

# All for Health, Health for All

Investment case 2025–2028



World Health  
Organization



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All for Health, Health for All: investment case 2025-2028

ISBN 978-92-4-009540-3 (electronic version)

ISBN 978-92-4-009541-0 (print version)

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

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# Foreword from the Director-General



**Dr Tedros Adhanom Ghebreyesus**

Director-General  
World Health  
Organization

When the Constitution of the World Health Organization (WHO) came into force in 1948, average life expectancy globally was 46 years. Smallpox still struck at least 10 million people every year, while polio, measles, malaria, meningitis and other deadly diseases killed millions of children around the world, unchecked by vaccines. Unnumbered women and children died from complications of childbirth. The risks of tobacco use were unknown; WHO staff even smoked in their offices.

Seventy-six years later, average life expectancy has climbed to 71.4 years, with the biggest gains in the poorest countries. Smallpox no longer exists, and polio will soon join it. Vaccines can now prevent more than 30 deadly diseases, and the list keeps growing. Forty-two countries have eliminated malaria, and the human immunodeficiency virus and tuberculosis epidemics have been pushed back. In the past 20 years alone, smoking prevalence and maternal mortality have both fallen by one third, while child mortality has more than halved.

Despite these gains, health is arguably under more threat now than at any time since WHO's founding. Our world is riven by severe inequities and inequalities in health, which were amplified by the coronavirus disease 2019 pandemic. More than half the world's population is not fully covered by one or more essential health services, and 2 billion people face financial hardship due to out-of-pocket health spending.

The consequences are profound: the number of children who have not received a single vaccine dose is climbing for the first time in modern history; noncommunicable diseases are now the leading cause of premature mortality, especially in lower-income countries; mental health disorders are far better understood, and yet far more prevalent than anyone imagined; antimicrobial resistance threatens to unwind a century of medical progress; and climate change

threatens the very habitability of our planet on which all life depends. In addition, conflict, insecurity and displacement abound, while the disturbing trend of attacks on health care workers and facilities has escalated alarmingly.

The 14th General Programme of Work (GPW14) has been built to support Member States to address these challenges, and this investment case lays out the resources needed to implement GPW14. It builds on the significant improvements that have already been made as part of WHO's transformation to make our financing more predictable, flexible and sustainable.

Investments in WHO delivers a healthy return of US\$ 35 for every US\$ 1 invested, in terms of the economic benefits of improving health outcomes by scaling up interventions based on WHO's trusted guidance and support.

The global health architecture is far more complex today, with considerably more capability, than it was in 1948. Nevertheless, WHO remains a unique organization, with a unique mandate, unique legitimacy, a unique global footprint and unique expertise. It is often said that if WHO did not exist, it would need to be created, and in the current geopolitical climate, it is far from certain it could be.

A strong and sustainably financed WHO is therefore essential for the world to meet the multiple threats to health it faces. We deeply appreciate the generous support of Member States and other donors who have invested in WHO throughout its history, especially in recent years. We seek their continuing commitment to realize our timeless founding vision for the highest attainable standard of health for all people, as a fundamental right.

A handwritten signature in black ink, which appears to read 'Tedros Adhanom'.

# Acknowledgements

WHO gratefully acknowledges the contributions all its Member States through fully flexible assessed contributions which have funded this report. The report is the product of an iterative development process with Member States and partners. We acknowledge the valuable contributions of experts in disease modelling both within the WHO Secretariat and from modelling consortia and leading academic experts including members of the Lancet Commission on Investing in Health. Funding was received from the Bill & Melinda Gates Foundation to support additional modelling required for the complete estimate of lives saved.

# Abbreviations

<b>Africa CDC</b>	Africa Centres for Disease Control and Prevention
<b>ADB</b>	Asian Development Bank
<b>AFDB</b>	African Development Bank
<b>AMR</b>	Antimicrobial resistance
<b>APEC</b>	Asia-Pacific Economic Cooperation Forum
<b>APPPGH</b>	Asia Pacific Parliamentarians Forum on Global Health
<b>ASEAN</b>	Association of Southeast Asian Nations
<b>ATACH</b>	Alliance for Transformative Action on Climate and Health
<b>AUC</b>	African Union Commission
<b>COVID-19</b>	Coronavirus disease 2019
<b>ECOWAS</b>	Economic Community of West African States
<b>EUL</b>	Emergency Use Listing
<b>FAO</b>	Food and Agricultural Organization of the United Nations
<b>FCV</b>	Fragile, conflict-affected and vulnerable settings
<b>GAVI</b>	Global Alliance for Vaccines and Immunisation
<b>GPW 13</b>	13th General Programme of work
<b>GPW 14</b>	14th General Programme of work
<b>HIV</b>	Human Immunodeficiency Virus



<b>IHR</b>	International Health Regulations
<b>IP</b>	Intellectual property
<b>MS</b>	Member State
<b>NCD</b>	Noncommunicable diseases
<b>NTD</b>	Neglected tropical diseases
<b>PHC</b>	Primary health care
<b>PQ</b>	Prequalification
<b>R&amp;D</b>	Research and development
<b>SADC</b>	Southern African Development Community
<b>SDGs</b>	Sustainable Development Goals
<b>STIs</b>	Sexually transmitted infections
<b>TB</b>	Tuberculosis
<b>UHC</b>	Universal Health Coverage
<b>UNICEF</b>	United Nations Children's Fund
<b>UNEP</b>	United Nations Environment Programme
<b>WASH</b>	Water, sanitation and hygiene
<b>WHO</b>	World Health Organization

# Summary



Over the past 5 years, the Secretariat of the World Health Organization (WHO) has helped countries to apply the latest science and health practice with measurable results: 1.2 billion people are living healthier lives through reduced risks and healthier environments; nearly 430 million more people are covered by essential health services without financial hardship; and 600 million people are better protected from health emergencies. These results are achieved with an annual budget of US\$ 2.75 billion – or less than US\$ 0.35 per person.

But the journey towards achieving the health-related Sustainable Development Goals by 2030 is far from over. With challenges such as climate change, shifting demographics and epidemiology, and the constant threat of outbreaks and conflicts, bold, comprehensive solutions are needed now more than ever.

With its participatory governance structure including all 194 Member States, shared priorities, and active partnerships with health coalitions and civil society, WHO is central to creating a healthier future for all. Only WHO possesses the reach and legitimacy to set and implement evidence-based global standards for health; WHO plays a leading role in mobilizing equitable access to life-saving technologies, fortifying health systems worldwide; and only WHO has the coordinating role for global early-warning systems to detect outbreaks. WHO's new strategy for 2025–2028, the 14th General Programme of Work (GPW14), is a co-creation of all Member States and partners facilitated by the WHO Secretariat that will accelerate progress in health and well-being for everyone, everywhere.

By 2028 through the GPW14, WHO will have realized further major health gains: the combined efforts of WHO together with Member States

and partners across the wide domain of health will have saved at least 40 million lives. Through WHO's work, tangible results will be achieved to promote, provide and protect health, for example by improving access to insulin and basic health care for diabetes, creating 10 000 climate- and shock-resilient health facilities, training 3.2 million more health workers and detecting threats through analysis of more than 9 million pieces of surveillance information monthly.

At the organizational level, the most comprehensive transformation exercise in WHO's history has renewed the Organization's capacity to focus on science, data and results, and provide more efficient and tailored support to countries. The role of the Chief Scientist has been established, data divisions have been unified and global business functions streamlined to deliver more efficiency. Country offices have more resources and delegated authority, together with strengthened accountability and more effective reporting.

But to deliver on this strategy, WHO needs to be predictably and sustainably financed. The total budget need for the 4-year GPW14 is US\$ 11.1 billion. Member States have set a path to increase assessed contributions that will cover US\$ 4 billion of this budget. This leaves a WHO funding gap of US\$ 7.1 billion, which needs to be filled through voluntary contributions.

Investment in WHO is an investment in humanity, an investment that makes the world a healthier, fairer and safer place.

It is an investment that moves us all closer to the vision of health for all.

But to turn this vision into reality, we need your support.

# All for Health, Health for All



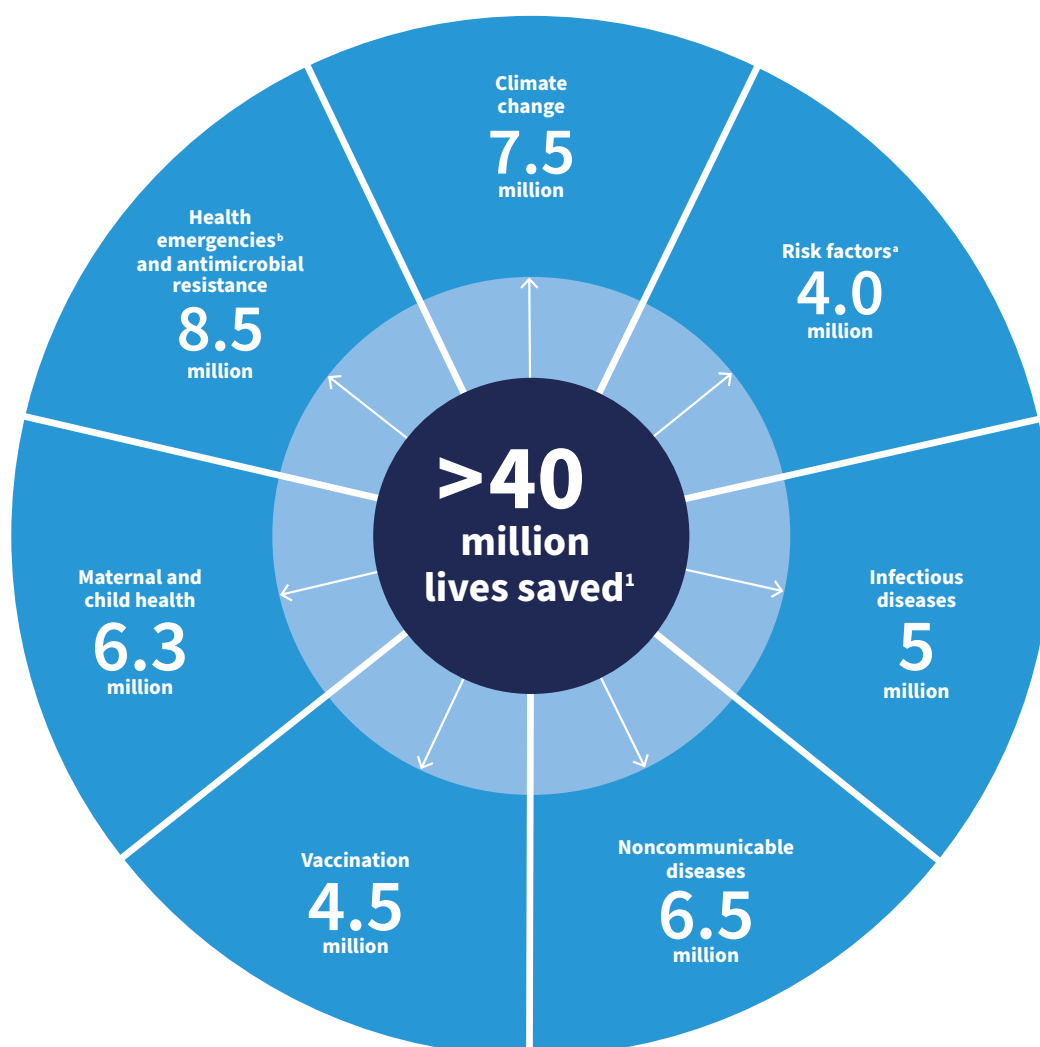
Working with Member States and partners,  
WHO will contribute to saving at least

**40 million**

additional lives from actions taken  
between 2025 and 2028



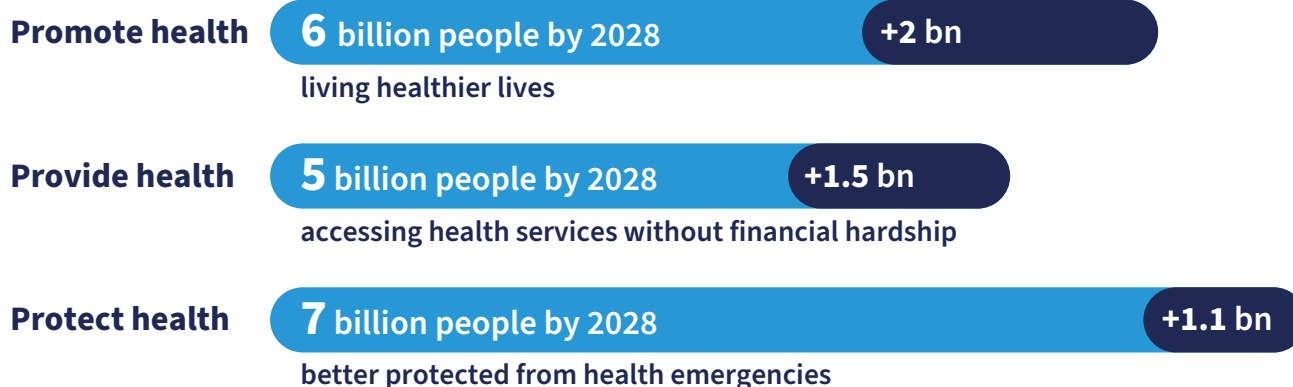
Through its role in health stewardship, development of public health goods and in-country technical support, WHO will support Member States to accelerate towards the targets of the Sustainable Development Goals



<sup>a</sup> Includes tobacco, alcohol, physical inactivity, unhealthy diet

<sup>b</sup> Includes preparedness and prevention of high-threat outbreaks, including for example measles, yellow fever, meningitis and the risk of a pandemic event

Working with Member States and partners, WHO is extending its billion targets to promote good health, provide health services without financial hardship and protect people from health emergencies with a focus on eventually reaching the world's population under each target, to achieve the goal of health for all.





## To achieve these goals, Member States need a strong WHO Secretariat to:



### Promote good health and well-being for all

#### Strengthen climate resilience

Develop and implement national adaptation plans for climate change, and make 10 000 health facilities fully functional, including with solar electrification.

#### Implement NCD Best Buys

Reduce obesity in 31 countries covering 1.2 billion people, reduce tobacco, alcohol use and physical inactivity in 52 countries covering 3.2 billion people.

#### Healthy and age-friendly cities

74 cities implement proven interventions for NCDs, and expand age-friendly cities network to >2000.



### Provide services through the primary health care approach

#### Strengthen health workforce

Support 55 countries to educate and employ an additional 3.2 million health workers.

#### Improve access to services

Increase the number of vaccines delivered by 247 million in 20 priority countries; increase the people on antihypertensive treatment to 200 million in 42 countries.

#### Accelerate disease elimination

84 countries reach WHO targets for disease elimination, e.g malaria and transmission of neglected tropical diseases, and elimination of mother-to-child transmission of HIV, hepatitis B or syphilis.



### Protect the world from health emergencies

#### Humanitarian response

Provide access to health services for more than 150 million people in 30 countries, including 40 million primary care visits.

#### Outbreak alerts and response

Identify, assess and inform on 30 health threats per month and coordinate parallel response to 60 emergencies at any given time.

#### Improve preparedness

Increase scores under the International Health Regulations reporting tool, improving preparedness for 83 countries covering 1.4 billion people.



## Power global health to deliver faster

#### Faster access

Complete guidance and associated prequalification within 12 months for 400 health products.

#### Better data

Strengthen access to timely reliable data through the World Health Data Hub; use these data to set targets and catalyse progress towards health targets in more than 100 countries.

#### Targeted country support

Every WHO Country Office drives national progress through technical cooperation guided by a theory of change showing WHO's unique contribution.



## Ensure a strong WHO to perform for health

#### Demonstrate organizational excellence

Accountability, transparency and efficiency shown through audits and oversight mechanisms.

#### Sustainable financing

Fund high-priority outputs up to 80% of their planned budgets.

#### Strengthen country offices

Implement a predictable country presence and increase proportion of staff on long-term contracts at all levels.



# All for Health

WHO embodies the collective commitment of its Member States and partners to health as a global goal

# Health for All

WHO is a catalyst for country progress towards the well-being of all, guided by evidence-based standards, and stepping forward when emergencies threaten lives

# 1 What WHO will deliver in 2025–2028





## “The World Health Organization has the moral authority and unique global reach to drive forward the long-term strategies we need for real well-being.”

Gordon Brown, WHO Ambassador for Global Health Financing

Over its 75-year history, WHO has advanced global health, reducing mortality rates and increasing life expectancy. Yet, challenges persist: increases in life expectancy have slowed, maternal mortality has stagnated and conflicts exacerbate health crises. In 2024, nearly 300 million people require humanitarian aid, underscoring the urgent need to protect health care during emergencies and ensure peace for health. When health care is unprotected in humanitarian emergencies, lives are put at immediate risk. Disruptions to health systems also create a cycle of reduced health access and more poverty.

WHO's agenda setting, the creation of global health goods and its provision of country support are the foundation of global health initiatives. This robust foundation not only facilitates partnerships, but also catalyses additional health investments. WHO facilitates and increases the focused efforts of organizations such as Gavi, The Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), philanthropy and the private sector. Moreover, WHO's role extends beyond setting the global health agenda; it serves as the steward of an innovation-friendly ecosystem where advances benefit all. By spearheading a shift towards a primary health care approach, WHO is propelling universal health coverage (UHC) forward while addressing the unique needs of different countries.

Addressing today's complex health challenges demands multisectoral action. Noncommunicable diseases cause more than half of global mortality, requiring upstream interventions in social, behavioural and environmental areas. Climate change further increases health risks, underscoring the need for coordinated global governance and

preparedness for emerging threats. Governance has become more complex with a need for agile solutions that traverse the local to the global sphere, and mobilize state, civil society and private sector actors.

In the coming 4 years, through its 14th General Programme of Work, 2025–2028 (GPW14), WHO will continue to put making measurable impacts in countries at the centre of its work and results framework. WHO's work is anchored in the principles of the Sustainable Development Goals (SDGs) of leaving no one behind, with commitment to health equity, gender equality and human rights, and to the promotion of healthy lives and well-being across the life course (Fig. 1).

WHO will lead focused efforts to put the world on track to meet the ambitious targets of the SDGs, while at the same time future-proofing health and health care systems for the post-SDG era. By 2028, WHO, together with Member States and all other key partners, will ensure that, of the projected 8.4 billion people living in the world, 6 billion will be enabled to live healthier lives, 5 billion will be able to access health services without financial hardship and 7 billion will be protected from health emergencies. These absolute targets reflect WHO's commitment to health for all and on ensuring that all people in the world are eventually covered under these goals.

Achieving these targets will have immense impact on the health of the world's population. This is not only about numbers. It's about real people living longer, healthier lives. Each year, 55 million people die, with 28 million – half of all deaths – occurring prematurely before the age of 70.

At least

# 40 million

**lives will be saved globally over the next 4 years**

Through the collective efforts of WHO, Member States and partners, we can save at least 40 million additional lives globally over the next four years.<sup>1</sup>

The economic case for investment in WHO is strong. For every US\$1 invested in WHO, health gains valued at US\$ 35 are produced.<sup>2</sup>

The health impact and return on investment were estimated based on collaborative modeling efforts drawing from more than 50 academic modeling groups and consortia. These estimates were combined across programmes, taking account of comorbidities and overlaps. The WHO Secretariat's contribution to lives saved is made through developing guidelines and recommending interventions, approving technologies, supporting Member States to pass these into policy and supporting implementation. This estimate does not take account of a scenario where existing efforts from partners would backslide.

The rate of return on investing in WHO was calculated taking the estimated 40 million lives saved and using a conservative assessment of the portion of those benefits that can be attributed to the actions of WHO.<sup>3</sup> The estimates have been developed in close consultation with partners, including the Lancet Commission on Investing in Health, and progress will be monitored with the support of leading academic partners.

**US\$35**  
value of health gains  
produced for every US\$1  
invested in WHO

**Fig. 1**

## Strategic objectives of WHO's 14th General Programme of Work, 2025–2028



## 1.1 Promote good health and well-being

**Respond to climate change, an escalating health threat in the 21st century.**

**Address health determinants and the root causes of ill health in key policies across sectors.**

Since 2018, 1.2 billion more people now lead healthier lives, largely due to better indoor air quality and access to water, sanitation and hygiene. However, reaching SDG targets requires greater progress. Tobacco use persists, obesity rates are rising and climate change poses increasing health risks. WHO promotes good health and well-being by prioritizing prevention and promotion efforts both within and beyond the health sector, emphasizing evidence-based implementation. In the next 4 years, WHO, working with partners, aims to ensure 6 billion people are living healthy lives, thus moving towards the goal of health for all.

Climate change is a growing threat to human health, amplifying extreme weather events that affect the lives of millions of people, increasing the disease burden and the chance of future outbreaks, disrupting vital systems and undermining health determinants that disproportionately impact already vulnerable populations. By the middle of the 21st century, climate change could cause millions more deaths

annually from malnutrition, malaria and other climate-related issues, with air pollution alone causing more than 7 million deaths a year.<sup>4,5</sup>

Over 2025–2028, WHO will make climate change a priority across all divisions, from norms and standards to operational work, touching all areas of WHO's work. The Organization will support Member States to: build health systems of the future, which are more resilient to climate risks and have the lowest possible greenhouse gas emissions; enhance protection from climate-related emergencies and disease outbreaks; and guide key sectors, including energy, food, transport and urban systems, to improve health through climate change adaptation and mitigation.

WHO will continue to lead the global health architecture in making health a central issue in the international response to climate change. The Organization will further strengthen its role in providing evidence and technical guidance on health in a changing climate, monitoring progress that underpins global climate and health investments, and building capacity and technical support for Member States. This will enable Member States to develop, among other things, the health components of national adaptation plans and nationally determined contributions to meet the commitments of the Paris Agreement, and to implement cost-effective solutions, such as integrating climate and health surveillance systems, developing early warning systems for climate-sensitive diseases, and implementing solar-powered electrification in health facilities. For example, WHO will work with partners to ensure the electrification of 10 000 health facilities through solar-powered systems, and improve water, waste and facility management, and climate resilience.

Through WHO's initiative, the Alliance for Transformative Action on Climate and Health (ATACH), the Organization has brought together Member States and more than 40 development partners to build climate resilient and sustainable health systems and economies, thus multiplying impact in protecting health.

**“The Climate Crisis is the central challenge of our time. Not only are we seeing the impacts of heat, droughts and floods on health, but also the worrying exponential spread of diseases borne by mosquitoes and other vectors. The World Health Organisation understands this. We need solutions that realise that financing, equity and access are not different problems, they are all linked.”**

The Honourable Mia Mottley, Prime Minister, Barbados

Half of all health outcomes are shaped by where people are born, grow, work and age, and these conditions are startlingly unequal. WHO is championing efforts to promote and sustain health and well-being at all ages, for all people, by addressing health determinants in a coordinated way to translate global commitments into local action.

Over the 4 four years, WHO will seek to achieve healthier populations by focusing on stronger prevention and promotion strategies, and effective implementation of evidence-based

interventions at the country level to build a healthier, safer and more sustainable world for everyone, everywhere.

In 2025–2028, WHO will increase its focus on multisectoral action on the root causes of health inequities. WHO's Special Initiative for Action on Social Determinants of Health for Advancing Health Equity will work to integrate health equity into the social and economic policy platforms of at least eight countries. By scaling up policies, such as social protection coverage, this partnership aims to improve the social determinants of health for at least 20 million people experiencing disadvantage in these countries by 2028.

Social health investments, such as fostering social connections, have been overlooked and can benefit people of all ages. As population demographics change and more older people need access to services, WHO is working with countries to build long-term care systems by using available public and private resources, including the policies,

# 1.2 billion

**more people now lead healthier lives, largely due to better indoor air quality and access to water, sanitation and hygiene**

## Box 1

### Challenge of climate-related ill health: strengthening the resilience of Small Island Developing States

WHO is working with Member States to: build the health systems of the future, which are more resilient to climate risks and have the lowest possible greenhouse gas emissions; enhance protection from climate-related emergencies and disease outbreaks; and guide key sectors, including energy, food, transport and urban systems, to improve health through climate change adaptation and mitigation

Small Island Developing States are already facing escalating climate challenges, leading to a spike in climate-related diseases and weather-induced casualties. An urgent upgrade of the health infrastructure is needed to withstand the impacts of climate change, and countries are responding and adapting to the future needs of health systems.

Under the leadership of Fiji's Ministry of Health and Medical Services, WHO launched the Strengthening Health

Adaptation Project. This initiative began with a thorough assessment, which identified more than 50 health facilities needing urgent retrofitting. WHO is directing renovation efforts towards improving accessibility for individuals with mobility challenges, ensuring sustainable access to electricity from solar power, providing safe water and upgrading sanitation facilities. Additionally, training programmes for health workers and communities have been developed and rolled out to foster climate resilience. These collaborative efforts by the health ministry and WHO are pioneering a resilient health system in Fiji, ready to face the climate crisis.

With the strong leadership of the Governments of Fiji and Barbados, the 2023 Bridgetown Declaration addresses action needed to tackle the interconnection of environmental crises, and noncommunicable diseases and mental health. Furthermore, the commitments to action made by the 39 vulnerable Member States need urgent financial support.

**Fig. 2****Examples of WHO actions to promote health and well-being, 2025–2028****TACKLING HEALTH DETERMINANTS IN THE NEXT 4 YEARS**

The WHO Partnership for Healthy Cities unites mayors from 74 cities committed to creating healthier, safer and more equitable urban centres.



The WHO Global Network for Age-Friendly Cities and Communities extends support to over 2000 cities to improve living conditions for older residents.



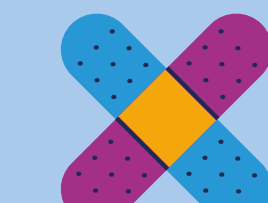
WHO sets international food safety and quality standards through FAO/WHO expert committees, maintaining the Codex Alimentarius which is a reference point for national authorities and thousands of industry users.



The WHO Best-buys for NCDs, comprising 28 low-cost, highly effective strategies, form the basis for Member States policies to tackle NCD risk factors.



WHO will provide specialized technical assistance, aiding in law development, tax analysis and practical implementation to ensure an estimated 66 million more people will quit smoking.



20 additional countries will implement the INSPIRE package, protecting an extra 130 million children from violence.



Under the Acceleration Plan to Stop Obesity 31 countries will be supported to introduce new policies related to obesity reduction, covering 1.2 billion additional people.



Through concerted action with Member States WHO will reduce deaths from road traffic crashes by more than 500 000 per year globally from 2025 to 2028.

**“Road traffic crashes devastate tens of millions of families around the world each year. By championing stronger road safety laws, WHO is leading groundbreaking work to make our roads safer – and prevent so many unnecessary tragedies.”**

Michael Bloomberg, WHO Global Ambassador for Noncommunicable Diseases and Injuries

systems and infrastructure for universal long-term care coverage and financial protection for older adults. WHO will support urban governance for health and well-being through initiatives that strengthen participatory processes in decision-making with multisectoral action and civil society engagement at the local level.

WHO's work to address health risk factors – tobacco use, harmful use of alcohol, obesity, physical inactivity and unhealthy diets – will continue unabated. Fig. 2 highlights some of the key areas and targets of WHO's work to tackle health risk factors and determinants between 2025 and 2028.

**“WHO brings together partners from beyond the health sector to focus on the social inequity which is the root cause of most ill-health.”**

Sir Michael Marmot, Professor of Epidemiology and Public Health at University College London



Elderly residents exercise, assisted by a physical therapist, at Bishkek social center, Kyrgyzstan. © WHO / Arete / Maxime Fossat



## 1.2 Provide health services where they are needed most

**Advance the primary health care approach and essential health system capacities for universal health coverage.**

**Improve health service coverage and financial protection to address inequity and gender inequalities.**

Since 2018, nearly 430 million more people have gained access to health services without financial hardship. One hundred and forty countries enshrine the right to health in their constitutions, yet more than half the world's population is still not covered by essential health services and one person in four suffers financial hardship in accessing health services. Although global progress towards the SDG target for UHC is not on track, around 30% of countries have increased both service coverage and financial protection, showing progress is possible even in difficult fiscal conditions.

After the 2023 high-level meeting on UHC, national leaders committed to redouble UHC progress and invest in a primary health

care (PHC) approach as the most equitable, effective and efficient path to UHC. Over the next 4 years, WHO will support Member States to realize the right to health, and achieve universality and equity by focusing on three priorities: (i) reorienting health systems to a PHC approach; (ii) strengthening and expanding the health workforce to leave no one behind; and (iii) enhancing health financing and financial protection for the poorest and most vulnerable people.

To drive the PHC approach, WHO will intensify tailored and flexible support to more than 120 countries with a combined population of more than 3 billion people by deploying 150 UHC health policy advisers through the UHC Partnership<sup>6</sup> – the world's largest and most widely recognized platform for international cooperation on UHC and PHC. During 2025–2028, the UHC Partnership will accelerate learning and policy advancements by facilitating knowledge exchange among countries.

The health workforce and infrastructure are expected to need the biggest investment to meet the health-related SDGs<sup>7</sup>. Despite recent progress, an estimated shortfall of 10 million health workers is expected by 2030. WHO's multipronged workforce plan builds on

### Box 2

#### A leap towards access: collaborating on primary health care in Pakistan

Since 2018, Pakistan has made significant advances towards universal health coverage (UHC), yet nearly half the population remains underserved. In 2021, under the Government's leadership, WHO brought together eight partners within the SDG3 Global Action Plan for Healthy Lives and Well-being for All to collaborate on primary health care by creating a foundation to accelerate progress towards UHC. This partnership delivered the Family Practice Approach, with the cornerstone being the new UHC benefit package which was piloted in

Islamabad and Charsadda. The initiative catalysed the refurbishment and equipping of 15 health facilities, enhanced the skills of health care workers in patient safety and service delivery, improved referral systems, and increased community engagement. Underpinned by a robust theory of change and vigilant monitoring, the initiative led to significant health service enhancements and intersectoral cooperation. This successful model is now ready for expansion across Pakistan.

# 430 million

**additional people have gained access to health services without financial hardship**

**“Worldwide, countless individuals endure mental health, neurological and behavioural conditions. Through programs like its Special Initiative for Mental Health, WHO is shedding light on often overlooked issues, and empowering nations to bridge the vast service gap”**

Cynthia Germanotta, WHO Goodwill Ambassador for Mental Health

consensus among Member States and partners at the Fifth Global Forum on Human Resources for Health in 2022. WHO will support Member States to double the health workforce in 55 countries with the greatest need, support efforts to educate and employ 3.2 million health workers, strengthen the public health and emergency workforce, promote ethical migration, and address gender inequalities in a predominantly female workforce.

Financial hardship has progressively worsened over the past 2 decades, exacerbated by coronavirus disease 2019 (COVID-19).

Ensuring financial protection for all, especially the poorest people, is crucial as service coverage expands. Despite progress in widening financial protection, the poorest people remain the least covered by essential health services and bear the brunt of out-of-pocket health spending. Since 2018, WHO has collaborated with 111 countries to enhance financial protection and 143 countries to

## Box 3

### Multidisease elimination: consigning more infectious diseases to history

Remarkable progress has been made in tackling many communicable diseases. The number of people dying from causes related to human immunodeficiency virus (HIV) infections is 70% lower than its peak 20 years ago. Tuberculosis death rates declined 18% between 2015 and 2022. WHO has targeted more than 30 communicable diseases for elimination, and 25 countries have eliminated at least one tropical disease over the past 5 years.

Over the coming 4 years, WHO will accelerate efforts to control, eliminate and eradicate diseases. The Organization will: align partners around the scale-up of equitable access to malaria vaccines and dual-active ingredient mosquito nets; support research and development for a new tuberculosis vaccine through the tuberculosis vaccine accelerator council; implement the research and development blueprint for neglected tropical diseases; apply the successful HIV self-testing model to other disease areas including sexually transmitted infections, and hepatitis B and C; shape

the market for better access to human papillomavirus tests and integrative approach; and support countries to develop efficient, effective and equitable approaches to multidisease elimination.

By 2028, another 84 countries could reach the WHO targets for disease elimination. These targets include elimination of transmission (e.g. malaria and some neglected tropical diseases) and elimination of a public health problem, such as for cervical cancer transmission pathways (e.g. mother-to-child transmission of HIV, hepatitis B, syphilis and Chagas disease), or an acute public health event (e.g. outbreaks of meningitis, mpox and hepatitis E or A). Twenty-nine countries could achieve two or more elimination targets. Many more will make measurable progress on the path towards longer-term elimination goals. A multidisease elimination approach facilitated by WHO will result in less fragmentation, with convergence around common platforms to deliver essential services and interventions, which will lead to greater efficiency, effectiveness and equity in elimination efforts.



**Box 4****Mental Health Special Initiative: providing cost-effective comprehensive cover**

As many as one in eight people worldwide lives with a mental health condition and 700 000 people die each year from suicide. Yet, only a small portion of these people can access appropriate care and support. WHO is catalysing efforts to close this treatment and service gap. The Organization and partners have developed global and regional action plans and a comprehensive body of information, evidence and guidance to support country-level implementation of mental health strategies. However, implementation progress to date has been patchy and far short of the goal to increase service coverage globally by 2030.

WHO's Special Initiative for Mental Health will boost progress and is already operational in nine countries

across all six WHO regions. The goal of the initiative is to introduce new services at the primary and secondary levels of health care, often in districts with little or no mental health service capacity. An estimated 52 million people now have access to newly available local services. These services are highly cost-effective: for every US\$ 1 million spent, more than 2 million people have access to newly available mental health services in their communities – a per person cost of less than US\$ 0.50. In the next 4 years, the special initiative will be extended to more countries and 24 countries with plans to strengthen their mental health surveillance systems will be supported to generate the data needed to accurately monitor and report service coverage.



**The WHO Academy will increase the provision of high-impact state-of-the-art training to millions of health workers and policy-makers worldwide**

The WHO Academy Mass Casualty Management learning programme ran its first simulation activity in a custom-built simulation centre in Lyon, France. © WHO / Eric Leroux

implement policy changes to improve health financing. Over the next 4 years, WHO aims to further bolster health financing capacity in at least 50 countries, emphasizing evidence-informed policies to enhance both service coverage and financial protection, and ensuring that no one is left behind.

Countries emerged from COVID-19 with new appreciation of the value and impact of health on equity, economic recovery and resilience. The pandemic reversed years of progress in the provision of many essential health services, including for routine immunization, noncommunicable diseases, mental health, HIV, hepatitis, sexually transmitted infections, tuberculosis, malaria and neglected tropical diseases. As the evidence of these disruptions became clear over the course of 2020 and 2021, WHO and partners began to organize efforts to mitigate the impact. These efforts to increase access to health services will continue over the coming 4 years (Fig. 2).

This work will include high-level political advocacy for the most important health priorities, issuing leading normative guidance,

providing direct technical support to Member States, facilitating the recommendation, prequalification, donation and procurement of medicines, developing new service-delivery models, using digitalization, health literacy and self-management, and strengthening monitoring and evaluation, as well as

implementation research. For example, WHO's cervical cancer elimination initiative will support Member States to reach the 90–70–90 targets for the percentage of girls vaccinated, women screened and women treated by 2030 through a PHC-oriented approach.

Key to guaranteeing access to services is ensuring an integrated delivery of services to promote health, and prevent, detect and treat diseases and provide rehabilitation from them across the life course through a PHC approach. WHO's guidance on disease-specific interventions is oriented towards this integration. To this end, WHO issues guidance for primary care-based interventions and supports countries towards multidisease elimination, while recognizing that higher-level care, such as for cancer, is a vital part of robust PHC-oriented health systems. This work will continue over 2025–2028 so that these ambitions become a reality for Member States.

**“One of the most pressing issues on the continent of Africa is the education, employment and retention of a skilled health workforce to meet the needs of the growing population and improve the resilience of the health system against future shocks”**

Dr Diana Atwine, Permanent Secretary, Ministry of Health, Uganda

## Box 5

### Women's health: bridging the gender health gap and overcoming entrenched inadequate care

Some 75 million years of life are lost each year due to the gender health gap<sup>8</sup>. Gender inequality drives health disparities, with women facing unique health challenges including to receiving adequate care.

Since 2018, WHO has increased attention to these challenges by applying a gender lens to all its work. The Director-General has also prioritized the leading killers of women, including through a call to action to eliminate cervical cancer, which has led to the introduction of the human papillomavirus vaccine in 58 countries since 2020.

Despite these advances, challenges remain. Particularly worrying is the lack of progress in reducing maternal mortality, violence against women and breast cancer.

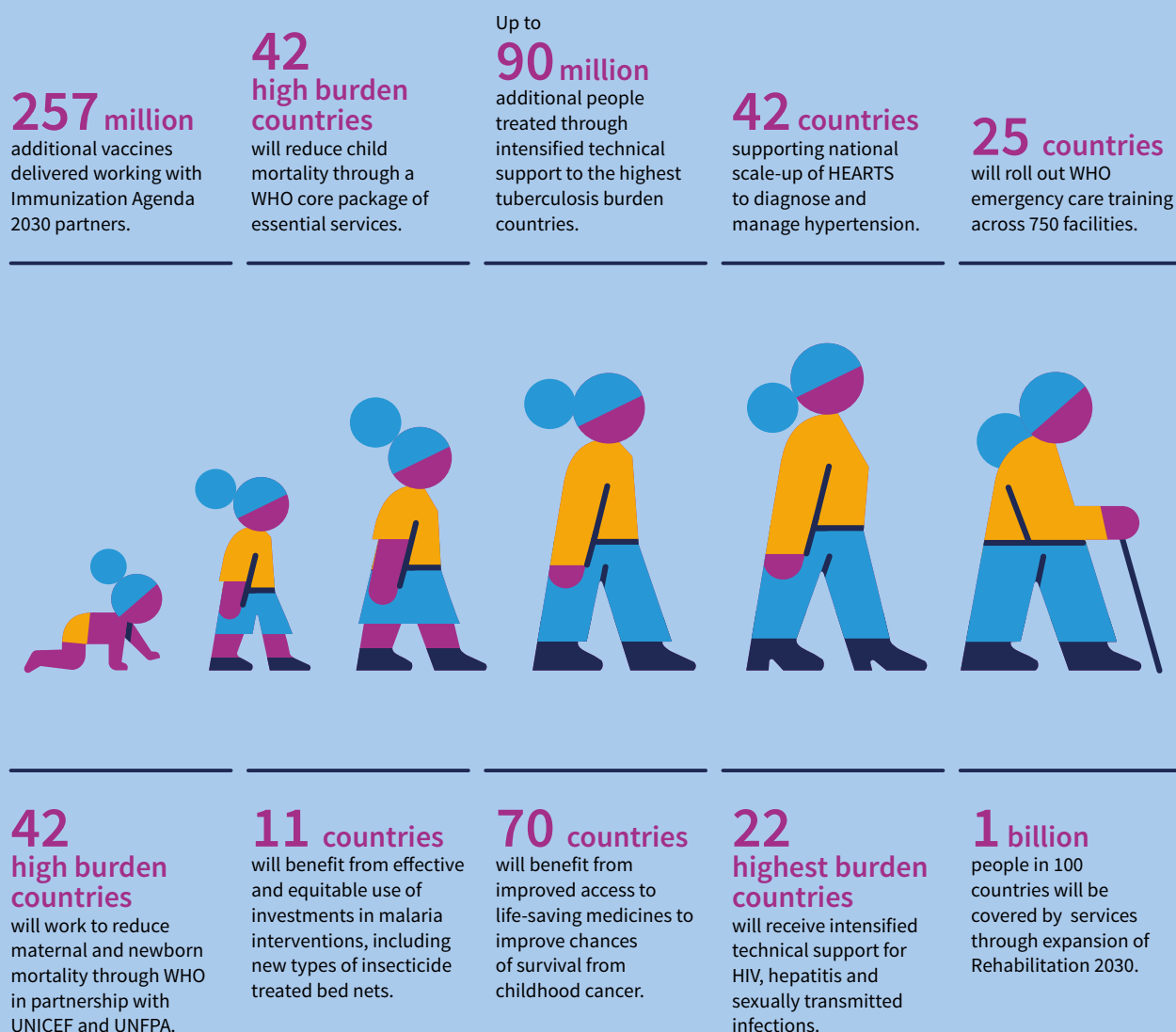
Over the coming 4 years, WHO will continue to apply a gender lens across the Secretariat's work and serve as

a stalwart advocate globally for women's health. This includes supporting countries to: improve reporting and use of sex disaggregated data; conduct gender analysis; and identify and address all conditions that differently or disproportionately affect women.

Working closely with the United Nations Population Fund and United Nations Children's Fund, the Secretariat will also intensify technical support to 42 high-burden countries to reduce maternal and newborn mortality, and, under the WHO Family Planning Accelerator Plus Project, support countries to implement evidence-based, gender-responsive family planning interventions. The Global Strategy for Cervical Cancer Elimination will scale up the three pillars for cervical cancer elimination, including increasing coverage of human papillomavirus vaccination and screening and treatment of women based on the latest WHO guidance.

Fig. 3

## WHO actions to provide health services to those in need



**“We cannot create a world free of poverty or make progress to address inequality without tackling gaps in health care. Quality, affordable health care remains out of reach for too many in developing countries which severely impacts their development and well-being. The World Bank Group is committed to the ambition of health for all, which underpins our goal of reaching 1.5 billion people with health services by 2030. We need effective partnerships and a strong WHO to make progress on the global health agenda, so together we can scale up what works and ensure that health is not just a promise, but a reality for everyone.”**

Ajay Banga, President, World Bank Group

## 1.3 Protect the world from health emergencies

### Prevent, mitigate and prepare for risks to health from all hazards.

### Rapidly detect and sustain an effective response to all health emergencies.

Since 2018, WHO's efforts have resulted in 600 million more people being better protected from health emergencies. This significant progress was driven by expanded vaccination coverage, enhanced preparedness and quicker responses to emerging threats. These accomplishments underscore WHO's vital role in reinforcing global health security.

The COVID-19 pandemic has sharply highlighted the urgent need for enhanced equity, resilience and global coordination in preventing and responding to health emergencies. Over the next 4 years, WHO will continue this work with Member States. The ongoing negotiations for the pandemic agreement and the amendments to the International Health Regulations 2005 (IHR (2005)) are set to play a pivotal role in forging a more effective and equitable global framework for pandemic preparedness, response and recovery. Spearheaded by Member States and facilitated by WHO, these initiatives aim to secure crucial investments, accelerate research and development of vaccines and treatments, and expand global manufacturing capacities through technology transfer and voluntary licensing. Achieving the objectives of these initiatives is central to extending protection against health emergencies to a projected total of 7 billion people.

These efforts are designed to bolster the world's collective capacity to respond efficiently and effectively to future health crises and reinforce the importance of unified action in an increasingly fragmented world.

### 1.3.1 Prevent, mitigate and prepare for emergencies

The world is experiencing an unprecedented increase in global health emergencies, driven by factors such as climate change, conflicts and the expanding interface between human and animal habitats. Notably, about 75% of new infectious diseases originate in animals, highlighting the urgent need for a comprehensive One Health approach to protect populations. The urgency to address these complex, interconnected threats was a focus at the United Nations (UN) High-Level Meeting on Pandemic Prevention, Preparedness and Response in 2023.

WHO is at the forefront of enhancing global health security, with its expertise in surveillance, safe and scalable care, rapid access to medical countermeasures and emergency coordination for protecting vulnerable communities and enabling swift responses to crises. Both a clear opportunity and a moral imperative exist to bolster emergency preparedness systems and capabilities. Strengthening these areas is vital to significantly reduce the risk of future pandemics and safeguard global health and development gains.

Central to WHO's strategy is supporting countries at risk in building resilient health systems that act as the first line of defence against emerging threats. These systems must be adaptable to specific local contexts and designed to handle varied health threats effectively. This resilience not only ensures uninterrupted care and equitable access to essential treatments during emergencies, but also protects the health and well-being of people in crisis zones, thereby enhancing community readiness and overall system robustness.

# 600 million

**more people are better protected from health emergencies as a result of WHO's efforts since 2018**

**Box 6****Health care for displaced populations: ensuring access to leave no one behind**

Displacement and migration are key determinants of health and well-being, not only for internally displaced people, refugees and migrants, but also for the populations in their communities and countries of destination, transit and origin. About 282 million people – 13% of whom are children – live outside their country of birth, and 110 million people have been forcibly displaced, including refugees, asylum-seekers and internally displaced people.<sup>9</sup> WHO's work has been guided by the WHO Global Action Plan on promoting the health of refugees and migrants, 2019–2030 and relevant regional frameworks and resolutions.

WHO will continue to support Member States facing these growing global challenges, specifically 41 countries experiencing increasing migration, humanitarian emergencies and internal displacement, as well as 42 countries hosting refugees. These countries will receive

assistance in strengthening the delivery of essential health services, notably in humanitarian setting and health systems, including through capacity-building and technical assistance to national programmes to improve access of migrants and refugees to comprehensive, good quality and culturally sensitive health services to accelerate progress towards universal health coverage. Furthermore, WHO will advance the translation of research into evidence-based policy-making by implementing the Global research agenda on health, migration and displacement at regional and national levels, and will provide support to 16 countries hosting refugee and migrant populations. WHO support during 2025–2028 is expected to lead to a 25% increase in the number of countries with policies that ensure equal access to essential and emergency health care for displaced people and a 25% decrease in these populations who do not have equal access.

**“The COVID-19 pandemic cost the world trillions of dollars in public expenditure and foregone output. For a fraction of a percentage point of those costs, we can put in place public health infrastructure and preparedness systems that would improve countries’ odds of nipping the next health crisis in the bud. Making these investments – including support for a properly-resourced World Health Organization – is a no-brainer.”**

Dr Ngozi Okonjo-Iweala, Director-General, World Trade Organization

### **1.3.2 Rapidly detect and maintain an effective response**

The constant threat of localized outbreaks escalating into global pandemics underscores the need for strong international cooperation to ensure timely detection and effective containment. Collaborative efforts are crucial to avert the extensive devastation that can result from unchecked disease outbreaks.

Each month, WHO analyses 9 million pieces of surveillance data and identifies about 4500 potential risks, which lead to about 30 verified threats. This vital function will continue over the next 4 years, with the support of the WHO Hub for Pandemic and Epidemic Intelligence in Berlin. This hub is pivotal to enhancing access to multiple data sources and developing advanced tools to generate insights on disease emergence, evolution and impact, thereby strengthening global capacities for disease detection, assessment and response.

Using the framework set by the IHR (2005), WHO's sophisticated surveillance networks are instrumental in the early detection of health threats, enabling prompt, science-based actions. In 2022, WHO successfully verified over 70% of IHR (2005) signals within 48 hours, demonstrating its prompt response capabilities. Over the next 4 years, WHO aims to strengthen its preventative strategies further by using updated risk assessments the One Health approach, and extending its global outreach. The objective is to proactively identify and neutralize risks at their source, significantly diminishing the frequency and intensity of future emergencies.





Biochemists examine samples for antimicrobial resistance delivered to the laboratory at Malbrán Institute in Buenos Aires, Argentina. © WHO / Sarah Pabst

## Box 7

### Antimicrobial resistance: tackling this silent pandemic

Only a concerted effort can hold and reverse the growing threat of Antimicrobial resistance (AMR), which already today causes more than 1 million direct deaths and contributes to almost 5 million deaths every year. If antibiotics and other antimicrobials lose their effectiveness, the cost to the global economy would be at least US\$ 1 trillion annually by 2030. Furthermore, modern medicine would cease to exist – a simple cut or sore could prove life-threatening.

WHO tackles this challenge with multiple partners from both public and private sectors, and coordinates a One Health approach across human and animal health and ecosystems to prevent antimicrobial resistance, working with the Food and Agriculture Organization of the United Nations, United Nations Environment Programme and World Organisation for Animal Health. A joint global plan provided the impetus for 178 countries to develop national action plans on AMR, underpinned by WHO's core packages of the most effective interventions. Yet only 27% of countries report that they have the capacity to implement and monitor their plans and only 11% have dedicated funding in their national budgets.

Over the next 4 years, WHO will: (i) consolidate strategic information systems to guide decision-making at the country level; (ii) support increased investment in research and development, and improve equitable access by tackling barriers along the value chain; (iii) raise awareness of antimicrobial resistance among key stakeholders

including young people, policy-makers and media, and promote the voices of survivors of antimicrobial resistance to emphasize the impact of antimicrobial resistance on lives and livelihoods; (iv) deliver a comprehensive approach to stewardship so that prescribed antibiotics limit the risk of the emergence of resistance; and (v) finalize and disseminate a package on how to implement the people-centred framework for antimicrobial resistance into health systems. These activities will be delivered through an integrated approach that will involve all divisions and levels of WHO.

Integrated surveillance across pathogens is a critical piece of WHO's work to monitor the emergence of drug resistance. Specifically, WHO will work to ensure that 1.5 million people with multidrug-resistant tuberculosis can access WHO's recommended treatment, support digital technologies, and expand access to WHO-recommended diagnostics and drug-susceptibility tests, which will significantly improve treatment outcomes and save more lives. Enhanced antimicrobial resistance surveillance for gonorrhoea is now in place in 14 sentinel countries across the six WHO regions, and an additional 73 countries are capable of tracking the emergence and spread of resistance to the last-line treatment for gonorrhoea as a result. This surveillance can reduce the further development and spread of antimicrobial resistance and has the potential to avert 82 million untreated infections that could lead to 800 000 adverse sexual and reproductive health outcomes.

### 1.3.3 Save lives in humanitarian settings

WHO's collaborative efforts with countries substantially enhance health care access during emergencies, benefiting millions. As a vital provider of last resort and lead of the Global Health Cluster, WHO works in conflict and disaster areas, partnering with humanitarian organizations to deliver essential supplies and services and cater to the needs of affected communities. For example, in the past 2 years, WHO has provided scaled-up mental health and psychosocial support services to 2 million people in the Syrian Arab Republic and Türkiye after the 2023 earthquakes and deployed experts in mental health and psychosocial support to 12 complex emergency countries including Ukraine. Additionally, more than 142 000 noncommunicable disease and mental health emergency kits developed by WHO have been distributed to 28 countries affected by conflicts and natural disasters and placed in humanitarian

hubs, including Gaza, South Sudan and Ukraine, making it one of the most purchased emergency kits globally.

Over the next 4 years, WHO is committed to continuing its support for health services to more than 150 million people across 30 countries, including facilitating 40 million PHC visits annually. WHO's extensive global presence and partnerships strengthen local response capabilities, ensuring that vital assistance reaches people in dire need.

# 4500

**potential risks are identified each month**



In response to a cholera outbreak in Sudan, WHO staff monitor water quality at a site hosting displaced families. © WHO / Ala Kheir

# 2 Transforming for impact





**“WHO is vital in its support to countries to direct their health efforts to have the greatest impact. Parliamentarians across the world are united in their acknowledgement of the ways WHO serves the people.”**

Martin Chungong, Secretary-General, Inter-Parliamentary Union

Introduced in 2018, the transformation agenda is WHO’s most ambitious reform in its 75-year history. The main aim of the agenda is to modernize WHO, ensuring seamless delivery of measures designed to have a public health impact at the country level. The agenda commits all levels of the organization to transparent prioritization of issues guided by the needs of Member States. Implementing the reforms has been a high priority for the Secretariat, and it has paid close attention to ensuring coherence across these reforms to ensure efficiency, sustainability and impact (Fig. 4). New capabilities, including the Chief Scientist and data divisions, have driven a renewed focus on science and data across many areas of WHO’s work, including malaria, neglected

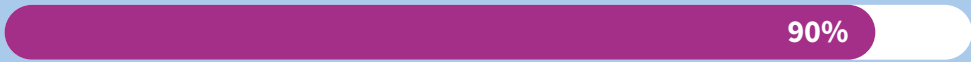
tropical diseases, tuberculosis, obesity, pathogen surveillance, antimicrobial resistance, cancer and mental health, digital health and artificial intelligence, and climate change. In addition, WHO’s engagement in high-level multilateral partnerships has increased.

Since 2021, WHO has been implementing and reporting on initiatives to enhance the Organization’s performance and to further strengthen its accountability, budgetary, programmatic, finance and governance systems and processes, as well as to substantially increase its transparency. These efforts have also improved efficiency and effectiveness in administration, finance, human resources and procurement, and saved costs. In 2022, 95 efficiency gains worth nearly US\$ 150 million were identified and implemented. By investing in modernizing its enterprise resource planning by moving to the more modern business management system, launching in 2024, the Secretariat will drive future efficiencies through the optimization and automation of business processes. Similarly, WHO has led all UN agencies in efforts to develop, improve and implement systems to prevent and

**Fig. 4**

**Implementation rates of audit and evaluation recommendations as of April 2024**

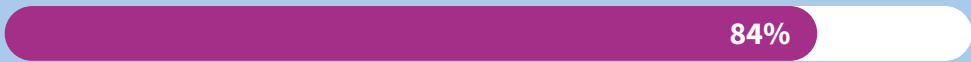
WHO-accepted UN Joint Inspection Unit recommendations



2021-2022 Management Response Plan-Preventing and Responding to Sexual Exploitation and Abuse



Secretariat Implementation Plan and Report



Agile Member States Task Group recommendations assigned to WHO



respond to sexual misconduct, including advancing accountability, culture change, policies, investigative capacity, training, risk management, dedicated human resources, and victim- and survivor-centred support.

Over the next 4 years, WHO will further prioritize country support and adjust its results framework to better measure public health impact. WHO will continue to optimize its core business and technical processes to ensure the Organization delivers value for money and meets the needs of Member States. To this end, the Organization has restructured core functions, such as supply chain and communication capacities, and continued the

development of efficient global corporate functions such as the Global Service Centre in Kuala Lumpur and corporate hubs in Budapest, Dubai and Tunis.

WHO is committed to continuous improvement and has demonstrated this commitment.

To sustain its achievements to date, and to meet the new demands of a changing world, a longer-term organizational change agenda will be embedded across the Organization. This agenda includes an ambitious people strategy developed to focus on the WHO's most important asset – attracting, retaining and developing a diverse, motivated, empowered and fit-for-purpose workforce.

## WHO's unique value:

- Global Health Stewardship
- WHO Public Goods
- Country Support

WHO/Dubai Global Logistics Hub pharmacist performing a medical supplies inventory check at the WHO's warehouse within Dubai Humanitarian, United Arab Emirates. © WHO / Yoshi Shimizu



## 2.1 Leading by example

Partnerships are integral to WHO's work and how it influences the global agenda. The UN reform and Lusaka agendas have given added focus to streamlining efforts of international partners and aligning with national priorities. For example, WHO's collaboration with

the quadripartite collaboration (Food and Agriculture Organization of the United Nations, United Nations Environment Programme and World Organisation for Animal Health and WHO) has advanced a coherent One Health project.

### Box 8

#### Health Impact Investment Platform: mobilizing national health financing

In a landmark development aimed at investing in and strengthening essential, and climate- and crisis-resilient primary health care services, four multilateral development banks have joined with WHO to launch the Health Impact Investment Platform.

The platform will raise an initial €1.5 billion of funding to be made available to low- and middle-income countries as concessional loans and grants to expand the reach and scope of their primary health care services, especially for the most vulnerable and underserved populations and communities.

The African Development Bank, European Investment Bank, Islamic Development Bank, Asian Development Bank and WHO founded the platform. WHO is the platform's policy coordinator, responsible for ensuring

alignment of financing decisions with national health priorities and strategies under a one-country, one-plan approach. The platform will be governed by a steering committee with representatives from the four banks, with WHO hosting the secretariat and operational functions.

It is expected to be fully operational by 2025.

By gathering all data and evidence related to investments, the platform will de-risk investment and leverage co-financing to increase the concessionality of loans. This financing comes in addition to the more than US\$ 1 billion which WHO has leveraged since 2016 for countries' health sectors through its partnership with the World Bank. Further partnerships will allow this platform to be scaled up.

**“The EIB is proud to partner with WHO and our fellow multilateral development banks on the Health Impact Investment Platform for an innovative approach to financing that will ensure more resilience to the shocks of future health crises, safeguarding communities and economies.”**

Nadia Calviño, President, European Investment Bank

Furthermore, a trilateral cooperation between WHO, World Trade Organization and World Intellectual Property Organization has created an intellectual property agreement aligned with public health goals. WHO's network of more than 800 collaborating centres further enhances the Secretariat's production of global knowledge.

WHO enables the work of key partners and global health institutions such as Gavi, the Global Fund and the Global Financing Facility, philanthropy and the private sector at every step of their value chain, by: identifying health issues and the burden of disease and the countries and communities most vulnerable; supporting innovation in response strategies and validating effective responses; monitoring

and certifying progress; prequalifying medicines, diagnostics and vaccines; and directly enabling programme delivery in some of the most fragile health systems and dangerous on-the-ground circumstances.

# 800

**collaborating centres  
enhance the production  
of global knowledge**

## Box 9

### WHO and digital health: shaping health care for the 21st century and beyond

To meet the growing demand from countries for digital health solutions, WHO is expanding further into digital health and innovation to future-proof and build resilience of national and global health systems. An opportunity exists to reimagine health through interconnected digital systems to strengthen primary health care, universal health coverage and routine health system functions.

While 120 Member States have developed digital health strategies, progress is unequal with important gaps in infrastructure, gender inclusion and accessibility to digital services. In response, WHO launched the Global Initiative on Digital Health to support transforming country strategies into action. With a focus on strengthening institutions, developing policy and regulatory environments, and building capacity, this initiative promotes WHO's norms and standards and guidelines to facilitate the transformation of health systems.

While all WHO guidance and guidelines are freely available, access remains a challenge for the people who need them the most and WHO is creating access to real time updates and digital codes for easy language

translations so that no one misses out on the benefits of digital health.

Digital health and innovation is essential to build resilient health systems and future-proof against pandemics and other threats. Devastating as it was, the coronavirus disease 2019 pandemic accelerated the adoption and expansion of digital technologies and. WHO led digital health innovation with our partners and collaborators. One example is the Global Digital Health Certification Network, which was launched with the European Union. This global health infrastructure currently connects 76 countries across all income levels and regions, and enables people to digitally carry their verifiable health and immunization records or to benefit from cross-border electronic prescriptions or telemedicine services.

WHO is providing leadership on artificial intelligence (AI) by bringing together global experts to develop the guidance document on the ethics and governance of AI for health, which is among the the most accessed resources in the WHO library. WHO is committed to ensuring digitalization of health benefits everyone, everywhere.





**“WHO’s key role in providing technical support to countries and setting global standards is a vital ingredient for our Vaccine Alliance’s success.”**

Dr Sania Nishtar, Chief Executive Officer, Gavi

**“The world needs a strong WHO to ensure that the global health ecosystem delivers the maximum impact towards achieving SDG3. Only by ensuring WHO and its partners are sustainably funded can we continue to save lives and beat AIDS, TB and malaria by 2030.”**

Peter Sands, Executive Director, The Global Fund

## 2.2 Science and data for impact

### 2.2.1 Creating faster, fairer access to innovation

Access to safe and effective diagnostics, medicines and vaccines depends upon confidence which is underpinned by global standards. WHO is the steward of an increasingly complex global ecosystem that drives forward innovation in medicine and translates science into products and health programmes that reach all people who need them (Fig. 5).

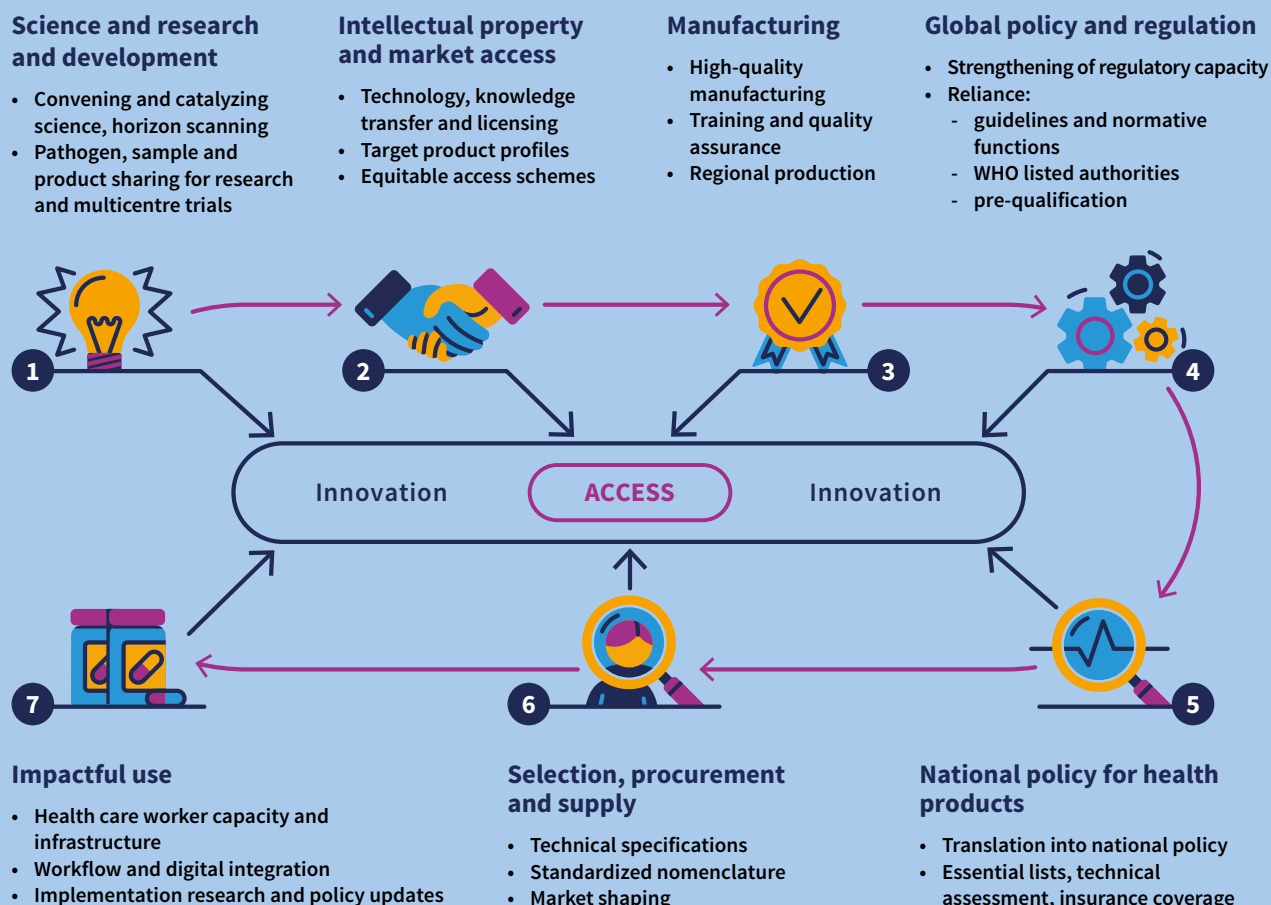
WHO identifies gaps and opportunities to establish and maintain normative guidance and

quality assurance standards, support effective priority-setting, and ensure timeliness and equity. The need to correct global imbalances in health innovation has never been more evident, but it will require sustained efforts to improve country and regional capacity, resilience and self-reliance, including through geographically diversified and sustainable scientific effort, research and development, and quality-assured manufacturing capacity.

WHO provides two essential global services: the development of recommendations and guidance on the use of important health

Fig. 5

### WHO end-to-end role in accelerating access to life-saving innovation



**Box 10****WHO's regional presence: multiplying impact through regional partnerships**

At regional level WHO's presence serves as a vital hub to promote collaboration among countries, facilitate knowledge exchange, and catalyse regional and global action to improve health outcomes. The regional offices work to implement WHO's global health policies and programmes within their respective regions, adapting these policies to suit the specific needs, priorities and contexts of the countries they represent. And, just as they respond to their own distinct contexts and tailor global prescriptions to regional and national needs, they also play a role by aggregating and translating these national experiences to shape global perspectives.

WHO regional offices coordinate and align partnerships between country governments, development partners and public health institutions, and regional authorities, Regional Economic Committees (for example South African Development Community, Economic Community of West African States), private sector and civil society

organizations, continental organs such as the European Union Commission, the African Union Commission and Africa Centres for Disease Control and Prevention, regional political groupings such as the Asia-Pacific Economic Cooperation Forum and the Association of Southeast Asian Nations, and regional development banks such as the Asian Development Bank, African Development Bank, and others. WHO's engagement with regional partnerships takes a number of forms – from advocating for health at the political leadership level, collaborating on technical support to countries and leveraging financing for investment in Member States' health systems. During the coronavirus disease 2019 pandemic, WHO also engaged actively through regional partnerships to support countries' responses, for example, in facilitating and coordinating donations of vaccines. WHO has also played a key role in establishing and promoting political fora dedicated to advancing universal health coverage, such as the Asia Pacific Parliamentarians Forum on Global Health.

products, for example, the model lists of essential medicines and essential diagnostics list; and the prequalification of these product so they can be safely and rapidly used more widely. Current practice is to develop recommendations and assess prequalification sequentially. A new method is now being adopted for all products to synchronize processes and conduct them in parallel. The target for the dual processes is 12 months from the start of the recommendation development to formally accepting a manufacturer's dossier for prequalification assessment. At the same time, WHO will support Member States to identify and clear roadblocks to adoption, and reduce the lag time to access at the national level which currently can be longer than 10 years.

### **2.2.2 Providing equitable access to the world's health data**

Good data are essential for public health but many challenges exist at global, regional and country levels, including data fragmentation, insufficient access, weak health information systems in countries and a lack of standardized

solutions for data collection, analysis and presentation.

WHO's commitment to accessible health data prompted the development of the World Health Data Hub, which combines WHO's databases into one secure platform to provide countries, partners and the public with trustworthy health data. Over the next 4 years, WHO will enhance the hub, with improved visualization, translation into other languages, and transparency of sources and real-time information on health risks, making it a comprehensive platform for streamlined consultations and improved access to high-quality data.

As the world faces challenges to achieving the targets of the SDGs, accurate and timely data are needed to inform prioritization and set targets. WHO uses country-specific, co-developed quantifiable targets and a strategic plan to meet country targets and monitoring and evaluating progress supports progress. This approach will be expanded in the next 4 years from 50 to 100 countries. WHO's annual flagship monitoring





WHO staff reviews immunization records with health workers to support performance monitoring in Marsabit County Referral Hospital, Kenya. © WHO / Billy Miaron

reports, such as the world health statistics reports and UHC monitoring reports, along with regularly updated global health estimates, give Member States better information to address health challenges. To further support Member States to strengthen their health systems, WHO will finalize

the Global Health Facilities Database, and support ministries of health to maintain a georeferenced health facility master list to enable the world to identify the location and functional capacities of all health facilities, with all low- and middle-income countries covered by 2028.

**“The world is now even more aware of the significance of timely, reliable and accessible data to deal with health emergencies like pandemics, and to promote public health policies within and across countries. The role of the WHO is essential in this, as the only international organization with the required reach, expertise and credibility. This is one of the reasons why supporting the WHO is critical for achieving health for all, in any country.”**

Dr. Jayati Ghosh, Professor of Economics at the University of Massachusetts at Amherst and Member of the WHO Council on the Economics of Health For All



## 2.3 Strengthening country offices to increase impact

One of WHO's greatest assets is the breadth and depth of its network of 154 country offices, six regional offices and multiple headquarters campuses (Fig. 8). This is an unparalleled resource for global health, putting technical expertise closest to where impact is achieved.

**“Viet Nam works closely with WHO in our country's journey to better health for our people - via advancing Universal Health Coverage and strengthening primary health care, improving pandemic preparedness and response capacities, and tackling the risk factors for diseases.”**

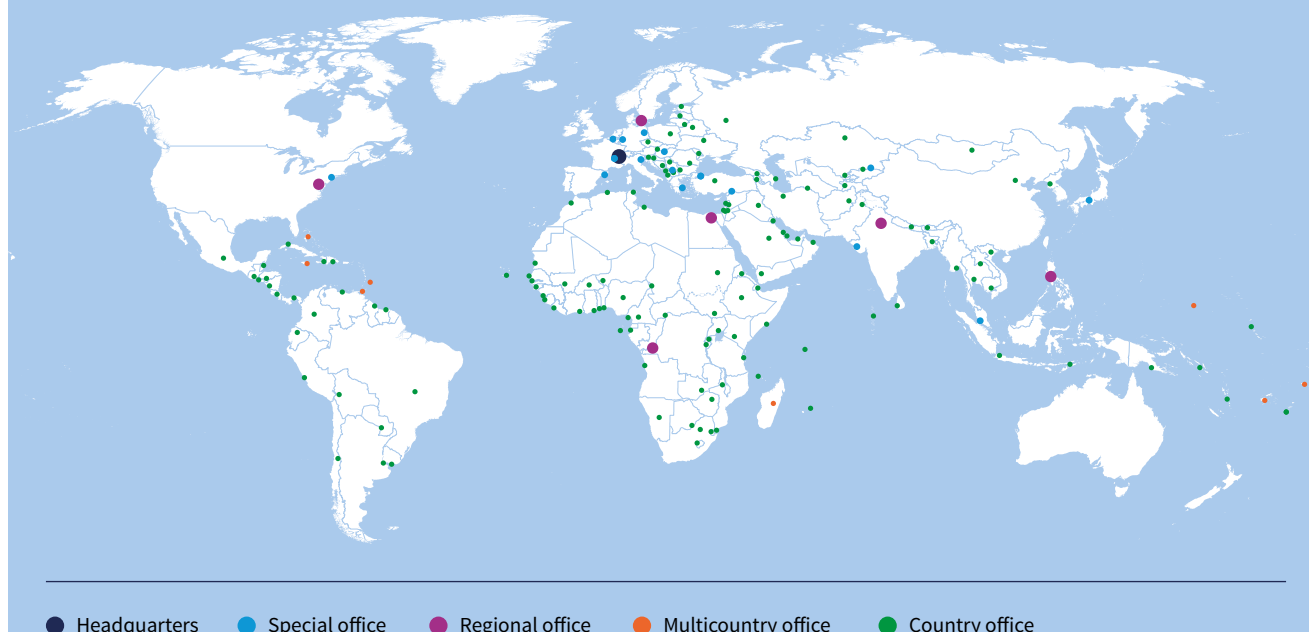
Dao Hong Lan, Minister of Health, Viet Nam

WHO country offices perform a variety of functions to support the countries they serve, underpinned by their role as trusted counterparts to national governments. WHO provides unbiased and trustworthy advice, technical support and expertise across a wide range of public health issues. In health and humanitarian emergencies, WHO country office teams provide operational support in the delivery of essential health services, as well as sustained support to build resilience.

In the next 4 years, reflecting a country-by-country analysis of health systems and humanitarian response capacity, country offices will be strengthened by ensuring each office has the core capacity to perform its role.. Priorities and targets will be agreed through country cooperation strategies, and a stronger focus on implementation and impact across the three levels of the WHO Secretariat will direct support on accelerating progress towards achieving the targets of the SDGs.

**Fig. 6**

WHO's offices around the world



# 3 Invest in WHO for a safer and healthier world



**“Facing increased threats to global health, the world needs to come together to ensure sustainable funding of WHO. The increase in assessed contributions and the investment round are key steps to achieve this goal, and fully supported by Norway.”**

Jonas Gahr Støre, Prime Minister, Norway

States. This source has declined in relative terms and accounts for less than a quarter of WHO’s funding, with the remaining three quarters from voluntary contributions, mostly from a small number of donors. The contributions are often in the form of short-term grants, mostly earmarked for specific programmes or offices. This means that WHO writes more than 3000 reports to donors each year and, given the short-term nature of the donations, cannot plan the long-term work needed to meet its mandate.

Sustainable funding means funding which is flexible, predictable and resilient (Table 1). When WHO was founded, it received almost all of its funding from assessed contributions that Member States pay predictably each year. These contributions can be flexibly deployed and are, by definition, from a broad base of Member

Member States and bodies such as the Independent Expert Oversight Advisory Committee have long recognized that receiving funding in this way creates challenges and risks for WHO’s mission. The COVID-19 pandemic brought this issue into stark relief as the Organization needed to respond flexibly and on

**Table 1**  
**Call for sustainable financing for WHO**

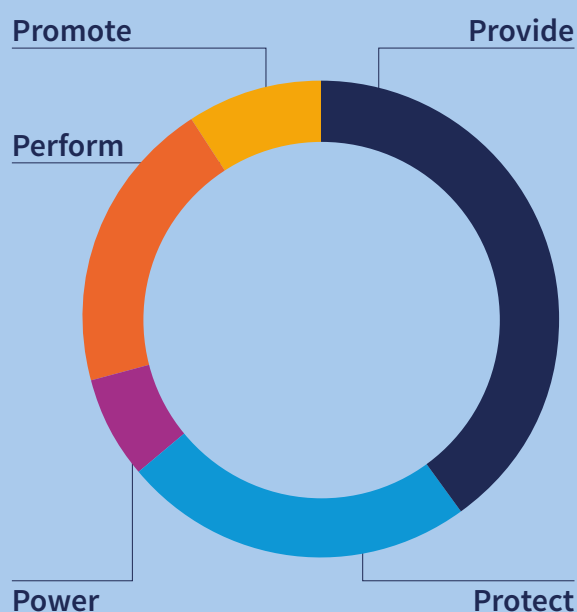
Objectives	Present	Future
<b>Flexible funding</b>	Assessed contributions represent 23% of the approved base budget for the 2024–2025 biennium. Voluntary contributions represent 77% of the approved base segment budget for the 2024–2025 biennium. 87% of currently available voluntary contributions are strictly earmarked.	Assessed contributions cover 50% of base budget by 2030. Voluntary contributions have greater flexibility.
<b>Predictable funding</b>	Over 60% of country office staff are on short-term contracts.	More voluntary contributions are pledged for 4 years, permitting better planning and longer-term staffing.
<b>Resilient funding</b>	69% of voluntary contributions are from 10 donors.	The donor base is expanded.

Fig. 7

### Funding gap for WHO's base budget, 2025–2028



### Breakdown of WHO's budget for 2025–2028 across strategic objectives



# US\$ 7.1 billion

**in voluntary contributions are needed for 2025–2028**

an unprecedented scale. In 2022, Member States requested budget proposals which reflect the aspiration of increasing assessed contributions to 50% of the base segment of the programme budget by 2030. Based on the proposal, the 2022 World Health Assembly approved the first increase in assessed contributions to allow WHO to realize its goals. More than three quarters of the increased flexible funding has been allocated to regions and country offices. The remaining

part of the increase has mainly been allocated to strengthen preventing and responding to sexual exploitation, abuse, and harassment, and accountability and oversight capacities. Member States also approved the launch of an investment round to broaden the source of voluntary contributions and promote larger and more flexible grants pledged for 4 years, aligning with the outcomes and outputs of the GPW14 and WHO's corporate reporting.

Full and sustainable financing of WHO's budget for 2025–2028 is needed for the GPW14 to achieve its objective: contributing to saving more than 40 million additional lives, with a return on investment of US\$ 35 for every US\$ 1 spent.

The total funding required for GPW14 is US\$ 11.1 billion, to be allocated across the WHO's strategic objectives (Fig. 7<sup>11</sup>), which includes dedicated funding for strengthening:

**Sustainable financing is a prerequisite for WHO to deliver on its constitutional mandate fully and effectively. The gradual increase in Assessed Contributions is one historic step in this direction. In parallel to the increase in AC, WHO requires greater predictability and increased flexibility of Voluntary Contributions for the full four-year period.**

Her Excellency Dr. Hanan Mohamed Al Kuwari, Minister of Public Health, Qatar

US\$ 4.1 billion of the total budget need for the 4-year period of the GPW14. This leaves a voluntary contribution funding need for 2025–2028 of at least US\$ 7.1 billion (Fig. 7).

The investment round is a unique opportunity to rally all stakeholders around the GPW14 to make the necessary progress to achieve the targets of SDG 3. It aims to safeguard the political commitment to global health and to WHO, and seeks commitments to fully fund GPW14 by backing the increase in assessed contributions and providing voluntary contributions to cover the US\$ 7.1 billion financing gap by the end of 2024.

country offices which will receive a greater share of the funds; polio transition; and data and innovation.<sup>12</sup>

In line with Member States' decisions and requests, assessed contributions – including anticipated future increases – will account for

Contributions are also invited from philanthropic and private-sector partners to capitalize on their strengths to bring better health to people and maximize impact. This is in line with the WHO Framework of Engagement with non-State Actors and working with the WHO Foundation.



A briefing on the processes related to the Intergovernmental Negotiating Body at the side of the 154th session of the WHO Executive Board. © WHO / Pierre Albouy



# 4 Together creating value for all



**“Strengthening multilateral cooperation in health, with the WHO at the centre, not only unites us as humans but also serves each of our nation’s interests. Quite apart from the moral and epidemiological imperatives, it is the financially prudent and responsible thing to do for each of our nations, rich or poor.”**

His Excellency Tharman Shanmugaratnam, President of Singapore and Former Co-Chair of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response

Extending the benefits of the latest vaccines and treatments, protecting the world from the next pandemic – including the silent pandemic of antimicrobial resistance – tackling the impact of climate on health and strengthening health systems everywhere are important global public health goals. Achieving these goals depends on the public health goods provided by WHO. These goods are rooted in the evidence-based norms, standards, research and data brought together by WHO and its systematic efforts to enhance capacities to deliver health for all.

The global health goods created by WHO, with support of the best experts and expertise around the world, benefit everyone – if they are available and applied everywhere. Making these goods available depends on WHO’s network of regions and country offices working with and supporting national governments to implement globally agreed standards and best health practice. In the words of the WHO Constitution, “Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.” This is as true today as it was more than 75 years ago.

Over the coming 4 years, WHO will change the trajectory of global health.

It will identify the solutions that maximize climate, equity and health co-benefits. The escalating threat

of disease outbreaks will be better combatted through all-hazards early warning systems and systematic improvements in preparedness based on the IHR (2005).

Progress towards UHC will be accelerated through greater local emphasis on implementing PHC approaches, together with health financing reform that gives countries the fiscal space to provide the public health systems that underpin health resilience. WHO will support countries over the last mile of their efforts towards eliminating public health threats, from HIV, tuberculosis and malaria to cervical cancer and neglected tropical diseases. WHO will work with Member States and partners to prioritize and invest in prevention and health promotion strategies to address the effects of climate change and the determinants that drive ill health.

The investment round started by Member States marks a profound change in the way WHO is financed and is an innovative approach to tackling the unpredictability of financing. It promises to bring a new dynamism to financing, to better identify emerging needs and predictably and effectively match resources to them.

The world spends US\$ 9 trillion a year on health. A fully financed WHO over 4 years requires a 1000th of that amount. In return for that investment, the world gains authoritative, evidence-based norms and standards on every facet of health, a framework for access to quality-assured health products, early warning of outbreaks, support to national health systems in every country, and health workers and supplies on the ground when crises hit.

To deliver the results promised by WHO for 2025–2028 requires its budget of US\$ 11.1 billion to be fully and flexibly funded. Member States have responded to the call to action to establish a stronger WHO by agreeing to increase their annual assessed contributions. Now, we call on Member States and partners to fill the US\$ 7.1 billion gap needed to achieve the GPW14 goals.

# Together, we can secure health for all.



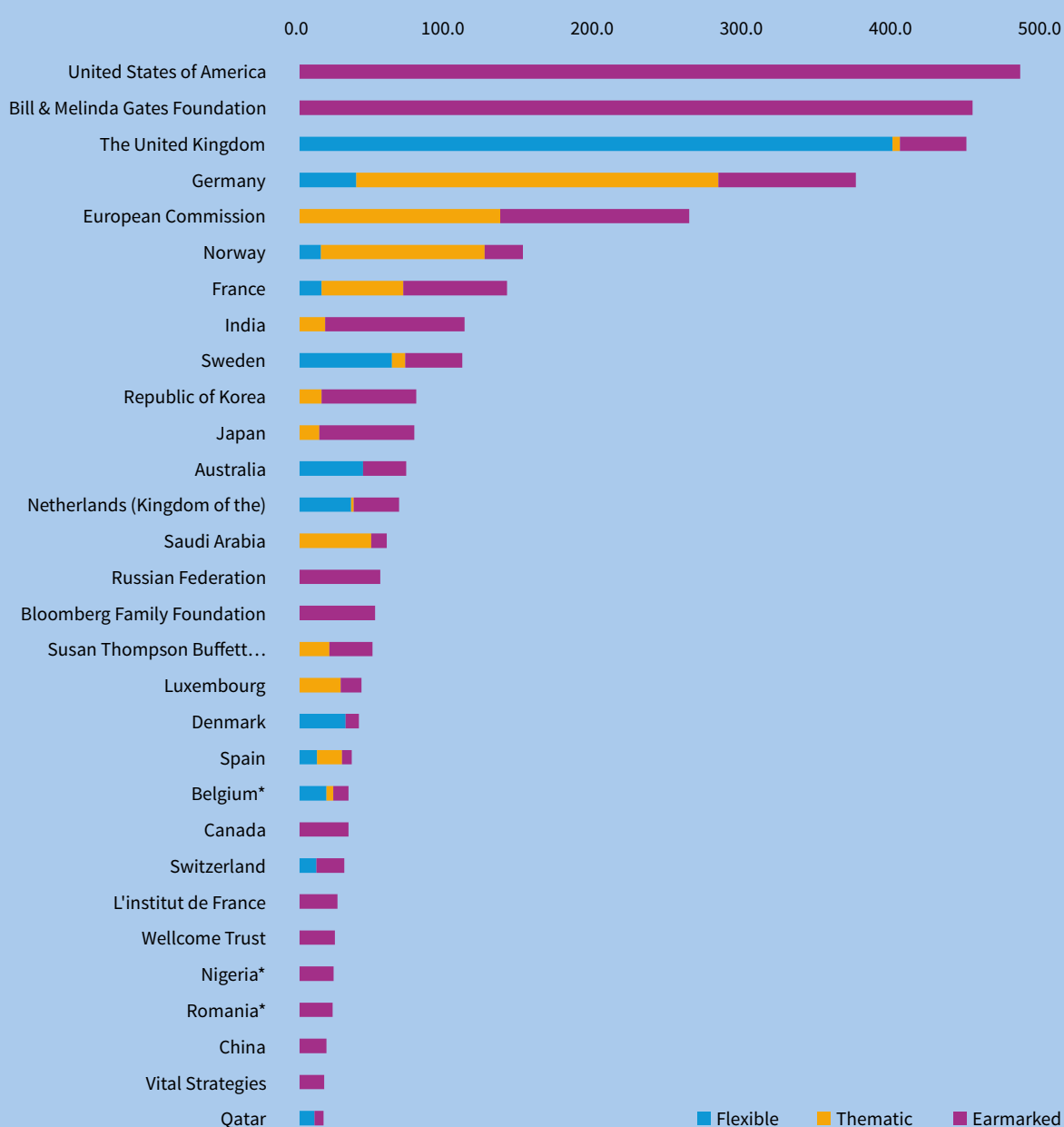
# References

1. World Health Organization. Methods for the third WHO investment case (upcoming). Geneva: World Health Organization; 2024
2. A healthy return: investment case for a sustainably financed WHO. Geneva: World Health Organization; 2022. (<https://iris.who.int/handle/10665/354372>, accessed 8 May 2024).
3. Sheehan, P., Rasmussen, B., Sweeny, K., Maharaj, N. and Symons, J. (2022). WHO Investment Case 2.0: Technical Report, Victoria Institute of Strategic Economic Studies, Victoria University, Melbourne [https://vuir.vu.edu.au/43539/7/WHO\\_Investment\\_Case2.0TechnicalReport310522FINAL-REV-B.pdf](https://vuir.vu.edu.au/43539/7/WHO_Investment_Case2.0TechnicalReport310522FINAL-REV-B.pdf)
4. Zhao Q, Guo Y, Ye T et al. Global, regional and national burden of mortality associated with non-optimal ambient temperatures from 2000-2019: a three-stage modelling study. *Lancet Planet Health*. 2021; 5: e415-25.
5. Lelieveld J, Haines A, Burnett R. Air pollution deaths attributable to fossil fuels: observational and modelling study. *BMJ* 2023;383:e077784
6. Universal Health Coverage Partnership [website]. Geneva: World Health Organization; 2021 (<https://extranet.who.int/uhcpartnership/>, accessed 8 May 2024).
7. Sustainable Development Goals: health price tag [website]. Geneva: World Health Organization; 2017 (<https://www.who.int/news-room/questions-and-answers/item/sustainable-development-goals-health-price-tag>, accessed 8 May 2024).
8. Whiting K. 5 conditions that highlight the women's health gap [internet]. World Economic Forum. 3 May 2024 (<https://www.weforum.org/agenda/2024/02/womens-health-gap-healthcare/>, accessed 8 May 2024).
9. UNHCR Global Trends 2022 [website] Copenhagen: United Nations High Commissioner for Refugees; 2022 (<https://www.unhcr.org/global-trends-report-2022>, accessed 20 May 2024).
10. Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *Lancet*. 2022 Feb 12;399(10325):629-655. doi: 10.1016/S0140-6736(21)02724-0.
11. The GPW14 budget breakdown is indicative only, prioritization and budget allocations are ongoing.
12. WHO's Programme Budget Portal [website] Geneva: World Health Organization; 2024 <https://open.who.int/2024-25/home>

# Annex

## Voluntary contributions to base segment, revenue

Top 30 sovereign and foundation voluntary contributors to WHO base segment, revenue, 2020-2023 (US\$ million)



\*This contribution includes pass-through and/or other forms of allocations from other donors channeled to WHO through this partner. Contributors do not include Gavi, GFATM, and UN contributors

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