2024

# FLEXIBLE FUNDS IMPLEMENTATION REPORT


World Health Organization

Executive summary

# 2024 HIGHLIGHTS

Flexible funding remained the backbone of WHO's ability to deliver results in 2024. It sustained essential health programmes, and reinforced WHO's leadership in setting norms and standards, while filling gaps in areas often left underfunded by earmarked contributions.

**2.14**
**US$ BILLION**
TOTAL AVAILABLE FLEXIBLE FUNDING

**45%** OF TOTAL FUNDS AVAILABLE

**14** CVCA CONTRIBUTORS
PROVIDING USD 277 MILLION

**937**
**US$ MILLION**
implemented in 2024 to support key focus areas such as emergency preparedness, antimicrobial resistance, universal health coverage, risk factors, PRSEAH, gender and equity, leadership, and governance.

## HOW FLEXIBLE FUNDING MADE A DIFFERENCE

- **Continuity in underfunded priorities:** Resources filled critical gaps in emergency preparedness, antimicrobial resistance, universal health coverage, and climate-related health risks.
- **Country-level adaptability:** Flexible resources allowed WHO country offices to align with national health priorities and respond to emerging needs.
- **Catalytic investment:** Supported WHO's digital transformation, data systems, and operational efficiency to maximize impact at all levels.
- **Maintaining core capacity for emergency preparedness and response**

## CHALLENGES AHEAD

- Heavy reliance on earmarked funding limits WHO's ability to plan and invest strategically.
- Flexible contributions remain well below the level needed to meet global health challenges.
- WHO's financial stability is highly vulnerable to the decisions of a small number of major contributors. In particular, any reduction in assessed contributions would have severe consequences for the Organization's ability to deliver on its mandate

## CONCLUSION

In 2024, flexible funding was the lifeline of WHO's global health leadership. To remain fit-for-purpose in an era of complex health challenges, WHO must continue to scale and diversify flexible resources, ensuring health for all.

## WHY FLEXIBILITY MATTERS

**Agility:** Enables the Organization to act fast and strategically

**Relevance:** Allows WHO to maintain relevance in a quickly evolving environment

**Equity:** supports chronically underfunded areas and serves the most vulnerable

**Impact:** Maximizes results at global, regional, and country levels and sustains WHO's global leadership in health norms, guidance, and delivery

**Efficiency:** Low transaction costs and high strategic value maximize donor impact

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About

# INTRODUCTION

**Meeting global health challenges with agility and purpose**

The global health landscape in 2024 remained increasingly complex, shaped by the accelerating pace of technological innovation, shifting demographics, mounting climate-related risks, and persistent health emergencies. These global trends demand stronger, more agile, and well-resourced health governance.

To continue fulfilling its mandate as the directing and coordinating authority on global health, the World Health Organization requires flexible, predictable, and sustainable funding. Such financing is vital to enabling timely responses, ensuring leadership in normative and technical functions, and addressing the evolving needs of countries and communities worldwide.

**Flexible funds: essential for strategic responsiveness**

Flexible funds are a cornerstone of WHO's financial architecture. They support critical functions that are often underfunded through earmarked contributions, such as emergency preparedness, antimicrobial resistance, universal health coverage, risk factors, data, leadership, governance, accountability, and normative work, while enabling rapid allocation to emerging priorities.

Because flexible funds are not restricted to specific activities, they empower WHO to act with agility, respond strategically, and operate efficiently across all levels of the Organization. Their low transactional costs and high strategic value are central to WHO's ability to implement the Programme Budget 2024-2025 and achieve meaningful results.

**Transparency, stewardship, and appreciation**

This report reflects WHO's continued commitment to financial transparency, results-based management, and accountability to Member States and partners. It also serves as an expression of gratitude to the contributors of flexible funds, whose trust and support are essential to WHO's ability to serve the most vulnerable.

Through technical highlights, examples from countries and regions, and analysis of fund utilization, the report demonstrates how flexible funds help sustain WHO's leadership role and its ability to deliver health for all.

## About this report

This second annual WHO Flexible Funds Report provides an overview of how flexible resources supported WHO's work during the 2024 calendar year. Building on the 2023 edition, this report focuses on measuring progress toward the biennial expected results of the Approved programme budget 2024–2025, offering an interim assessment of how flexible funding has enabled WHO to stay on track.

This report is drawn from the more comprehensive **WHO Results Report 2024**, by offering a focused view of the strategic role and value of flexible funding within the broader results framework.

## Management and operationalization

# DEFINITION OF FLEXIBLE FUNDS

### Three distinct components

**Assessed Contributions (AC)**

Assessed Contributions are mandatory payments from Member States and Associate Members, calculated using two parameters: (i) the total amount to be covered through assessments, and (ii) the individual contribution of each Member State, as determined by the WHO scale of assessments based on the United Nations scale in effect at the time. These contributions are invoiced prior to the start of each biennium and represent the largest and most stable source of flexible financing. They enable WHO to begin implementing the Programme budget from day one and may be allocated across all outcomes.

**Core Voluntary Contributions (CVCA)**

These contributions are provided voluntarily by donors and are fully flexible in their use. Core Voluntary Contributions typically support technical outcomes, such as data systems, innovation, and development assistance. In exceptional circumstances, they may also be allocated to urgent needs across any area of organizational work.

**Programme Support Costs (PSC)**

Programme Support Costs are an overhead charge applied to voluntary contributions to recover indirect administrative and management expenses. Established by the World Health Assembly in 1981 (resolution WHA34.17), this mechanism aligns with common UN system practices and is informed by inter-agency coordination led by the UN Chief Executives Board. Within WHO's results-based budgeting framework, PSCs are primarily directed toward enabling and leadership functions, specifically, outcomes 4.2 on "strengthened leadership, governance and advocacy for health", and 4.3 on the "efficient, effective, and transparent management of financial, human, and administrative resources".

*WHO expert at the health center in Mozambique. ©WHO/Mark Nieuwenhof*

## Governance and Accountability

All flexible funds are managed under corporate-wide principles that promote accountability and strategic resource allocation. Throughout the biennium, WHO closely monitors their use to ensure that:

- resources are directed to underfunded priority areas, and away from areas with adequate earmarked funding; and
- implementation occurs within expected timelines to maximize programmatic impact.

Overview

# PRINCIPLES, CRITERIA, AND ALLOCATION

In consultation with the Global Policy Group, which includes the Director-General and Regional Directors—the Director-General determines the biennial flexible funding envelopes for each major office. These allocations are communicated prior to the start of the biennium to:

- Facilitate more predictable and sustainable planning of staff and activities;
- Strengthen priority-setting during the finalization of human resources plans;
- Enhance and streamline the management of flexible resources throughout the biennium; and
- Ensure transparent allocation across all major offices.

For the 2024–2025 biennium, the flexible fund envelopes were established during the operational planning phase of the programme budget. They were approved by the Director-General for all six WHO Regional Offices, Headquarters divisions, and the WHO Health Emergencies Programme (WHE), in accordance with a set of corporate principles and allocation criteria (see following section).

To support decentralized decision-making, the Director-General delegates authority to Regional Directors, the Executive Director of WHE, and Assistant Directors-General to manage flexible funds. These senior officials are responsible for allocating and utilizing them strategically within their respective offices and divisions to enable programme delivery. While recipients are granted full discretion in operationalizing flexible resources, all decisions must align with established corporate principles and criteria.

Within the WHO Health Emergencies Programme, the Executive Director determines the overall allocation to Major offices, while responsibility for implementation is delegated to the budget centre level.

Ultimate accountability for the allocation of flexible funds rests with heads of budget centres, whether country offices, divisions, or departments. They are authorized to allocate funds in line with programmatic needs and expected results, while maintaining operational readiness. This decentralized approach supports timely, needs-based funding decisions and promotes efficient management of human and financial resources to maximize impact and advance WHO's strategic objectives.

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Overview

# PRINCIPLES AND CRITERIA

Recognizing that operational contexts vary, some principles remain fundamental and broadly shared across all major offices. These include:

### RESULTS-BASED ALLOCTION

Flexible funds are primarily aligned with expected or demonstrated results. This ensures that resources drive measurable impact and support the achievement of WHO's Programme budget outcomes.

### COUNTRY-FOCUSED PRIORITIZATION

Emphasis is placed on delivering results at the country level, where WHO's work has the most direct and tangible impact on populations, especially in resource-constrained settings.

### STRATEGIC SUPPORT TO FLAGSHIP INITIATIVES

Flexible funds are vital to catalyze and provide seed funding for corporate flagship initiatives, such as the Core Planned Country Presence (CPCP), or the Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PRSEAH).

### STRATEGIC & EQUITABLE SUPPORT TO UNDERFUNDED AREAS

Flexible funds are essential to sustain technical functions and programmatic areas that rarely receive earmarked contributions, ensuring comprehensive delivery across all priorities. Distribution, guided by equity considerations, promotes balanced support across outcomes, regions and functions in line with organizational needs and strategic goals.

### SUPPORT FOR ENABLING & LEADERSHIP FUNCTIONS

Allocations safeguard core leadership, coordination, and enabling functions that underpin WHO's operational effectiveness and institutional integrity.

### COVERAGE OF INSTITUTIONAL LIABILITIES

Flexible funding is used to address critical organizational liabilities, particularly staff-related costs, to sustain continuity and performance.

### DELEGATED AUTHORITY

Regional Directors, the Executive Director of WHE, and Assistant Directors-General are entrusted with the authority to allocate and adjust flexible funds during the biennium. This ensures agility and contextual responsiveness in resource deployment.

### TRANSPARENCY

The basis and criteria for allocation decisions are clearly defined and communicated, fostering trust and accountability across the Organization.

### COMPLEMENTARITY WITH EARMARKED RESOURCES

Where earmarked resources are sufficient to cover planned results, flexible funds are redirected to fill critical gaps elsewhere, ensuring strategic use of all available financing.

Overview

# ALLOCATION AND OPERATIONAL PLANNING PROCESSES

Once the overall flexible funding envelopes are approved, the allocation processes is launched as part of the biennial operational planning. These processes integrate both top-down strategic direction and bottom-up programmatic inputs:

- Top-down guidance includes the issuance of office-specific parameters for operational planning, such as the distribution of flexible funds across budget centres based on approved envelopes.

- Bottom-up contributions from budget centres must align with the corporate principles and allocation criteria. These inputs are also expected to remain within the pre-defined funding ceilings.

The process concludes with the formal approval of the biennial activity and human resource plans by the respective Regional Directors, the Executive Director of WHE, and Assistant Directors-General. These plans include detailed allocations of flexible funds by budget centre and provide the basis for implementation throughout the biennium.

# OUTCOME OF THE ALLOCATION PROCESS

The following sections will illustrate flexible funds allocation process for the Programme budget 2024-2025, based on 2024 implementation figures.

*WHO with health partners prepare child to be evacuated from Ukraine to Germany. ©WHO*

## Allocation process

# REGIONAL OFFICE FOR AFRICA

In the African Region, the allocation of flexible funds was strategically directed to maximize programmatic delivery and impact at both country and regional levels. The process was primarily informed by outcomes of the joint planning exercises conducted with Member States during the formulation of the Programme budget 2024–2025.

Allocations were closely aligned with priorities identified as part of Programme budget 2024-2025 development, Country Cooperation Strategies (CCS), National Health Plans, and formal requests from Member States. This ensured responsiveness to the most urgent public health needs and contributed to accelerating progress toward the Sustainable Development Goals (SDGs).

Regional Key Performance Indicators (KPIs) further guided decision-making by highlighting areas where enhanced collaboration and technical support were critical to advancing the goals of WHO's Thirteenth General Programme of Work (GPW 13).

Of the total US$ 196 million allocated across the African Region in 2024:

- US$ 130 million (66%) was allocated to country offices to priority areas identified during Programme budget development. This approach ensured that allocations were responsive to the most pressing national needs and public health priorities.
- US$ 66 million (34%) was directed to the Regional Office to provide cross-cutting technical support and reinforce regional health functions.

This balanced approach enabled WHO to simultaneously address immediate and high priority country-level needs and reinforce delivery on regional and global health priorities.

## High priority focus areas for flexible funds

**100**
**US$ million**
**LEADERSHIP & ENABLING FUNCTIONS**

**36**
**US$ million**
**ESSENTIAL HEALTH SERVICES**

**39**
**US$ million**
**HEALTH EMERGENCY PREPAREDNESS & RESPONSE**

**6**
**US$ million**
**SOCIAL DETERMINANTS OF HEALTH**

## Allocation process

# REGIONAL OFFICE FOR THE AMERICAS

In the Americas, the allocation of flexible funds was guided by regional and global commitments, Member State priorities, and PAHO's budget policy framework.

PAHO/AMRO aligned its resource allocation with long-term strategic frameworks, including the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030), the PAHO Strategic Plan 2020–2025, the WHO Thirteenth General Programme of Work (GPW13), and the 2030 Agenda for Sustainable Development.

Flexible funds were directed to priority areas identified through joint planning with Member States, as articulated in Country Cooperation Strategies and operational plans. This approach ensured that allocations were responsive to the most pressing national needs and closely aligned with strategic goals.

The AMRO share represents 42% of PAHO's integrated base budget, which is supported through WHO funding. Reflecting a strong emphasis on country-level delivery, 42% of PAHO's integrated budget—and 47% (or US$ 32 million, out of US$ 69 million) of WHO flexible funds—were allocated to country offices.

This strategic distribution ensured that flexible resources were targeted toward high-priority outcomes and critical health needs, thereby maximizing impact at the country level.

## High priority focus areas for flexible funds

**27**
**US$ million**
LEADERSHIP & ENABLING FUNCTIONS

**16**
**US$ million**
ESSENTIAL HEALTH SERVICES

**9**
**US$ million**
HEALTH EMERGENCY PREPAREDNESS & RESPONSE

**7**
**US$ million**
DATA AND INNOVATION

## Allocation process

# REGIONAL OFFICE FOR EASTERN MEDITERRANEAN

The allocation of flexible funds was strategically driven by a dual focus: maximizing country-level impact and ensuring the necessary regional office capacities to support effective delivery.

Of the total flexible funding (US$ 93 million), US$ 50 million (54%) was allocated directly to country offices to achieve measurable health outcomes, while US$ 43 million (46%) supported technical and enabling functions at the regional level.

These allocations were shaped through joint strategic planning with Member States and aligned with national priorities reflected in Country Cooperation Strategies, National Health Plans, and the Sustainable Development Goals (SDGs). Priority was also given to regional flagship initiatives developed collaboratively with Member States, ensuring sustained progress in key public health areas.

This approach enabled the targeted use of flexible funds toward high-impact, high-priority Programme budget outcomes, reinforcing WHO's commitment to addressing the most pressing health needs as defined through Member State engagement.

## High priority focus areas for flexible funds

**42**
**US$ million**
LEADERSHIP & ENABLING FUNCTIONS

**12**
**US$ million**
ESSENTIAL HEALTH SERVICES

**29**
**US$ million**
HEALTH EMERGENCY PREPAREDNESS & RESPONSE

**5**
**US$ million**
DATA AND INNOVATION

## Allocation process

# REGIONAL OFFICE FOR EUROPE

In the European Region, the allocation of flexible funds was strategically focused on maximizing country-level impact while ensuring the regional office had the capacity to provide effective technical and operational support. Of the total flexible funding (US$ 68 million), US$ 22 million (33%) was allocated directly to country-specific results, while US$ 46 million (67%) supported regional technical and enabling functions.

The Regional Office for Europe operates under a hub model, leveraging pooled technical expertise to support country offices across the region. Flexible funds were directed toward priorities jointly identified with Member States through the strategic planning and Programme budget formulation process.

WHO contributions were aligned with national health priorities, including Country Cooperation Strategies, National Health Plans, and the Sustainable Development Goals (SDGs). Emphasis was placed on advancing regional flagship initiatives co-developed with Member States, ensuring continued progress in critical areas of global health.

## High priority focus areas for flexible funds

**39**
**US$ million**
LEADERSHIP & ENABLING FUNCTIONS

**9**
**US$ million**
ESSENTIAL HEALTH SERVICES

**14**
**US$ million**
HEALTH EMERGENCY PREPAREDNESS & RESPONSE

**2**
**US$ million**
MEDICINES, VACCINES, & DIAGNOSTICS

Allocation process

# REGIONAL OFFICE FOR SOUTH-EAST ASIA

In the South-East Asia Region, the allocation of flexible funds was strategically guided by the dual objectives of maximizing country-level impact and adhering to WHO's contribution criteria. US$ 53 million (62%) was allocated to country offices to deliver tangible health outcomes, while US$ 33 million (38%) supported the technical and enabling functions of the regional office.

These resources were aligned with national priorities identified through collaborative planning with Member States, including Country Cooperation Strategies, National Health Plans, broader Development Strategies, and the Sustainable Development Goals (SDGs). A long-term strategic focus was placed on advancing regional flagship initiatives jointly agreed with Member States, ensuring continued progress in key health areas.

Flexible funds were also directed toward high-priority outcomes that addressed persistent health inequities and were aligned with the priorities of the 2024–2025 Programme budget. This targeted allocation ensured that flexible resources supported the most critical health needs and strategic goals across the region.

## High priority focus areas for flexible funds

**33**
**US$ million**
LEADERSHIP & ENABLING FUNCTIONS

**26**
**US$ million**
ESSENTIAL HEALTH SERVICES

**8**
**US$ million**
HEALTH EMERGENCY PREPAREDNESS & RESPONSE

**5**
**US$ million**
DATA AND INNOVATION

**4**
**US$ million**
MEDICINES, VACCINES, & DIAGNOSTICS

## Allocation process

# REGIONAL OFFICE FOR THE WESTERN PACIFIC

In the Western Pacific Region, the allocation of flexible funds was guided by regional and country-specific strategies, priorities, and commitments. The process followed WHO's global corporate principles for the allocation and management of flexible funds, with a strong emphasis on sustaining operational capacity, particularly for staff costs and essential activities within the base segment.

At the country level, US$ 33 million (53%) of the total US$ 63 million flexible funds was allocated to support technical programme implementation and staffing, including enabling functions. At the regional office level, US$ 30 million (47%) was primarily directed toward staff costs, ensuring continued support to countries in meeting their programmatic and leadership objectives.

Resource allocation was also aligned with the regional vision "For the Future – Towards the Healthiest and Safest Region", and with priorities jointly identified with Member States during the Programme budget 2024–2025 development process. Outputs and outcomes were prioritized based on alignment with Country Cooperation Strategies, Multi-Country Cooperation Strategies, National Health Plans, National Development Strategies, and Sustainable Development Goal (SDG) roadmaps. This approach ensured that flexible funding responded effectively to the evolving health needs of Member States.

## High priority focus areas for flexible funds

**29**
**US$ million**
LEADERSHIP & ENABLING FUNCTIONS

**15**
**US$ million**
ESSENTIAL HEALTH SERVICES

**8**
**US$ million**
HEALTH EMERGENCY PREPAREDNESS & RESPONSE

**2**
**US$ million**
DATA AND INNOVATION

**3**
**US$ million**
RISK FACTORS REDUCTION

## Allocation process

# HEADQUARTERS

The consolidated results from country and regional prioritization exercises indicate a high level of coherence with the Triple Billion targets and have directly informed the allocation of flexible funds at WHO headquarters. Under the first billion, universal health coverage, countries consistently prioritized foundational elements such as primary health care, essential health services, and the health workforce. For the second billion, health emergencies, the global imperative to strengthen health emergency preparedness, response and resilience is mirrored in countries' strong emphasis on enhancing preparedness capacities. Under the third billion, healthier populations, many countries highlighted the need to address key risk factors contributing to premature mortality and morbidity, including tobacco use and obesity. To reinforce the alignment between country-driven priorities and technical support, WHO is implementing strategic shifts that clarify headquarters' contributions and enhance the strategic use of flexible funding. These efforts aim to ensure that technical support is more responsive to national needs and that resources are allocated efficiently to maximize health outcomes.

**Figure 1 - Base programme budget 2024-2025 global areas of concentration, based on data and aligned with triple billion targets and country prioritization results**

| GPW 14 | HEALTHIER POPULATIONS | UNIVERSAL HEALTH COVERAGE | HEALTH EMERGENCY PROTECTION | LEADERSHIP FUNCTIONS |
|---|---|---|---|---|
| **Global areas of concentration** | Tobacco, alcohol, obesity, dietary risk, air pollution and climate change | Health financing and financial protection, health workforce and access to essential services, access to essential medicines, vaccines, diagnostics and devices for primary health care | Preparedness (international), Health Regulations (2025), and timeliness of detection, notification and response | Local production of health products, data and delivery, World Health Data Hub |
| **Country priorities: outcomes** | 3.2 Supportive and empowering societies through addressing health risk factors | 1.1 Improved access to quality essential health services irrespective of gender, age or disability status<br>1.3 Improved access to essential medicines, vaccines, diagnostics | 2.1 Countries prepared for health emergencies | 4.1 Strengthened country capacity in data and innovation |
| **Country priorities: outputs** | 3.2.1 Risk factors | 1.1.1 Service delivery<br>1.1.2 Communicable & non-communicable diseases<br>1.1.3 Health & equity across the life course<br>1.1.5 Health & care workforce<br>1.3.5 Antimicrobial resistance | 2.1.2 Emergency preparedness | 4.1.1 Health information systems |

This consolidated technical priority-setting translated into flexible funds being allocated and spent for high priority outputs, specifically:

- US$ 85 million (or 23% of total flexible funds expenditures) for high priority outputs (as presented in Figure 1).
- US$ 42 million (or 12% of total flexible funds expenditures) for medium priority outputs.
- US$ 51 million (or 14%) low priority outputs, mainly due to US$ 19 million spent on strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries.
- US$ 183 million (or 51% of the total flexible funds expenditures) have been allocated to leadership (US$ 103 million) and accountability, and to enabling functions (US$ 80 million), which were not prioritized.

Overview

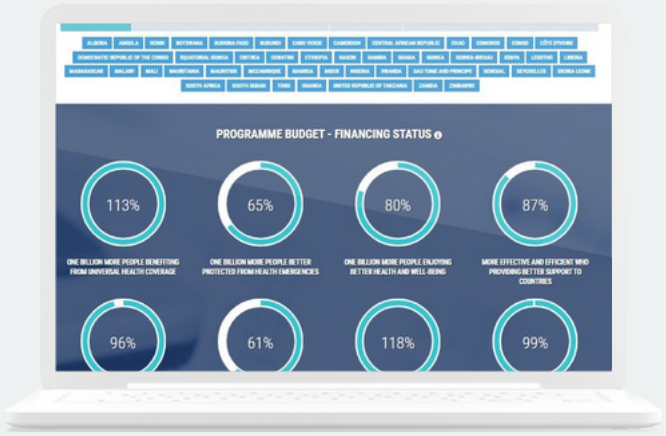
# TRANSPARENCY OF THE ALLOCATION PROCESS

Transparent and timely communication on flexible funding is essential to fostering accountability, promoting internal oversight, and reinforcing trust across the Organization.

To support this, the principles governing the use of flexible funds, as well as the corporate criteria applied to determine biennial envelopes are clearly communicated to all three levels of WHO.

WHO also promotes transparency through the use of dedicated monitoring tools, including open-access data dashboards, internal planning platforms, and regular corporate reporting mechanisms, to track the allocation and utilization of flexible funds in real time. These tools enable cross-organizational visibility, support evidence-informed management and strategic resource reallocation.

## PROGRAMME BUDGET WEB PORTAL




The WHO Programme budget web portal provides monthly updates on the implementation status of the Programme budget, disaggregated by both geographic and programmatic dimensions. It presents detailed, interactive data on countries, strategic priorities, global outcomes, and outputs that reflect WHO's technical and leadership contributions.

All organizational levels, Country Offices, Regional Offices, and Headquarters divisions—report financial and programmatic details at the activity (output) level to ensure full compliance with the International Aid Transparency Initiative (IATI) common standard.
Additionally, publicly accessible information is available on expenditures, categorized by type, to enhance transparency and accountability.

Visit the Programme Budget Web Portal at open.who.int to explore this data.

Overview

# MONITORING AND REALLOCATION

The allocation and implementation of flexible funds are closely monitored as an integral part of overall Programme budget execution. This is a shared organizational responsibility across all three levels of WHO (country, regional, and headquarters), beginning at the budget centre level and supported through oversight from Regional Offices and Headquarters to ensure adherence to corporate principles.

In three major offices (Africa, the Americas, and the Western Pacific), programme management committees or equivalent bodies conduct regular reviews of both allocations and implementation. These committees provide detailed analysis and operational guidance to budget centres, recommending corrective actions and, where necessary, proposing the reallocation of flexible funds to address emerging needs.

In other regions, planning and budgeting units undertake similar monitoring responsibilities. They assess allocation trends and implementation progress, and submit reallocation proposals to senior leadership for decision-making.

Reallocation of flexible funds may occur based on analysis of financial and programmatic gaps, with a focus on advancing priority outputs.

## Throughout the biennium, flexible fund utilization is continuously reviewed to ensure that:

**A**

Resources are redirected to underfunded priority areas and away from those already supported by earmarked funding; and

**B**

Implementation proceeds in a timely and efficient manner, in line with strategic objectives.

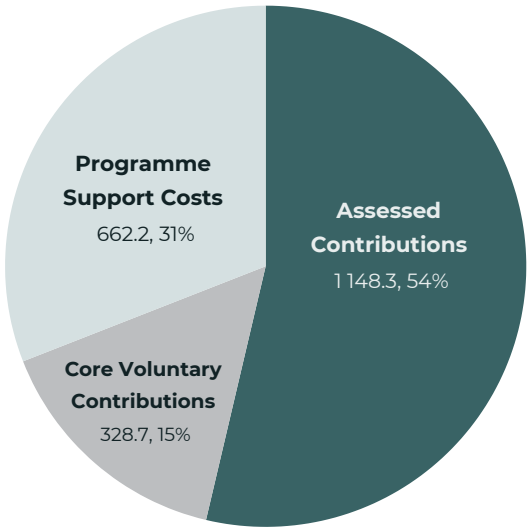
## Overview

# AVAILABLE FLEXIBLE FUNDS IN 2024

The approved Programme budget 2024-2025 for the base segment is US$ 4,964.2 million, to be financed by a combination of flexible and voluntary contributions. As at 31 December 2024, the available flexible funds amounted to US$ 2.14 billion (or 45%) of the total available financing of US$ 4.74 billion for the base segment. Assessed contributions, historically increased by 20% compared to the previous biennium, represent most of the available flexible funds (US$ 1.15 billion or 54%), followed by programme support costs (US$ 662 million or 31%) and core voluntary contributions (US$ 329 million or 15%). The base segment remains highly dependent on earmarked voluntary contributions (US$ 2.6 billion, or 55%).

### Figure 2 - Available flexible funds by fund type

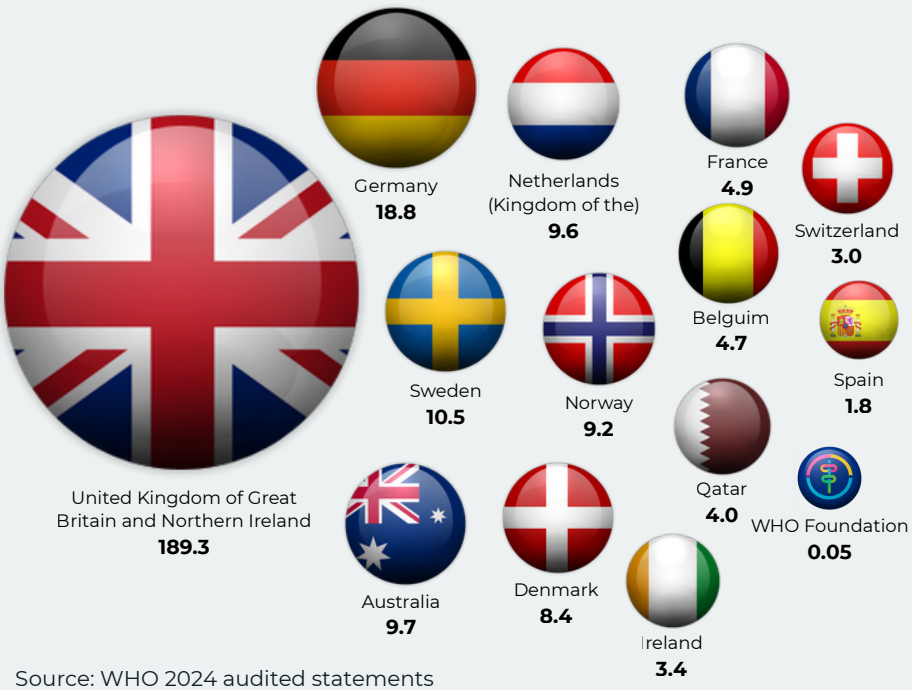
(as at 31 December 2024) (US$ million / %)




Flexible funds can be operationalized in different modus, based on their nature. Assessed contributions are invoiced and defined as available for implementation in full at the onset of every biennium, similar to programme support costs. Core voluntary contributions are mostly cash-based and cannot be operationalized before receipt.

### Figure 3 - 2024 Contributions to the Core Voluntary Contributions Account

(US$ million)




Source: WHO 2024 audited statements

**CVCA Revenue**

**US$ 277.3 million | 14 Contributors**

CVCA revenue totaled US$ 277.3 million at the end of 2024, coming from 14 contributors. While this constitutes 3% of the total base Programme budget financing, CVCA represents a crucial part of WHO's funding structure.

WHO acknowledges with great appreciation its major contributors, whose support to the Core Voluntary Contributions Account provides the flexible and sustainable financing essential for strengthening WHO's capacity to deliver on its mandate.

Overview

# IMPLEMENTATION IN 2024

From a geographic perspective, the majority of flexible funds, US$ 576 million (61%), were implemented by Regional and Country Offices, while US$ 361 million (39%) was spent at Headquarters.

## Table 1 - 2024 flexible funds implementation by major offices and fund type

(as at 31 December 2024, US$ million)

| MAJOR OFFICES | ASSESSED CONTRIBUTION | CORE VOLUNTARY CONTRIBUTIONS | PROGRAMME SUPPORT COSTS | TOTAL |
|---|---|---|---|---|
| Africa | 123.8 | 16.8 | 55.5 | 196.1 |
| The Americas | 47.2 | 8.9 | 13.2 | 69.3 |
| Eastern Mediterranean | 46.7 | 10.0 | 36.6 | 93.2 |
| Europe | 48.5 | 9.2 | 10.1 | 67.8 |
| South-East Asia | 57.6 | 11.5 | 17.1 | 86.2 |
| Western Pacific | 45.0 | 7.2 | 11.2 | 63.4 |
| Headquaters | 251.0 | 4.2 | 105.8 | 361.0 |
| Total | 619.9 | 67.7 | 249.5 | 937.0 |

By area of implementation, US$ 487 million (52%) was directed toward technical programme areas, including work on data and innovation. US$ 245 million (26%) supported leadership functions such as executive management, governance, internal oversight, external relations, and organizational transparency and accountability. The remaining US$ 205 million (22%) was allocated to enabling functions, covering areas such as human resources, financial management, security, procurement, and information systems.

## Table 2 - 2024 flexible funds implementation by strategic priorities/budget segment and fund types

(as at 31 December 2024, US$ million)

| STRATEGIC PRIORTY/ BUDGET SEGMENT | ASSESSED CONTRIBUTION | CORE VOLUNTARY CONTRIBUTIONS | PROGRAMME SUPPORT COSTS | TOTAL |
|---|---|---|---|---|
| 1 One Billion more people benefiting from Universal Health Coverage | 171.9 | 28.1 | 15.5 | 215.5 |
| 2 One Billion More People Better Protected from Health Emergencies | 116.6 | 23.6 | 1.9 | 142.1 |
| 3 One Billion More People Enjoying Better Health And Well-Being | 60.2 | 7.4 | 0.5 | 68.1 |
| 4 More effective and efficient WHO providing better support to countries | 267.4 | 8.5 | 231.3 | 507.3 |
| Emergency operations and appeals, and Special Programmes (HRP, TDR and PIP framework) | 3.7 | 0.1 | 0.2 | 4.0 |
| Total | 619.9 | 67.7 | 249.5 | 937.0 |

Source: WHO 2024 audited statements

The WHO Secretariat places high value on its workforce, recognizing staff as its most important asset. In terms of expenditure covered by flexible funds, the largest share, US$ 730 million (78%), was allocated to staff salaries across the Organization. This reflects both the high level of technical expertise required to deliver WHO's mandate and the Organization's structural reliance on flexible funds to cover personnel costs not typically supported by earmarked contributions.

The remaining US$ 207 million (22%) was directed toward activity costs, primarily in underfunded technical areas, as well as in critical leadership, management, administrative, and accountability functions.

## Figure 4 - Proportion of 2024 expenditures by fund types and strategic priorities

**(as at 31 December 2024)**

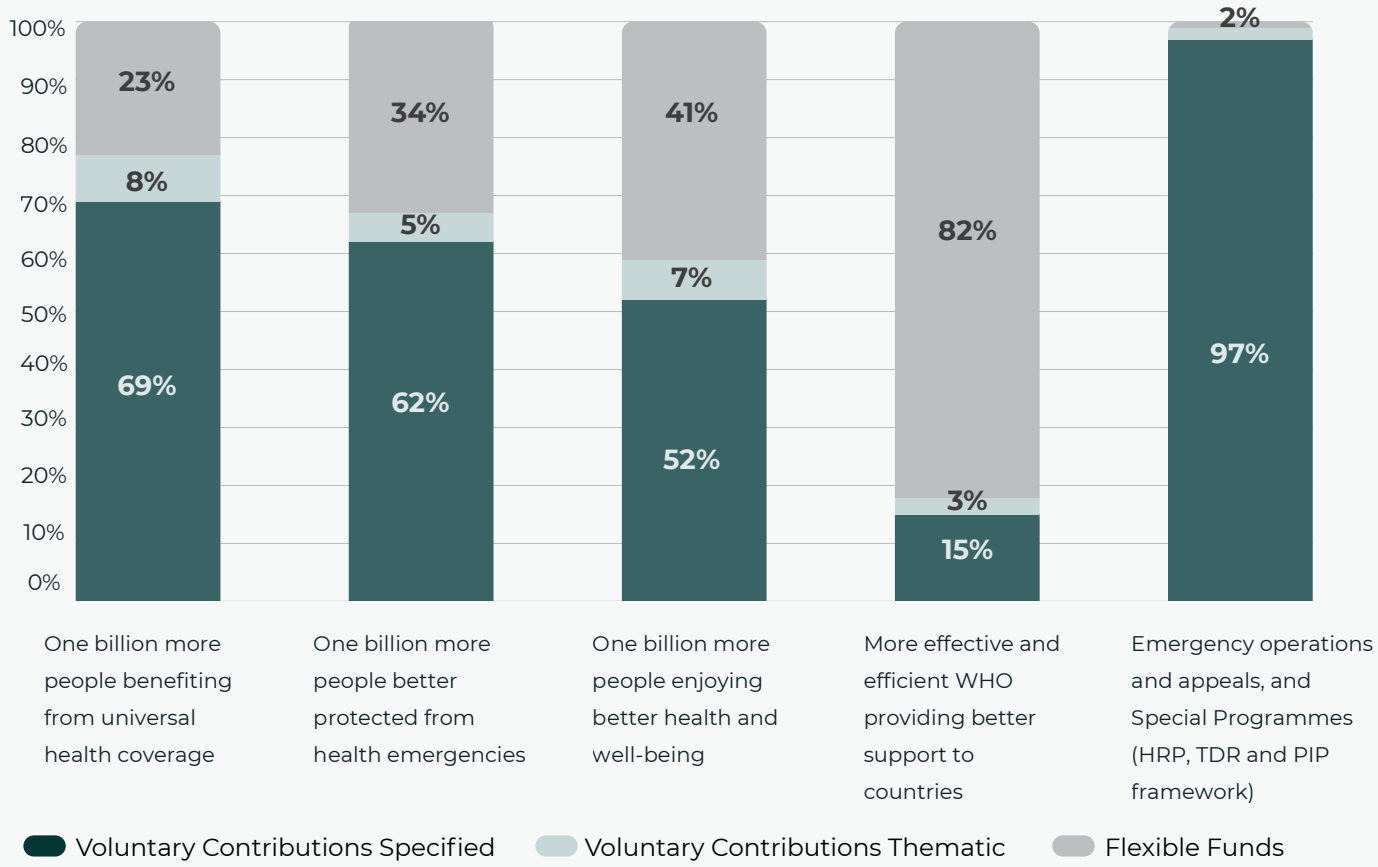



Figure 4 illustrates the distribution and proportion of funding types within 2024 expenditures, disaggregated by strategic priority. While Strategic Priorities 1 and 2 show a similar funding profile with a strong dependence on voluntary contributions, Strategic Priority 3 and Pillar 4 are predominantly supported by flexible funds. This highlights the critical role of flexible financing in sustaining underfunded areas and ensuring continued delivery across the Programme budget.

Overview

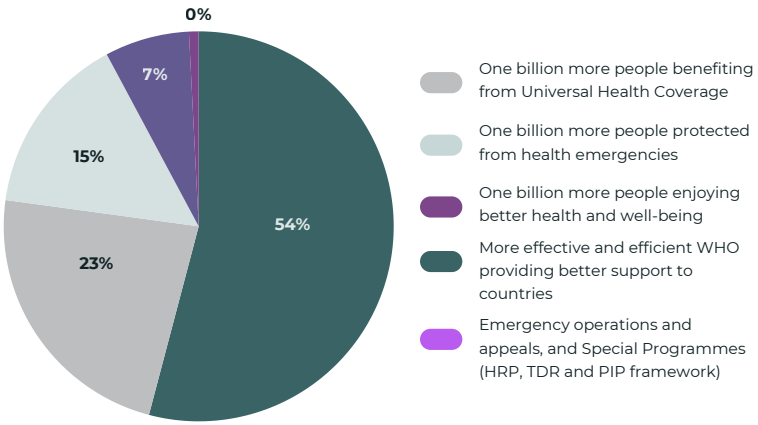
# INFLUENCING PUBLIC HEALTH OUTCOMES

Flexible funding has enabled the Organization to remain agile and responsive to evolving global and regional health contexts. This adaptability has been critical to advancing WHO's strategic priorities and delivering meaningful public health outcomes.

This section presents a selection of programmatic areas drawn from across the WHO Programme budget 2024-2025, underlining the catalytic role of flexible funds in driving targeted investments where they are most needed.

## Figure 5 - Flexible funds implementation by strategic priority

**(as at 31 December 2024)**

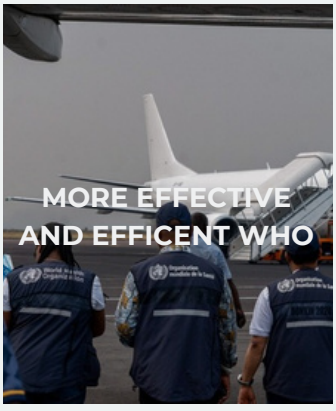



The illustrative examples, in particular in areas such as technical expertise, normative leadership, and programmatic coordination, demonstrate the critical role of flexible funding - whether serving as seed investments or complementary support - in advancing results across the Programme budget and driving measurable impact at the country level, in line with WHO's global mandate.

The section highlights progress against selected high priority output indicators and showcases WHO's impact through country case studies. All content is extracted from the **WHO Results Report 2024**, with links provided to the corresponding outputs and outcomes for reference.

## WHO contribution towards health outcomes



## Strategic priority 1
# UNIVERSAL HEALTH COVERAGE

Progress towards achieving universal health coverage is mixed. Improvements in the health workforce, coverage of hypertension treatment and access to contraception have greatly supported progress towards achieving universal health coverage, with the biggest driver of success by far being increased access to antiretroviral therapy for HIV. Challenges persist, however, in the management of diabetes and alleviating the financial hardship that people continue to experience when seeking health services. The declining level of diphtheria–tetanus–pertussis immunization is of particular concern, because this serves as a key indicator of both the performance of immunization programmes and the overall strength of the health system.

While Strategic Priority 1 is the best-funded of the three technical priorities, much of this funding is disease-specific. This creates significant disparities, with some critical areas remaining underfunded and heavily reliant on flexible resources. The overall funding profile also reflects a high dependence on a limited number of large donors, which, while enabling strong delivery in some areas, poses a structural risk to long-term sustainability and balanced implementation across the priority. This is precisely where flexible funds play a stabilizing role. With stronger flexible financing, such risks could be significantly mitigated, ensuring a more balanced, resilient, and sustainable delivery across all programmatic areas.

### Figure 6 - Strategic priority 1- 2024 expenditures by outcome and fund type

**(as at 31 December 2024, US$ million)**

# SERVICE DELIVERY

**Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages**

WHO supports countries in advancing primary health care (PHC)-based service delivery models that are high-quality, equitable, and responsive to population needs. With the strategic use of flexible funding, WHO has focused on strengthening national capacity to define and implement comprehensive essential service packages, ensure regular performance assessments of PHC delivery, and embed quality strategies within national health policies and plans. These efforts aim to operationalize integrated, people-centred care and expand access to essential services across the life course. Progress is measured by the number of countries with quality strategies aligned with national health policies or plans, up-to-date performance assessments on the provision of primary health care, and comprehensive essential service packages defined using integrated models of care. This approach contributes to the achievement of universal health coverage and sustainable improvements in service delivery systems.

## IMPACT STORY

## INDIA


*Facility visit and planning for Aspiration blocks Programme.* ©WHO/Babu Sethia

**Number of countries with quality strategies aligned with national health policies or plans**

The Aspirational Blocks Programme (ABP) is a targeted initiative that integrates health services as One WHO with the aim to improve quality of life in the most underdeveloped 500 blocks across various states of India. Focusing on health, nutrition, education, agriculture and social development, the ABP is structured around 39 indicators monitored by 11 ministries, with 7 indicators specifically linked to health. The WHO Country Office is actively supporting 52 aspirational blocks across 10 states by providing critical policy advice and technical assistance designed to elevate health outcomes.

Through a robust field network, WHO collaborates with local officials to implement comprehensive primary health care strategies and essential service packages. The initiative emphasizes stakeholder engagement, strategic interventions and rigorous planning processes, including National Quality Assurance Standards certification for health facilities. Despite significant efforts, challenges persist, particularly relating to geographical remoteness, inadequate health workforce availability and deteriorating infrastructure. These obstacles underscore the need for sustained investment and innovative solutions to ensure that quality health services are both accessible and effective in these underserved areas. **Find more results for India here**

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**Related outputs:** #Service delivery #Health & care workforce
**Contribution to health outcome:** UHC Service index

# EXPLORE THE PROGRESS

**51**

COUNTRIES

| 20 | 62 |
|---|---|
| **BASELINE** 2019 | **Target** 2024 |

**Number of countries with quality strategies aligned with national health policies or plans**

Embedding quality and safety considerations into national health strategies is crucial for improving access to high-quality, people-centered health services. In 2024, 51 countries had developed quality strategies aligned with national health policies or plans, falling slightly short of the target of 62. Still, 14 new countries were added, demonstrating continued engagement. While low- and middle-income countries led much of the progress, some high-income countries also sought WHO's technical support, reflecting a growing recognition of the need for strengthened quality strategies across all settings. National strategies are timebound which changes the number of countries each year. Lessons learned from effective strategies include strong national strategic leadership supported by robust partnerships with key stakeholders; alignment with Universal Health Coverage (UHC) and Primary Health Care (PHC) agendas; investments at sub-national, district and facility levels; and establishing a system for collaborative learning. Lack of resources, inadequate funding, governance gaps, and weak accountability are the main bottleneck for operationalization of national quality strategies, especially in low- and middle-income countries. Capacity building, stakeholders' partnerships, resource allocation, dedicated governance structures, monitoring and evaluation, and development of national standards are key contributors to sustainability. **See full indicator trends here**

**88**

COUNTRIES

| 0 | 105 |
|---|---|
| **BASELINE** 2019 | **Target** 2024 |

**Number of countries with up-to-date performance assessments on the provision of primary health care**

Countries need to track how their decisions, actions and investments in primary health care (PHC) -oriented health systems are addressing and making progress towards equitable access to quality, people-centred services and contributing to UHC. Steady progress has been observed in the number of countries conducting up-to-date performance assessments, with 88 countries completing PHC-oriented health system and service performance assessments during 2024. Progress overtime should be interpreted cumulatively, as it is not necessarily recommended or required that a country complete a comprehensive performance assessment on a yearly basis. WHO played a central role in supporting countries through provision of technical guidance, measurement frameworks, assessment tools and technical support, which strengthens monitoring efforts. The key drivers of success include recent overall global recognition among countries and partners that strengthening health system performance based on the PHC approach is key for achieving UHC and health security. There is also renewed impetus to strengthening partner alignment behind one country-led M&E platform and system for health system performance, as per the Lusaka Agenda. Main challenges relate to resource constraints and workload limitations affecting WHO's ability to systematically engage with all country counterparts. **See full indicator trends here**

**50**

COUNTRIES

| 21 | 35 |
|---|---|
| **BASELINE** 2021 | **Target** 2024 |

**Number of countries with comprehensive essential service packages defined based on integrated models of care**

Design and implementation of essential service packages based on integrated care models are critical for advancing UHC. WHO has driven strong progress with the number of countries supported rising from 21 in 2021 to 50 in 2024, surpassing the target of 35 countries. Regional targets were met, though Africa and South-East Asia Regions had lower initial targets than the Eastern Mediterranean Region. Notably, the Region of the Americas and the European Region were not explicitly targeted but still reported results, suggesting broader uptake of WHO's support through demand-driven engagement and spillover effects from other regional efforts. WHO's Service Planning, Delivery, and Implementation (SPDI) Platform provided countries with a structured approach and practical mechanism for integrated planning, playing a key role in the improved performance in 2024. The platform also facilitates package implementation with unified access to WHO data on medicines, products and health workforce, increasing fidelity between countries' UHC policy intent and the care that people receive. Facilitating uptake and use of the SPDI Platform will accelerate progress toward UHC reaping the benefits of integrated planning. Strengthened technical support, coordination, and context-specific adaptation will be critical in countries facing barriers to achieving UHC. Regional workshops and peer learning initiatives could also reinforce country ownership and sustainability. Expanding engagement in the Americas and European regions is needed. **See full indicator trends here**

# COMMUNICABLE & NON-COMMUNICABLE DISEASES

**Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results**

WHO supports countries to improve service delivery and system performance for communicable and noncommunicable diseases through the application of WHO technical guidance, standards, and normative tools. With the use of flexible funding, WHO is able to respond to national needs and priorities, providing targeted support that strengthens the integration of disease- and condition-specific services within broader health system frameworks, ensuring that interventions are evidence-based and contextually appropriate.

## IMPACT STORY
## VIET NAM

*Ms Hien talking to WHO technical officer Dr Lai Duc Truong. ©WHO/Viet Nam*

**Bringing high-quality care for noncommunicable diseases closer to communities in Viet Nam**

Noncommunicable diseases account for 80% of deaths in Viet Nam, with many cases undiagnosed or untreated. Hypertension and diabetes rates have risen dramatically in recent years, making early detection and long-term treatment crucial. Since 2016, WHO has worked with the Ministry of Health to expand primary health-care services, training health workers, standardizing protocols and integrating management of noncommunicable diseases at community health stations to improve access and affordability.

Since late 2022, a WHO-supported primary health-care pilot project has brought care closer to people in need in Ho Chi Minh City, benefiting patients, families and the health-care system. Beneficiaries have reported improved access to essential care and medications. This includes people like Ms Doan Thi Hien, a 77-year-old woman who has for over 19 years relied on family for transportation to district health centres and who is now able to access quality care in walking distance in her neighborhood. WHO supported 10 of 22 district health centres and 43 of 310 community health stations around the city. The city is now rolling out the model further afield. With better grassroots care, the number of people with hypertension visiting community health stations nearly doubled, and the number of people with diabetes visiting community health stations increased fourfold.

More people now have controlled blood pressure and glucose levels, and medicine supply chains have improved. The initiative aims to expand nationwide, integrating care for chronic conditions such as depression, HIV and respiratory diseases. This initiative is making a significant impact by bringing care closer to home and improving lives across Viet Nam. **Find more results for Viet Nam here**

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**Related outputs**: #Communicable & non-communicable diseases #Service delivery #Health & care workforce Health & equity across the life course

**Contribution to health outcomes**: Probability of dying between the exact ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases (SDG 3.4.1), Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure

# EXPLORE THE PROGRESS

**70%**

OF COUNTRIES

**0%** **BASELINE** 2019

**67%** **Target** 2024

**Percentage of countries that report on the key health indicators on communicable and noncommunicable diseases identified and recommended by WHO**

Adhering to WHO guidance on reporting key health data on communicable diseases and noncommunicable diseases (NCDs) supports evidence-based policymaking and helps monitor global health progress. In 2024, 70% of countries reported on key health indicators, slightly below the 2023 level of 71% but exceeding the 2024 target of 67%. Countries performed excellently on reporting on Hepatitis B and C testing, treatment, mortality and under-5 Hepatitis B prevalence data as well as on immunization and HPV coverage data and on all relevant endemic neglected tropical diseases. There was good and steady performance (with some small lags) on the burden of malaria cases, tuberculosis notification date, HIV testing, treatment, incidence and mortality data, and service coverage for mental, neurological and substance use disorders.

The number of Member States that fully achieved both Progress Monitor indicators on targets and surveillance for communicable diseases was slightly lower than the estimated target. Sexually Transmitted Infections (STI) reporting remains a challenge. Some Member States do not have the capacity to meet the 5-year reporting cycle on NCDs. Consistent data collection through systems is reaping rewards, and a new initiative is being developed to support improved measurement and reporting of service coverage for mental health, neurological and substance use disorders. Sustained resources are needed at country, regional, and global levels. **See full indicator trends here**

**54%**

OF COUNTRIES

**0%** **BASELINE** 2019

**55%** **Target** 2024

**Percentage of countries implementing WHO norms and standards to address conditions and diseases most relevant for the respective country**

Improvements in this area highlight the impact of WHO's normative work in countries while driving progress towards equity and access to essential health services. Progress has been steady, rising from 41% in 2021 to 48% in 2023, with the 2024 achievement at 54%, slightly below the 55% target. Strong performers include mental health, neurological conditions, substance use, and integrated skin disease (neglected tropical diseases), with several areas showing notable progress in adoption and reporting. Gains were also seen in syphilis screening of pregnant women, hepatitis C treatment, adoption of DTG as first-line treatment of HIV and the 6-month BPaLM/BPaL treatment regimen for people with RR-TB. However, challenges remain, particularly in malaria subnational stratification, national immunization strategy finalization, and NTD integration into health plans, where overly ambitious targets and phased reporting across regions slowed adoption. Some Caribbean countries' decision to discontinue recognizing subregional NCD guidelines also contributed to lower uptake.

Key drivers of success include well-resourced programmes and effective policy implementation, while regional reporting gaps hindered progress in some areas. Looking ahead, sustaining progress in 2025 will require strategic prioritization, country-specific technical assistance, and ensuring adequate resources to meet evolving health challenges.

**See full indicator trends here**

# FINANCING STRATEGIES & REFORMS

**Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage**

WHO supports countries in developing and implementing equitable health financing strategies that are essential for sustaining progress towards universal health coverage (UHC). This includes technical assistance to strengthen public financing for health, reduce financial hardship, and promote efficient and equitable resource allocation. With the support of flexible funding, WHO is able to respond to country-specific needs and accelerate reforms that enhance the resilience and sustainability of health financing systems. Strengthened financing strategies improve access to essential health services but also ensure that health systems are better positioned to deliver long-term, people-centred care without financial hardship.

## IMPACT STORY

## CHINA

*Elderly health services in China. ©WHO/Until Chan*

### Advancing long-term care insurance and healthy ageing in China

In 2024, WHO supported efforts in China to establish an affordable, equitable and sustainable long-term care financing system in the context of rapid population ageing, rising demand for long-term care services and limited fiscal space. Leveraging its expertise at the country, regional and global levels, WHO convened and advocated for multisectoral discussions across the health, insurance and finance sectors. High-level policy dialogues brought together senior officials from China and WHO and leading experts from selected countries to address pressing policy questions on financing mechanisms, service delivery and workforce development. WHO co-hosted capacity-building training on long-term care insurance and universal health coverage with the Chinese Government, engaging more than 150 medical insurance policy-makers nationwide. At a critical stage of the design and national scale-up of long-term care systems, these efforts have contributed to the development of long-term care insurance in China and laid the foundations for effectively managing demographic transition and its associated impacts to contribute to healthy ageing and universal health coverage. Find more results for China here

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**Related outputs:** #Financing strategies & reforms #Service delivery #Health & care workforce Health & equity across the life course

**Contribution to health outcome:** UHC Service coverage index

**39**

COUNTRIES

| 0 | 35 |
|---|---|
| **BASELINE** 2019 | **Target** 2024 |

**Number of countries supported showing evidence of progress in their health financing arrangements**

Evidence of progress in health financing arrangements is important for evaluating global progress towards UHC. In 2024, 39 countries showed such progress, surpassing the target of 35. Most were from the African region (15), followed by the Americas (8). Among the 39 countries, 18 were lower-middle income, 13 were upper-middle income; and 6 were low-income. The 2024 results reflect the ongoing trend of considerable advancements in WHO-supported reforms and revised country health financing arrangements, in line with the WHO's Health Financing Progress Matrix, and captures numerous capacity strengthening, training, and policy dialogue activities conducted by WHO. Primary drivers of success included iterative learning processes in countries, country champions and local capacity to drive change, political will and leadership from government, and policy makers' use of strategic intelligence including UHC monitoring data to orient health financing reform. The credibility of and trust in WHO also played a significant role. Challenges persist, especially in fragile settings such as parts of the Eastern Mediterranean, where foundational reforms often compete with urgent humanitarian needs. To support countries that are lagging behind in health financing arrangements reforms, WHO will continue its focus on technical and policy advisory support, capacity building, scale up and reshaping of peer learning processes, and engage further with key health financing policy decision-makers for policy dialogue. WHO intends to intensify remote support and virtual meetings and be proactive in approaching countries in specific regions and low-income settings. **See full indicator trends here**

# ANTIMICROBIAL RESISTANCE

**Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.**

WHO supports countries to strengthen their response to antimicrobial resistance (AMR) through a comprehensive, multisectoral approach that includes building robust surveillance systems, enhancing laboratory capacity, improving infection prevention and control, and raising awareness across sectors. Support also focuses on the development and implementation of evidence-based policies and practices to mitigate the spread of resistance and preserve the effectiveness of existing treatments. Flexible funding has enabled WHO to deliver support to countries in advancing their AMR response based on national priorities. These efforts are important in mitigating the growing threat of AMR, protecting the effectiveness of essential medicines, and advancing universal health coverage.

## IMPACT STORY
## HUNGARY

*Accessing mandatory childhood vaccination in Hungary. ©WHO/Laszlo Vegh*

### Joint innovations in patient safety, quality, and chronic disease management

In Hungary, several health initiatives have been implemented with support from the World Health Organization, reinforcing the country's commitment to advancing public health. A high-level event on antimicrobial resistance, immunization, and the integration of behavioral insights brought together an impressive range of health officials, policy makers, researchers and representatives from four major universities on the occasion of the World Antimicrobial Awareness Day. The workshop discussed global and Hungary-specific insights on opportunities and experiences of using behavioral and cultural insights (BCI) for vaccine uptake and antimicrobial resistance.

Following this, a workshop on quality and patient safety management was held in conjunction with the 6th World Patient Safety Day Conference in Budapest. The workshop aimed to review international best practices, such as those in Ireland, to develop effective quality and patient safety management systems. Participants discussed lessons from clinical governance and explored innovative solutions for enhancing patient safety across the entire patient pathway. The conference attracted 200 participants and was organized into three thematic blocks: high-quality care with no harm in the WHO European Region, diagnostics and patient safety from a managerial perspective, and the role of data and artificial intelligence in diagnostics. Additionally, the WHO mission on chronic obstructive pulmonary diseases captured invaluable national experiences from the CRD/COPD programme and the initial phase of the National COPD project with focus on bundled payment mechanism. These insights will help institutionalize lessons learned and foster regional knowledge sharing. **Find more results for Hungary here**

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**Related outputs:** #Antimocrobial resistance #Service delivery #Health governance #Sustainable financing

**Contribution to health outcomes:** Patterns of antibiotic consumption at national level, Probability of dying between the exact ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases (SDG 3.4.1) and the UHC Service coverage index

# EXPLORE THE PROGRESS

**125**

COUNTRIES

**79** **BASELINE** 2018

**106** **Target** 2024

**Number of countries implementing government-approved multisectoral antimicrobial resistance national action plans that involve relevant sectors and have a monitoring framework**

Implementing antimicrobial resistance (AMR) national action plans (NAPs) is critical for addressing the urgent public health threat of AMR and securing access to effective medicines for current and future generations. Between 2018 and 2024, the number of countries implementing government-approved multisectoral AMR NAPs with monitoring frameworks rose steadily from 79 to 125, consistently surpassing annual targets and reflecting growing global commitment. However, regional disparities persist. Many countries, especially low- and middle-income countries, report limited resources and technical capacities to implement their NAPs. Key enablers of success included providing evidence-based WHO guidance and tools for AMR NAP development; enhanced technical support; close coordination with regional and country offices; and development of E-learning modules, global webinar series, and online community exchange and learning. Accelerating future progress requires scaling up of technical capacity in countries and regional offices; supporting low-income countries to mobilise and use financial resources efficiently and effectively; and mainstreaming a core package of AMR interventions in health systems. Adapting lessons from the annual Tracking AMR Country Self-Assessment Survey (TrACSS) survey and high-performing regions can help countries in all regions build and sustain progress. **See full indicator trends here**

**102**

COUNTRIES

**78** **BASELINE** 2019

**95** **Target** 2024

**Number of countries having an antimicrobial resistance surveillance system and providing data to WHO**

Antimicrobial resistance (AMR) surveillance systems are vital for monitoring AMR trends and guiding interventions to address the urgent global threat of AMR. The number of countries submitting national AMR surveillance data to WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS) increased from 78 in 2019 to 102 in 2024, exceeding the target of 95. However, there are notable regional disparities, and many low-income countries face challenges of limited financial resources and technical capacity, underlining a need for targeted regional and income-specific interventions. Further, while many countries are active in surveillance, misalignment between different national, regional and global reporting systems affects global data consolidation. Since 2016, WHO's GLASS has provided a platform for consolidated data. Progress in expanding the participation of countries, and enhancing the coverage and quality of data, has been supported by a new GLASS Information Technology system and global, regional, and national webinars and training courses. Other key success factors for AMR surveillance include strong political leadership, well-developed systems with laboratory facilities and trained personnel, effective laboratory information management systems, and strong collaborations supported by regional networks such as CAESAR in Europe and ReLAVRA in the Americas. **See full indicator trends here**

**155**

COUNTRIES

**18** **BASELINE** 2019

**130** **Target** 2024

**Number of countries with national systems in place to monitor the consumption and use of antimicrobials in human health**

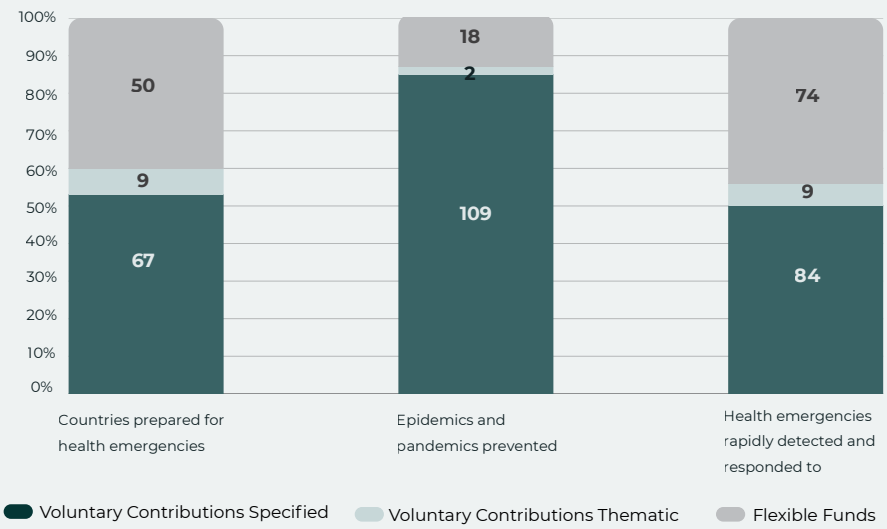
National systems to monitor antimicrobial use in human health are vital for addressing antimicrobial resistance (AMR). The number of countries with such systems increased from 18 in 2019 to 135 in 2023, surpassing the 2025 target two years ahead of schedule. By 2024, the total reached 155, despite 11 countries dropping their systems. Progress has been strongest in high-income countries, particularly in Europe, where technical expertise, robust regulatory frameworks, and sustained investments have been in place for decades. In contrast, targeted support is needed for low-income countries. Challenges include multiple competing health issues alongside limited human resources, knowledge of establishing surveillance, and IT capacities. Drivers of success include increased political commitment and dedicated resources to accelerate national antimicrobial stewardship structures and policies. WHO contributions include technical support to establish data collection and reporting systems and for antimicrobial stewardship, alongside global goods including the WHO Global AMR Resistance and Use Surveillance System (GLASS) and the global database for the annual Tracking AMR Country Self- Assessment Surveys (TrACSS). **See full indicator trends here**


## Strategic priority 2
# HEALTH EMERGENCIES

The world made significant progress in 2024 towards protecting an additional 1 billion people from health emergencies by 2025. The World Health Assembly adopted crucial amendments to the International Health Regulations, making a pivotal advancement in enhancing pandemic response and global health security. WHO achieved notable gains in early detection, surge workforce mobilization, and equitable access to medical countermeasures, improving global resilience. Increasing financial constraints, however, put global health security at risk. The H5N1 avian flu outbreak serves as a stark reminder of potential pandemic threats. With epidemic and pandemic pathogens on everyone's doorstep, there is an urgent need for a unified global architecture for health emergency preparedness and response.

Flexible funding plays a critical role in maintaining essential functions and capacities for health emergency management - particularly in preparedness, early detection and initial response. These foundational functions remain underfunded and receive limited earmarked support, making flexible funds indispensable. These functions that form the backbone of WHO's ability to rapidly scale up surge operations when emergencies arise, and their chronic underfunding limits WHO's ability to provide effective and timely support to countries. This can have a negative impact on progress towards the indicators.

### Figure 7 - Strategic priority 2- 2024 expenditures by outcome and fund type
**(as at 31 December 2024, US$ million)**



# DETECTION, RISK ASSESSMNET & RISK COMMUNICATION

**Potential health emergencies rapidly detected, and risks assessed and communicated**

WHO supports countries and global systems to ensure that potential public health emergencies are quickly identified, verified, and assessed to enable timely and effective response. This includes strengthening surveillance and early warning systems, conducting rapid risk assessments, and communicating risks clearly to guide public health action. Flexible funding has played an important role in maintaining WHO's capacity to support the detection and assessment of events around the clock, especially in high-risk and resource-constrained settings.

## IMPACT STORY
## SOMALIA


*FETP Graduation: WHO's support in action. ©WHO/Somalia*

**Rapid emergency response ready: expanding field epidemiology training in Somalia**

The WHO Country Office's support for Somalia's Field Epidemiology Training Program (FETP) has significantly enhanced the nation's disease surveillance and response capabilities, ensuring that each disease outbreak is investigated and addressed. In partnership with the National Institutes of Health, the Federal Ministry of Health and Human Services, and the African Field Epidemiology Network, FETP aligns with the International Health Regulations of 2005, training 148 health workers across six cohorts.

This initiative has positively impacted and strengthened the Integrated Disease Surveillance and Response systems, enabling faster responses to public health threats. FETP graduates have investigated over 140 outbreaks, improving outbreak detection, management and containment efforts, reducing morbidity and mortality, and highlighting WHO's commitment to building sustainable health capacities in Somalia. While talent retention remains a challenge, the FETP plays an essential role in strengthening the country's public health infrastructure. By strengthening Somalia's health systems, this initiative serves as a model for empowering health workforce in fragile and conflict-affected settings, ultimately improving global health security. **Find more results for Somalia here**

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**Related outputs:** #Emergency preparedness #Detection, risk assesment & risk communication #Emergency response #Health & care workforce #Operational readiness #Epidemic-prone diseases #Polio eradication #Multisectoral partnerships

**Contribution to health outcomes**: Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases and Health worker density (doctors, nurses, midwives) per 10 000 population.

# EXPLORE THE PROGRESS

**27%**

OF EVENTS

**39%** **BASELINE** 2019

**43%** **Target** 2024

**Percentage of critical acute public health events for which a formal rapid risk assessment is completed and circulated within one week**

WHO's capacity to deliver timely, evidence-based risk assessments during health emergencies is critical for global health security as delays in risk assessments can hinder evidence-based rapid response efforts, exacerbate disease spread, and increase mortality. A general downward trend appears in the percentage of rapid risk assessments (RRAs) completed and disseminated within one week from 39% in 2019 to 27% in 2024, well below the 2024 target of 43%.

This trend is attributed to the growth of multi-country and global RRAs, which often require extended timelines (14 to 21 working days) and significant technical input, especially when initiating first versions. Other contributing factors include evolving health threats, initial data-gathering difficulties, and high staff turnover across WHO levels. Single-country RRAs, however, improved slightly from 32% in previous years to 35% in 2024. The total number of RRAs decreased significantly from 65 in 2022 to 33 in 2024, not due to reduced activity, but reflects the shift to more complex, resource-intensive global and regional assessments with high technical complexity especially when assessing new transmission patterns including of Mpox and antimicrobial resistance. Delays are therefore primarily linked to the increased focus on multi-country events rather than inefficiencies in the assessment process. Looking forward, WHO is strengthening global and regional Public Health Intelligence teams' including enhancing the RRA approach and processes as well as capacity building across the organisation. Throughout, WHO continues to integrate gender, equity, human rights, and disability inclusion when data is available. **See full indicator trends here**

**69%**

OF SIGNALS

**40%** **BASELINE** 2020

**70%** **Target** 2024

**Percentage of signals verified under the International Health Regulations (2005) within 24-48 hours**

The rapid detection and verification of potential health emergencies is essential for preventing outbreaks from escalating thereby minimizing public health impacts. Between 2020 and 2024, the percentage of signals verified within 24–48 hours under the International Health Regulations (IHR 2005) improved from a baseline of 40% to 69%, nearly meeting the 70% target. While overall progress has been positive, fluctuations across the years point to persistent challenges in maintaining consistency, often linked to systemic and resource-related barriers.

Verification is undertaken by IHR National Focal Points (NFPs) of States Parties and this indicator is therefore not fully a reflection of WHO's internal processes. However, WHO plays a key enabling role through its Regional and Country Offices by maintaining strong relationships with NFPs, clarifying IHR obligations, and supporting communication protocols. These efforts have been central to driving progress, particularly amid a consistently high volume of verification requests.In the future, continued WHO engagement with and targeted capacity building of IHR NFPs, along with data system enhancement, will strengthen indicator collection processes and improve reporting. **See full indicator trends here**

# EMERGENCY RESPONSE

**Acute health emergencies rapidly responded to, leveraging relevant national and international capacities**

WHO works with countries and partners to ensure timely and effective responses to health emergencies by rapidly activating coordination mechanisms and mobilizing technical and operational support. This includes deploying incident management systems, developing strategic response plans, and leveraging both national and international capacities to contain outbreaks and deliver critical services. Flexible funding has been instrumental in enabling WHO to respond quickly and adaptively to evolving emergency contexts.

## IMPACT STORY
## OCCUPIED PALESTINIAN TERRITORY


*WHO team visit to hospitals in Rafah to assess the situation. ©WHO*

### Health crisis response: resilience amidst adversity

Since October 2023, the occupied Palestinian territory, specially Gaza Strip has experienced a severe humanitarian and public health crisis, exacerbated by ongoing conflict in Gaza and the infrastructure destruction. In Gaza Strip, over 45 000 casualties and mass displacement have paralysed the fragile health-care system, with only 18 of 36 hospitals still partially operational. Urgent care is compromised by critical shortages of medical supplies and fuel, causing preventable deaths.

WHO provided crucial support, delivering essential medicines for over 6.9 million treatments; 8.8 million litres of fuel and facilitating 49 emergency medical teams for 2.2 million consultations. It also led two polio vaccination campaigns for 560 000 children along with the Ministry of Health, United Nations Children's Fund (UNICEF), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and helped evacuate 5300 critically ill people. Mental health support has reached one million people amidst rising anxiety and despair. In the West Bank, WHO facilitated more than 468 200 primary health-care consultations.

Despite significant access barriers and resource shortages, these efforts highlight the importance of coordinated health interventions in crisis conditions, emphasizing the need for sustained support to address immediate needs and ensure long-term health system resilience. **Find more results for occupied Palestinian territory here**

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**Related outputs:** #Emergency response #Emergency preparedness #Detection, risk assessment & risk communication #WHO leadership #Operational readiness #Polio eradication

**Contribution to health outcomes**: Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases, number of cases of poliomyelitis caused by wild poliovirus (WPV) and number of deaths, missing persons attributed to disasters per 100 000 population

# EXPLORE THE PROGRESS

**89%**

OF PLANS

**7%** **BASELINE** 2020

**80%** **Target** 2024

**Percentage of newly graded emergencies for which a strategic response plan has been issued within 30 days**

This indicator is a critical measure of WHO's ability to respond swiftly and effectively to acute public health emergencies. Performance improved significantly in 2024, with 89% of strategic response plans (SRPs) issued within 30 days for newly graded Grade 2 and 3 emergencies, up from 11% in 2022, surpassing the 80% target. This progress was driven by enhanced reporting and greater incentives such as access to the Contingency Fund for Emergencies, along with capacity building efforts that increased technical support from WHO Headquarters and Regional Offices and prompted establishment of IMS nominations for Incident Managers. However, systemic challenges persist including delays in planning, coordination, and internal approvals.

Looking ahead, efforts to address recurring challenges include to streamline approval processes, improve coordination across WHO's three levels, strengthen capacity of staff, ensure regular feedback, and strengthen stakeholder engagement. Improved coordination between departments and teams, regular coordination meetings, regular training of staff, and a centralized data repository called Health Emergency Management System (HEMS) will also support progress. Finalising HEMS in 2025 will provide a robust real-time monitoring system with live updates on the status of strategic response plan development across different stages with data accessible to all stakeholders. The use of advanced technology, enhanced collaboration, and agile management practices will ensure a more efficient and responsive approach to global health emergencies. **See full indicator trends here**

**33%**

IMS ACTIVATIONS

**7%** **BASELINE** 2020

**80%** **Target** 2024

**Percentage of newly graded emergencies for which an Incident Management System is activated at country-level within 72 hours**

WHO's ability to rapidly mobilize resources and coordinate emergency responses by activating an Incident Management System Team (IMST) within 72 hours of an event helps prevent delays in crisis response. Trends show significant progress from a 7% baseline in 2020 to 90% in 2023, demonstrating institutionalization of rapid IMS activation and surpassing the 80% target. However, internal 2024 data indicates a sharp decline, with only 33% of IMS activations documented at the country level despite being triggered. This delay is primarily attributed to issues with documentation and data input, and reporting and country approvals (such as visas) for human resources deployment. Faster IMS activation was seen in disaster-related events, while humanitarian crises were slower due to existing coordination structures. Timely grading calls and close coordination of the three levels of WHO in grading emergencies have been instrumental for the prompt implementation of IMSTs. The outcomes of daily acute events management meetings facilitated effective coordination and information dissemination.

In the future, activities will be strengthened by enhancing data management processes to ensure prompt reporting; building the capacity of existing WHO staff to take on IMST functions; creating more deployment opportunities for HQ and regional staff to support IMS functions at country level; and conducting timely after-action reviews to identify and address bottlenecks, both generally and in specific country contexts. Further efforts are also needed to systematically integrate gender, equity, human rights, and disability considerations into early IMS activation protocols. **See full indicator trends here**

# ESSENTIAL SERVICES IN FRAGILE, CONFLICT-AFFECTED AND VULNERABLE SETTINGS

**Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings**

WHO supports countries and partners to sustain and strengthen essential health services and systems in the most challenging contexts, including fragile, conflict-affected, and vulnerable settings. This involves ensuring health is prioritized in humanitarian response plans, maintaining critical service delivery, coordinating health sector partners, and protecting health infrastructure and personnel from targeted attacks. Through flexible funding, WHO is able to provide rapid, context-specific support that responds to shifting needs and ensures continuity of care where systems are under strain.

## IMPACT STORY
## UKRAINE

*Patient with her child visiting modular primary health care clinic in Sumy region, village Khukhra. ©WHO/Ukraine*

**Bringing health care closer: WHO expands essential services for war-affected communities**

The WHO Country Office launched an over-the-counter medication initiative to improve pharmaceutical access in hard-to-reach areas of Ukraine, delivering over 1200 medication kits to the most vulnerable, including internally displaced persons. WHO assessed over 500 health facilities to support infrastructure restoration and resource allocation, ensuring sustained health care delivery.

Key achievements included establishing modular health care centres, implementing solar-powered energy solutions, and expanding primary health outreach, benefiting over 30 000 patients in five conflict-affected regions and 250 000 more near the frontlines. The WHO Country Office provided technical guidance on facility design, service delivery and emergency health care, and strengthening resilience through capacity-building initiatives.

Despite security and funding challenges, WHO's efforts emphasized evidence-based approaches to crisis health care. Strategic planning, mapping and targeted interventions enhanced health care autonomy, ensuring both immediate relief and long-term system reform. Through collaboration with national authorities, WHO played a critical role in sustaining essential services, integrating innovative solutions, and reinforcing health infrastructure in emergency and recovery settings. The initiative highlights the importance of adaptable, resilient health systems in responding to ongoing and future crises. **Find more results for Ukraine here**

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**Related outputs:** #Service delivery #Essential services in FCVs #Communicable & non-communicable diseases #Health & care workforce

**Contribution to health outcome:** Proportion of vulnerable people in fragile settings provided with essential health services

# EXPLORE THE PROGRESS

**100%**

OF RESPONSE PLANS

**50%** **BASELINE** 2020

**100%** **Target** 2024

**Percentage of fragile, vulnerable or conflict-affected situations that have a humanitarian response plan (or equivalent) that includes a health sector component**

It is critical that humanitarian response plans systematically incorporate a dedicated health sector component in order to respond urgent health needs, manage public health risks and support health systems to continue functioning during crises. Trends are showing that health has increasingly been represented at all humanitarian response appeal processes. The proportion of humanitarian response plans that incorporate a health sector component has risen from 50% in 2020 to 100% in 2022. This has since been sustained through 2024. Although the mid-term review indicates the successful integration of health sector components into humanitarian response plans in all contexts where a consolidated appeal process is in place, it remains crucial to investigate the outcomes of the health responses in these contexts, whether all segments of populations are reached, noting access and operational constraints vary across contexts, and the sustainability of the strategies employed. The key drivers for success were WHO's and the Health Cluster representation in humanitarian coordination platforms and consistency in the consolidated planning processes. Although not directly captured by the indicator, the health chapters of all humanitarian response plans have also undergone assessment against agreed gender markers, supporting equity and inclusion. **See full indicator trends here**

**73%**

REPORTED ATTACKS

**35%** **BASELINE** 2020

**100%** **Target** 2024

**Percentage of fragile, vulnerable or conflict-affected situations with known attacks on health care that report to the surveillance system for attacks on health care**

Tracking the percentage of situations reporting attacks on health care highlights the scale of violence against health services and informs timely responses to sustain essential care. Trends show steady progress from a baseline of 35% in 2020 to 73% in 2024. This improvement reflects enhanced surveillance capacity and a growing commitment to documenting attacks on healthcare. Coverage extends to 30 fragile, conflict-affected, and vulnerable (FCV) settings, with additional reporting from 4 countries not typically classified as FCV, such as Israel and Armenia. The gap between 73 % achievement in 2024 and the 100% target underscores persistent challenges including operational barriers, political complexities, and uneven reporting, particularly in high-conflict zones. Countries with complex political landscapes struggle to report including due to difficulties in obtaining information for verification of incidents. WHO's sustained efforts, such as continued dialogue, training, on-the-ground support on data collection and reporting proved to be helpful to increase reporting. Regional Offices also played a role in providing targeted support. Research using data on the impact of attacks on health care delivery and strong advocacy for the protection of health care also helped countries to increase reporting. Partnerships underpin the success of this reporting mechanism. Continued dialogue with and training of partners including local and national governments is key. Critical priorities for achieving 80% in 2025 are to ensure continued technical and political support to countries. **See full indicator trends here**

**90%**

OF HEALTH CLUSTERS

**73%** **BASELINE** 2020

**100%** **Target** 2024

**Percentage of country health clusters with a dedicated, full time health cluster coordinator**

The presence of a dedicated, full-time health cluster coordinator (HCC) ensures timely decision-making, efficient resource allocation, and strengthened collaboration among health actors, ultimately improving emergency preparedness and response. WHO, as the designated Cluster Lead Agency, plays a critical role in sustaining this leadership in fragile settings. From 2020 to 2024, the proportion of country health clusters with dedicated, full-time coordinators steadily rose from 73% to 90%. Factors enabling progress in 2024 included activation of the Inter-Agency Standing Committee (IASC) System Wide Scale-Up protocol for Haiti and Sudan, which automatically prioritizes deployment of HCCs and other cluster personnel, and improved application of Core Predictable Country Presence (CPCP) and Core Budget and Management (CBM) notably supporting recruitment and retention in G3/P3 countries. Main challenges included lack of funding, protracted recruitment and lateral transfer, and inconsistent use of CPCP in health cluster coordination and limited recognition of the HCC role, particularly in countries undergoing transition or deactivation. Inadequate understanding of the Cluster Lead Agency role among WHO Representatives (WRs) also affected prioritization. The ambitious target of 100% coverage by 2025 requires addressing financial, operational, and staffing constraints and strengthening internal awareness. **See full indicator trends here**

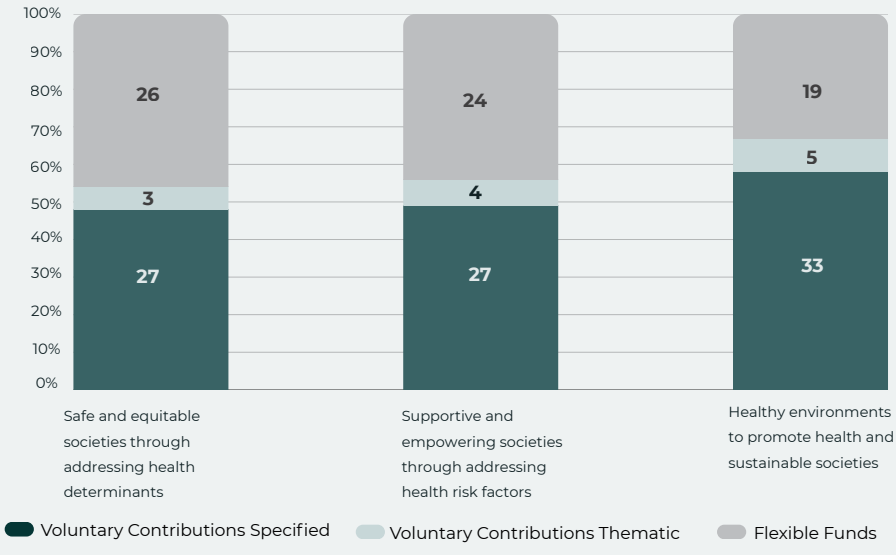
## Strategic priority 3
# HEALTHIER POPULATIONS

Current trajectories show the world is on track to meet the target of 1 billion more people enjoying better health and well-being by 2025. Progress has been driven primarily by reduced tobacco use, improved air quality, clean household fuels, and access to WASH. Challenges remain in the areas of adult and childhood obesity and alcohol consumption, which are showing negative trends.

Progress under Strategic Priority 3 has been made possible largely due to the flexibility and trust of donors. Despite strong prioritization by Member States, many of its programmatic areas remain persistently underfunded relative to their modest resource needs. By the end of 2024, 41% of total funding for this priority came from flexible or thematic sources—underscoring the indispensable role these contributions play in sustaining delivery and ensuring WHO can respond to Member State mandates where voluntary contributions fall short.

### Figure 8 - Strategic priority 3- 2024 expenditures by outcome and fund type

**(as at 31 December 2024, US$ million)**



# MULTISECTORAL PARTNERSHIPS

**Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures**

WHO supports countries in addressing the root causes of ill health by strengthening multisectoral collaboration, governance structures, legal frameworks, and fiscal policies that promote health and well-being. This includes advancing health-in-all-policies approaches, enabling regulatory and legislative action, and fostering partnerships across sectors such as education, environment, and finance. With the support of flexible funding, WHO is able to provide tailored technical assistance that reflects country contexts and accelerates the implementation of health-promoting policies and practices.

## IMPACT STORY

## CHILE

*Leveraging a citizen integrated systems in Chile. ©WHO*

**Advancing health equity through community participation and social determinants approaches**

Chile has made remarkable progress, with support from the WHO Regional Office for the Americas/Pan American Health Organization, in strengthening health equity policies and promoting overall well-being by adopting innovative strategies that emphasize community and social participation. By analysing community asset perceptions and implementing engagement approaches rooted in local contexts, the country has developed targeted interventions to address social determinants of health. These efforts emphasize the value of participatory mechanisms and grassroots involvement in shaping equitable health outcomes. By prioritizing inclusivity and amplifying community voices, the initiatives contribute to sustainable health improvements at the local level, particularly in underserved populations.

While specific deliverables and data are yet to be detailed, this strategic focus on equity and social determinants reflects a significant shift toward integrated systems strengthening and reinforces the role of community-led approaches in public health transformation. **Find more results for Chile here**

**Related outputs**: #Social determinants #Risk factors #Multisectoral partnerships

**10**

COUNTRIES

| 10 | 10 |
|---|---|
| **BASELINE** 2024 | **Target** 2024 |

**Number of countries with health promotion approaches, mechanisms and instruments to address health risks to foster health and well-being**

Governance systems that integrate health promotion principles including Health in All Policies (HIAPs) and whole of government and society approaches are important to support and empower societies and to address the determinants of health. In 2024, 35 countries had national policy mechanisms in place to promote health or societal well-being or had support from WHO to provide support to develop or update national plans. This includes only countries with whom WHO has engaged with, and not those which developed policies at their own initiative. Key drivers for success are governance mechanisms based on participatory processes, financial mechanisms that are sustainable and potentially earmarked for health promotion, and partnerships for health promotion that were effective in delivering interventions, including with the private sector and non-state actors. Main challenges are lack of resources and investment in policies, systems, and structures and main gaps include limited understandings of health promotion as a public health function. Information gaps also persist, as current reporting does not fully capture the breadth of national efforts. Financial and human resources are needed for health promotion at all levels. To accelerate progress in 2025, WHO can optimize its technical support role and capitalize on global and regional resolutions on well-being, community engagement and multisectoral action. Sustained efforts should also promote inclusive governance frameworks that integrate gender, equity, human rights, and disability considerations to ensure systemic and sustainable progress. **See full indicator trends here**

# ENVIROMENTAL DETERMINANTS & CLIMATE CHANGE

**Countries enabled to address environmental determinants, including climate change**

WHO supports countries in tackling environmental determinants of health including air pollution, water and sanitation, and climate change by integrating environmental considerations into health planning and policy. This includes building climate-resilient and low-carbon health systems, advancing sustainable practices, and strengthening intersectoral collaboration to reduce environmental health risks. Through flexible funding, WHO is able to respond to growing country demand for technical guidance, capacity-building, and implementation support in this rapidly evolving area.

## IMPACT STORY

## TOGO

*Training of decentralized-level actors on climate change and health. ©WHO/Komlagan Yao Wascal*

**Togo takes on climate change: building a resilient health system**

In response to the upsurge in extreme weather events such as floods and droughts, Togo is intensifying efforts to make its health care system more climate resilient. As climate change accelerates, it poses increasing threats to public health, straining health infrastructure, and undermining the gains achieved in terms of public health and universal health coverage.

With support from WHO, Togo has taken important steps to address these challenges. As part of its preparation for the 29th United Nations Framework Convention on Climate Change (COP29), WHO has helped to build the capacity of 125 health professionals in climate resilient health systems. Furthermore, WHO has created regional health and climate working groups, each guided by a clear road map to support coordinated action.

Togo has also affirmed its commitment to climate and health by endorsing the Harare Declaration on Climate and Health in Africa, and by prioritizing health as one of six core pillars in its new National Adaptation Plan for Climate Change. These actions signal a strong political will to place health at the heart of climate adaptation.

Despite this momentum, significant challenges remain, including limited financial resources, gaps in health infrastructure, and insufficient climate and health data. Strengthening intersectoral collaboration, enhancing surveillance systems, and raising public and political awareness will be crucial to ensure climate-resilient public health and protect the well-being of current and future generations. **Find more results for Togo here**

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**Related outputs**: #Environmental determinants & climate change #Health governance #Multisectoral partnerships #Healthy environments #WHO leadership

# EXPLORE THE PROGRESS

**16**

COUNTRIES

| 0 | 12 |
|---|---|
| **BASELINE** 2023 | **Target** 2024 |

**Number of countries implementing their COP 26 commitment to build a climate resilient health system**

Strengthening climate resilience in health systems is critical to protect populations from climate-related health risks, prevent service disruptions during extreme events, and reduce health inequities. As a new indicator in 2024, 16 countries met both criteria of completing a vulnerability and adaptation (VA) assessment and developing or updating a Health National Adaptation Plan (HNAP), exceeding the 2024 target of 12 countries.
Key enablers included strong political commitment, multi-sectoral collaboration, good working relationships with multiple stakeholders, existing legislation, access to climate financing, and south-south cooperation. Key barriers include lack of data, evidence, funding, and technical capacity to conduct V&As; lack of expertise to develop the HNAP; lack of a dedicated unit or focal point within the Ministry of Health; and lack of political will and financial resources; and competing country priorities. Implementation is approximately balanced across regions and income groups, due to the strong support of WHO in providing technical support to the Ministry of Health in advancing this work.

To accelerate implementation, WHO should continue providing effective support to Ministries of Health, promote best practices and case examples, leverage in-country academic expertise, conduct continuous global advocacy, and highlight the added value of VA and HNAPs by demonstrating their tangible benefits. Ongoing work under the Alliance for Transformative Action on Climate and Health (ATACH) initiative, including the development of standardized indicators and financing mapping, will help countries measure progress and unlock resources for implementation. **See full indicator trends here**

**5**

COUNTRIES

| 0 | 5 |
|---|---|
| **BASELINE** 2023 | **Target** 2024 |

**Number of countries implementing their COP 26 commitment to develop a low carbon and sustainable health system**

Tracking the number of countries implementing their COP26 commitments measures global progress in building low-carbon, sustainable health systems. By the end of 2024, 5 countries, Netherlands (Kingdom of the), New Zealand, Norway, United Kingdom of Great Britain and Northern Ireland, and Guinea had assessed the greenhouse gas emissions of their health systems and developed decarbonization plans, meeting the target of five. Key lessons from these countries include the importance of leveraging existing data, engaging hospital managers early on by demonstrating cost-reduction through the enhancement of sustainability without compromising medical care, and promoting user friendly tools to assess emissions. Global momentum on climate change and health has been a key enabler. Challenges include low awareness among health professionals about the health risks of climate change, lack of political commitment, inadequate multi-sectoral coordination, insufficient funding, technical complexity, the absence of standards, and limited data. In parts, the availability of sustainable alternatives for medical products is limited.

WHO has contributed by promoting the use of accessible assessment tools, connecting countries with technical experts, and supporting standard-setting through platforms such as the Alliance for Action on Climate Change and Health (ATACH). These efforts will continue to foster greater inclusivity and support progress in lower-income settings. Further policy, technical, and financial support is needed to enable emissions assessments and the development and implementation of plans. WHO is seeking accreditation as an implementation agency of the Green Climate Fund to help unlock additional resources for countries. **See full indicator trends here**

# HEALTHY ENVIRONMENTS

**Countries supported to create an enabling environment for healthy settings**

WHO supports countries in creating environments that promote health and well-being across everyday settings such as cities, schools, and communities by fostering inclusive governance, participatory approaches, and integrated planning. This includes providing technical guidance on implementing global standards and frameworks that shape healthy cities, schools, and empowered communities. With the help of flexible funding, WHO has been able to deliver support to scale up healthy settings initiatives that reflect diverse national and local contexts.

## IMPACT STORY
## OMAN

*A mock-up made out of recycle materials showcasing the healthy city initiative and implementation on Walayat of Yanqul. ©WHO/Oman*

**Oman advances urban health with new WHO Healthy City designations**

Oman has reached a significant public health milestone with the designation of Al Buraimi as a WHO Healthy City designation. As the fifth city in the country to receive this prestigious recognition—following Masirah Island, Nizwa, Sohar, and Sur Al Buraimi joins a growing network of municipalities committed to creating environments that promote health, well-being, and sustainability for all residents.

This achievement underscores Oman's leadership in advancing urban health through strategic, multisectoral collaboration and active community engagement. By embedding health into the fabric of urban planning and governance, Oman continues to demonstrate how cities can serve as engines for public health progress. With over 400 000 people, nearly 8% of the population of Oman now living in WHO-designated Healthy Cities, the country is setting a regional benchmark in health-oriented urban development.

Oman continues to set an example in integrating health-focused policies into urban development, ensuring a healthier, more sustainable future for its communities and for generations to come. **Find more results for Oman here**

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**Related outputs:** #Healthy environments #Social determinants #Environmental determinants & climate change #Multisectoral partnerships

**Contribution to health outcomes:** Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services), population using safely managed sanitation services (%), population using safely managed drinking-water services (%), and age-standardized mortality rate attributed to household and ambient air pollution (per 100,000 population)

# EXPLORE THE PROGRESS

**75**

COUNTRIES

| 5 | 8 |
|---|---|
| **BASELINE** 2021 | **Target** 2024 |

**Number of countries that have adopted the global standards for health-promoting schools**

WHO supports countries to adopt the global standards for health promoting schools (HPS) to promote health and well-being of students and school staff and as a joint agenda with UN partners. In 2021/2022, 5 countries piloted the standards with WHO's technical and financial support. By 2024, 75 countries had been sensitized or engaged in adoption or implementation. This reflects growing country demand, intensified WHO engagement, and regional network efforts such as the Schools for Health in Europe. Countries reported progress, from advocacy, referencing the standards in national policy documents to initiating situation analyses and intersectoral collaboration. WHO's technical assistance, convening of regional and interministerial platforms, and facilitation of partnerships have been central to this progress. There are regional differences in the support provided by or requested of WHO (e.g. Americas); where there has been historical foundations (e.g. Europe); and where there is growing momentum (e.g. Africa, Eastern Mediterranean, South-East Asia and the Western Pacific). Distinguishing between adoption and implementation level requires evaluation. Key success factors include multisectoral collaboration, ministerial commitments, regional meetings to share good practice and promote intersectoral collaboration, capitalizing on policy windows, having a health focal point in the Ministry of Education, and funding available to support countries in the initial stages. Challenges include limited collaboration between health and education ministries, lack of recognition of mutual benefits, low investment, and constrained national capacities. **See full indicator trends here**

**57**

COUNTRIES

| 15 | 12 |
|---|---|
| **BASELINE** 2021 | **Target** 2024 |

**Number of countries with community empowerment strategies to advance healthy settings**

Community engagement and empowerment are essential to ensure public health responses address the needs of communities and individuals and are considerate of the social, cultural, political and economic contexts and factors influencing health and well-being. Following a period of dormancy in 2022–2023 due to measurement criteria adjustments, WHO significantly scaled up efforts in the 2024–2025 biennium. In 2024, 57 countries were identified to have adopted or been supported to adopt community empowerment and engagement strategies, exceeding the initial target of 12. Factors that facilitated progress include collaboration with WHO emergencies programme; development of training packages, regional resolution in the African Region, and dedicated staff for community engagement in WHO Headquarters. However, challenges remain where countries lack recognition of its significance, dedicated focal points, or mechanisms to institutionalize community participation in health governance. To improve adoption, WHO needs to engage more closely with countries through varied activities. In some regions, regional resolutions, strategies, training packages and measurement tools are under development. Countries also need a legal or policy framework and participatory platforms or mechanisms to integrate community engagement and empowerment within national systems. Risks to progress in 2025 are WHO's limits on support to countries. To mitigate this, WHO can offer virtual technical support, continue dialogue with countries, and under existing initiatives continue to advocate community engagement and empowerment policies and activities to national governments, support implementation, and recommend policy and legal frameworks where they do not exist. **See full indicator trends here**

**100**

COUNTRIES

| 72 | 95 |
|---|---|
| **BASELINE** 2018 | **Target** 2024 |

**Number of countries that have adopted the WHO framework on healthy cities and regions, including the urban or regional governance framework**

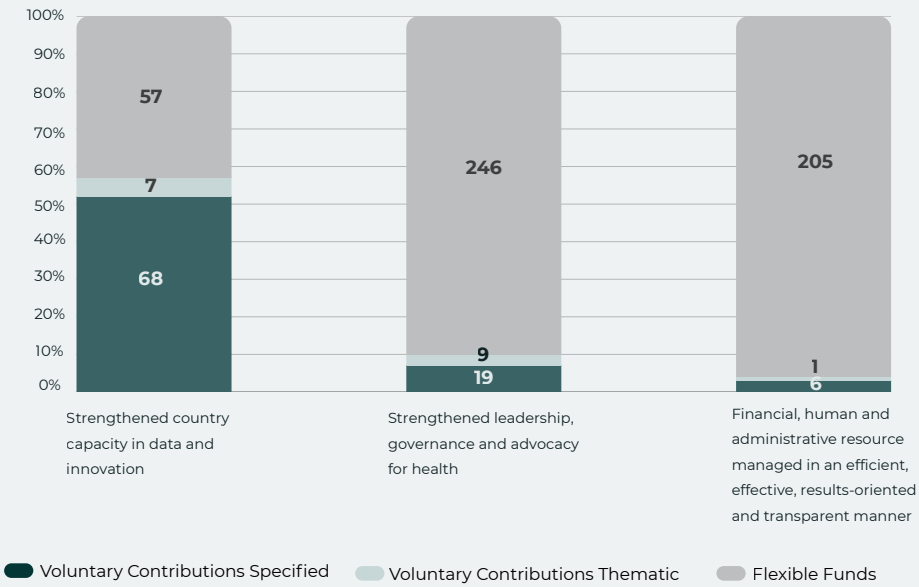
Cities and mayors play an important role in creating the conditions for health and well-being. From 72 countries reported in 2018, the number of countries with cities adopting the Healthy Cities approach or engaging with WHO to promote it increased to 100 in 2024, surpassing the target of 95. This steady growth reflects expanded uptake across all regions and also within countries, including efforts to revitalize engagement in regions with historically lower uptake. Factors contributing to progress include dedication of resources, a strong WHO Secretariat and development of technical guidance; WHO support to strengthen national and subnational Healthy Cities networks; a WHO Collaborating Centre or strong academic partner; consultation with network members on related action criteria and indicators; healthy cities network meetings; training provided to cities; and an award system. Stagnation or drop-out may be due to changes in priorities of the mayor or city. Looking forward, WHO needs to maintain strong connections with existing networks and countries in 2025 and organize global and regional events to facilitate technical cooperation and fuel momentum. Additional support from WHO could include providing a technical assistance package; political meetings with high-level decision-makers, and technical meetings to discuss implementation. **See full indicator trends here**

## Pillar 4
# MORE EFFECTIVE AND EFFICIENT WHO

Pillar 4, "A more effective and efficient WHO," encompasses data, science, innovation, gender equality, human rights, health equity and disability inclusion as well as enabling functions. These functions are foundational to the Organization's ability to deliver results across all programmatic areas. At the end of 2024, 82% of implementation under this pillar was financed through flexible funds. Many of the core investments in this pillar — spanning leadership, governance, accountability, planning, operations, and innovation— rarely attract earmarked contributions but are essential to ensuring that WHO remains fit-for-purpose in responding to both current and future global health challenges. Sustained flexible funding is therefore critical to protect these institutional capacities, particularly in a resource-constrained environment. A key aspect of this pillar is the Secretariat's role in convening governing bodies and Member States to deliberate on pressing global health challenges and to define the Organization's overall strategic direction.

### Figure 9 - Strategic priority 4- 2024 expenditures by outcome and fund type

**(as at 31 December 2024, US$ million)**



# HEALTH INFORMATION SYSTEMS

**Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts**

WHO supports countries in building robust health information and data systems that generate timely, reliable, and actionable evidence to inform health policies, track progress, and improve population health outcomes. This includes strengthening civil registration and vital statistics (CRVS), supporting implementation of the SCORE for Health Data technical package, and fostering strategic partnerships that enhance national capacities and increase efficiency in data-related work. Through flexible funding, WHO has been able to provide responsive and context-specific support to help countries modernize their health data systems and promote data use for impact.

## IMPACT STORY
## COMOROS

*Public health surveillance using DHIS2. ©WHO/ Enric Catala*

**Revolutionizing health data management in the Comoros**

The use of the District Health Information Software 2 (DHIS2) across more than 99% of public health facilities in the Comoros revolutionized the country's health data collection and management system. This unified system facilitates real-time analysis, enabling health authorities to make evidence-based decisions that drive improvements in public health planning, service delivery, and surveillance.

Since its official rollout in August 2022, the implementation of DHIS2 has been technically and logistically supported from WHO and other development partners. These efforts have included the provision of essential hardware, software customization, and the training of more than 150 health professionals in data entry, validation, and quality control. Additionally, an electronic immunization registry has also been established, allowing for better tracking of vaccination coverage.

Despite these advances, there are still a number of challenges persist. Many health facilities continue to face unreliable internet connectivity and insufficient digital infrastructure, which can limit data transmission and system functionality. In addition, the need for continuous training and capacity building remains critical to sustain data quality and ensure that new staff can effectively use the platform. Ensuring interoperability between DHIS2 and other national health information systems and platforms is also a key priority.

These initiatives are crucial to ensure that decisions are driven by high-quality data, which will contribute to the continuous improvement of health services for the people of the Comoros. **Find more results for Comoros here**

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**Related outputs**: #Health information systems #WHO norms & standards

# EXPLORE THE PROGRESS

**0.68**

POPULATION-WEIGHTED AVERAGE SCORE

| 0.6 | 0.97 |
|---|---|
| **BASELINE** 2019 | **Target** 2024 |

**Population-weighted average score of the performance of country civil registration and vital statistics systems**

The Population-weighted average score of the performance of country civil registration and vital statistics (CRVS) systems is a crucial measure of national capacity to generate reliable birth, death, and cause-of-death data. From 2020 to 2024, the population-weighted average score for CRVS systems remained stagnant at 0.68, following a modest increase from 0.61 in 2019, and far below the 0.97 target. This suggests persistent systemic challenges. Some countries were still impacted by the COVID-19 pandemic that disrupted already fragile CRVS systems and delayed the production of vital statistics.

WHO created several digital tools such as ANACoD3 and DORIS that contributed to improving the quality of cause-of-death reporting, and a new online platform in 2023 allows countries to submit cause-of-death data with instant validation and feedback to data providers has been key to improving data quality.
The Health Data Collaborative, with its secretariat at WHO, contributed to align investments among global partners which is crucial. However, government commitment remains fundamental to progress and is a key challenge. CRVS systems not only generate vital statistics data but also provide essential legal rights to citizens throughout their lives. Innovative approaches, including digital solutions, can support the scaling of civil registration services.

**180**

COUNTRIES

| 133 | 189 |
|---|---|
| **BASELINE** 2018 | **Target** 2024 |

**Number of countries that have implemented follow-up action based on assessments using the Survey, Count, Optimize, Review and Enable (SCORE) for Health Data technical package**

The SCORE for Health Data Technical Package helps countries identify data gaps and develop strong data, analytics, and health information systems to inform health policy.
As of 2024, a total of 180 countries had implemented at least one follow-up action under the SCORE framework, an increase from previous years.
Key enablers of progress include i) strong leadership and engagement from WHO HQ and Regional Offices to support countries; ii) the availability of global reports such as the World Health Statistics reports, increased demand for health data post-COVID-19; iii) partner coordination, and digital solutions to enable effective data collection, analysis and use in countries. Main challenges include limited human resources especially at sub-national levels, uncoordinated data systems, and limited data governance for data sharing and access.

Ongoing use of country-generated data for monitoring health and SDG targets will help determine the prioritization, investment and actions required to strengthen health data systems and address remaining gaps. Looking ahead, the results from SCORE assessment round 2 should guide national strategies and priority investments. WHO encourages government leadership and supporting partners to use SCORE as a conceptual framework for investment, to align donor-funded activities, and to raise awareness on international standards and methodology to strengthen country health information systems for monitoring SDGs and national targets. If investment exists for countries to address gaps, a tracking system and technical support to maintain standards can assist countries. **See full indicator trends here**

# LEADERSHIP AND ENABLING FUNCTIONS

In recent years, flexible funding catalyzed a wide range of achievements—from strengthening WHO's leadership and convening role, to advancing inclusive governance, enhancing results-based management, and launching transformative initiatives such as the first investment round and broad consultations for the Fourteenth General Programme of Work. Those functions rely entirely on flexible funds. Below is a selection of a few achievements through 2024, spanning across leadership outputs:

**Strong investments to WHO**

To strengthen its mission and ensure long-term sustainability, WHO launched its first-ever investment round in 2024, aimed at securing more predictable, flexible, and resilient financing. Underpinned by a compelling investment case, the initiative mobilized over US$1.7 billion in pledges from 71 contributors, covering 53% of WHO's voluntary funding needs. This milestone reinforced both political and financial support for the Fourteenth General Programme of Work (GPW14), 2025–2028, and marked a significant step toward a more strategically financed WHO.

**Embedding PRSEAH across WHO**

To address prevention of and response to sexual misconduct (PRSEAH), WHO has embedded PRSEAH into its corporate risk register and is driving targeted mitigation strategies across the organization. Heads of WHO country offices are required to conduct annual risk assessments and implement adaptable mitigation plans, ensuring proactive risk management. Heightened awareness of sexual misconduct risks has led to a structured risk analysis with over 80% compliance in country offices and collaboration with the UN, yielding valuable data for preventive measures and positioning WHO as a pioneering model within the UN system.

**Progress in Aid Transparency Index**

Between 2022 and 2024, the World Health Organization showed measurable progress in the Aid Transparency Index, an independent assessment by Publish What You Fund. In 2022, WHO was assessed for the first time and received a score of 69.3, placing it in the "Good" category, though it was encouraged to improve by publishing performance assessment data for specific country offices. By 2024, WHO not only maintained its "Good" rating but also raised its score to 74.8, reflecting advancements in the quality, quantity, and timeliness of its published aid data. This progression highlights WHO's commitment to strengthening transparency and aligning more closely with global standards of accountability in development funding.


WHO has strengthened health governance, policy alignment and global engagement to enhance health outcomes in Kenya. Through data-driven policy dialogues, WHO influenced the alignment of national health policies with global health targets. The successful implementation of the Global Action Plan for Healthy Lives and Well-being for All ensured national priorities were integrated with global objectives. WHO fostered a cohesive, results-oriented country office, empowering teams to drive Kenya's health agenda. Participation in global health diplomacy increased, with WHO supporting country delegates in international forums. The development and renewal of the WHO Country Cooperation Strategy ensured alignment with Kenya's evolving health needs. By strengthening donor relationships, WHO advocated for sustained support to achieve national health goals. Strategic health data collection and analyses informed national planning, while WHO's expertise guided policy development and emergency response efforts. Governance and leadership were enhanced through compliance with governance standards, implementation of audit recommendations, and risk assessments for partnerships, ensuring transparency and efficiency. These efforts have strengthened Kenya's health system and its international representation and improved the country's health outcomes.
**Find more results for Kenya here**

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**Related outputs**: #WHO leadership #WHO accountability #WHO transformation #Programme budget & Results-based management #Equity, gender and human rights

**Strengthening results-based management**

In response to an increasingly complex global health landscape, WHO further enhanced its results-based management to drive greater transparency, accountability, and measurable impact. Through GPW14, WHO engaged 154 Member States to define global health priorities and reviewed over 1 000 output indicator candidates, laying the groundwork for more results-driven planning, monitoring, and financing across the Organization.

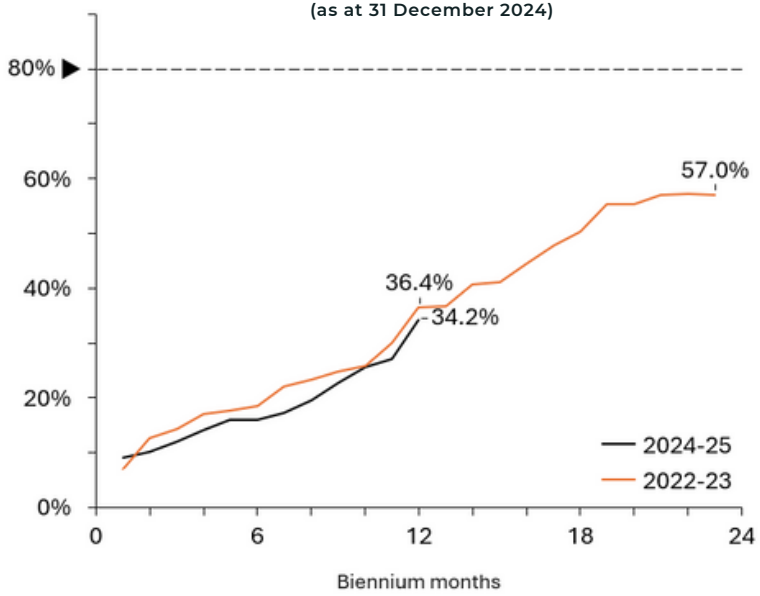
# EXPLORE THE PROGRESS

In many of the GPW13 output indicators including for enabling and leadership functions have biennial targets. As part of the Secretariat's accountability to Member States to report for progress in this area—including the historic increase in assessed contributions, and to monitor how identified challenges are being addressed, several Key Performance Indicators (KPIs) were developed. For GPW13, these indicators should be considered in conjunction with the relevant leading output indicators for outputs 4.2.3- Strategic priorities resourced in a predictable, adequate and flexible manner through strengthened partnerships and 4.2.4- Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value for money and the strategic priorities of GPW 13. For GPW14, these sustainable financing KPIs have been integrated into the output indicators, and all output indicators, with the exception of a very few will be monitored annually.

The Key Performance Indicator on "Member State ownership of programme budget and its priorities" and its underlying indicator "percentage of high-priority outputs funded above 80%" serves to assess the alignment between technical priority-setting and realistic enabling programme delivery.

**Figure 10 - KPI progress: % of high-priority outputs funded above 80%**

(as at 31 December 2024)




| | |
|---|---|
| **INDICATOR** | **High-priority outputs funded up to 80% of planned budget from assessed and voluntary contributions** |
| **DESCRIPTION** | Including total high-priority outputs across all budget centres at country, regional and headquarters levels. Total high-priority outputs with more than 80% funding (sum of funding/sum planned cost) are divided by total to determine KPI's current value. |
| **BASELINE** | 58% (2020-2021 ) |
| **TARGET** | 80% |
| **VALUE** 31 DECEMBER 2024 | 34.2% (Fig. XX) |

Funding for 2024–2025 has a 22% higher amount of flexible funds compared with 2022–2023. This should have direct consequences for the financing of high-priority outputs, while progress to date shows no improvement over 2022–2023. This lower performance is mostly explained by the delay in converting the Investment Round's core voluntary contributions pledges into actual grants, as well as the delay in payment of existing core voluntary contributions agreements.

# EQUITY, GENDER, HUMAN RIGHTS & DISABILITY

**“Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored**

WHO supports countries and the global health community to integrate equity, gender, and human rights principles into health policies, programmes, and monitoring systems, ensuring that no one is left behind in efforts to advance health and well-being. This includes providing technical guidance, tools, and capacity-building to embed equity, gender and human rights considerations across all levels of health planning and implementation. Flexible funding has been important in enabling WHO to deliver support to countries and strengthen institutional accountability for GERD integration.

## IMPACT STORY
## HAITI


*WHO/PAHO staff in a displaced person site in Port-au-Prince, Haiti. ©WHO*

**Enhancing mental health support for the most vulnerable**

In 2024, Haiti made significant progress in improving access to mental health services for women, girls and survivors of violence. The WHO Region of the Americas/Pan American Health Organization, in collaboration with Haiti's Ministry of Public Health and Population and Fondation Toya, implemented a targeted initiative to strengthen mental health services for the most vulnerable, notably women and girls impacted by gender-based violence.

The programme deployed a team of two psychologists and six social workers to deliver essential psychosocial support to 5239 internally displaced persons across multiple sites. Additionally, comprehensive psychological and medical care was provided to 201 women survivors of gender-based violence, paired with the distribution of hygiene kits to 50 participants to meet their immediate health and dignity needs.

This initiative improved access to critical mental health services and emphasized the importance of addressing trauma and promoting recovery among affected populations. Beyond the direct interventions, the initiative reflects a significant step towards building resilience and advancing gender-sensitive health care systems in Haiti. **Find more results for Haiti here**

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**Related outputs:** #Health & equity accross the life cource #Equity, gender and human rights #Social determinants

**Contribution to health outcome:** Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in their lifetime

# EXPLORE THE PROGRESS

**86**

COUNTRIES

| 35 | 125 |
|---|---|
| **BASELINE** 2019 | **Target** 2024 |

**Number of countries implementing at least two WHO-supported activities to integrate gender, equity and human rights in their health policies and programmes**

After reaching 104 countries in 2023, implementation declined in 2024 to 86 countries, falling short of the target (125 countries.) The decrease in implementation reflects challenges related to capacity gaps, including in the integration of equity-focused approaches across the programme cycle, as well as data gaps and resource constraints. Humanitarian crises, political instability, governance and policy shifts, sociocultural and structural barriers, also represented significant contextual challenges. On the other hand, where implementation was possible, effective peer learning and knowledge exchange between countries and regions, and availability of voluntary contributions were key enabling factors. Strategic use of WHO tools and case studies also supported progress. Ensuring sufficient staffing and operational capacity at both regional and country levels to support continued implementation is essential. Cross-departmental integration of gender, equity and human rights activities is key to overcoming current barriers through pooling efforts and resources, while also ensuring that contributions across programmes are more fully reflected in how progress is measured. Looking to the future, strategic efforts, strong partnerships, advocacy for gender, rights and equity considerations in national policies, and engagement at national and global levels will support progress. The use of related markers and scorecards will improve visibility and tracking of cross-programmatic contributions. **See full indicator trends here**

**77%**

OF RESOLUTIONS

| 70% | 89% |
|---|---|
| **BASELINE** 2019 | **Target** 2024 |

**Percentage of resolutions at global level that include gender-responsive, equity-oriented and human rights-based actions**

World Health Assembly (WHA) resolutions that include gender-responsive, equity-oriented, human rights-based actions promote universal health outcomes. In 2024, 76.5% of WHA resolutions included gender-responsive, equity-oriented, human rights-based actions, reflecting solid progress from the 2019 baseline of 70% and a modest gain over the 2023 level of 75%, though still short of the 2024 target of 89%. This progress reflects both resilience and adaptation to evolving challenges. Demand-driven support to co-sponsoring Member States and WHO teams played a critical role, particularly in providing technical clarifications on the use of terminology. This close collaboration supported capacity development within WHO technical units and further strengthened the integration of gender-responsive, equity-oriented and human rights-based considerations, despite engagement late in the drafting process. In the current context, it will be challenging to reach the ambitious 2025 target. Moving forward, continued engagement by Member States remains essential, building on previous successful partnerships and common messaging. Strong technical preparation of WHO teams to build internal coherence and support diplomatic efforts will also be important. A key factor for maintaining progress on gender-responsive, equity-oriented, human rights-based actions in resolutions will be early engagement of WHO technical expertise in these areas. **See full indicator trends here**

**82%**

OF INDICATORS

| 35% | 72% |
|---|---|
| **BASELINE** 2018 | **Target** 2024 |

**Percentage of indicators that are met or exceeded in the United Nations accountability frameworks subscribed to by WHO, namely the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UNSWAP)**

This is a key measure of WHO's accountability and progress in achieving its commitments under two critical United Nations frameworks: UNSWAP (gender equality). In 2024, WHO continued to make progress under the UN System-Wide Action Plan on Gender Equality and Women's Empowerment (UN-SWAP). In 2024, WHO "met" or "exceeded" 82% of the requirements for 17 performance indicators in the UN-SWAP, surpassing the 72% target and demonstrating WHO's continued commitment to institutionalize gender equality in its work and results-based management. Drivers of success include leadership by WHO's Department of Gender, Rights, Equity and Diversity (GRED), commitments from senior leadership, and consistent engagement with UN agencies. The Gender Equality Marker is now mandatory for planning across all WHO budget centres, ensuring financial allocations are tracked effectively and progressive targets for spending on gender equality have been set. Preparing for more ambitious UNSWAP 3 requirements in 2025 will be essential to maintain momentum and ensure balanced, inclusive progress. **See full indicator trends here**

## Overview

# ACCOUNTABILITY AND TRACEABILITY

Ensuring traceability of financial flows is essential to enable contributors to remain accountable to their national constituencies. In support of this, WHO embeds accountability and transparency as core principles of its organizational model and plays an active and growing role in advancing the use of the International Aid Transparency Initiative (IATI) standard. WHO also contributes to the ongoing development and refinement of IATI reporting practices.

As part of its commitment to strengthening financial transparency, WHO was assessed in both the 2022 and 2024 editions of the Aid Transparency Index. While maintaining a “Good” rating in the 2024 assessment, WHO improved its overall score, reflecting the Organization’s ongoing efforts to enhance data quality, accessibility, and timeliness in reporting. This progress underscores WHO’s dedication to meeting international transparency standards and building trust with contributors and stakeholders.

Since 2022, the Secretariat has provided monthly updates on Programme budget funding and performance through WHO’s Programme budget web portal. This includes access to mid-term and end-of-biennium assessment data.

The web portal also features a dedicated section on Core Voluntary Contributions Account (CVCA), which acknowledges contributor support and illustrates how funds flow through WHO’s organizational and results structures to deliver the Programme budget. The financial data presented in this section are reported net of programme support costs and may therefore differ from revenue figures in this report.

In addition, WHO reports annually on the use of flexible funds to external platforms, including the United Nations Chief Executives Board (UNCEB), the OECD’s Creditor Reporting System, and the Total Official Support for Sustainable Development (TOSSD) framework. These efforts reflect WHO’s commitment to global best practices in financial transparency and donor accountability.

*©WHO/George Jefferies*

Overview

# LOOKING AHEAD

The progress outlined in this report was made possible through the critical support of flexible funding. The sustained commitment and generosity of contributors, who recognize the value of predictable, sustainable, and adaptable financing, have enabled WHO to deliver results, lead with authority, and remain responsive in an increasingly complex global health landscape.

A major step forward was achieved in 2024 with the successful conclusion of WHO's first Investment Round. This milestone reaffirmed Member States' shared commitment to strengthening the Organization's financial foundation. Building on the 2022 World Health Assembly decision to fully finance the base segment of the Programme budget through flexible funds, the Investment Round mobilized essential resources and demonstrated broad political support for WHO's role in global health governance.

Yet, the journey toward full financial sustainability is ongoing. WHO must continue working with its partners to expand the pool of flexible resources and ensure it can meet rising demands with agility and impact. At the time of writing this report, the increase in assessed contributions was agreed at WHA78, which marks a critical step toward a more predictable funding base, and underscores Member States' commitment to a more sustainable WHO. At the same time, the Organization operates in an uncertain environment where the timely and full availability of these contributions cannot be taken for granted, and where the potential withdrawal of a major contributor would have significant consequences. Sustained commitment from all Member States to the planned increase in assessed contributions by 2030-2031 will therefore remain essential to safeguard WHO's ability to deliver on its mandate now and in the future.

Flexible funding will remain central to WHO's ability to deliver across all strategic priorities, uphold its normative and technical leadership, and respond to the evolving needs of Member States. A well-resourced WHO is not just an institutional imperative, it is a global necessity for achieving health for all and building a more resilient, equitable future.

Annexes

# FLEXIBLE FUNDING & IMPLEMENTATION

## 2024 contributions to the Core Voluntary Contributions Account

(US$ million)

| CONTRIBUTORS | 2024 |
|---|---|
| Australia | 9.7 |
| Belgium | 4.7 |
| Denmark | 8.4 |
| France | 4.9 |
| Germany | 18.8 |
| Ireland | 3.4 |
| Netherlands (Kingdom of the) | 9.6 |
| Norway | 9.2 |
| Qatar | 4 |
| Spain | 1.8 |
| Sweden | 10.5 |
| Switzerland | 3 |
| United Kingdom of Great Britain and Northern Ireland | 189.3 |
| WHO Foundation | 0.05 |
| **TOTAL** | **277.3** |

Source: WHO 2024 audited statements

# 2024 Certified financial statement of the Core Voluntary Contributions Account

(US$)

World Health Organization

## Core Voluntary Contribution Account - 2024

**Financial Statement as at 31 December 2024**

*(expressed in US dollars)*

| | | | |
|---|---|---|---|
| **Revenue** | | | |
| | Australia | 9,702,458 | |
| | Belgium | 4,662,005 | |
| | Denmark | 8,445,946 | |
| | France | 4,880,694 | |
| | Germany | 18,756,677 | |
| | Ireland | 3,406,160 | |
| | Netherlands (Kingdom of the) | 9,629,997 | |
| | Norway | 9,245,562 | |
| | Qatar | 4,000,000 | |
| | Spain | 1,822,917 | |
| | Sweden | 10,468,093 | |
| | Switzerland | 2,994,012 | |
| | United Kingdom of Great Britain and Northern Ireland | 189,280,948 | |
| | WHO Foundation | 48,942 | |
| | **Total Revenue** | | **277,344,411** |
| **Expenditure** | | | |
| | **Category** | | |
| 1 | Universal Health Coverage (UHC) | 29,323,264 | |
| 2 | Health emergencies | 24,045,675 | |
| 3 | Health and well-being | 7,884,742 | |
| 4 | Effective and efficient WHO providing better support to countries | 8,890,763 | |
| 13 | Emergency Operations and Appeals (EOA) | 37,664 | |
| 13 | Outbreak and crisis response | 88,788 | |
| 14 | Special Programmes | 35,400 | |
| | **Total Direct Expenditure** | **70,306,295** | |
| | Programme support costs | 9,994,080 | |
| | **Total Expenditures** | | **80,300,374** |
| **Balance as at 31 December 2024** | | | **197,044,036** |

I certify that the statement correctly reflects the income and expenditures recorded in the WHO Global Accounting System.

Sushil Kumar Rathi
pp. Comptroller and Director of Finance a.i.
23 June 2025

World Health Organization
...ller and Director of Finance

# Flexible funds implementation by strategic priority as at 31 December 2024

**(US$ million and %)**

| STRATEGIC PRIORITIES | IMPLEMENTATION | % OF FLEXIBLE FUNDS IMPLEMENTATION | % OF TOTAL STRATEGIC PRIORITY IMPLEMENTATION |
|---|---|---|---|
| 1 One Billion more people benefiting from Universal Health Coverage | 215.5 | 23% | 23% |
| 2 One Billion More People Better Protected from Health Emergencies | 142.1 | 15% | 34% |
| 3 One Billion More People Enjoying Better Health And Well-Being | 68.1 | 7% | 41% |
| 4 More effective and efficient WHO providing better support to countries | 507.3 | 54% | 82% |
| Emergency operations and appeals | 1.8 | 0.2% | 0% |
| Special Programmes | 2.2 | 0.2% | 4% |
| **TOTAL** | **937.0** | **100%** | **34%** |

Source: WHO 2024 audited statements

# Flexible funds implementation by outcomes as at 31 December 2024

(US$ million and %)

| OUTCOMES | IMPLEMENTATION | % OF FLEXIBLE FUNDS IMPLEMENTATION | % OF TOTAL OUTCOME IMPLEMENTATION |
|---|---|---|---|
| 1.1 Improved access to quality essential health services | 172.4 | 18% | 23% |
| 1.2 Reduced number of people suffering financial hardship | 12.4 | 1% | 40% |
| 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care | 30.7 | 3% | 21% |
| 2.1 Countries prepared for health emergencies | 49.9 | 5% | 40% |
| 2.2 Epidemics and pandemics prevented | 18.4 | 2% | 14% |
| 2.3 Health emergencies rapidly detected and responded to | 73.8 | 8% | 44% |
| 3.1 Safe and equitable societies through addressing health determinants | 25.9 | 3% | 47% |
| 3.2 Supportive and empowering societies through addressing health risk factors | 23.6 | 3% | 43% |
| 3.3 Healthy environments to promote health and sustainable societies | 18.6 | 2% | 33% |
| 4.1 Strengthened country capacity in data and innovation | 56.8 | 6% | 43% |
| 4.2 Strengthened leadership, governance and advocacy for health | 245.6 | 26% | 90% |
| 4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner | 204.9 | 22% | 97% |
| 13.1 Countries operationally ready to assess and manage identified risks and vulnerabilities | 0.01 | 0.001% | 0% |
| 13.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale | 0.3 | 0.032% | 1% |
| 13.3 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities | 1.5 | 0.158% | 0% |
| 14.1 Special Programme for Research and Training in Tropical Diseases (TDR) | 1.8 | 0.192% | 13% |
| 14.2 Special Programme of Research, Development and research Training in Human Reproduction (HRP) | 0.4 | 0.042% | 1% |
| 14.3 Pandemic Influenza Preparedness Programme | 0.04 | 0.004% | 0% |
| **Total** | **937.0** | **100%** | **28%** |

Source: WHO 2024 audited statements

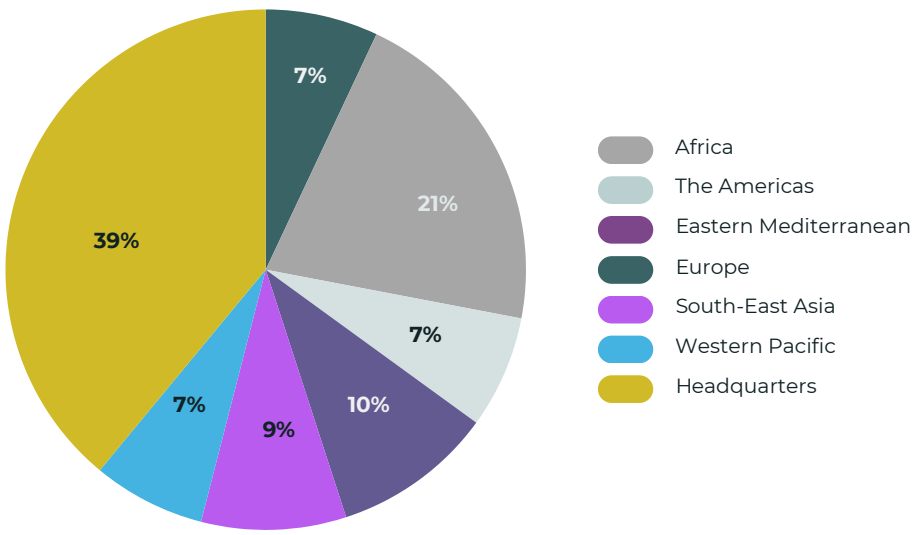
# Flexible funds implementation by major office as at 31 December 2024

(US$ million and %)

| MAJOR OFFICES | IMPLEMENTATION | % OF FLEXIBLE FUNDS IMPLEMENTATION |
|---|---|---|
| Africa | 196.1 | 21% |
| The Americas | 69.3 | 7% |
| Eastern Mediterranean | 93.2 | 10% |
| Europe | 67.8 | 7% |
| South-East Asia | 86.2 | 9% |
| Western Pacific | 63.4 | 7% |
| Headquarter | 361 | 39% |
| **TOTAL** | **937.0** | **100%** |

# Flexible funds implementation by major office

(% as at 31 December 2024)




Source: WHO 2024 audited statements

## Flexible fund implementation by organizational level as at 31 December 2024

(US$ million and %)

| MAJOR OFFICES | IMPLEMENTATION | % OF FLEXIBLE FUNDS IMPLEMENTATION |
|---|---|---|
| Country offices | 321.6 | 34% |
| Regional offices | 361.0 | 39% |
| Headquarters | 254.4 | 27% |
| **TOTAL** | **937.0** | **100%** |

## Flexible fund implementation by outputs as at 31 December 2024

(US$ million)

| OUTPUTS | IMPLEMENTATION |
|---|---|
| 1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages | 55.1 |
| 1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results | 56.3 |
| 1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course | 29 |
| 1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities | 6.3 |
| 1.1.5 Countries enabled to strengthen their health workforce | 25.8 |
| 1.2.1 Countries enabled to develop and implement more equitable health financing strategies and reforms to sustain progress towards universal health coverage | 6.8 |
| 1.2.2 Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making | 2.7 |
| 1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy | 2.9 |
| 1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists | 9.3 |
| 1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems | 4 |
| 1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved | 4.5 |
| 1.3.4 Research and development agenda defined and research coordinated in line with public health priorities | 0.2 |

Source: WHO 2024 operational data (as at 31 December 2024)

| MAJOR OFFICE | IMPLEMENTATION |
|---|---|
| 1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices | 12.7 |
| 2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported | 14.4 |
| 2.1.2 Capacities for emergency preparedness strengthened in all countries | 27.2 |
| 2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities | 8.3 |
| 2.2.1 Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards | 3.8 |
| 2.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale | 5.9 |
| 2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens | 8.3 |
| 2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative | 0.4 |
| 2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated | 24.6 |
| 2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities | 37.9 |
| 2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings | 11.2 |
| 3.1.1 Countries enabled to address social determinants of health across the life course | 16.7 |
| 3.1.2 Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach | 9.2 |
| 3.2.1 Countries enabled to address risk factors through multisectoral actions | 16.7 |
| 3.2.2 Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures | 6.9 |
| 3.3.1 Countries enabled to address environmental determinants, including climate change | 12.6 |
| 3.3.2 Countries supported to create an enabling environment for healthy settings | 6 |
| 4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts. | 20.2 |
| 4.1.2 GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored | 9.3 |
| 4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries. | 27.3 |
| 4.2.1 Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform | 152.9 |

Source: WHO 2024 operational data (as at 31 December 2024)

| MAJOR OFFICE | IMPLEMENTATION |
|---|---|
| 4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner including through organizational learning and a culture of evaluation | 47.3 |
| 4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships | 17.1 |
| 4.2.4 Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13 | 16.4 |
| 4.2.5 Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications | 7.5 |
| 4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored | 4.4 |
| 4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework | 38.3 |
| 4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery | 28.3 |
| 4.3.3 Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations | 44.9 |
| 4.3.4 Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care | 93.4 |
| 13.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities | 0 |
| 13.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale | 0.3 |
| 13.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities | 1.2 |
| 13.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings | 0.3 |
| 14.1.1 TDR - Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries | 1.8 |
| 14.2.1 HRP - Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries | 0.4 |
| 14.3.2 Influenza disease burden estimates are used for public health decisions | 0.04 |
| **Total** | **937.0** |

Source: WHO 2024 operational data (as at 31 December 2024)