable Development Goals; tracking and analysing data gaps; integrating information systems and digital service-delivery tools; and using electronic health records and facility reporting systems. Disaggregated data will be generated to identify and monitor progress in addressing inequities and systemic and structural barriers, including in relation to gender and disabilities. Intersectional analyses will be promoted to address gender and other barriers more holistically. National strategies and costed action plans will be developed to guide the digital transformation of health systems through robust digital public infrastructure and quality-assured digital public goods, while ensuring a people-centred approach. Countries will be enabled to establish a robust enabling environment and ecosystem, supported by strong public–private partnerships, robust governance and regulation, data-privacy policies, standards, information exchange and open interoperability architecture. The digital transformation will support the modernization and strengthening of data systems to enhance programme effectiveness, real-time surveillance and early-warning capacities, the monitoring of health system performance and decision-making, and essential system functions such as equipment inventory and maintenance management. Digital public infrastructure will be supported that enables the establishment of cross-border digital infrastructure for verifiable health credentials.

The Secretariat will:

Leadership

- advance competencies and capacity-building (data and digital literacy, planning, governance, implementation and assessment, etc.) across all stakeholders;
- develop capacity for the utilization of point-of-service data and applications to inform and populate aggregate reporting for decision-making and performance management;
- facilitate national digital capacity assessment and the prioritization of investments in health information systems, and digital health backbone systems through the technical package of the Digital Health Atlas and the Global Digital Health Monitor;

- provide effective data and digital governance frameworks as a part of government policy, planning and budgeting processes and cycles (e.g. civil registration and vital statistics, population and facility-based surveys, disease and behaviour surveys and surveillance systems, including cybersecurity, privacy, security and data protection for all populations);

- elevate costing, assessing evidence and benefits and advancing financing and investments in digital technologies for health;

- develop and promote the use of monitoring and evaluation frameworks for the assessment of health programme performance (programme-level indicators);

- through the SCORE (Survey, Count, Optimize, Review and Enable) for Health Data Strategy:

  – strengthen country health information systems to track health trends, births, deaths, cause of death and health system performance and catalogue of essential interventions;

  – build geographical information systems capabilities to guide interventions and optimize investments;

- facilitate country engagement in knowledge exchange and coordination and aligning partner resources with country priorities and technical support platforms (Health Data Collaborative, Global Initiative on Digital Health, Global Initiative on Artificial Intelligence for Health);

- elevate costing, assessing evidence and benefits and advancing financing and investments in digital technologies for health;

Norms and standards

- establish evidence-based guidance and guidelines on best practices, standards and interoperability for data and digital efforts;

- develop policy, governance and regulatory guidance for planners and policy-makers around data, digital health and AI;

- develop, validate and curate standards, technical and content specifications (data, logic and functional requirements) and content in order to accelerate production and assessment of data, digital and AI solutions, prioritizing local capacity (occupational health and safety, WHO SMART Guidelines, WHO Digital Clearinghouse);

- establish standardized mechanisms for representing and operationalizing interoperability standards for data exchange (e.g. terminology services, product catalogues, registries, directories);

- strengthen capacity-building to use benchmarking and evaluation frameworks for digital health and AI solutions;

- coordinate evidence synthesis and assessment of costs and benefits to inform the development and use of guidelines and guidance for country planning on digital and AI systems;

- continue the review and assessment of technical and economic aspects of emerging and novel technologies that have potential applications to improve health (horizon-scanning);

- promote ethics and the responsible use of data and digital technologies in health, including knowledge-sharing and alignment across regulatory agencies;

Technical support

- provide technical support for the collection of disaggregated data to enable targeted analytics so as to facilitate decision-making;

- provide technical support to the Global Digital Public Infrastructure, standards and operationalization of policies and governance in order to facilitate cross-jurisdiction data exchange and verification of health credentials and records;

- provide technical support to develop national architecture and governance frameworks for coordinated implementation of interoperable systems, led by governments; and

- provide technical support to effectively use digital channels for timely communication and accurate health information to general and specific populations.

Strategic objective 4. Improve health service coverage and financial protection to address inequity and gender inequalities

Joint outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance

The early detection and appropriate management of cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, chronic pain, cognitive impairments, eye care, hearing and oral health, rare diseases and other noncommunicable diseases will be scaled up. The primary healthcare approach will be used to emphasize integration in an era of increasing multimorbidity, promote WHO “best buys”, prioritize the unreached, respond to multicountry priorities,[13] bring quality and affordable services closer to the community and provide counselling to reduce risk factors. Coverage gaps will be reduced and sustainable responses supported in the prevention, early detection and appropriate management of priority communicable diseases, including tuberculosis (TB), HIV, malaria, measles, diarrhoeal and vector-borne diseases, pneumonia and neglected tropical diseases. A person-centred approach will be promoted, with a core set of interventions to prevent infections and ensure universal access to good quality diagnosis and appropriate treatment of infections, including the promotion and responsible use of quality-assured essential antibiotics. The full implementation of national action plans to underpin the fight against antimicrobial resistance will be prioritized. Strengthening public-sector capacity to ensure quality essential services, especially for people in vulnerable and marginalized situations, will be emphasized. New technologies will be pursued to reduce morbidity and, where possible,

[13] See 2023 Bridgetown Declaration on NCDs and Mental Health (accessed 1 April 2024).

advance and sustain elimination and eradication targets across multiple disease programmes, such as the polio, measles and neglected tropical diseases programmes. Mental health, brain health and substance use services will be integrated into primary healthcare in order to expand access to both psychosocial and pharmacological interventions substantively, complemented by ongoing efforts to reduce stigma, prevent suicide and protect human rights, with comprehensive mental health and social care services available in community-based settings.[14]

Outcome indicator	Baseline	Target
Sustainable Development Goals indicator 3.3.1/resolution WHA75.20. Number of new HIV infections per 1000 uninfected population, by sex, age and key populations (GPW 13)		
Sustainable Development Goals indicator 3.3.2. Tuberculosis incidence per 100 000 population (GPW 13)		
Sustainable Development Goals indicator 3.3.3. Malaria incidence per 1000 population (GPW 13)		
Sustainable Development Goals indicator 3.3.4/resolution WHA75.20. Hepatitis B incidence per 100 000 population (GPW 13)		
Sustainable Development Goals indicator 3.4.1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (GPW 13)		
Decision WHA75(11). Prevalence of treatment (taking medication) for diabetes, among adults aged 30 years and over with diabetes (New)		
Sustainable Development Goals indicator 3.4.2. Suicide mortality rate (GPW 13)		
Document WHA72/2019/REC/1. Service coverage for people with mental health and neurological conditions (New)		

[14] Comprehensive Mental Health Action Plan 2013–2030. Geneva: World Health Organization; 2021 (accessed 27 March 2024).

Sustainable Development Goals indicator 3.d.2. Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (GPW 13) – Selected for data strengthening
Decision WHA74(12). Effective refractive error coverage (New)
Resolution WHA66.10. Prevalence of controlled hypertension, among adults aged 30–79 years (New)
Sustainable Development Goals indicator 3.8.1. Coverage of essential health services (GPW 13) (cross-referenced with related indicator under outcome 3.1)
Resolution WHA73.2. Cervical cancer screening coverage in women aged 30–49 years, at least once in lifetime (New)

Outputs

4.1.1 WHO develops evidence-based policies and supports the implementation, scale-up and measurement of best buys and other actions to strengthen person-centred prevention, control and management of noncommunicable diseases

4.1.2 WHO supports the design, scale-up, implementation and measurement of the coverage of people-centred, rights-based services for key mental health, neurological and substance use conditions

4.1.3 WHO provides leadership, develops evidence-based guidance and standards, and supports Member States to build capacity to deliver targeted, innovative and integrated people-centred services for communicable diseases

4.1.4 WHO develops and disseminates guidance and tools to mitigate antimicrobial resistance, collects and reports data for action, raises awareness, guides research and innovation, builds country and regional capacity to implement a core package of interventions, and coordinates global multisectoral action

Output/leading indicator	**Baseline**	**Target**
4.1.1 Number of countries that have completed a WHO STEPS survey or an equivalent risk factor survey aligned with WHO standards, including physical and biochemical measurements of key behavioural and metabolic risk factors for noncommunicable diseases		

Number of countries with evidence-based national guidelines/protocols/standards aligned with WHO guidance for the management of major noncommunicable diseases through a primary care approach	
Number of countries implementing an action plan or strategy aligned with the WHO global strategy to accelerate the elimination of cervical cancer as a public health problem. Number of countries that have implemented disability inclusion measures in national health programmes and strategies	
Number of countries with patient information systems reporting noncommunicable diseases indicators aligned to WHO guidance	
4.1.2	
Number of countries that have integrated the WHO mental health gap action programme	
Number of countries that have updated or developed a national strategy and/or action plan for mental health or the prevention of suicide	
Number of countries with improved availability and reporting of service coverage data for mental, neurological and substance use tracer conditions	
4.1.3	
Percentage of countries confirmed by WHO to have met WHO criteria for disease elimination for at least one disease	
Percentage of countries that have adopted policies in line with current WHO norms and standards to address endemic communicable diseases (HIV, TB, malaria, neglected tropical diseases (NTDs), hepatitis, sexually transmitted infections (STIs))	
Percentage of countries reporting on WHO-recommended indicators for endemic communicable diseases (HIV, TB, malaria, NTDs, hepatitis, STIs)	
4.1.4	
Number of countries implementing and monitoring government-endorsed multisectoral antimicrobial resistance national action plans based on WHO guidance with necessary financing	
Number of countries with an antimicrobial resistance surveillance system in place and providing data to the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS), based on WHO guidance and protocols	
Number of countries with national systems in place to monitor the use of antimicrobials in human health and reporting to the GLASS, based on WHO guidance and protocols	

Scope of outputs

4.1.1. WHO develops evidence-based policies and supports the implementation, scale-up and measurement of best buys and other actions to strengthen person-centred prevention, control and management of noncommunicable diseases.

WHO's leadership in noncommunicable diseases control combines normative guidance, technical support and capacity-building in order to help countries strengthen the prevention, early detection, management and rehabilitation of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. WHO's unique value lies in providing best practices, evidence-based tools and standards that support integrated service delivery across the care continuum – from prevention to palliative care – with an emphasis on primary healthcare integration. Through strategic collaborations across government sectors and engagement with multiple stakeholders, including UN agencies, civil society, academic institutions and private-sector partners, where relevant, WHO works to improve access to essential medicines and health products, strengthen health information systems, and promote evidence-based innovative approaches, including digital health. Special attention is given to eye care, hearing and oral health services, as well as equitable access to health services for persons with disabilities. This includes developing tools and guidance for implementation; supporting countries in adapting and scaling up proven interventions; strengthening surveillance and monitoring systems to track progress and impact; advancing agenda-setting for research; and fostering innovation and research to identify new solutions that are supported through knowledge collaboration with relevant partners. By combining its leadership and normative role with practical support for countries, WHO helps accelerate progress towards improved noncommunicable diseases prevention and control. Throughout all these efforts, WHO maintains a focus on promoting equity in access to quality services, meeting the needs of people living with noncommunicable diseases and reaching underserved populations.

The Secretariat will:

Leadership

- advocate for integrated noncommunicable diseases services within primary healthcare and universal health coverage;
- advocate for essential eye care, hearing and oral health services as integral components of universal health coverage;
- lead efforts to advance noncommunicable diseases outcomes by strengthening partnerships, community engagement and intersectoral collaboration;

Research

- shape research agenda and stimulate innovation in noncommunicable diseases prevention and control;
- drive digital health innovation for noncommunicable diseases management and service delivery;

Norms and standards

- develop evidence-based guidance for the screening, early detection and treatment of noncommunicable diseases, including rehabilitation and palliation;

Policy options

- provide standards for comprehensive care to strengthen noncommunicable diseases services within existing health systems;
- develop evidence-based approaches for integrating disability and rehabilitation services into universal health coverage;

Technical support

- provide technical support for improving access to priority noncommunicable diseases products;
- support the implementation of integrated noncommunicable diseases management tools;
- provide technical assistance for strengthening noncommunicable diseases, sensory functions and rehabilitation data collection and analysis within health information systems in order to track patient outcomes;
- provide technical support for population-based surveillance systems in order to understand the burden of noncommunicable diseases, rehabilitation and disability at the country level;
- build capacity for integrating rehabilitative and palliative care services;
- support the procurement and distribution of priority noncommunicable diseases health products;

Monitoring

- strengthen information on noncommunicable diseases, sensory functions, rehabilitation and disability within routine health information systems; and
- track risk factors and conditions for noncommunicable diseases, sensory functions, rehabilitation and disability through population-based surveys.

4.1.2. WHO supports the design, scale-up, implementation and measurement of the coverage of people-centred, equitable services for key mental health, neurological and substance use conditions

WHO seeks and works to promote and protect mental and brain health, prevent suicide, reduce harms due to substance use and addictive behaviours, and improve the availability of and access to person-centred, quality services for the prevention and management of mental health, neurological and substance use conditions. To accomplish these objectives, WHO prepares normative guidance, standards and tools that are applicable across a range of settings, including for health and social care services, schools and workplaces, as well as in emergencies. WHO engages in policy dialogue and technical collaboration in support of these objectives at the national, regional and global levels, including capacity-building, knowledge generation and translation, and strategic advocacy and communications. To generate knowledge, understanding and evidence on the impact of and intersectoral response to these conditions in and across countries, WHO monitors and assesses their determinants, public health consequences, as well as governance and resourcing.

The Secretariat will:

Leadership

- provide leadership and a strategic vision for the promotion of mental and brain health, the prevention of suicide, substance use and addictive behaviours, and the provision of person-centred, services that protect human rights for people with mental health, neurological and substance use conditions;

Research

- promote research agenda-setting and support research on the need for, development, effectiveness and impacts of interventions for the prevention and management of mental health, neurological and substance use conditions and related harms;

Norms and standards

- develop normative guidance and tools for the prevention, identification and management of mental health, neurological and substance use conditions and related harms;

Policy options

- establish quality standards and policy guidance for the delivery of evidence-based, person-centred services in the community that protect human rights for mental health, neurological and substance use conditions and related harms;

Technical support

- provide technical support for mental healthcare and/or psychosocial support across the life course and across the continuum of care in emergency and development settings;

- provide technical support for suicide prevention, the promotion of mental health and the prevention of mental health conditions across the life course;

- support the prevention and management of dementia, epilepsy and other neurological and neurodevelopmental conditions across the life course, through policy dialogue, technical guidance and capacity-building efforts;

- provide technical support for the prevention, identification and management of disorders due to substance use, addictive behaviours and related harms, including screening and brief interventions for alcohol and other substance use; and

Monitoring

- monitor and assess the capacities and resources available to address the determinants, public health consequences and impacts of mental health, neurological and substance use conditions at the national, regional and global levels.

4.1.3 WHO provides leadership, develops evidence-based guidance and standards, and supports Member States to build capacity to deliver targeted, innovative and integrated people-centred services for communicable diseases

WHO's leadership in communicable disease control combines normative guidance and technical support to reduce the incidence, morbidity, mortality and catastrophic costs of HIV, TB, malaria, NTDs, viral hepatitis and sexually transmitted infections. WHO's unique value lies in coordinating partners to deliver innovative and integrated responses through a primary healthcare approach to universal health coverage, while supporting specific disease control, elimination and eradication targets, where applicable. WHO develops normative guidance and helps Member States adapt and implement these standards through capacity-building and programme support. Through engagement with multiple stakeholders, including the ministries of health, WHO promotes equitable access to quality prevention, diagnosis, treatment and care services, with particular emphasis on populations in vulnerable and marginalized situations. WHO's technical expertise supports countries in strengthening essential public health functions, including surveillance and vector control, while facilitating access to priority diagnostics, medicines and vaccines. WHO leads global efforts to track disease trends, set elimination targets and establish governance processes for confirmation of those targets. Social determinants of communicable diseases and barriers to care for those most at risk are addressed through multisectoral action and community engagement. WHO shapes the research and innovation agenda to address critical gaps, accelerate uptake of new tools and digital technologies, and strengthen implementation approaches. WHO's work brings together disease-specific expertise with health systems strengthening to ensure sustainable impact. By combining its normative role with practical support and strategic advocacy, WHO helps accelerate progress towards the targets of Sustainable Development Goal 3, while promoting equitable service delivery and disease elimination, where feasible.

The Secretariat will:

Leadership

- lead and advocate with the highest political levels for a resilient response to communicable diseases, emphasizing the primary healthcare approach to universal health coverage;

- convene and engage multisectoral partners and communities to address social and environmental determinants and barriers faced by people in vulnerable situations regarding HIV, TB, malaria, NTDs, viral hepatitis and sexually transmitted infections;

Research

- set the research agenda for developing and deploying new tools and approaches for HIV, TB, malaria, NTDs, hepatitis and sexually transmitted infections;

Norms and standards

- develop and support adaptation for the uptake of guidance and standards for priority diseases, including HIV, TB, malaria, NTDs, hepatitis and sexually transmitted infections;

Policy options

- offer policy options for building on system-wide health infrastructure, workforce, information, financing and delivery systems in order to achieve communicable disease/programme objectives, including disease elimination;

- support the establishment of efficient governance structures and processes for the elimination of multiple diseases;

Technical support

- provide technical support and capacity-building to prioritize and implement targeted interventions in order to accelerate access to priority medical products for preventing, diagnosing, treating and vaccinating against HIV, TB, malaria, NTDs, viral hepatitis and sexually transmitted infections;

- provide technical support for the delivery of high-quality health services, including diagnosis, treatment, immunization and care for HIV, TB, malaria, NTDs, viral hepatitis and sexually transmitted infections;

- deploy expertise on essential public health interventions, such as vector control and surveillance, for HIV, TB, malaria, NTDs, viral hepatitis and sexually transmitted infections; and

Monitoring

- monitor and evaluate progress on HIV, TB, malaria, NTDs, viral hepatitis, and sexually transmitted infections, including disease elimination.

4.1.4. WHO develops and disseminates guidance and tools to mitigate antimicrobial resistance, collects and reports data for action, raises awareness, guides research and innovation, builds country and regional capacity to implement a core package of interventions, and coordinates global multisectoral action

Antimicrobial resistance is a global health emergency that causes nearly 5 million deaths annually and significantly increasing healthcare costs. WHO's strategic and operational priorities for addressing drug-resistant infections (2025–2035), which were endorsed at the Seventy-seventh World Health Assembly, guide urgent efforts to combat antimicrobial resistance.

These priorities align with WHO's people-centred approach to addressing antimicrobial resistance and a core package of 13 interventions.

WHO builds country and regional capacities to develop, implement and monitor antimicrobial resistance national action plans, including for addressing gender inequality. WHO develops norms and standards and tools to strengthen antimicrobial stewardship, promote appropriate antimicrobial use, regulate antimicrobial dispensing, and promote equitable access to new and existing antimicrobials. Support is provided to establish surveillance systems for monitoring antimicrobial resistance and antimicrobial use, and the collection, analysis and reporting of related data. Guidance and technical support enhances bacteriology and mycology diagnostics and strengthens laboratory systems for patient care and surveillance. WHO also promotes public awareness, education and advocacy in order to mitigate antimicrobial resistance through varied stakeholders. WHO sets research priorities, and monitors research and development pipelines, guiding innovations and digital health solutions. WHO leads global coordination through the Quadripartite Joint Secretariat, fostering collaboration under a One Health approach, and supporting the implementation of the political commitments of the UN General Assembly and the 4th Global High-level Ministerial Conference on Antimicrobial Resistance.

WHO also leverages other health initiatives to reduce antimicrobial resistance, focusing on infection prevention through immunization, WASH and IPC in healthcare settings. Efforts to achieve universal health coverage through strengthened primary healthcare can support antimicrobial resistance education, prevention, diagnostics and treatment measures. Health-security and PIP strategies further support antimicrobial resistance control, including in emergencies in fragile settings. Through these efforts, WHO ensures that antimicrobial resistance remains a global priority, safeguarding antimicrobial efficacy for future generations and supporting the achievement of global health targets.

The Secretariat will:

Leadership

- provide leadership for multisectoral coordination, host the Quadripartite Joint Secretariat, which coordinates global governance structures, supports the development of guidance and strategies based on a One Health approach, and monitors the implementation of global and regional political commitments from UN General Assembly high-level meetings on antimicrobial resistance and other high-level forums. These efforts support countries to enhance political commitment and strengthen multisectoral collaboration to mitigate antimicrobial resistance;

- collaborate with professional associations, academia, civil society, youth groups, policy-makers, antimicrobial resistance survivors and other stakeholders on awareness, education and advocacy efforts to combat antimicrobial resistance. These efforts support countries to develop a whole-of-society approach, enhance political commitment, provide behavioural insights and inform decision-making to mitigate antimicrobial resistance;

Research

- set research priorities, monitor research and development pipelines against these priorities, promote collaborative action and generate evidence to guide research,

innovations and digital health solutions against antimicrobial resistance. These efforts ensure targeted research and innovation efforts, drive local research and capacity-building in countries and help deliver innovations and more effective interventions;

Norms and standards

- develop guidance and tools and capacity-building for strengthening bacteriology and mycology diagnosis and laboratory systems, promote innovation and guide the diagnostic pipeline. These efforts support countries to enhance access to diagnostic capabilities, strengthen laboratory systems for patient care and support surveillance systems, prevent the inappropriate use of antimicrobials and contribute towards specific UN General Assembly and World Health Assembly targets;

Policy options

- develop guidance and tools to strengthen antimicrobial stewardship efforts, including through the Access, Watch and Reserve (AWaRe) classification system, develop national treatment guidelines, develop regulations to monitor the appropriate use of antimicrobials and establish initiatives such as SECURE to ensure equitable access to existing and new antimicrobials. These efforts support countries to optimize antimicrobial use and treatment, improve health outcomes, ensure access to antimicrobials and contribute towards specific UN General Assembly and World Health Assembly targets;

- leverage the role of immunization, IPC and WASH initiatives to prevent infections, reduce the need for antibiotics and mitigate drug-resistant infections. This cross-cutting approach highlights the co-benefits of strengthening key infection prevention measures in countries and contributes to specific UN General Assembly and World Health Assembly targets;

- leverage initiatives to achieve universal health coverage, including through a primary healthcare approach, in order to support the equitable implementation of core interventions to mitigate antimicrobial resistance. This approach helps countries address antimicrobial resistance by strengthening primary healthcare to achieve universal health coverage, ensure access to essential health services and products for all, reduce the duplication of efforts and make efficient use of resources;

- leverage health-security plans and pandemic preparedness, response and recovery strategies to enhance the implementation of core interventions and mitigate antimicrobial resistance in order to support populations in vulnerable situations in emergencies and fragile settings and in areas impacted by natural disasters, including as a result of climate change. This approach helps countries to address antimicrobial resistance through the effective delivery of their national health-security plans, enhancing their International Health Regulations (2005) country core capacities, and to make more efficient use of resources; and

Technical support

- provide tools and technical support for the governance, development, financing and implementation of core interventions, as well as for addressing gender and socioeconomic inequalities and progress monitoring of multisectoral national action plans

on antimicrobial resistance. These efforts enable countries to mitigate the threat of antimicrobial resistance and contribute to specific UN General Assembly and World Health Assembly global targets.

Joint outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved

A life course approach will be taken to address gaps in access to essential services, including essential nutrition services, for maternal, newborn, child and adolescent health, as well as for adults and older people. This will include ensuring universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with targets 3.7 and 5.6 of the Sustainable Development Goals, and related international agreements.[15,16] It will address gender-based violence and harmful practices such as female genital mutilation. Particular emphasis will be given to scaling up proven interventions to reduce maternal and newborn mortality during pregnancy, the intrapartum period and postnatally, and to strengthening newborn health services such as essential newborn care and care for small and sick newborns. To reduce child mortality, there will be a focus on the well-child approach, the integrated management of childhood illnesses and the detection and prevention of congenital anomalies. For adolescents, efforts will continue to accelerate action for adolescent health and well-being through adolescent health programme development, as well as to strengthen the capacity of health and social systems to respond to adolescent-specific developmental vulnerabilities and needs, by leveraging digital solutions for adolescent-responsive primary care, building preventive models of care such as well-adolescent visits and investing in best buys such as school health and school health services. For older persons, integrated health and social care will be promoted to ensure a continuum of care and ageing in place. Research will be advanced in all these areas. In the area of immunization, emphasis will be placed on fully implementing the Immunization Agenda 2030 (IA2030), especially by reaching missed and zero-dose children with essential routine services, including through the post-COVID-19 pandemic Big Catch-Up (through 2025); scaling up important vaccines such as the human papillomavirus vaccine; rolling out priority new vaccines, such as those against malaria and, potentially, sexually transmitted infections, TB and dengue, as guided by robust evidence; prioritizing and optimizing vaccine portfolios, by age group and product, to the country context; and intensifying preventive vaccination campaigns to advance poliomyelitis eradication and reduce the risk of deadly vaccine-preventable diseases, such as measles.

Outcome indicator	Baseline	Target
Sustainable Development Goals indicator 3.1.1. Maternal mortality ratio (GPW 13)		
Sustainable Development Goals indicator 3.1.2. Proportion of births attended by skilled health personnel (GPW 13)		

[15] Programme of Action adopted at the International Conference on Population and Development, Cairo, 5–14 September 1994 (accessed 1 April 2024). New York: United Nations Population Fund; 2004.

[16] Beijing Declaration and Platform for Action; Beijing+5 Political Declaration and Outcome. New York: UN-Women; 2015 (accessed 20 December 2024).

Sustainable Development Goals indicator 5.6.1. Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive healthcare (GPW 13) – Selected for data strenghening
Sustainable Development Goals indicator 5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (GPW 13)
Resolution WHA67.15. Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines (New) – Selected for data strenghening
Sustainable Development Goals indicator 3.2.1. Under-5 mortality rate (GPW 13)
Sustainable Development Goals indicator 3.2.2. Neonatal mortality rate (GPW 13)
Resolution WHA67.10. Stillbirth rate (per 1000 total births) (New)
Obstetric and gynaecological admissions owing to abortion (New) – Selected for data strenghening
Sustainable Development Goals indicator 3.7.1. Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (GPW 13)
Sustainable Development Goals indicator 3.7.2. Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group (New)
Sustainable Development Goals indicator 3.b.1. Proportion of the target population covered by all vaccines included in their national programme (GPW 13)
Sustainable Development Goals indicator 4.2.1. Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex (GPW 13) – Selected for data strenghening

Sustainable Development Goals indicator 5.6.2. Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive healthcare, information and education (New)
Treatment of acutely malnourished children (New)
Decision WHA73(12). Percentage of older people receiving long-term care at a residential care facility and home (New) – Selected for data strenghening
Sustainable Development Goals indicator 5.3.2. Proportion of girls and women aged 15–49 who have undergone female genital mutilation (New) – Selected for data strenghening

Outputs

4.2.1 WHO provides guidance and technical assistance to improve sexual, reproductive, maternal, newborn, child, adolescent, adult and older person health

4.2.2 WHO provides guidance and technical assistance to strengthen and sustain quality immunization services, including for poliomyelitis, especially for unvaccinated and undervaccinated persons

Output/leading indicator	**Baseline**	**Target**
4.2.1		
Number of countries that have a strategic plan (whose development was supported by WHO) whose end date has not expired for two or more areas of sexual, reproductive, maternal, newborn, child and adolescent Health		
Number of countries that have an active UN H6 partnership for sexual, reproductive, maternal, newborn, child and adolescent health that met at least once in the past year		
Number of countries that have integrated care for older people at community and primary health care level using the WHO ICOPE package for the assessment and management of impairment in the intrinsic capacity of older people		
4.2.2		
Number of countries submitting immunization coverage data to WHO through the eJRF platform		
Number of countries in which the national immunization strategy includes implementation progress reviews of annual operational plans addressing either (a) zero-dose children or (b) measles vaccine coverage or (c) human papillomavirus vaccine coverage		

Scope of outputs

4.2.1. WHO provides guidance and technical assistance to improve sexual, reproductive, maternal, newborn, child, adolescent, adult and older person health

The GPW 14 emphasizes a holistic approach to improving access, quality and equity for sexual, reproductive, newborn, child, adolescent and older persons' health, nutrition and immunization services. It ensures that health systems are strengthened to provide integrated, person-centred services that support individuals at every stage of life – from birth through older age – while promoting equity and rights. Central to this effort is enhancing the quality of care, fostering evidence-based research, and developing and adopting robust policies and guidelines at the country level to address both routine and complex health challenges.

A life-course approach will be taken to ensure universal access to sexual and reproductive health services, including sexual health, contraception, fertility and comprehensive abortion care. Proven interventions to reduce maternal and newborn mortality will be scaled up, with a focus on managing normal and complicated pregnancies, childbirth and postpartum care, alongside essential care for small and sick newborns. Early childhood development will be prioritized through interventions supporting child health, growth and development from 28 days to 9 years of age. Gender-based violence and harmful practices, such as female genital mutilation, will be addressed through integrated strategies. Efforts will also focus on midwifery models of care and strengthening the health workforce for sexual, reproductive, maternal, newborn, child, adolescent and older persons' health. For adolescents, comprehensive initiatives will promote health and well-being by strengthening adolescent-specific programmes, addressing developmental vulnerabilities and leveraging digital solutions for adolescent-responsive primary care. Preventive care models, such as well-child and well-adolescent visits and school health services, will be emphasized. Monitoring morbidity, mortality, coverage and policies across all age groups will ensure continuous improvement. For older persons, integrated health and social care, including long-term care, will promote a continuum of care and will support ageing in place. This approach will ensure a robust framework for life course trajectories, promoting rights and equity for all, while strengthening health systems, improving care quality and advancing research capacity to address sexual, reproductive, maternal, newborn, child, adolescent and older persons' health.

The Secretariat will:

Leadership

- provide leadership and policy guidance to ensure sexual and reproductive health and reproductive rights;
- promote a continuum of integrated person-centred care for older people as part of the UN Decade of Healthy Ageing 2021–2030;
- provide leadership and policy guidance to promote rights and equity in maternal, newborn, child and adolescent health, including through multisectoral coordination;

Norms and standards

- develop and disseminate standards for the continuum of integrated person-centred care for older people and their caregivers;

- develop and disseminate guidelines and policies for sexual and reproductive health and reproductive rights;

- develop and disseminate guidelines and policies to support maternal, newborn, child and adolescent health programmes in countries;

- develop implementation guidance for the management of wasting, obesity and anaemia in children and adults across different level of services;

Monitoring

- monitor and evaluate morbidity, mortality, coverage and policies in maternal, newborn, child and adolescent health;

- monitor and evaluate morbidity, mortality, coverage and policies for sexual and reproductive health and reproductive rights;

- monitor and evaluate the progress and outcome of the UN Decade of Healthy Ageing (2021–2030) and the impact of interventions across the life course;

Research

- shape the research agenda to facilitate implementation of evidence-based sexual and reproductive health and reproductive rights policies and practices in WHO Member States;

- shape the research agenda for maternal, newborn, child and adolescent health research to facilitate the implementation of evidence-based policies and practices in WHO Member States;

- identify the research priorities to strengthen care for older people;

Technical support

- provide technical assistance to improve the capacity of health and care workers for older people and the development of policies and strategies in countries;

- offer technical assistance to plan for and implement evidence-based interventions, improve health systems and ensure the quality of care for maternal, newborn, child and adolescent health;

- provide technical assistance to improve health systems and the quality of care in sexual and reproductive health services; and

- provide technical support to countries to increase the coverage and improve the quality of services for the management of wasting, obesity and anaemia in children and adults across different level of services.

4.2.2. WHO provides guidance and technical assistance to strengthen and sustain quality immunization services, including for poliomyelitis, especially for unvaccinated and undervaccinated persons

The WHO plays a pivotal role in shaping and driving action the IA2030, which supports the shared global country-level impact for the period 2021–2030. The seven strategic priorities of the IA2030 aim to achieve access to safe and effective vaccines and enhance vaccination programmes to achieve eradication, elimination and control goals through vaccine introductions and high coverage in all countries, delivered through routine primary care, outreach and outbreak response settings.

To achieve the IA2030 global impact goals, including preventing 50 million deaths, WHO has critical responsibilities to countries and stakeholders, including by providing leadership and setting strategies for high-impact vaccination priorities in order to ensure coordination, alignment and the optimization of country and partner resources; setting norms and standards, including evidence-based vaccine policy recommendations, immunization programme optimization guidance, tools and training, to support decision-making, prioritization and implementation; accelerating research and product development of new life-saving vaccines, immunization products and implementation to prevent disease and death; enhancing resource access by supporting countries to plan for and secure the resources needed for a strong immunization programme such as financing, human resources, affordable vaccine supply, regulatory systems, safety monitoring and data systems; technical assistance to implement effective country vaccination programmes through expert guidance, capacity-building, support for vaccine introduction, campaigns and outbreak responses; and supporting monitoring and evaluation to track immunization programme progress, identify gaps and enable actions to accelerate IA2030 priorities. By meeting these responsibilities, WHO ensures that vaccines and immunization are the foundation of primary care and global health security, contributing to healthier populations worldwide.

The Secretariat will:

Leadership

- provide leadership on the strategy, coordination, guidance and operationalization of the Immunization Agenda 2030, the Global Roadmap to Defeat Meningitis, Measles and Rubella partnership, polio transition and integration, and other strategic immunization priorities, by 2030;

- provide leadership, coordination, policy options and guidance on the development, policy, financing and implementation of new TB vaccines by 2030;

Norms and standards

- produce global immunization policies based on robust review of evidence and advise on their regional and country adaptation and implementation, to be included in national immunization strategies;

- provide surveillance and laboratory training, quality control and coordination of regional and global surveillance networks, including for measles, rubella, polio, rotavirus and pneumococci, in order to strengthen the identification, monitoring and control of vaccine-preventable diseases;

- produce Full Value of Vaccine Assessments to foster innovation in vaccine and immunization research and development and guide country prioritization of new vaccines;

Monitoring

- issue an annual monitoring and trend report on the behavioural and social drivers of vaccination to inform planning and implementation at multiple levels, which includes measures to inform both service delivery improvements and demand-related strategies;

- issue a monitoring report on progress (of at-risk countries) towards the elimination of maternal neonatal tetanus in order to validate country achievement of the target;

- conduct country case studies to inform regional surveillance strategy recommendations in order to support countries' progress towards comprehensive vaccine-preventable disease surveillance systems;

- monitor and issues reports on progress towards hepatitis B control by generating evidence and documentation;

- regularly monitor progress in reaching unvaccinated and undervaccinated children by analysing subnational vaccination coverage data and providing feedback with technical support for programmatic actions;

- develop annual monitoring reports on human papillomavirus vaccine introduction, schedule switches and develop improved quality human papillomavirus coverage estimates integrated into the WHO and UNICEF estimates of national immunization coverage;

- monitor and publish data related to government domestic expenditure on immunization to inform national and global policies and strategies on increasing sustainable financing for immunization;

- monitor the performance of immunization programmes by developing and enhancing a comprehensive mechanism to ensure robust and sustainable health systems;

Research

- provide global vaccine market studies and market data in order to increase vaccine market and price transparency in support of equitable vaccine access;

- produce new vaccine target product profiles, preferred product characteristics and evidence considerations for vaccine policy, which together guide new vaccine research, development and evidence, in line with country priorities;

- develop and publish frameworks and methodologies on the research and development of new vaccine and immunization devices to enable prioritization and acceleration;

Technical support

- assist countries by developing guidance, monitoring their implementation, advocacy and evidence-based prioritization and decision-making for introducing new and underutilized

vaccines, advising on costs, cost-effectiveness, safety, potential impact and full value in order to expand benefits of vaccine;

- provide technical support to establish or strengthen national immunization technical advisory groups or similar bodies to foster evidence-based vaccine and immunization policies, including new vaccine introductions and country-led vaccine prioritization;

- provide guidance and technical support to strengthen national immunization systems, including cold chain and logistics and to facilitate the integration of immunization into primary healthcare, including campaign integration and effectiveness;

- provide leadership and technical support to prevent, respond to, and recover from, vaccine-preventable disease outbreaks and emergencies, thereby strengthening national and global health-security;

- provide technical guidance on the deployment and implementation of geospatially supported local microplanning methods, enhancing the precision and effectiveness of immunization campaigns;

- provide technical guidance and support on new vaccine introductions and immunization across the life course;

- provide technical guidance in developing national road maps to defeat meningitis and coordination strategies in order to achieve the WHO global road map to defeat meningitis;

- provide technical assistance to malaria-endemic countries in the application, planning, implementation, scale-up and monitoring of malaria vaccines as part of immunization programmes, aligned with national malaria control programme;

- provide technical support for identifying the reasons for unvaccinated and undervaccinated populations and inequitable immunization coverage and for providing strategies to reach marginalized communities;

- provide technical guidance to countries in the development of national immunization strategies; and

- provide technical support to countries to develop, update or implement national measles and rubella elimination strategic plans.

Joint outcome 4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable

Capacities will either be strengthened or established to collect, track and analyse disaggregated information on out-of-pocket expenditures, financial hardship, foregone care and financial barriers in order to identify inequities (especially by age and gender), inform national decision-making and track progress. Priority will be given to eliminating out-of-pocket payments for people in vulnerable and marginalized situations, including those living with a rare disease, and implementing broader reforms and policies that address both the financial barriers and financial hardships associated with accessing health services. The key principles set forth in Sustainable Development Goals target 1.3 on establishing social protection systems for all will also inform

policy options for access to quality healthcare without financial hardship, through strengthened risk pooling and solidarity in financing to ensure that out-of-pocket payments are not a primary source for the financing of healthcare systems.

Outcome indicator	Baseline	Target
Incidence of catastrophic financial hardship due to out-of-pocket health spending (Sustainable Development Goals indicator 3.8.2 and regional definitions, where available) (New)		
Resolution WHA64.9. Out-of-pocket payment as a share of current health expenditure (New)		

Outputs

4.3.1 WHO provides guidance and technical assistance, and strengthens capacity to track and analyse health expenditures at the system level to monitor financial hardship and financial barriers to access and inform decision-making for financial and social health protection

Output/leading indicator	Baseline	Target
4.3.1 Number of countries producing health accounts, based on WHO-supported methodologies		
Number of countries with an updated analysis of financial protection, as a result of WHO engagement		

Scope of outputs

4.3.1. WHO provides guidance and technical assistance, and strengthens capacity to track and analyse health expenditures at the system level to monitor financial hardship and financial barriers to access and inform decision-making for financial and social health protection

WHO provides technical support to track health spending at the system level and monitoring financial protection at the population level, focusing on financial hardship due to out-of-pocket spending and financial barriers to accessing care. This involves analysing health spending across domestic public, private and external sources and assessing how resources are allocated throughout the health system. To evaluate whether these resources improve financial protection and access to services, WHO also examines household spending patterns relative to the ability to pay, as well as barriers to accessing care at the population level, with extensive data disaggregation. Capacity-building efforts and in-depth policy analyses further strengthen countries' ability to develop and implement policies for moving towards universal health coverage. This evidence informs global universal health coverage reports, regional and country-level assessments, WHO financial protection and universal health coverage databases, and updates for United Nations universal health coverage/Sustainable Development Goals tracking and the Global Health Expenditure Database. WHO establishes norms and methodologies to guide best practices, supports the adaptation of global standards to local contexts and promotes the institutionalization

of evidence-informed policy-making. This comprehensive approach enhances strategic planning, improves financial protection by reducing out-of-pocket expenses and strengthens health systems, fostering greater transparency and accountability.

The Secretariat will:

Leadership

- promote social health protection strategies to achieve universal health coverage, ensuring that all individuals have access to essential health services without financial barriers, through partnerships including the P4H Network and the UHC2030 platform;

Policy options

- develop normative guidance on policy responses to improve financial protection;

Monitoring

- provide technical support and build country institutional capacity to produce and use expenditure tracking data for policy development, while also setting norms, standards and practical guidelines to improve data quality and ensure consistency;

- set norms and standards, monitor, report, analyse and build capacity for financial protection monitoring on the path to universal health coverage; and

Technical support

- provide tailored technical support on policies to design and implement policies to improve financial protection.

Strategic objective 5. Prevent, mitigate and prepare for risks to health from all hazards

Joint outcome 5.1. Risks of health emergencies from all hazards reduced and impact mitigated

Hazard-specific strategies will be updated and adapted to mitigate health emergency risks through dynamic assessments of threats and vulnerabilities, coupled with the continuous refinement and adaptation of hazard-specific plans. Tailored readiness plans and guidelines will address the varied needs of communities that are confronted with environment threats to health, notably those intensified by climate change, such as natural disasters and food security crises. Complex information will be simplified into actionable solutions. Key to this approach will be the scaling up of population and environmental health interventions through a One Health approach, including the expansion of vaccination, IPC, vector control, WASH and food safety initiatives, as well as programmes that target specific epidemic and pandemic-prone disease.[17] Interventions against antimicrobial resistance will be supported, including through improved low-cost diagnostics, access to quality, affordable antimicrobials and promotion of the responsible use of antibiotics. It will be essential to foster community engagement and leadership and prioritize equitable access to vaccines and other essential products, especially for people in vulnerable and

[17] Document EB142/3 Rev.2.

marginalized situations. Equally important will be empowering communities with effective risk communication and evidence-based strategies to combat misinformation and disinformation. Risk-adjusted public health measures will be developed, as required, for mass gatherings, travel and trade, complemented by advances in biosafety and biosecurity practices that also protect health workers and patients. Recognizing health workers are on the frontlines during health emergencies, IPC measures will also be strengthened for their protection. This outcome requires robust multisectoral collaboration, the mobilization and coordination of expert technical networks, the bolstering of community resilience and continuous innovation. It will reduce risks from all health hazards, while ensuring communities and health systems are better equipped and prepared to manage them.

Outcome indicator	Baseline	Target
Vaccine coverage of at-risk groups for high-threat epidemic/pandemic pathogens: yellow fever,[18] cholera,[19] meningitis, polio and measles (New)		
Trust in government and social protection (New and cross-referenced with related indicator under outcome 2.1)		
Number of cases of poliomyelitis caused by wild poliovirus (GPW 13)		
Probability of spillover of zoonotic diseases (New)		

Outputs

5.1.1 WHO collaborates with partners to communicate risks and engage with communities to co-create public health prevention and response interventions for all hazards

5.1.2 WHO provides technical expertise and operational support to strengthen and scale preventive population and environmental public health interventions for all hazards, utilizing a One Health approach

Output/leading indicator	Baseline	Target
5.1.1 Number of countries with formalized all-hazard emergency risk communication mechanisms at the national level with the ability to proactively engage with the public and affected communities in local languages		

[18] For high-risk Member States.

[19] For affected Member States.

5.1.2	Number of countries implementing frameworks, evidence-based guidance or tools to operationalize a One Health approach enhancing prevention, early detection, and containment of emerging zoonotic pathogens with epidemic and pandemic potential

Scope of outputs

5.1.1. WHO collaborates with partners to communicate risks and engage with communities to co-create public health prevention and response interventions for all hazards

WHO is uniquely positioned with the technical expertise and mandate to reduce the risks and impacts of infectious hazards, man-made and natural disasters, and conflict. Effective health emergency prevention, preparedness and response require strengthened capabilities for community protection and resilience. The impacts of health emergencies are most acutely felt at local levels. Local communities and community-based groups are the primary responders to health emergencies and are on the front lines of climate-related and other risks. Health emergency management must be delivered with, by and for communities by strengthening community-based preparedness, response and resilience so that those directly at risk or affected are knowledgeable, equipped and empowered to protect themselves, their families and their livelihoods. Engaging communities and civil society and leveraging their knowledge, assets and skills will shape emergency management that is sensitive to the needs of those at risk or affected. Actionable solutions will be based on an evidence-informed and contextualized understanding of the complex issues driving crisis emergence and amplification. It will be essential to implement risk communication, community engagement and infodemic management in order to enable people at local levels to understand and mitigate risk, combat false information and take action to protect health. It is equally important to strengthen public health and community-based surveillance for early detection and response, strengthen primary healthcare and local public health systems, and foster a whole-of-society engagement, including through participatory governance and prioritized, equitable access to essential supplies and services, especially for people in vulnerable and marginalized situations.

The Secretariat will:

Leadership

- convene formal advisory mechanisms and multisectoral engagement platforms that include civil society, faith-based organizations, youth groups and community-based organizations; develop and align policies with WHO global frameworks to ensure integrated, locally owned approaches, fostering inclusive participation in emergency health preparedness and response;

- convene and foster partnerships that enable governments and health agencies to build sustainable communication mechanisms during crises; promote rapid, trustworthy, and two-way feedback systems to maintain public trust, address community concerns and encourage active participation;

- advocate for evidence-informed, community-centred approaches using behavioural insights and engagement tools, promoting dynamic adaptation of communication strategies that ensure populations receive relevant, credible and timely information;

Norms and standards

- promote the application of behavioural and social science research to guide the development of evidence-based risk communication strategies that enhance public trust in health interventions. Co-develop culturally appropriate public health responses using localized community data and participatory decision-making models. Foster two-way communication to reinforce credibility, reduce hesitancy and counter misinformation;

- establish standardized guidance to develop and implement strategies for communicating health risks and evidence-informed public health advice based on rapid risk assessments. Develop risk communication and public health messaging with clear, actionable messages that empower individuals and communities to assess risks and take protective measures. Ensure messages are refined and tailored using real-time data, considering the specific needs of affected communities, including vulnerable and marginalized populations;

Technical support

- expand applied training, mentorship, and technical support for community health workers to enhance emergency detection, response, and service delivery through OpenWHO.org;

- establish peer-learning programmes, leadership fellowships and emergency management capacity-building initiatives to strengthen local response capabilities;

- ensure equitable representation of women, youth and people in marginalized and vulnerable situations in frontline health leadership roles;

- strengthen national and community-level capacities through training, operational support and access to best practices in risk communication and infodemic management;

- establish and enhance social listening systems to monitor, analyse and effectively counter misinformation and disinformation circulating on social media, mass media and other communication platforms;

- develop proactive strategies to identify and address information gaps, promote verified public health information and mitigate the impact of false or misleading narratives that undermine response efforts.

5.1.2. WHO provides technical expertise and operational support to strengthen and scale preventive population and environmental public health interventions for all hazards, utilizing a One Health approach

Population and environmental health interventions co-developed and co-delivered with the public health and community workforce will be strengthened and scaled up, with safeguards to mitigate against the social and economic impacts of emergencies and response interventions, including those to prevent and contain zoonotic spillover events through a One Health approach, interventions for vector control, WASH, IPC, vaccination, programmes that target specific epidemic and pandemic-prone disease and interventions against antimicrobial resistance. Activities to deliver this output require coordination, strengthened multisectoral engagement and collaboration, the mobilization of expert technical networks, including from academia, equitable resource allocation to bolster community resilience, and continuous innovation. This output will

contribute to strengthened community protection and resilience through reducing risks and impacts risks from all health hazards through person and community-centred policy and practice.

The Secretariat will:

Leadership

- lead cross-sectoral coordination for health service delivery, economic stability and social protection during crises; drive efforts to mitigate the societal and economic impacts of public health interventions, ensuring balanced, sustainable and community-driven health; create governance models that streamline emergency response across agencies;

- establish and sustain robust multisectoral governance structures, including using a One Health approach, to ensure cross-sector collaboration among public health, veterinary and environmental agencies; strengthen coordination between relevant actors, policy alignment, joint monitoring and response planning and interventions to reduce zoonotic disease transmission; mobilize awareness among policy-makers, health workers and communities to accelerate early detection and preventive interventions;

Norms and standards

- develop tools for evidence-based decision-making for public health and social measures to guide policy-makers in implementing, monitoring and adjusting public health and social measures (PHSM); ensure proportional, targeted and effective responses to emerging health threats while minimizing disruptions to communities;

- develop policies, guidelines and frameworks to reduce health risks associated with large-scale gatherings, population movements and international travel; enhance cross-border coordination and capacities, including at designated points of entry in line with IHR requirements, to prevent and contain international spread of disease and ensure robust outbreak preparedness and response capacity while avoiding unnecessary interference to international travel and trade;

Technical support

- conduct regular risk assessments to identify zoonotic disease transmission pathways and spillover risks; provide targeted interventions to reduce human–animal–environment interactions that facilitate zoonotic spillover; strengthen integrated surveillance and early warning systems for zoonotic diseases at the human–animal–environment interface, in collaboration with relevant sectors; support biosecurity measures in farming and trade and sustainable land-use practices to limit encroachment on high-risk ecosystems; enhance pathogen monitoring in animal populations to identify emerging threats before they cross into human populations;

- strengthen equitable, community-driven immunization programmes by addressing behavioural and social barriers that hinder vaccine uptake; increase immunization coverage for high-threat pathogens through localized engagement strategies, trust-building and tailored outreach efforts;

- empower local leadership to implement targeted vector control strategies, such as larval source management, habitat modification and insecticide-based interventions; align vector control programmes with national health strategies to improve effectiveness; and

- expand access to clean water, sanitation and hygiene (WASH) services in underserved communities using locally driven initiatives such as Community-Led Total Sanitation (CLTS) approaches; strengthen monitoring systems to sustain long-term public health impact and prevent waterborne disease outbreaks.

Joint outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced

Prioritized national action plans for health security will be created, regularly updated and aligned with the International Health Regulations (2005). These plans will aim to strengthen essential capacities for health emergency preparedness and response, utilizing expert networks and evidence-based tools. Readiness plans and guidelines will address specific threats, such as those associated with natural disasters, food crises and famines, severe weather and other extreme events driven by climate change,[20] with ongoing assessment and threat monitoring.[21] Emphasis will be on enhancing the emergency workforce, supporting health systems' resilience to ensure safe and scalable care during emergencies and strengthening key public health and clinical institutions. This will include integrated disease, threat and vulnerability surveillance; augmented diagnostics and laboratory capacities; enhanced pathogen and genomic surveillance capabilities; and complementary systems such as wastewater surveillance. Support for health systems strengthening work will focus on ensuring their capacity to absorb, adapt or transform in the face of shocks. Coordination across all relevant sectors and stakeholders will be intensified in order to advance equitable access to medical countermeasures and ensure the capacity to maintain essential health and nutrition services in emergencies. To facilitate these efforts, increased attention and resources will be given to enabling and coordinating the "networks of networks" that require sustained support, including those for research and development (including clinical trials), geographically diversified production and scalable manufacturing of medical countermeasures, strategic stockpiling and resilient supply chains, as well as cross-border digital infrastructure for verifiable health credentials.

[20] See Intergovernmental Panel on Climate Change sixth assessment report, Chapter 11: Weather and climate extreme events in a changing climate (accessed 17 December 2023).

[21] Including through agreed assessment tools (that is, State party annual reporting on International Health Regulations (2005) capacities) and voluntary mechanisms, such as universal health preparedness reviews and joint external evaluations.

Outcome indicator	Baseline	Target
Percentage of WHO's minimum requirements for IPC met at the national level, particularly to support outbreak preparedness, readiness and response (New)		
Functional capability assessment for health emergency preparedness and response using simulation exercises (SimEx) and action reviews		
Coverage of WASH in healthcare facilities		
Sustainable Development Goals indicator 3.d.1. International Health Regulations (2005) capacity and health emergency preparedness (GPW 13)		

Outputs

5.2.1 WHO conducts risk and capacity assessments and supports the development and implementation of national preparedness and readiness plans, including tailored prevention and mitigation strategies for specific hazards

5.2.2 WHO establishes and manages collaborative research networks for fast-track research and development, scalable manufacturing and resilient supply chain systems to enable timely and equitable access to medical countermeasures during health emergencies

5.2.3 WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients

Output/leading indicator	Baseline	Target
5.2.1 Number of countries with epidemic and pandemic prevention and preparedness plan, as well as prevention and control programme, for at least one pathogen of epidemic and pandemic potential Number of States Parties completing annual reporting on the International Health Regulations (2005) Number of countries that have completed an action review or simulation exercise to review national system capacities and inform national action plans		
5.2.2 Percentage of medical countermeasures for high-threat pathogens delivered through an internationally agreed and equitable access allocation mechanism (e.g. the Access and Allocation Mechanism or the International Coordinating Group on Vaccine Provision) Number of research and development and innovation road maps for product and medical countermeasures developed for high-priority viral families using collaborative open research consortia		

5.2.3	
Number of countries with multisectoral, multidisciplinary national costed oxygen system plans being evaluated	
Number of countries having standards available for IPC, WASH and waste in healthcare facilities	

Scope of outputs

5.2.1. WHO conducts risk and capacity assessments and supports the development and implementation of national preparedness and readiness plans, including tailored prevention and mitigation strategies for specific hazards

The focus of this output will be to create and regularly update prioritized national action plans for health security, aligned with the International Health Regulations (2005) and aimed at strengthening essential capacities for health emergency preparedness and response, utilizing expert networks and evidence-based tools and promoting a One Health approach. Together with preparing readiness plans and guidelines to address specific threats, such as those associated with pandemics, epidemics, natural disasters, food crises and famines, as well as extreme events driven by climate change, the emphasis will be on strengthening collaborative and integrative disease surveillance approaches for diseases, threats and vulnerabilities, and enhancing the emergency workforce.

The Secretariat will:

Leadership

- provide strategic leadership to assist countries in developing and updating multisectoral national action plans for health security aligned with IHR requirements; convene and foster cross-sector partnerships to conduct high-level strategic reviews through the Universal Health and Preparedness Review (UHPR), strengthening governance, systems and sustainable financing for health emergency preparedness and response; promote the development and implementation of effective and coordinated preparedness and response mechanisms through technical tools, guidelines and frameworks;

- advocate for and provide leadership to support sustainable financing for health emergency preparedness through national investment plans and coordinate with donors and financial institutions to identify and implement innovative funding mechanisms that strengthen health security infrastructures and capabilities; promote alignment with global insights from the Global Preparedness Monitoring Board and the World Bank to reinforce national financing strategies for implementation of the International Health Regulations (2005);

- provide strategic leadership to support implementation of the Sendai Framework, convening multisectoral stakeholders to align national and global efforts to reduce health risks from natural disasters and build resilient health systems capable of withstanding future shocks;

Norms and standards

- provide guidance and operational tools on IHR capacities, risk and vulnerability assessments to countries including conducting annual State Party Self-Assessments (SPAR) to evaluate their ability to detect, assess, report and respond to public health threats under the IHR requirements; conduct comprehensive risk and vulnerability analyses, including climate-linked health threats and pathogens with epidemic and pandemic risk, and use the findings to guide preparedness strategies; monitor national progress and conduct simulation exercises and action reviews to test and build preparedness and response capacity;

- develop threat specific prevention and mitigation strategies for high threat pathogens; develop evidence-based prevention and mitigation plans informed by national risk assessments; adapt global preparedness frameworks to local contexts, addressing emerging disease threats and climate-related health risks through tailored national and community-level strategies; and

Technical support

- strengthen national capacity to manage high-risk pathogens with epidemic and pandemic potential through technical support, training and planning. Support pandemic influenza preparedness via the WHO Pandemic Influenza Preparedness Framework, ensuring robust surveillance, vaccine access and response coordination.

5.2.2. WHO establishes and manages collaborative research networks for fast-track research and development, scalable manufacturing and resilient supply chain systems to enable timely and equitable access to medical countermeasures during health emergencies

The focus of this output will be intensifying coordination across all relevant sectors, disciplines and stakeholders in order to advance equitable access to medical countermeasures and ensure the capacity to maintain essential health and nutrition services in emergencies. There will be a special emphasis on enabling and coordinating the networks that are required to sustain support, including those for research and development, the geographically diversified production and scalable manufacturing of medical countermeasures, strategic stockpiling and resilient supply chains, and cross-border digital infrastructure for verifiable health credentials.

The Secretariat will:

Leadership

- provide global coordination for fast-tracked research and development including clinical trials in emergency settings; convene and foster international collaboration through clinical trial networks, regulatory harmonization and emergency use pathways; promote increase trial capacity and promote adaptive trial designs for rapid evaluation of countermeasures in emergency settings, enabling timely public health decisions;

- strengthen global preparedness by securing and sharing biological materials through the WHO BioHub System; promote research and drive product development by ensuring rapid access to pathogens, fostering innovation in vaccines and therapeutics and promoting transparent, standardized procedures for material handling, biosafety and equitable benefit-sharing;

- provide leadership on the Interim Medical Countermeasures Network (i-MCM-Net) including coordination for a collaborative platform that brings together public and private stakeholders to coordinate the development, procurement and deployment of medical countermeasures. This network aims to enhance global readiness and ensure rapid response to emerging health threats by leveraging existing infrastructures and fostering new partnerships;

- strengthen emergency financing coordination; secure flexible, rapid financing mechanisms to support the early procurement and deployment of medical countermeasures; utilize pre-negotiated agreements, pooled procurement models and financial risk-sharing strategies to stabilize supply chains and enable swift, coordinated responses during pandemics and other health crises;

Norms and standards

- strengthen medical countermeasure research and development and innovation; advance global research and development to fast-track the development of vaccines, therapeutics and diagnostics; support the WHO research and development Blueprint, prioritizing prototype pathogens and applying a family-based approach to accelerate innovation;

- develop guidance on needs-based allocation system; develop transparent, evidence-driven frameworks to guide the equitable distribution of medical countermeasures; provide guidance on prioritization allocations based on public health needs, ethical considerations and outbreak severity, ensuring that resources reach the most vulnerable populations effectively and efficiently;

Technical support

- provide end-to-end medical supply chain distribution coordination and resilience; improve supply chain logistics and distribution systems to support rapid delivery of medical countermeasures, including securing pandemic influenza products through the Pandemic Influenza Preparedness Framework; leverage real-time tracking, predictive analytics and digital platforms for inventory optimization; streamline customs procedures, establish priority transportation corridors and enhance cross-border coordination to prevent disruptions during emergencies; and

- expand global and regional stockpiles with transparent governance and equitable access leveraging mechanisms such as the Access and Allocation Mechanism and the International Coordinating Group; coordinate procurement through demand forecasting and aggregation to mitigate shortages; establish pre-negotiated contracts and legally binding agreements with suppliers to secure surge capacity and ensure rapid deployment of critical supplies; utilize frameworks such as the Pathogen Access and Benefit-Sharing (PABS) system to support fair and efficient procurement.

5.2.3. WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients

The focus of this output will be on building partnerships, developing technical guidelines and tools, providing operational support and strengthening key public health and clinical institutions in order to support health systems resilience and ensure safe and scalable care during emergencies.

The Secretariat will:

Leadership

- provide leadership, foster partnerships and coordinate IPC measures and WASH services during health emergencies to mitigate health-care associated and occupational infections. Coordinate and promote IPC and WASH actions and activities in health-care and community settings for safe and equitable service delivery;

Norms and standards

- develop flexible clinical care pathways informed by risk and vulnerability assessments; integrate contingency planning, clinical research and continuous quality improvement to optimize patient outcomes; strengthen surge workforce strategies to enable rapid redeployment of healthcare personnel based on epidemiological needs; provide targeted training and technical support to ensure readiness in scaling up essential health services during crises;

- develop robust policies, guidelines and protocols on evidence-based IPC and WASH standards in healthcare facilities and communities; enhance health workforce capacity through training and supportive supervision; implement standard precautions and critical IPC and WASH infrastructure, including access to safe water, syndromic screening, isolation space, ventilation, sanitation and waste management; ensure rapidly deployable personal protective equipment (PPE) and essential IPC and WASH supply availability through strategic stockpiling, procurement and last-mile distribution;

- enhance surveillance and monitoring systems to track IPC and WASH performance, including detection of healthcare associated infections (HAIs) and water quality monitoring; implement patient and staff safety measures, support the use of standardized protocols, including risk assessments, incident reporting, and continuous quality improvement, key performance indicators and rapid assessments to inform targeted interventions and policy decisions and uphold safety standards in emergency healthcare settings;

Technical support

- provide support on emergency health infrastructure and oxygen supply; expand and reinforce emergency-ready health infrastructure, including deployable critical care units equipped with essential services such as medical oxygen, water, electricity and shelter; implement WHO’s guidance on developing national medical oxygen scale-up plans, which encompass situation analysis, governance, implementation strategies and monitoring frameworks to ensure sustainable oxygen delivery systems; and

- define essential medicines and medical supply lists tailored to priority hazards; enhance forecasting, inventory management and rapid distribution mechanisms to maintain an uninterrupted supply of life-saving treatments and investigational products; establish strategic stockpiles and streamline supply chains to ensure timely access to critical resources during health emergencies.

Strategic objective 6. Rapidly detect and sustain an effective response to all health emergencies

Joint outcome 6.1. Detection of and response to acute public health threats is rapid and effective

Ongoing work to reinforce national and international early-warning and alert systems will be reinforced to advance the rapid detection and assessment of public health threats. This will include national capacity-building and assistance for the rapid detection and verification of threats, the in-depth assessment of risks and the grading of public health risks and emergencies. In parallel, WHO will continue to strengthen its central international functions in this regard in order to provide countries and partners with real-time information in order to scale up their immediate and accurate responses. Emergency response coordination will be rapidly activated and managed through emergency operation centres, with standard operating procedures, technical guidance and planning, while ensuring that interventions are culturally appropriate and adapted to the national context. International coordination and collaboration will be facilitated through incident management systems that can connect emergency operational centres across country, regional and global levels, supported by comprehensive guidelines and strategic coordination. Multisectoral rapid-response teams will be further expanded for the rapid deployment of critical expertise in epidemiology, clinical care, logistics and other relevant skill sets in order to contain threats and reduce the impact of outbreaks and other health emergencies. Support will be provided for the equitable allocation of medical countermeasures. Contingency financing will be immediately allocated to facilitate rapid and equitable emergency response operations. A unified partnership approach in support of Member States will be further strengthened to ensure the most effective management of health emergencies and the rapid provision of technical and operational support, where needed.

Outcome indicator	Baseline	Target
Detect, notify and respond (GPW 13)		

Outputs

6.1.1	WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events
6.1.2	WHO coordinates rapid and effective responses to acute public health threats, including deploying multisectoral response capacities, surging emergency supplies and logistics support, providing contingency financing, and implementing strategic and operational response plans

Output/leading indicator	Baseline	Target
6.1.1		
Percentage of critical acute public health events for which a formal initial rapid risk assessment and grading are completed within one week		
Number of countries that have demonstrated laboratory capabilities to test and sequence for priority pathogens of epidemic and pandemic potential		
6.1.2		
Percentage of newly graded emergencies for which the incident management system is activated at least at country level within 72 hours, with focal points for key functions identified and a contingency fund for emergencies released, where appropriate		
Number of countries with classified or nationally validated emergency medical teams		
Percentage of approved requests for emergency medical supplies and/or equipment ready to ship within 7 days of the approval of the emergency request		

Scope of outputs

6.1.1. WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events

WHO will actively support the strengthening of national surveillance systems, governance and financing by engaging and aligning global actors, establishing global standards and technical products, mobilizing resources and networks, fostering the operationalization of innovative technologies, and building technical capacity to achieve the collaborative surveillance vision. In parallel, the Secretariat will continue to strengthen its central international functions to provide countries and partners with real-time information in order to enable rapid detection, risk assessment and response and provide national assessment tools, technical guidance, training materials and tools for the country implementation of activities at the health-security interface for the management of biorisks.

The Secretariat will:

Leadership

- provide leadership on public health intelligence and implement platforms such as Epidemic Intelligence from Open Sources (EIOS) to monitor global health threats by aggregating data from open media, governmental reports, and other sources; develop and support initiatives such as the WHO Hub for Pandemic and Epidemic Intelligence and the International Pathogen Surveillance Network (IPSN) to strengthen outbreak detection and response;

- provide leadership on International Health Regulations (IHR) alert and rapid threat detection; advocate for and strengthen national surveillance systems and event-based monitoring, to rapidly detect, verify and assess public health threats of international

concern; provide leadership and coordination with IHR National Focal Points to ensure timely and transparent information-sharing with WHO;

- provide leadership and facilitation for coordinating global public health alerts and threat notification, and event categorization and grading; foster structured categorization of threats using IHR-defined criteria to categorize threats, guide timely escalation, trigger actions such as emergency committee activation, deployment of response teams and issuing public health advisories to Member States and partners;

- convene the Global Public Health Surveillance Network to enhance countries' surveillance; collaborate with and strengthen national and regional surveillance systems through cross-border partnerships and integrated platforms for outbreak detection, risk assessment and coordinated response; promote a One Health approach by linking human, animal and environmental health data, and empower national public health agencies to respond to transnational threats;

- provide platforms and networks for real-time surveillance and early warning and secure data sharing for global health security; strengthen global platforms for tracking respiratory viruses and arboviruses, and pathogens with epidemic and pandemic potential; promote secure, ethical exchange of genomic and epidemiological data via frameworks such as the WHO BioHub, ensuring data confidentiality while treating it as a global public good; develop guidelines to ensure interoperability, standardization and real-time data analysis;

- collaborate with and strengthen international and regional laboratory networks to enhance rapid pathogen surveillance and outbreak response; link high-security reference laboratories globally to enable real-time data sharing, expertise exchange and rapid diagnostic support during public health emergencies;

Norms and standards

- provide event verification, risk assessment and impact analysis; apply standardized tools such as the IHR Annex 2 decision instrument to assess event severity, validate reports and determine response levels; conduct structured risk assessments to evaluate transmission dynamics, severity and public health impact, guiding appropriate mitigation measures;

- develop, update and align global policies, strategies and capacity-building programmes to enhance national, regional and global laboratory systems, including capability for genomic surveillance, sequencing and decentralized diagnostics; promote the development and deployment of innovative, cost-effective technologies – such as point-of-care and genomics-based tools – for early detection and real-time disease monitoring;

Technical support

- Support multi-source data collection and integration; ensure integrated laboratory reports, open media, community signals and animal health data for robust risk assessment; use AI-driven tools to filter noise and detect threats early; apply a One Health approach to integrate human, animal and environmental health data for a holistic early warning system;

- provide technical support and training to implement risk-based biosafety and biosecurity frameworks aligned with who standards; develop international guidelines for high- and

maximum-containment laboratories to improve safety practices, infrastructure and global compliance with biological risk management;

- facilitate secure and timely data-sharing across countries and sectors; support collaborative risk assessments and intelligence exchange to improve cross-border detection and containment of emerging health threats; and

- support community-based early warning systems; support countries in establishing standardized norms and tools to enhance local early warning and response capabilities; equip communities with the knowledge and resources to detect, report and respond to public health threats at the grassroots level.

6.1.2. WHO coordinates rapid and effective responses to acute public health threats, including deploying multisectoral response capacities, surging emergency supplies and logistics support, providing contingency financing, and implementing strategic and operational response plans

To coordinate and mount a rapid and effective response to acute public health events, WHO will continue to strengthen emergency operation centres, while ensuring that interventions are contextualized and tailored to the local context; facilitate international coordination and collaboration through the incident management systems supported by comprehensive guidelines and strategic coordination; and further expand multisectoral rapid-response teams for the rapid deployment of critical expertise to respond to health emergencies and reduce their impacts. The Secretariat will support the equitable allocation of medical countermeasures and facilitate rapid and equitable emergency response operations through contingency financing. The unified partnership approach will be further strengthened to ensure the effective management of health emergencies and the rapid provision of technical and operational support.

The Secretariat will:

Leadership

- provide leadership on acute event management coordination and governance. Advocate for and provide strategic and technical support for establishing leadership and governance structures across all levels to coordinate responses to acute health events; facilitate a global network of public health emergency operations centres (PHEOCs), build emergency management leadership capacities, deploy rapid response teams and ensure timely emergency activation and cross-sector collaboration;

- ensure crisis decision-making and information sharing; establish and promote protocols and alert thresholds to guide emergency escalation and response; enhance real-time situational awareness through interoperable systems and digital dashboards; promote rapid, transparent information sharing across national, regional and global partners; support joint intelligence hubs and train crisis managers in structured decision-making and adaptive leadership;

- collaborate with and foster partnerships with financial institutions and donors to secure rapid, flexible funding; establish transparent fund allocation processes, ensure timely disbursement, and implement real-time expenditure tracking to maximize impact and accountability;

- facilitate emergency workforce development and coordination with connected leadership; host and provide strategic leadership for the Global Health Emergency Corps

by advancing collaboration through networks such as EMT and GOARN; support countries in developing national corps frameworks, setting workforce policies and investing in operational research to enhance readiness; establish and foster leadership and coordination structures that connect national, regional and global actors, improve situational awareness and enable informed, collective decision-making;

Norms and standards

- develop and maintain sustainable, high-quality, and scalable surge response capacities. Implement common standards for emergency teams, ensure integrated activation and coordination protocols and reinforce quality assurance systems to improve deployment speed and efficiency across countries and regions;

- develop rapid response training, standards and deployment; develop technical standards and interoperability guidelines for emergency workforces; provide multidisciplinary training for first responders, surge teams and emergency health leaders; strengthen global deployment systems through structured workforce planning and rapid resource mobilization;

Technical support

- provide strategic and operational planning and simulation exercises; provide technical support to strengthen response strategies through action planning, performance monitoring and adaptive mechanisms; conduct multicountry simulation exercises and training programmes to improve coordination, leadership and preparedness;

- establish global emergency supply stockpile and deployment; maintain strategically located stockpiles of essential medical supplies at regional and global hubs to enable rapid deployment during outbreaks, disasters and crises; ensure timely procurement, stock rotation and operational readiness to meet urgent health needs; and

- develop and manage resilient logistics systems for fast and efficient distribution of emergency health supplies; strengthen warehousing, transportation and last-mile delivery to ensure critical medicines, equipment and relief items reach affected communities quickly and efficiently.

Joint outcome 6.2. Access to essential health services during emergencies is sustained and equitable

Life-saving care interventions will be immediately deployed during all health emergencies, building on pre-existing cooperation agreements, where they exist. Public health needs will be rapidly assessed as the basis for adapting the package of essential health and nutrition services across the continuum of care during an emergency[22] and monitoring coverage over time. Particular attention will be given to ensuring the continuity of sexual and reproductive health services[23] and meeting the needs of populations in particularly vulnerable or marginalized situations, including women and children and those living with noncommunicable diseases, disabilities and mental health conditions. Robust coordination mechanisms will be implemented to

[22] For further details on maintaining essential health services in humanitarian situations, see H3 Package (High-Priority Health Services for Humanitarian Response) website (accessed 17 December 2023).

[23] Including through the application of resources such as the Minimum Initial Service Package for Sexual and Reproductive Health in crisis situations (accessed 20 December 2024).

support critical functions, including the equitable allocation of and prompt access to medical countermeasures, supply chain management and health cluster planning and financing, with specific provisions for sustaining collective health action during protracted crises and through the recovery phase. A strong emphasis will be given to maintaining routine health services and systems during emergencies in order to ensure ongoing equitable access to healthcare, with early recovery planning to build back better. WHO will further strengthen its leadership of the Global Health Cluster in order to implement comprehensive public health needs assessments as the basis for the development, funding and management of targeted response plans in support of Member States. The systematic monitoring of attacks on healthcare during emergencies will continue to be essential for developing effective prevention strategies, protecting healthcare workers and ensuring access to care. These combined efforts will aim to meet the constantly increasing humanitarian demands in order to guarantee that no one is left behind and ensure that Health for All remains a fundamental priority, especially for people in vulnerable and marginalized situations.

Outcome indicator	**Baseline**	**Target**
Sustain essential health services during emergencies (New) – Selected for data strenghening		

Outputs

6.2.1 WHO coordinates and leads the health cluster or sector and partners to assess health needs and develop, fund and monitor humanitarian health emergency response plans in humanitarian emergencies

6.2.2 WHO ensures the provision of life-saving care and maintains essential health services and systems in emergencies and vulnerable settings, addressing barriers to access and inequity

Output/leading indicator	**Baseline**	**Target**
6.2.1 Percentage of countries facing humanitarian emergencies (with dedicated country appeals within the Global Humanitarian Overview) that have received at least 50% of its funding needs		
6.2.2 Number of countries facing humanitarian emergencies (with a humanitarian response plan as per the Global Humanitarian Overview) with a context-adapted service package for a humanitarian response that meets WHO criteria		
Percentage of countries facing humanitarian emergencies with periodic reporting on functionality of health facilities and availability of health services		

Scope of outputs

6.2.1. WHO coordinates and leads the health cluster or sector and partners to assess health needs and develop, fund and monitor humanitarian health emergency response plans in humanitarian emergencies

WHO will further strengthen its leadership of the Global Health Cluster to implement comprehensive public health needs assessments, as the basis for the development, funding and management of targeted health sector plans, in order to sustain collective health action during humanitarian and protracted crises, systematically monitor attacks on healthcare during emergencies and develop effective prevention strategies for protecting healthcare workers and ensuring access to vital care. Through these combined efforts, the Secretariat will support the objective of meeting the constantly increasing humanitarian needs, guaranteeing that no one is left behind and that Health for All remains a priority, especially for people in vulnerable and marginalized situations.

The Secretariat will:

Leadership

- provide strategic health leadership as health cluster lead agency for responses to humanitarian emergencies, ensuring alignment with Inter-Agency Standing Committee (IASC) coordination mechanisms; strengthen governance structures to enhance the effectiveness and efficiency of emergency health response;
- strengthen and facilitate collaboration among governments, nongovernmental organizations and international organizations to ensure integrated emergency health responses; facilitate a global coordination system with over 900 partners to support service delivery in crisis-affected and hard-to-reach areas; strengthen coordination across humanitarian clusters to address overlapping needs, optimize health outcomes and strengthen intersectoral collaboration; integrate health, WASH, nutrition and protection efforts to provide holistic emergency support;

Norms and standards

- develop tools, guidance and strategies to continuously evaluate health risks and population needs to inform evidence-based response strategies; conduct humanitarian needs assessments and resource mobilization to sustain essential health services in prolonged crises;

Technical support

- track the availability, accessibility, and utilization of essential health services in crisis settings; conduct systematic evaluations to improve service delivery and ensure continuity of care in humanitarian and emergency contexts;
- monitor and document attacks on healthcare facilities, workers and infrastructure in conflict zones; support adaptive programming to safeguard health workers, maintain service delivery and strengthen the resilience of health systems under attack; and
- conduct regular evaluations of country-level health cluster performance using IASC and Global Health Cluster (GHC) frameworks; provide remote and in-country support to

improve the coordination, efficiency and effectiveness of emergency health resources, services and responses.

6.2.2. WHO ensures the provision of life-saving care and maintains essential health services and systems in emergencies and vulnerable settings, addressing barriers to access and inequity

The focus of this output will be on the rapid deployment and scale-up of life-saving care interventions to address emergency specific health needs during all health emergencies; the rapid assessment of public health needs and risks as the basis for adapting the package of essential health and nutrition services across the continuum of care during an emergency; and monitoring coverage, quality and access barriers over time. Ensuring the continuity of sexual and reproductive health services and meeting the needs of populations in especially vulnerable or marginalized situations will receive particular attention. Robust coordination will be emphasized to support critical functions with specific provisions for sustaining collective health action during protracted crises and through the recovery phase. Sustaining routine health services and systems during emergencies will be emphasized to ensure ongoing equitable access to healthcare, with early recovery planning to build back better.

The Secretariat will:

Leadership

- provide leadership on essential health service continuity and localization in emergency health response; advocate for and strengthen national health authorities to integrate emergency response with health system development; provide strategic leadership and technical guidance to countries to adapt and define packages of essential health services for emergency health response; empower and engage local and national actors by enhancing leadership roles aligned with the Grand Bargain and Global Health Cluster commitments; drive the implementation of WHO's localization strategy to promote national ownership and sustainability;

- provide leadership to governments and partners to apply lessons from past emergencies and adopt a "build back better" approach; empower and transform health systems to be more resilient, equitable, and prepared for future shocks;

Norms and standards

- develop and refine operational frameworks to ensure equitable, barrier-free access to essential health services in crisis settings; implement adaptive health service models to address evolving risks and optimize emergency response effectiveness;

Technical support

- mobilize health cluster partner surge teams, medical teams and personnel, technical experts, equipment and supplies to deliver immediate, safe, life-saving healthcare, including mental health and psychosocial support, in large-scale crises; ensure rapid activation under IASC scale-up and G3 emergency response frameworks; and

- identify and implement tailored interventions to overcome logistical, financial and social barriers to healthcare in emergencies; strengthen local health systems to ensure high-quality, inclusive and sustainable service delivery.

Powering the global health agenda

Corporate outcome 1: Effective WHO health leadership, through convening, agenda-setting, partnerships and communications, advances the sustainably financed GPW 14 outcomes and the goal of leaving no one behind

Under this corporate outcome, WHO will facilitate the strengthening of its governing bodies to set global health priorities more efficiently and effectively. It will champion the health, health equity and well-being agenda in key policy and multilateral political and technical forums at all three levels of the Organization, and will engage in strategic policy dialogue and advocacy to raise or keep health and well-being high on the political agenda with the aim of ensuring that no one is left behind. It will highlight the central role of health in achieving wider development goals as part of the indivisible Sustainable Development Goals agenda. WHO will scale up its strategic, evidence and data-informed communications in order to promote both the individual behaviours and the policy changes needed to meet all health needs and the right to health, with a central focus on reaching those left behind and combating misinformation and disinformation. It will continue to facilitate agreement on international frameworks and strategies for health.[24] WHO will mobilize collective action among Member States and partners and will catalyse engagement and collaboration across the diverse array of health actors and sectors that are needed to achieve the GPW 14 outcomes, guided by the principles of results-based management. Sustainable resources will be mobilized and strategically allocated for health work and WHO activities at all levels. Recognizing the important and rapidly growing trends in regional cooperation for health, WHO's capacity at the regional level will also be strengthened in order to leverage the increasing opportunities for, and the Organization's own increasing responsibility within, regional partnerships, enhance collaboration with regional health entities and better support the health investments made by the regional multilateral development banks.

Outcome indicator	Baseline	Target
Progress towards corporate outcome 1 will be measured through the relevant output indicators		

Outputs

7.1.1 Convening, advocating and engagement with Member States and key constituencies in support of health governance and to advance health priorities

7.1.2 Effectively communicating to promote evidence-informed planning for decision-making for interventions and healthy behaviours in countries

7.1.3 Effective results-based management realized through a sustainably financed programme budget aligned with evidence-informed country, regional and global priorities, supported by transparent resource allocation and robust monitoring and performance assessment

Output/leading indicator	Baseline	Target

[24] For example, the International Health Regulations (2005) and the WHO Framework Convention on Tobacco Control.

7.1.1	
Percentage of United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women and United Nations Disability Inclusion Strategy indicators that WHO met or exceeded in the last reporting period	
Percentage of WHO offices/departments that have conducted capacity-strengthening activities on gender equality, human rights and health equity for WHO staff and/or external stakeholders in the last calendar year	
7.1.2	
Number of communication strategies with clear roles and responsibilities across all WHO country offices	
7.1.3	
Percentage of budget centres that have completed WHO's performance assessment of the programme budget	
Percentage of high priority outputs funded up to 80% of their planned budget	
Percentage of base budget financed by flexible and thematic voluntary contributions	
Percentage of countries that have conducted a joint assessment to validate the Secretariat's achievements under the WHO results framework	
Percentage of base budget financed by donors other than the 10 largest donors	
Number of major offices whose funding level for the approved base budget is at least 80%	

Scope of outputs

7.1.1. Convening, advocating and engaging with Member States and key constituencies in support of health governance and to advance health priorities

The Secretariat will:

Leadership

- convene Member States to negotiate and implement conventions, regulations, resolutions and technical strategies, promoting collective action and policy coherence in global health governance;
- extend WHO's leadership and collaboration with global and regional political forums and entities to enhance health initiatives;
- lead efforts to improve the transparency and effectiveness of WHO governance processes, by contributing innovative approaches in order to improve agenda management and increase the focus on health outcomes;

- work with Member States to improve, strengthen and streamline its own governance and harmonize it across the Organization;
- lead and support country-driven initiatives based on national priorities identified through the WHO multiyear Country Cooperation Strategy and the United Nations Sustainable Development Cooperation Framework, ensuring alignment with the GPW 14 priority-setting;
- combine enhanced country presence, targeted regional and multicountry office technical assistance and specialized headquarters support in order to collaborate with countries on their national priority outcomes under the GPW 14 and mutually agreed Country Cooperation Strategy priorities;
- strengthen engagement with and the leadership of global health partnerships and networks, including those hosted by WHO, in order to advance global health outcomes;
- leverage global and regional partnerships to reinforce WHO's leadership role in health, thereby advancing WHO's interests in the reform of the United Nations and in United Nations country teams, and engage with development, technical and humanitarian partners, including civil society, at the country level;
- enhance engagement with civil society organizations, parliamentarians, the private sector and affected populations in order to promote inclusive and participatory approaches to health governance;
- collaborate with multilateral and bilateral development partners, United Nations agencies and national stakeholders to enhance the alignment and optimization of health resources;
- organize strategic dialogues with Member States and development partners, enhance engagement with multilateral development banks through the Health Impact Investment Platform and facilitate effective engagement at the country level;
- advocate and strategically position health at the highest political levels at the country, regional and global levels, promoting and shaping action on important health issues, especially those that are neglected or exacerbate health inequities;
- modernize and expand WHO's engagement with key actors inside and beyond the health domain in order to strengthen WHO's leading and convening roles in driving health outcomes and anchor health as an integral part of the sustainable development agenda. This includes advancing health priorities and messaging in the UN agendas and the political declarations and resolutions of the UN General Assembly, the UN Security Council, the UN Economic and Social Council and their subsidiary bodies, and strengthening WHO's health leadership role in United Nations country teams and its engagement with development, technical and humanitarian partners, including civil society;
- advance gender equality, health equity and human rights across the three levels of the Organization, aligned with the "leave no one behind" principle of the Sustainable Development Goals. This will be achieved through up-to-date evidence-gathering, the development of guidance and tools, capacity-building, support for national authorities and partners and strategic UN and external partnerships. Implementation of

commitments in the UN System-Wide Action Plans on Gender Equality and the Advancement of Women, on Poverty and on Indigenous Peoples, as well as the UNDIS, will also be key;

- provide evidence and tools to advance gender equality, human rights and health equity, in support of health priorities and inclusive health governance, with an emphasis on leaving no one behind;

- provide a modern conference management and logistic platform, serve as a strategic enabler and create a conducive environment that fosters productive engagement, enabling Member States and other key stakeholders to address critical issues, set goals and make informed decisions;

- engage Member States and other stakeholders, including groups directly impacted by health policies, such as marginalized populations, healthcare workers and communities in vulnerable regions, to collectively prioritize and advance health initiatives that address global and regional health challenges. This involves organizing dialogue platforms that foster consensus, through which countries can come together to discuss health issues and align resources, research and innovation to target these issues effectively; and

- lead efforts to promote improved transparency, integrity and accountability of processes for WHO elected positions.

7.1.2 Effectively communicating to promote evidence-informed planning for decision-making for interventions and healthy behaviours in countries

Strategic communications, driven by a global WHO communications strategy that is developed by headquarters in partnership with major offices and localized at regional and country offices, will translate WHO's life-saving information into plain language and compelling visuals for the public and other stakeholders and reinforce WHO's role and impact. WHO communications will amplify stories from countries, regions and global moments and highlight health issues that need the attention of Member States, the public, experts, donors and other partners. By building the communications capacities of WHO staff and partners, WHO communications will build trust in science and public health; respond to misinformation/disinformation with facts and other approaches; respond to emergencies and outbreaks; and build alliances and partnerships to amplify evidence-based health information, all informed by measurement and evaluation. Using fit-for-purpose digital technology and appropriate channels, WHO communications will reach audiences to enable behaviour change and policy decisions to protect health.

The Secretariat will:

Leadership

- communicate to mobilize regional political forums and entities to prioritize health and, at the country level, support policy changes and facilitate robust and equity-oriented programme implementation that advances gender equality and human rights in order to raise awareness of important health issues in the local context;

- build an alliance of partners to respond to disinformation and misinformation with evidence, and support political diplomacy on health in the context of international commitments in order to support and promote informed decision-making and healthy behaviours; and

- communicate WHO guidelines and information and strengthen communications capacity through training to improve and enhance national capacities in health communication.

7.1.3. Effective results-based management realized through a sustainably financed programme budget aligned with evidence-informed country, regional and global priorities, supported by transparent resource allocation and robust monitoring and performance assessment

The programme budget is WHO's primary tool for accountability and for making resources available to reflect the priorities jointly agreed by Member States. The Secretariat will continue to enhance the programme budget to better align with these priorities, supported by sustainable financing, transparent resource allocation and robust monitoring and performance assessment practices.

Aligned with WHO's results-based management approach, this output emphasizes participatory governance, accountability, transparency, learning and decision-making. It requires that planning, budgeting, resource mobilization and allocation, implementation, monitoring, performance assessments, evaluations and reporting across programme cycles focus on efficiently and effectively delivering agreed results, underpinned by sustainable financing that enables responsive and adaptive programming.

To effectively monitor results, the Secretariat will use output/leading indicators to clearly measure WHO's contributions to outcomes, accompanied by a sufficiently granular and robust output monitoring and measurement system to demonstrate the Organization's accountability at all levels and inform further decision-making. To promote joint accountability, a joint assessment of the Secretariat's results with Member States, which was conducted during the end-of-biennium assessment of the Programme budget 2022–2023, will be evaluated and expanded during the implementation of the GPW 14. Specific markers that are aligned with the UN System-Wide Action Plan on Gender Equality and the Advancement of Women and the UNDIS will facilitate gender equality, human rights and disability inclusion throughout the results-based management life cycle, thereby underlining the importance of leaving no one behind and supporting targeted initiatives for people in vulnerable and marginalized situations.

The Secretariat will:

Leadership

- execute and monitor deliverables from its implementation plan to strengthen WHO's budgetary, programmatic, financing and governance processes, thereby enhancing accountability across the Organization and leveraging WHO's capacity to efficiently implement Organization-wide improvements;

- strengthen results-based management across all levels, building on the recommendations of the independent evaluation of WHO's results-based management framework. By harmonizing strategic and operational planning, budgeting, implementation, resource mobilization and allocation, monitoring, reporting and performance assessment, the Secretariat will ensure the efficient and effective delivery of results that are aligned with country, regional and global priorities, based on the fundamental ethical principles of the Organization derived from its Constitution;

- continue to mainstream equity, gender equality, human rights and disability throughout the results-based management life cycle, with a focus on empowering marginalized groups;

- continue to refine methods and streamline the process for setting priorities and strategic planning based on evaluations and lessons learned, so that global, regional and country-level health priorities drive transparent Organizational planning, implementation, financing, monitoring and performance assessment;

- better align agreed priorities, budget and resources within the flexibility allowed by the voluntary contributors in order to ensure that investment decisions and resource allocations are geared towards delivering impactful results with value for money;

- ensure an informed and coordinated approach to resource mobilization across the three levels of the Organization through strategic interactions with Member States, donors, multilateral stakeholders, non-State actors and the general public, building on the positive experience of the investment round;

- further shift towards a results-focused and simplified approach to reporting, focusing on how WHO contributes to driving country impact and health outcomes. The linkages between outcome and output indicators will be strengthened, including through a mixed approach based on institutional self-assessments and joint assessments undertaken with Member States. Placing results at the centre of management attention will facilitate evidence-based decision-making. When applicable, systematic data use and rigour in planning and delivering joint activities to achieve national priority outcomes will be implemented;

- promote better coordination, clarity of roles, functional and managerial coherence, collaboration and synergy within major offices and across all Organizational levels. Through internal networking arrangements, such as output delivery teams, programme management networks, the Global Network on Evaluation and the coordinated resource mobilization network, the Secretariat will ensure three-level support for the achievement of impactful results in countries. The Secretariat will strive to maximize health outcomes by strengthening the coherence of efforts across the three levels of the Organization and optimizing ways of working and managerial structures to increase effectiveness and efficiency;

- enhance and optimize structures and processes for resource allocation and grant management, including strengthening mechanisms for allocating flexible resources and leveraging the Resource Allocation Committee. The Secretariat will further promote priority-interventions-driven resources allocation and an equitable approach to budget and resource allocation and management;

- strengthen the transparency and accountability of WHO’s financial and operational activities by enhancing compliance with the International Aid Transparency Initiative standards and improving its performance as measured by the Aid Transparency Index, including by regularly publishing comprehensive and accessible data on funding sources, expenditures and programme outcomes, as well as implementing robust monitoring mechanisms to ensure accountability to Member States, donors and the global community; and

- improve tools and leverage innovative approaches to strengthen key staff capacities for results-based management, with a perspective on planning for and delivering results, a strategic approach to resource mobilization and a culture of evaluation.

Corporate outcome 2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level

WHO's core normative and technical work plays a central and unique role in the health ecosystem, supporting and enabling the work of Member States and partners at all levels by providing global reference standards and nomenclature, internationally recognized policy options and guidelines, global research priorities and agendas, prequalified products, validated assessment tools and benchmarks, and standard health indicators, data and analytics. For the period 2025–2028, these WHO "public health goods" will be directed and prioritized in support of the GPW 14 strategic objectives and outcomes.[25] WHO will leverage and scale its cross-cutting capacities in the areas of science, evidence and research, including with hosted partnerships and WHO collaborating centres, digital health, data and information systems, gender equality, human rights and health equity, and innovation for this purpose. This corporate outcome will also encompass the Organization's norm- and standard-setting processes, expert advisory group procedures, regulatory and product prequalification work, health situation monitoring and reporting work, and quality-assurance practices in support of the development, adoption and effective delivery of its public health goods. It will implement recent recommendations[26] to further align its normative products with WHO's prequalification and Member State priorities, strengthen feedback loops, enhance monitoring and evaluation, and ensure the systematic integration of gender equality and equity considerations.

Outcome indicator	Baseline	Target
Progress towards corporate outcome 2 will be measured through the relevant output indicators		

Outputs

7.2.1	Evidence-based and quality-assured normative products, including the living approach, are developed with and for countries, are digitally accessible and used for health, policy, practice and impact
7.2.2	Strengthening national and regional science ecosystems to improve health and provide opportunities and equity, active support for the digital health transformation, research, development and innovation, including manufacturing capacities of countries
7.2.3	WHO supports Member States in strengthening health information collection, aggregation, analysis and interpretation to monitor trends and progress towards Sustainable Development Goals indicators and targets, including inequality monitoring

Output/leading indicator	Baseline	Target

[25] See "WHO's normative work". Geneva: World Health Organization; 2024 (accessed 19 April 2024).

[26] Evaluation of WHO normative function at country level: report. Geneva: World Health Organization; 2023 (accessed 6 March 2024).

7.2.1	
Percentage of WHO guidelines developed or updated using the living approach to evidence, with documented mechanisms that facilitate timely dissemination for country use	
Number of WHO norms, standards and guidelines that support the adoption of digital technologies (including SMART Guidelines and guidance on AI) made accessible to countries	
7.2.2	
Number of countries that have established an evidence-to-policy process following WHO facilitation or recommendations	
7.2.3	
Number of countries in which national health information systems have been strengthened using WHO-provided analytical platforms, leading to improved availability and disaggregation of GPW 14 outcome indicators and better use of indicators included in the Global Health Estimates, World Health Statistics and the Health Inequality Data Repository for decision-making	
Number of countries using the delivery-for-impact approach to identify priorities, develop acceleration scenarios and allocate resources to achieve national or global targets	
Number of countries implementing and utilizing the International Classification of Diseases, 11th Revision (ICD-11) to record accurate and key population health information, with level of implementation	
Number of countries accessing data.who.int public data assets in support of evidence-informed decision-making	

Scope of outputs

7.2.1. Evidence-based and quality-assured normative products, including the living approach, are developed with and for countries, are digitally accessible and used for health, policy and practice impact

This output emphasizes the development and dissemination of high-quality, evidence-based normative products that are digitally accessible and adaptive to evolving health priorities. WHO's living guidelines ensure the timely incorporation of new evidence, reducing research waste and increasing the utility of systematic reviews. The SMART Guidelines initiative further exemplifies WHO's value by enabling countries to align digital health systems with global standards, leveraging digital adaptation kits and algorithms for local implementation. In addition, WHO's focus on the ethical and practical applications of AI fosters innovation while ensuring responsible use in critical areas such as sexual and reproductive health and reproductive rights and climate change. Through its Institutional Repository for Information Sharing (IRIS) and monitoring mechanisms, WHO ensures that these tools are widely accessible and effectively utilized, reinforcing its role as a trusted source of global health guidance.

The Secretariat will:

Norms and standards

- establish mechanisms to support the creation and dissemination of digitally structured, living guidelines, including by:
  - revising the Guidelines Review Committee procedures for streamlined planning and executive approval when the living approach is justified;
  - enabling the publication and flagging of updates to WHO guideline evidence bases, recommendations and other off-cycle information parameters;
  - establishing foresight notifications for upcoming WHO recommendation updates in order to minimize research waste and maximize the sharing of systematic review evidence as a global public health good; and
  - aligning these efforts with existing prequalification mechanisms to ensure the timely application of new evidence in practices and policies at the country level;
- develop implementation guidance and content packages to support the digital transformation of health programmes, including by:
  - developing digital adaptation kits, interoperability implementation guides and reference applications and services;
  - developing specifications, test criteria and computable content, such as algorithms, to enable the local production of digital systems that are aligned with WHO standards; and
  - enhancing the usability and impact of WHO normative products to achieve health and policy goals;
- establish mechanisms to support the development and dissemination of guidance on responsible use of AI, addressing:
  - cross-cutting areas such as governance, science, research and development, regulations, ethics, workforce development and evaluation; and
  - topic-specific applications, including benchmarking AI for sexual and reproductive health and reproductive rights, HIV, climate change and other areas;
- ensure that WHO normative products and guidance:
  - meet accessibility standards for digital dissemination;
  - are openly available globally through IRIS; and
  - are monitored for their reach and adaptation in countries to ensure their effective use in health policy and practice.

7.2.2. Strengthening national and regional science ecosystems to improve health and provide opportunities and equity, active support for the digital health transformation, research, development and innovation, including manufacturing capacities of countries.

This output addresses the structural and systemic underpinnings of health progress by strengthening national and regional science ecosystems. WHO's Science for Health and Economic Growth initiative supports countries in aligning investments with sustainable health priorities,

emphasizing domestic resource mobilization. Digital transformation efforts, such as global knowledge-sharing platforms and AI investment tools, highlight WHO's capacity to facilitate cross-border collaboration and scalable solutions. Ethical guidance, horizon-scanning and research prioritization further demonstrate WHO's leadership in integrating emerging trends into public health strategies. By advancing equitable access to research resources (e.g. Research4Life) and fostering resilient clinical trial ecosystems, WHO ensures that health innovations translate into impactful outcomes.

The Secretariat will:

Leadership

- foster robust national and regional science ecosystems to drive equitable health progress, economic growth and digital transformation through key initiatives, including:
  - *WHO Science for Health and Economic Growth initiative*. WHO will collaborate with Member States to strengthen science, research and innovation ecosystems, emphasizing the use of domestic resources. By 2026, an evidence-based report will be delivered, focusing on principles, systems and structures for sustained government support, financial investments and integrated scientific advice;
  - *Strengthened evidence base in low- and middle-income countries*. Enhanced research capacity and adoption of innovative tools and strategies will be prioritized, facilitating impactful health solutions in LMICs;
  - *Digital health ecosystem transformation*. WHO will provide competency-based resources for policy-makers and planners, bolster global knowledge-sharing platforms (e.g. Global Initiative on Digital Health, Global Initiative on Artificial Intelligence for Health) and develop tools to guide AI and digital health investments. Governance frameworks, ethical guidance and quality-assurance mechanisms will support the planning and delivery of national and cross-border health services, including telemedicine and electronic health records;
  - *Research4Life country connectors*. Expanded access to research information will be facilitated through outreach and skills bridging, promoting equitable health progress;
  - *Optimized advisory mechanisms*. WHO will review and streamline its scientific and technical advisory boards to enhance their efficiency and alignment with global health goals;
  - *Horizon-scanning for emerging technologies and research and development*. Countries and WHO programmes will receive support for foresight exercises to identify emerging trends in science and research and development;
  - *Research prioritization*. WHO will assist countries in aligning research priorities with local and regional health needs and emerging challenges;
  - *Ethics guidance for emerging technologies*. WHO will provide guidance on ethical considerations in research and emerging technologies, fostering responsible innovation;
  - *Evidence-informed policy networks*. Global and regional networks will be strengthened to support the translation of evidence into policy and practice;

- *Global coalition of evidence*. WHO will facilitate regular virtual forums, communities of practice and collaboration tools in order to share lessons learned and enhance evidence use among researchers and policy-makers;
- *Clinical trials ecosystems*. Efforts will focus on building and strengthening clinical trials systems to ensure high-quality and impactful research
- *Global Accelerator for Paediatrics Formulation (Gap-f)*. Successful models for strengthening paediatric medicine ecosystems will be scaled up to improve child health outcomes globally;
- *Research on antimicrobial drug resistance*. WHO will address research priorities to combat fungal infections related to antimicrobial resistance, which will remain a focal area; and
- *Research priorities on sexual and reproductive health and reproductive rights*. WHO will promote, conduct, evaluate and coordinate related interdisciplinary research, collaborate with countries to build national capacity to conduct research and promote the use of research results in policy-making and sexual and reproductive health programmes.

7.2.3. WHO supports Member States in strengthening health information collection, aggregation, analysis and interpretation to monitor trends and progress towards Sustainable Development Goals indicators and targets, including inequality monitoring

WHO leads a time-bound initiative to strengthen international cooperation, enhance national health information systems and improve data availability and disaggregation. These efforts aim to enable countries to monitor health inequalities, set health targets and develop policies that address emerging health challenges in the digital age.

The Secretariat will:

Leadership

- strengthen country-led population health surveys to improve data availability, accuracy and timeliness and use, driving progress towards national health priorities. The Sustainable Development Goals, universal health coverage and triple billion targets.

Norms and standards

- update, maintain and support users in the implementation of the WHO Family of International Classifications, including ICD-11, the International Classification of Functioning, Disability and Health and the International Classification of Health Interventions, as a universal interoperable standard to record, report, analyse and compare causes of illness and death, health interventions and disability across countries and systems;

Monitoring

- enhance data health architecture, storage and analytics through the World Health Data Hub, to enable countries to access, submit and monitor health data for impact; and
- coordinate across sectors and ease the data collection burden on Member States to monitor health trends, disease burden, inequalities and systems performance for policy and impact. As the custodian of the GPW 14 and the health-related Sustainable

Development Goals: (a) strengthen health data analytics and national capacity to generate indicators, track progress, set targets using national data and ensure global comparability; and (b) translate health intelligence into action through prioritization, monitoring, accountability and measurable results in countries and deliver on the triple billion targets.

Optimizing WHO's performance

Corporate outcome 3: An efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the GPW 14 outcomes

To attract, retain and develop a diverse, motivated, empowered and fit-for-purpose workforce – WHO's most important asset – the Organization will develop an ambitious people strategy and foster a respectful and inclusive workplace. Building on the transformation agenda, change management will be institutionalized to ensure that WHO meets the demands of a rapidly changing global context. To optimize performance under the GPW 14 core capacities will be strengthened, especially at country levels. Internal oversight and accountability functions will be strengthened through an updated framework aligned with best practice. The Organization's assets, including its facilities and financial resources, will be managed efficiently, effectively and transparently, with an emphasis on value for money and the consideration of gender, environmental and social responsibility, and will be supported by a strengthened internal control framework. Business processes will be optimized, using innovative and best-in-class technologies.

Outcome indicator	Baseline	Target
Progress towards corporate outcome 3 will be measured through the relevant output indicators		

Outputs

8.1.1	Policies, rules and regulations in place to attract, recruit and retain a diverse, empowered and fit-for-purpose workforce, operating in a respectful and inclusive workplace with Organizational change fully institutionalized
8.1.2	Core capacities of WHO country and regional offices strengthened to drive measurable impact at the country level
8.1.3	Accountability and legal functions enhanced in a transparent, compliant and risk management-driven manner, promoting Organizational learning, effective internal justice, safety and impact at the country level
8.1.4	Fit-for-purpose, accountable, cost-effective, innovative and secure corporate digital platforms and services aligned with the needs of users, corporate functions and technical programmes
8.1.5	Working environments, infrastructure, support services, supply chains and asset management are fit-for-purpose, accountable, cost-effective, innovative and secure for optimized operations
8.1.6	Sound financial practices supported by an effective internal control framework to ensure transparency, accountability and optimal financial management

Output/leading indicator	Baseline	Target
8.1.1		
Number of budget centres that have completed the annual prevention of and response to sexual misconduct risk assessment and mitigation exercise		
Percentage of global workforce responding to annual Organization-wide survey on culture, diversity, equity, inclusion, motivation, work environment, management, accountability, capabilities, innovation and learning		
Percentage of female staff members at the P4 level and above		
Percentage of staff from unrepresented and under-represented countries		
Percentage of workforce holding different contract types		
8.1.2		
Percentage of country offices with 80% of core predictable country presence positions filled		
Ratio of male to female WHO representatives, globally		
Percentage of country offices (by typology grouping) with an up-to-date Country Cooperation Strategy		
8.1.3		
Percentage of overdue internal audit recommendations		
Number of corporate evaluations linked to GPW 14 strategic objectives and corporate outcome		
Percentage of open critical risks with fully implemented risk response actions		
Percentage of agreed recommendations implemented within 24 months of evaluation completion		
8.1.4		
Percentage of locations with harmonized and continuously adapted information technology infrastructure and digital workplace services		
Level of implementation of cybersecurity road map, in comparison with baseline established by the information technology security assessment		
8.1.5		
Percentage of compliance with security risk management measures and applicable security protocols and policies		
Percentage of procured goods and services obtained through competitive means		

8.1.6	
Receipt of an unmodified audit opinion by the External Auditor on the yearly financial statements, driven by timely adherence to the financial closure processes and finance policies by WHO country offices/departments	
Percentage of WHO regional directors and assistant directors-general compliant with the letter of representation, confirming the adequacy of internal controls	

Scope of outputs

8.1.1. Policies, rules and regulations in place to attract, recruit and retain a diverse, empowered and fit-for-purpose workforce, operating in a respectful and inclusive workplace with Organizational change fully institutionalized

The WHO Secretariat will continue fostering a respectful and inclusive work environment that values its mission and impact, embraces modern human resources practices and promotes gender equality and health in the workplace. We will continue to reinforce the Organization's capacity to manage change and adapt to a dynamic global context.

The Secretariat will continue implementing WHO's human resources strategy to strengthen human resources management and accountability in human resources, through optimized Organizational design, workforce planning, talent management and creating a respectful working environment, while ensuring diversity, gender balance and geographical representation.

WHO will enhance its people strategy and its diversity, equity and inclusion framework to establish itself as a best-in-class Organization supporting impactful country delivery and global public health. The focus will include career development, workforce well-being and embedding these strategies into the Organization's culture. WHO will introduce comprehensive metrics and enhanced training to foster inclusivity, aligning workforce capabilities with global health challenges. The Organization will prioritize continuous improvement and adaptability, with specific programmes enhancing workforce resilience. The diversity, equity and inclusion framework will include a robust scorecard for monitoring progress, ensuring that WHO remains a leader in these practices and fulfils its obligations to the United Nations and Member States. This will facilitate a more strategic approach to human capital and will align with existing UN system strategies, including the UNDIS and the UN System-Wide Action Plan on Gender Equality and the Advancement of Women.

To further strengthen its global health leadership, the Secretariat will embed a long-term Organizational change and continuous improvement agenda. This will include developing change management skills, expanding collaborative ways of working across all levels of WHO, promoting vertical and horizontal integration across programmes, and optimizing efficiency and productivity in line with GPW 14 initiatives.

WHO will uphold zero tolerance for all forms of abusive conduct and sexual misconduct targeting any person internal or external to the Organization, while systematically managing related risks and ensuring accountability to create a safe environment. The Organization will also address systemic shortcomings that underpin misconduct to ensure a safe and respectful work environment.

The Secretariat will:

Leadership

- continue to reform its budgetary, programmatic, resource allocation and governance processes and accountability in line with the Secretariat's implementation plan and transformation objectives;

- focus the distribution of human resources on country needs, in line with WHO's three-level workforce plan and the continued harmonization of job descriptions. Staff mobility facilitated across WHO's three levels will enrich staff capacity and knowledge, ensuring effective country support;

- develop a comprehensive diversity, equity and inclusion strategy and framework as part of its people strategy, with a robust scorecard system for monitoring, evaluating and reporting progress, ensuring dynamic adaptation to changing needs and positioning WHO as a leader in these practices;

- continue its efforts to create and promote a more respectful, safe and healthy work environment. The Secretariat will implement measures to ensure staff safety and well-being, including workplace safety and security, flexible working arrangements, and specialized mechanisms for mental health support by working on improving or developing new policies and procedures, enhancing knowledge management and strengthening existing initiatives. The Secretariat will also launch new initiatives to boost workforce engagement and effectiveness;

- introduce changes that enable the Organization to be agile through the establishment of a new contractual framework, whereby staff from different Organizational groups can work more easily and move throughout the Organization;

- establish a better monitoring system, beyond staff surveys, to demonstrate the impact of its transformation initiatives and action plan;

- consistently manage the risk of sexual misconduct, identifying and implementing preventive and mitigation measures, enabling safe and accessible reporting of concerns and incidents, providing support to victims and survivors, conducting investigations and regularly reviewing and learning from past experiences. This approach ensures that the needs and perspectives of victims and survivors are prioritized at every stage;

- continue to implement measures and ensure institutional and individual accountability to prevent and respond to sexual misconduct in programmes and operations carried out by our personnel and implementing partners at all levels;

- develop and implement metrics and tracking systems to better demonstrate the impact and value of change initiatives;

- facilitate more effective and collaborative ways of working in order to promote vertical and horizontal integration across programmes, whereby staff from different Organizational groups can work together more easily and coalesce around delivering certain tasks;

- develop and institutionalize change management skillsets, capacities and practices across the Organization, relying on UN system and industry best practices, through targeted training and a network of practitioners; and

- develop a strong measurement and evaluation framework to underpin the implementation of the people strategy, including systematic, Organization-wide workforce surveys.

8.1.2. Core capacities of WHO country and regional offices strengthened to drive measurable impact at the country level

WHO will strengthen its country-level and regional-level capacity to drive measurable impact at the country level, through reinforced leadership and enhanced capacities and enabled by sustainable financing. The Secretariat will identify priorities for WHO's country cooperation work, based on individual country needs and WHO's comparative advantage. The Secretariat will provide tailored support, based on these priorities, and will improve the agility and effectiveness of its support through enhanced delegation of authority to country offices and seamless collaboration across the three Organizational levels. The regional offices and headquarters will focus on providing stronger support and quality assurance, with greater alignment to achieve country-level results.

The Secretariat will:

Leadership

- strengthen WHO capacities and capabilities at country level, including by establishing a core predictable country presence and reinforcing WHO leadership in each country office, aligned with the Organizational shift towards country impact;

- tailor WHO's country-level priorities and contributions as outlined in the country cooperation strategies and aligned with the differentiated country support approach, based on each country's needs and requests and with a focus on WHO's comparative advantage and delivering results;

- establish core capacities in country offices, enabled by sustainable financing, to ensure that WHO functions as a strategic partner, technical assurance provider, policy adviser, operations coordinator or service provider, as needed;

- enhance the agility and responsiveness of WHO's support, through greater delegation of authority to country offices, in order to efficiently manage human and financial resources and country-level operations. These changes will ensure that WHO operates seamlessly as one Organization, reducing duplication and fragmentation in the delivery of its work at all levels, towards driving country impact;

- invest in building the capacity of WHO leadership in the country offices and ensure merit-based selection, while ensuring gender and geographical diversity;

- institutionalize effective and collaborative ways of working across the three Organizational levels, while reorienting regional office and headquarters capacities and ways of working to better support country offices to deliver on the priorities outlined in the country cooperation strategies, and at the same time enabling the regional offices with the necessary capacities to perform quality-assurance, capacity-building and backstopping functions;

- through WHO's multiyear Country Cooperation Strategy, identify support needs at the country level, aligned with the GPW 14 and UN Sustainable Development Cooperation Framework and driven by national priorities;

- establish and sustainably finance core predictable country presence staff positions based on the differentiated model (Type A2 to E countries);

- update business processes to ensure the effective implementation of the enhanced delegation of authority at country level, while proactively managing risks and strengthening the support and oversight functions of regional or intercountry offices;

- strengthen WHO leadership in country offices through a full range of initiatives, including those related to the WHO representative pipeline, roster, selection, comprehensive development strategy, handbook, proper handover and succession planning, and implementing measures to improve gender and geographical diversity;

- monitor and track core predictable presence in every country, identify typologies and mobilize resources to fill capacity gaps; and

- advocate for strengthening country and regional offices to enhance country impact.

8.1.3. Accountability and legal functions enhanced in a transparent, compliant and risk management-driven manner, promoting Organizational learning, effective internal justice, safety and impact at the country level

The Secretariat will revise its accountability framework (2015) and adapt and strengthen its internal oversight and accountability functions to meet the standards expected by governing bodies, Member States, donors and partners, including within the United Nations system and in the context of United Nations reform.

WHO prioritizes actions for the draft Proposed programme budget 2026–2027, recognizing the need to implement the concluding reform recommendations of the Agile Member States Task Group in order to strengthen budgetary, programmatic and financing governance, as well as the Secretariat's implementation plan on reform, showcasing its leadership and policy support functions and aligning with best practices for accountability, regulatory and policy frameworks and for preventing and responding to sexual misconduct.

WHO will protect its integrity and reputation through a comprehensive risk management framework that extends beyond financial aspects to include business and programme-related risks. The Secretariat, through its Global Risk Management Committee, will oversee the prevention, mitigation and management of principal risks such as security, fraud and sexual exploitation. The Secretariat will continue to engage with external oversight mechanisms, such as the Independent Expert Oversight Advisory Committee (IEOAC) and the External Auditor, demonstrating its leadership and accountability functions.

Member States expect that the Secretariat will adequately resource and continuously strengthen the performance of its accountability functions (namely, evaluation, compliance, risk management and ethics, internal oversight and the functions of the Office of the Ombudsman and Mediation Services, as well as the prevention of and response to sexual misconduct) to achieve best-in-class standards.

The Secretariat will:

Leadership

- pursue an effective culture of accountability by implementing best-practice policies and procedures, enabling rigorous tracking, monitoring, evaluation and transparency in all accountability functions and business integrity operations, in order to achieve best-in-class status for each of these;

- strengthen and promote ethical principles as the foundation of its work, enhancing adherence to internal controls and compliance with the regulatory framework and mitigating risks to the Organization's objectives and mandate. The Secretariat strives to play a leading role in developing the new Standards of Practice for Ethics functions in multilateral organizations;

- implement and monitor deliverables, as committed to in the Secretariat's implementation plan on reform, for strengthening WHO's budgetary, programmatic, finance, governance processes and accountability;[27]

- prioritize the identification and management of legal risks across all outputs so as to promote a sound legal basis for its activities at all three levels of the Organization, strengthening the legal function, as needed, to address the expanding challenges and new initiatives and opportunities;

- strengthen its risk management approach through the new risk management strategy, including with respect to a completely redefined set of principal risks based on the work done for the Global Risk Management Committee, which is focused on defining mitigations measures for the principal risks and corresponding risk-appetite statements with risk owners and actions owners, and oversee, through the Global Risk Management Committee, the prevention, mitigation and management of principal risks, including security, fraud, and sexual exploitation, abuse and harassment, emphasizing its leadership and monitoring functions;

- continue to enhance the capacity of the Office of Internal Oversight Services and internally respond to audit observations, particularly in country offices based in challenging operating environments;

- continue to conduct audits and advisories to provide added value recommendations in order to help improve the Organization's governance, risk management and control environment. In the context of the investigation of allegations of suspected misconduct, the Office of Internal Oversight Services will implement revised policies and procedures to reflect best-in-class practices and strengthen resources in order to improve the timeliness of the processing of cases and justice for those involved;

- continue promoting the prevention of the escalation of conflicts through informal options, including mediation, in order to ensure a safe and respectful work environment;

[27] Document EB152/34.

- ensure centralized, consistent compliance and risk management support processes through the work of the Global Service Centre in the areas of travel and procurement for WHO and partner entities;

- update the Evaluation Policy of 2018, based on the recommendations of the March 2024 comparative study of the WHO evaluation function with selected United Nations entities and on advice from the IEOAC, including through specific measures to track and implement the evaluation recommendations;

- participate in multilateral joint inter-agency evaluations in areas of shared substantive and strategic interest in order to strengthen coordination, foster alignment and enhance the impact of collaborative efforts, delivering actionable recommendations and lessons learned;

- conduct centralized, decentralized, thematic, joint and country office evaluations in order to assess the effectiveness of health programmes and their alignment with WHO's strategic objectives, ensuring neutrality and credibility and the integration of evidence-based evaluation recommendations into programme design and implementation cycles, and to inform decision-making and optimize resource allocation;

- develop knowledge products, including case studies, synthesis reports and best practices from evaluations, complemented by learning sessions, in order to disseminate insights and lessons learned;

- implement robust mechanisms in order to develop management responses and track and ensure the implementation of evaluation recommendations, with regular progress reporting to governance bodies;

- develop, update and disseminate evaluation policies, guidelines and comprehensive frameworks that are aligned with global best practices in order to guide and standardize evaluation processes across the three levels of the Organization; and

- develop and implement strategies to enhance the evaluation culture across the Organization, including through capacity-building for WHO staff and partners on evaluation design, methodologies, skills and knowledge and by providing technical support and expert advice to Organizational entities and stakeholders, thereby ensuring the quality and consistency of evaluations across the Organization.

8.1.4. Fit-for-purpose, accountable, cost-effective, innovative and secure corporate digital platforms and services aligned with the needs of users, corporate functions and technical programmes

A robust information technology function is critical to provide and continuously improve the digital working environment of the Organization. Fit-for-purpose, cost-effective, innovative and secure digital platform and services help WHO deliver results, allow members of the workforce to perform their functions effectively, make internal processes efficient and drive innovation.

WHO initiatives implemented over recent bienniums have harmonized the digital working environment, enabling seamless communication, effective collaboration and efficient data management. Continuing to incorporate future developments in technology and AI will further enhance digital workplace services. WHO will implement the Business Management System to

enhance process flows in programme management, human resources, finance and other areas, leveraging modern cloud-based platforms for continuous improvement and optimized business processes. WHO will ensure that frameworks and processes for digital solutions are technically sound and valuable, aligning sustained IT investments with strategic objectives, supported by strong project management, change management and user-training activities. WHO will continue to prioritize cybersecurity, ensuring a safer and more secure digital working environment amidst increasing digitalization.

The Secretariat will:

Leadership

- ensure that information systems, processes and tools support the vision of the GPW 14, modernizing internal operations and empowering the workforce through optimized digital environments and business management systems;

- collaborate with corporate, programmatic and emergency functions in order to understand their needs and deliver value, strengthening IT function engagement with administrative and health departments to achieve long-term outcomes;

- drive digital transformation through innovation and partnerships, supporting the digitalization of core work by collaborating on innovative solutions, AI, machine learning and more;

- modernize technical architecture to support business capabilities, rationalize the Organization's technology footprint, incorporate new capabilities and improve disability-inclusive services;

- develop the Organization's information technology workforce as global virtual teams, fostering agile teamwork, cross-fertilization and learning in order to develop new skills and competencies for effective delivery; and

- protect WHO's digital assets by investing in cybersecurity measures to ensure service delivery with an acceptable level of risk and prevent loss or breaches of information.

8.1.5. Working environments, infrastructure, support services, supply chains and asset management are fit-for-purpose, accountable, cost-effective, innovative and secure for optimized operations

The Secretariat continues to modernize its procurement and operation services across the Organization in response to WHO's new ways of working, higher procurement volumes and improved efficiency and accountability, while addressing the key risks identified by the existing oversight and accountability functions and ensuring the safety and well-being of its workforce. This allows the Organization to better support its normative programmes and its work in emergencies. Environmental, social, inclusive and governance consciousness and sustainability principles will be incorporated into all facets of WHO's operations, from procurement to supply chain and facilities management, in line with best practices and common standards across the United Nations system. In this context, the work of the WHO Global Service Centre ensures centralized, cost-efficient and consistent administrative support processes for all WHO entities and working partners.

The Secretariat will:

Leadership

- manage infrastructures, facilities and operation services efficiently and sustainably in order to ensure an enabling, safe and secure working environment;

- oversee and support compliance with occupational safety, health (including psychosocial well-being) and security risk management measures and policies, thereby enhancing the preparedness, security, health (in all its dimensions) and resilience of its workforce, assets and operations;

- continue providing appropriate, cost-effective administrative services by the Global Service Centre – including human resources management, building management, asset management, security, local procurement, logistics, privileges and immunities – in support of its five hosted global functions in order to best serve its customers at headquarters and regional and country offices. The Global Service Centre will ensure that its workforce can operate in a conducive, secure and safe environment. In this context, the Centre will continue cooperating with local authorities;

- continue implementing the supply chain transformation strategy, whose overarching goal is to ensure digitalized, efficient, effective and sustainable supply chain operations, in line with the WHO regulatory framework; and

- enhance its goods and services procurement operations through policy updates, tools and template development and increased use of catalogues.

8.1.6. Sound financial practices supported by an effective internal control framework to ensure transparency, accountability and optimal financial management

The WHO Secretariat will strengthen the efficient, transparent and sound management of the resources entrusted to it. WHO will seek to improve transparency and the quality of financial reporting, in compliance with the International Public Sector Accounting Standards and taking into account United Nations system best practices.

The Secretariat will:

Leadership

- implement sound financial management practices and risk-based internal controls, with a focus on improving assurance mechanisms;

- manage the corporate treasury and all accounts transparently, competently and efficiently, ensuring value for money in financial management; and

- ensure that all contributions are properly accounted for and spent in line with donor requirements, and are reported on a timely basis, in accordance with the International Public Sector Accounting Standards.

Annex 2

Improving resource allocation

1. In line with the recommendations emanating from the Working Group on Sustainable Financing, the Organization has increased its efforts to improve the alignment between the priorities set out jointly with Member States and the related budget costing, as well as to improve the allocation of resources towards the achievement of priorities and across the three levels of the Organization. At the same time, WHO's partners have committed to increasing the flexibility and predictability of the financial resources with which they support WHO, based on their own limitations and the demands of their constituents and boards.

2. The Secretariat is broadly financed by two main types of funds: **assessed contributions** and **voluntary contributions** (see summary in Table A2.1). **Assessed contributions** refer to the "dues" from Member States and associate members that are used to finance the programme budget. In comparison, voluntary contributions can be of several different types, depending on their degree of flexibility. When voluntary contributions are fully flexible, these are denominated the **core voluntary contributions account**. The core voluntary contributions account, along with the indirect costs levied on each voluntary contribution and the assessed contributions of Member States and associate members, constitute WHO's **flexible funds**. For the Programme budget 2024–2025, the Secretariat incorporated a new approach to the allocation of flexible resources, while allowing flexibility at the relevant management levels to manage the funds according to their specificities.[1] The new approach calls for ensuring that at least 80% of the budget of high-priority outputs – that is, those that drive the Secretariat's contribution to the achievement of outcomes – is funded through a combination of voluntary contributions and flexible funds. The increase in assessed contributions adopted by Member States for 2024–2025 has been mainly directed at the regional and country levels to strengthen capacities where impact is needed. The current mechanism for the management of flexible funds is expected to continue into 2026–2027.

3. **Voluntary contributions specified** refers to those voluntary contributions that are earmarked. They are ruled and managed by the responsible managers based on the conditions mutually agreed with the donor, as defined in line with a detailed project. The majority of the financial resources mobilized and implemented by WHO still fall under this category.

4. While specified funds are highly appreciated, they have traditionally been less flexible and predictable. This limits the ability of the Organization to cover financial gaps and prevents it from better aligning resources with priorities. This was recognized during the discussions of the Working Group on Sustainable Financing, with Member States calling for all WHO's partners to contribute more flexible and predictable voluntary contributions.[2] Member States recently approved the investment round[3] as a mechanism to raise more flexible and predictable thematic funding.

5. **Thematic funding** is a type of voluntary contribution that is characterized by earmarked contributions that are fully aligned with programme budget results, with full flexibility in terms of expenditure type. As they are traceable and provide different options for geographical and

[1] See document A76/4, paragraphs 96 and ff.

[2] See Health Assembly decision WHA75(8) (2022) and document A75/9.

[3] Executive Board decision EB154(1) (2024).

programmatic earmarking, thematic funds are aligned with the commitment of many donors to providing better conditions for funds to WHO while still responding to their own board/government requirements, which may not allow for the full flexibility of funds. The investment round will constitute the main mechanism for mobilizing this type of fund.

6. Thematic funds are managed and allocated via the Resource Allocation Committee, which involves senior management from the three levels of the Organization making strategic decisions on the allocation of resources. The Committee started its operations in late 2021 and was fully operational in 2022–2023. Many lessons have been learned and implemented to make the mechanism more transparent, agile and fit-for-purpose. The main challenge faced by the Committee in 2022–2023 was the amount of resources received: only US$ 53 million was received and allocated via this mechanism. At the time of preparation of this report, around US$ 15 million has been assigned for allocation via the Committee in 2024–2025. Further thematic funding is expected as a result of the investment round, making this transparent and inclusive mechanism more relevant. The terms of reference of the Committee are set out in Annex 3.

Table A2.1. Types of fund and the main resource allocation mechanisms that govern them

Type of fund	Detail	Type of earmarking	Allocation mechanism
Assessed contributions		Fully flexible	Flexible funds mechanism
Voluntary contributions	Core voluntary contributions account	Fully flexible (typically for technical outcomes)	Flexible funds mechanism
	Programme support costs	Fully flexible (typically for enabling outcomes)	Flexible funds mechanism
	Thematic	Earmarking that is fully aligned with the programme budget results and has full flexibility in terms of expenditure	Managed through the Resource Allocation Committee
	Specified	Earmarked as agreed with donor conditions	Managed as agreed with donor conditions

7. Altogether, the different resource allocation mechanisms that coexist in WHO are being continuously revised and strengthened with a view to improving sustainable financing for WHO, while increasing transparency, fairness in allocations and accountability to Member States. Improvements in sustainable financing are being monitored and reported to Member States on a periodical basis via a series of key performance indicators concerning how the Organization is advancing to achieving this goal.[4]

[4] See Allocation of flexible funds and proposed key performance indicators for sustainable financing. Geneva: World Health Organization; 2024 (accessed 13 August 2024).

Annex 3

Terms of reference of the resource allocation committee

Background

1. Uneven financing levels of programme budget results and major offices were highlighted in multiple WHO reports, and discussions at different levels. Contributors also requested WHO to ensure better coordination to finance its programme budget. As a response, the Secretariat committed to revise or strengthen existing processes to improve the equitable and timely allocation of resources across the three levels of the Organization, thereby improving the funding of the approved budget, notably at the country and regional levels.

2. The Resource Allocation Committee was established in late 2020 as a mechanism to review and decide on the allocation of thematic voluntary contributions that had a certain degree of flexibility and where appropriate, advise on large, specified agreements with the potential to support multiple technical areas and/or major offices. The Committee operated in full in 2022–2023, and it has consistently refined its procedures to effectively address the changing circumstances encountered to date. The Committee's terms of reference, as well as the main responsibilities of the related networks, are detailed below.

Focus

3. The Committee considers the overall resource situation of WHO in order to decide the allocation of relevant funds and advise on the mobilization of voluntary contributions that have the potential to support multiple technical results and/or parts of the Organizational structure as set out in the approved programme budget.[1] The Committee decides on the following types of support:

- **thematic funding** (funding earmarked to programme budget results or broad priority areas, with geographical flexibility as well as flexibility on type of expenditure);[2]
- **corporate grants with flexible arrangements** (arrangements covering support for multiple parts of the Organizational structure but managed centrally according to a single agreement); and
- **specified voluntary contributions** of at least US$ 5 million with potential for distribution across outcomes and more than one major office.

4. The Committee does not decide on the allocation or mobilization of flexible funding or major office-specific support. However, it does take into consideration the distribution and implementation rates of all funds to inform the wider perspective of resource requirements and

[1] The term "programme budget" is used throughout the present document to refer to the approved programme budget, with a focus on the base programmes segment, although other segments may be considered when necessary.

[2] For the revised definition of thematic funding, see document A77/17.

implementation, and to allow it to provide guidance with regard to resource mobilization approaches.

5. The members of the Committee assume corporate responsibility, as opposed to responsibility for a particular outcome, division or major office. They act ex officio and are tasked with ensuring that specified and thematic funds are employed strategically so that they support the achievement of the results of the approved programme budget, and that global results are timely, transparently and evenly financed. The Committee decides on the levels of funds to be allocated across outputs, with an eventual view to ensuring full financing of the approved programme budget at all levels. Once funds have been allocated, the Committee considers the capacity of outputs to implement available resources to achieve results.

6. With a participatory approach that involves the three levels of the Organization, the Committee, once it has agreed on the allocation of resources to global outputs, gives the responsibility for recommending their distribution to major offices to the three-level output delivery teams, which are in turn accountable to the Committee for their resource allocation.

7. The Committee is an integral part of the revised resource mobilization process. It provides guidance based on analysis and interpretation of the data it receives. At a later stage, the Committee will provide guidance on the recommended outputs for resource allocation in corporate grants under negotiation with donors. The Committee cannot take a binding decision on such allocations, however, since discretion must be left to the donors concerned, but it informs these negotiations, where WHO input is possible.

Principal objectives of the committee

(a) To monitor resource requirements, allocations and mobilization, and to decide on global allocation levels of relevant funds across global outputs that will enable the timely implementation of the approved programme budget.

(b) To provide recommendations for donor negotiations where proposals can be made for thematic or specified funding at outcome and/or output levels.

(c) To provide advice, including to WHO senior management, on resource needs, focusing on planned investment rounds and future negotiations on specified grants.

(d) To promote a corporate approach to resource mobilization, in which the Organization reduces individual negotiations of specific topics towards the full financing and delivery of the approved general programme of work and its respective programme budgets.

Committee composition

8. Committee membership guarantees full representation across the three levels of the Organization, as follows:

(a) four high-level managers at the level of Assistant Director-General, to ensure a full awareness of the needs of each of the four base programmes strategic priorities;

(b) two Directors of Programme Management, representing the technical arms of the regional offices;

(c) one Director of Administration and Finance, representing the enabling areas of the regional offices;

(d) one Regional Emergency Director;

(e) two WHO Country Office Representatives; and

(f) the secretariat of the Committee, with no executive role; facilitated by the Departments of Planning, Resource Coordination and Performance Monitoring, and Coordinated Resource Mobilization.

Deliverables

(a) **Allocation or reprogramming of resources to the level of global outputs** for signed agreements that do not contain detailed allocations but which are not fully flexible.

(b) **Guidance on and review of** the recommendations of the three-level output delivery teams on ways to improve the resource allocation process and propose corrective actions, as needed.

(c) **Review draft proposals and agreements** (over US$ 5 million), as applicable.

(d) **Guidance on strategic priorities for resource mobilization.**

Role of the three-level output delivery teams

9. In line with Committee decisions, the principal tasks of the three-level output delivery teams are:

(a) To assess strategic programmatic needs to allocate funding across major offices and the three levels of the Organization, based on programme budget requirements.

(b) To advise the Committee on the resource mobilization strategies and opportunities relevant to their respective outputs and, by extension, outcomes.

(c) To advise on countries that have chosen a specific output as “high priority” during the country prioritization process, in line with the strategic focus discussed within the output delivery team. This is to support countries to finance high-priority outputs to 80% with any type of resources.

(d) **80/20 principle:** Except where otherwise specified by donors, output delivery teams should allocate a minimum of 80% of resources to the regional office level. Regional offices, in turn, should aim at maximizing allocations to the country level.

10. The above functions will be carried out in consultation with Directors of Programme Management and Assistant Directors-General/Executive Directors to ensure that the distribution and implementation of all related resources fully complements the use of other funds to deliver the approved programme budget.

Role of the Global Programme Management Network, in collaboration with directors of project management/assistant Directors-General offices

11. The Global Programme Management Network[3] supports the coordination, operationalization and implementation of the Committee's decisions in each of the major offices. Its principal tasks are to:

(a) liaise with the respective senior management office to guarantee the coordination of major office priorities with output delivery teams discussions;

(b) coordinate submissions to be delivered by output delivery teams;

(c) guarantee a better linkage between operational planning and output delivery team network discussions;

(d) act as the main focal point for a given region for Committee output delivery team funding allocations;

(e) coordinate and facilitate prompt and correct distribution and award budgeting pursuant to Committee decisions; and

(f) act as the main focal point for the oversight of the monitoring and implementation of Committee funds allocated to each major office, as required.

[3] At the regional level, the Global Programme Management Network consists of the leads of planning, budget and monitoring units, responsible for the programme management of each regional office, and in many cases is housed under a Director of Programme Management. At headquarters, it includes the Management Officers network.

Annex 4

Development of the Proposed programme budget 2026–2027 across the different governing bodies

Following extensive consultations with the regional committees, an updated Proposed programme budget 2026–2027 has been developed, reflecting key adjustments to ensure alignment with strategic priorities while addressing Member States' feedback.

(a) The base programmes segment increase is proposed to be revised down to USS$ 206.1 million, representing a 7% increase from the 2024–2025 period, instead of the initially suggested USS$ 562 million. Based on the guidance of Member States, this adjustment was done through a reduction in the increase of the country-strengthening component (while still allocating US$ 183.4 million more for strengthening country offices, i.e. the majority of the remaining proposed increase) and the removal of the proposed increase for data and innovation, while preserving accountability measures vital for implementing the Secretariat's implementation plan. Member States have supported an additional budget line to separate global technical centres, enhancing transparency and functional clarity, which has been implemented (see Table A4.2).

(b) For the emergency operations and appeals segment, although two scenarios were presented there was no consensus among the Member States and therefore the status quo was maintained at US$ 1 billion to ensure a consistent capacity for emergency response (see Table A4.1).

(c) Special programmes see a modest increase of USS 10.4 million, reflecting the recommendations of their respective governance mechanisms.

This results in a total proposed budget of USS$ 7473.2 million for 2026–2027, marking a 9% increase relative to 2024–2025 (see Table A4.1).

The balanced adjustments facilitate a better alignment of priorities with available resources, enabling enhancements to higher-priority areas without necessitating reductions in others, ensuring a comprehensive and equitable approach to funding critical global initiatives.

Table A4.1. Proposed programme budget 2026–2027: development across the different governing bodies (US$ million)

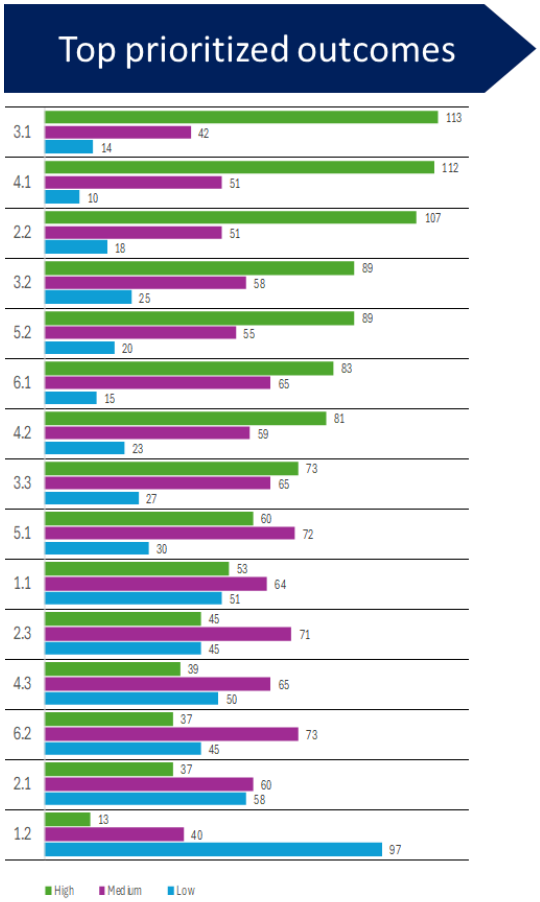
Budget segment	Approved Programme budget 2020–2021	Revised approved Programme budget 2022–2023	Approved Programme budget 2024–2025	Draft Proposed programme budget 2026–2027 – Regional committees version – Scenario 1 for Emergency operations and appeals	Draft Proposed programme budget 2026–2027 – Regional committees version – Scenario 2 for Emergency operations and appeals	Draft Proposed programme budget 2026–2027 – Executive Board version
Base programmes	3 768.7	4 968.4	4 968.2	5 530.2	5 530.2	5 324.1
Polio eradication	863.0	558.3	694.3	976.3	976.3	976.3
Special programmes	208.7	199.7	171.7	162.4	162.4	172.8
Emergency operations and appeals	1 000 .0	1 000.0	1 000.0	1 000.0	2 846.7	1 000.0
Total	**5 840.4**	**6 726.4**	**6 834.2**	**7 668.9**	**9 515.6**	**7 473.2**

Table 2. Base programmes segment of Proposed programme budget 2026–2027, with variance by line items (US$ million)

Items	Approved Programme budget 2024–2025	Draft Proposed programme budget 2026–2027 – Regional committees version	Draft Proposed programme budget 2026–2027 – Executive Board version	Variance compared to Regional committees version
Baseline	4 968.2	4 968.2	4 968.2	0.0
Country strengthening	0.0	387.0	183.4	−203.6
Strengthening accountability	0.0	100.0	100.0	0.0
Strengthening data and innovation	0.0	75.0	0.0	−75.0
Global technical centres	0.0	0.0	72.5	72.5
Total	**4 968.2**	**5 530.2**	**5 324.1**	**−206.1**

Annex 5

Alignment of outcome prioritization with the Proposed programme budget 2026–2027 by outcome



	Approved PB24-25 Base		Proposed PB26-27 Base, EB version		Proposed PB26-27 Base, WHA version	
GPW14 Outcomes	US$ million	Share of total Base segment	US$ million	Share of total Base segment	US$ million	Share of total Base segment
1.1	25.4	0.5%	95.4	1.8%	60.8	1.4%
1.2	25.4	0.5%	44.5	0.8%	20.1	0.5%
2.1	173.7	3.5%	148.0	2.8%	84.4	2.0%
3 **2.2**	188.4	3.8%	255.2	4.8%	199.4	4.7%
2.3	41.6	0.8%	70.6	1.3%	35.2	0.8%
1 **3.1**	451.7	9.1%	393.8	7.4%	280.4	6.6%
4 **3.2**	412.9	8.3%	413.0	7.8%	385.0	9.0%
3.3	182.7	3.7%	172.2	3.2%	118.6	2.8%
2 **4.1**	603.1	12.1%	638.1	12.0%	572.8	13.4%
7 **4.2**	402.1	8.1%	462.7	8.7%	395.1	9.3%
4.3	20.0	0.4%	57.2	1.1%	50.2	1.2%
5.1	184.9	3.7%	190.9	3.6%	146.6	3.4%
5 **5.2**	413.4	8.3%	299.8	5.6%	256.7	6.0%
6 **6.1**	421.0	8.5%	380.8	7.2%	391.9	9.2%
6.2	202.9	4.1%	181.7	3.4%	165.9	3.9%
7.1	416.7	8.4%	542.5	10.2%	389.9	9.1%
7.2	214.4	4.3%	260.7	4.9%	162.7	3.8%
8.1	587.8	11.8%	717.0	13.5%	551.3	12.9%
Grand Total	**4968.2**	**100.0%**	**5324.1**	**100.0%**	**4267.1**	**100.0%**
