
Results report 2024 and Financial report and audited financial statements for the year ended 31 December 2024

Results report 2024 (Programme budget 2024–2025: performance assessment)

Report by the Director-General

Introduction

1. The 2024 Results report presents a mid-term assessment of WHO's performance in implementing the Programme budget 2024–2025. It provides a snapshot of progress towards the strategic priorities of the Thirteenth General Programme of Work, 2019–2025, helping to assess where implementation is on track, where additional efforts are needed and how lessons learned can inform delivery in the second half of the biennium.
2. The report reflects WHO's continued commitment to transparency, accountability and results-based management. It provides Member States and partners with a clear view of how resources are being used to achieve tangible results, with a strong focus on country-level delivery and support for national health priorities. In line with the Organization's enterprise risk and performance frameworks, the full report also highlights key operational and strategic challenges and identifies areas in which corrective actions are being taken.
3. Looking ahead, WHO is operating in an increasingly uncertain global financial environment, with potential implications for the full implementation of the approved Programme budget. While the Organization remains focused on delivering results efficiently and equitably, evolving funding levels may have an impact on results and programmatic outcomes. This reinforces the importance of sustainable, predictable financing to enable WHO to meet the expectations of Member States and the communities it serves.
4. Insights from this mid-term assessment will also help inform planning and resource allocation in future programme budgets, including the implementation of the Fourteenth General Programme of Work, 2025–2028.

Overview of progress and results

5. Over the past year, there has been remarkable progress towards the triple billion targets thanks to specific key drivers:

- (a) **Billion 1.** Globally, an estimated 431 million more people are covered by essential health services without catastrophic health spending – close to halfway to the target of 1 billion people by 2025. Underlying this progress towards universal health coverage is a stronger health workforce, improved hypertension and contraception coverage and especially expanded HIV treatment.
- (b) **Billion 2.** An estimated total of 637 million more people are better protected from health emergencies, reflecting advances in pandemic preparedness, early detection, workforce mobilization and equitable access to countermeasures, supported by a revision of the International Health Regulations (2005).
- (c) **Billion 3.** An estimated 1.4 billion more people enjoy healthier lives, exceeding the target of 1 billion people, driven by key public health gains in the areas of reduced tobacco use, improved air quality, clean household fuels and better access to water, sanitation and hygiene.

6. Despite these achievements, **overall progress is insufficient to achieve the targets of the health-related Sustainable Development Goals by 2030.** The **reduction in official development assistance** will likely exacerbate the underlying problems, resulting in the disruption of health systems and services, especially in the communities with the greatest health needs.

7. WHO has been a key contributor to these achievements, with its continued commitment to delivering results efficiently and equitably. The snapshot provided below is a **summary of performance reports of 164 budget centres** (as at 13 April 2025) across the three levels of the Organization, including the country offices, the regional offices and headquarters. The full assessment will be available online in May 2025 and will include the following elements in detail:¹

- (a) an overview of the Secretariat's key achievements and contributions to health outcomes across the three levels;
- (b) drawing on the outcomes of country prioritization of the Programme budget 2024–2025, evidence of what was achieved under the prioritized outputs, with links between these results and budget and funding allocations;
- (c) progress towards the output indicators; and
- (d) in response to Member States feedback, a simpler, focused and more streamlined format, through a platform that is easier to navigate.

8. In terms of measurable achievements, 23 of the 53 output indicators with mid-term targets achieved those targets. Pillar 3 (healthier populations) demonstrated the strongest performance, with 86% (six out of seven) indicators achieving their targets. Pillar 1 (universal health coverage) showed moderate progress, with 48% (11 out of 23) of indicators meeting their targets. Pillars 2 (health emergencies protection) and 4 (effective and efficient WHO) recorded

¹ See [Results reports](#) (accessed 1 May 2025).

lower success rates – 25% and 27% respectively – although most indicators still showed improvement. Among the output indicators that did not meet their targets, only three under pillar 2 and six under pillar 4 showed no progress compared to the previous year. Pillar 2's performance was affected by varying regional timelines, the increasing complexity of multicountry risk assessments, and delays in documenting activations of the Incident Management System, particularly in humanitarian settings. Progress under pillar 4 was constrained by systemic and contextual barriers, including capacity gaps, resource limitations and the lingering effects of the coronavirus disease (COVID-19) pandemic. Despite these challenges, many indicators reflected meaningful progress, underscoring sustained efforts towards institutional strengthening and accountability. Further details on each output indicator, including progress and challenges, are provided in the full report.

9. To simplify and streamline reporting rather than providing output-specific narratives, each reported result has been tagged to multiple relevant outputs. The top 10 outputs tagged by budget centres are presented in Tables 1 and 2.

10. It is important to note that the outcomes of the ongoing prioritization exercise will have an impact on the scale and scope of the Secretariat's future work. Scaling down and/or sunseting some functions will most likely have an impact on future results, including the progress towards output indicators. The year 2025 is the transition year from the Thirteenth to the Fourteenth General Programme of Work. The end of biennium report for the Programme budget 2024–2025 that will be presented to the Health Assembly in May 2026, will follow the Thirteenth General Programme of Work, 2019–2025 results framework.

Table 1. Top 10 outputs tagged by budget centres under pillars 1 to 3*

Technical output	Number of tags*
1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary healthcare strategies and comprehensive essential service packages	402
1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	344
1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	272
1.1.5. Countries enabled to strengthen their health and care workforce	184
3.1.1. Countries enabled to address social determinants of health across the life course	180
2.1.2. Capacities for emergency preparedness strengthened in all countries	168
2.3.2. Acute health emergencies rapidly responded to , leveraging relevant national and international capacities	106
1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage	102
3.2.1. Countries enabled to address risk factors through multisectoral actions	96
2.3.1. Potential health emergencies rapidly detected , and risks assessed and communicated	84

* While the top 10 tags under pillars 1 to 3 highlight the focus areas of WHO's contributions to health outcomes, they should be seen as indicative. As each budget centre was requested to present a maximum of five results in their reporting, tagging these results to multiple outputs, the top 10 tags do not represent the full scope and breadth of the Secretariat's work and contributions. However, it is important to note that the results show overall alignment with the outcomes of country prioritization under pillars 1 to 3.

Table 2. Top 10 outputs tagged by budget centres under pillar 4*

Enabling output	Number of tags*
4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	236
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	98
4.2.6. “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored	94
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	74
4.1.2. GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored	50
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	28
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	22
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	20
4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships	20
4.3.4. Safe and secure environment , with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including occupational health and safety	16

GPW 13: Thirteenth General Programme of Work, 2019–2025.

*While the top 10 tags under pillar 4 highlight the focus areas of work for a more effective and efficient WHO, they should be seen as indicative. Since each budget centre was requested to present a maximum of five results in their reporting, tagging these results to multiple outputs, the top 10 tags do not represent the full scope and breadth of the Secretariat’s work and contributions.

Highlighted accomplishments

Universal health coverage (pillar 1)

11. Health service coverage has stagnated since 2015, and many countries continue to have a fragmented approach to service planning and delivery. To support countries in transforming their health systems through integrated planning and effective implementation strategies for universal health coverage packages, WHO launched the Universal Healthcare Service Planning, Delivery & Implementation Platform. In 2024, **36 countries successfully developed universal healthcare packages using the Platform**, and six additional countries have developed a package of priority services for humanitarian response.

12. Every seven seconds, a woman or a baby dies due to complications in pregnancy, childbirth or the first few weeks after birth. WHO, through the Every Woman Every Newborn Everywhere (EWENE) partnership, has supported over **40 countries to develop maternal and newborn health acceleration plans**. In response to slowed progress, WHO and EWENE have reinvigorated momentum behind these plans catalysing critical investments, expanding newborn care units and strengthening services across multiple countries.

13. Given the projected global shortfall of 11 million health workers by 2030, WHO has supported countries to unlock investment in health worker education and creation of health sector jobs. In 2024, **WHO supported 11 countries in conducting health labour market analyses to inform national strategies and investment plans**. In Chad, this support catalysed a US\$ 31 million national investment in curriculum updates, faculty development and education infrastructure, as well as US\$ 7 million in partner funding in pre-service education and recruitment.

14. Nearly 1 billion people live with mental health conditions globally, with treatment gaps up to 90% in some countries. In 2024, the **WHO Special Initiative for Mental Health supported countries to expand access to services for 70 million people across nine countries, providing care to over 1 million individuals**, strengthening mental health within universal health coverage.

15. Disease elimination rids entire populations of the scourge of illness. WHO's advocacy, guidance and verification support have accelerated progress towards disease elimination. In 2024, **seven countries eliminated a neglected tropical disease, bringing the global total of countries that have eliminated at least one neglected tropical disease to 54**. WHO certified Cabo Verde and Egypt malaria-free and validated Namibia for major progress in preventing mother-to-child transmission of HIV and hepatitis B. **Dracunculiasis neared eradication, with just 11 cases reported worldwide**, while WHO advanced a new multi-disease elimination approach that offers a pathway to achieving disease elimination more efficiently, effectively and equitably.

16. WHO continued to guide the development and roll-out of life-saving vaccines. In 2024, WHO issued the **first vaccine policy recommendations to prevent respiratory syncytial virus disease**, a major cause of pneumonia and death in infants, as well as policy recommendations to **expand access to mpox vaccines in outbreak settings**. WHO also hosted the **Tuberculosis Vaccine Accelerator** to intensify financing and access strategies to expedite, what is expected to be, the first ever adult and adolescent tuberculosis vaccine introduction.

17. WHO helped to advance access to safe, effective and quality-assured health products by **assigning 481 International Nonproprietary Names for medicines**. Its medical devices nomenclature database supported updates to essential medicine lists in 158 Member States. **WHO prequalified 48 finished pharmaceutical products, 21 active pharmaceutical ingredients and 22 immunization and cold chain equipment products**. WHO has also supported improvements in local production ecosystems in nine countries and provided technical assistance to 35 manufacturers towards achieving quality assured manufacturing.

Health emergencies protection (pillar 2)

18. Collaborative surveillance saves lives by enabling early detection, rapid response and informed decision-making to prevent, detect and control outbreaks. In 2024, **WHO screened over 13 000 sources to detect public health threats, triaged 1.2 million raw signals and reported 494 events with initial risk assessments**. Through expanded surveillance networks, laboratory support and the International Pathogen Surveillance Network, WHO supported the strengthening of global readiness and response.

19. WHO's digital transformation has enabled faster detection, coordinated action and equitable access to critical resources, ultimately saving lives and strengthening resilience. In 2024, **over 9 million people accessed learning on OpenWHO, supporting the response to 26 outbreaks. The WHO Information Network for Epidemics grew by 77%**, while new platforms such as those of the Public Health and Social Measures Knowledge Hub and WHO's risk communication and community engagement toolkits enhanced data access and outbreak preparedness across more than 100 countries.

20. Expanding life-saving care in emergencies has strengthened health system resilience and protects vulnerable populations. In 2024, **WHO's advanced clinical management, infection prevention and control, water, sanitation and hygiene measures, and access to medical oxygen benefited 45 countries and 7800 critically ill patients at any given time.** WHO issued disease-specific guidance, supported outbreak response with partners and increased reporting on attacks on healthcare from 35% in 2020 to 73% in 2024, thereby enhancing protection for health workers and facilities. Despite the largest dengue epidemic in the Region of the Americas since 1980, the mortality rate stayed below 1% thanks to strengthened primary healthcare and vector surveillance and control.
21. WHO has ensured the rapid delivery of essential resources, providing vital support and saving lives in times of crisis. **In response to 22 emergencies, WHO delivered critical supplies worth US\$ 44 million to 77 countries.** In 2024, WHO launched the Access and Allocation Mechanism for mpox, enabling the distribution of nearly 900 000 vaccine doses and 259 000 tests. WHO also facilitated the delivery of critical supplies to the Gaza Strip valued at US\$ 38.5 million and created a roster of 82 health logistics experts, enabling timely deployments and ensuring the equitable distribution of essential supplies.
22. WHO has fostered coordinated emergency responses, strengthening global resilience and ensuring timely protection during health crises. In 2024, **WHO coordinated responses to 51 health emergencies in 89 countries, allocating US\$ 51.5 million through its Contingency Fund. Over 89 million people received care via the Health Cluster's more than 900 partners.** WHO deployed 51 emergency medical teams; supported 61 outbreak deployments; convened experts to operationalize the Global Health Emergency Corps; mapped US\$ 3 billion in health security investments; and created over 133 country profiles offering visibility for partners' financial and technical investments.
23. Following the detection of variant poliovirus type 2 in the Gaza Strip in 2024, WHO, in collaboration with the Palestinian health authorities and other partners, **launched a two-phase emergency polio vaccination campaign, reaching over 560 000 children and achieving 94% coverage in the second round.** Despite conflict-related challenges, WHO ensured vaccine delivery, strengthened surveillance and supported neighbouring countries in bolstering preparedness and preventing regional spread.

Healthier populations (pillar 3)

24. Antibiotic pollution from manufacturing is largely unmonitored and unregulated, which is contributing to antimicrobial resistance, a major health threat. To address this, WHO developed the **first ever guidance on wastewater and solid waste management for the manufacturing of antibiotics** and trained good manufacturing practice inspectors in 52 countries, thereby supporting policy uptake and influencing global standards and declarations to reduce pollution risks while ensuring safe, sustainable access to antibiotics.
25. Faced with 1 billion **refugees and migrants**, who often lack adequate healthcare despite their frequent physical and mental health needs, WHO has helped to address this by supporting **the training of 15 000 health providers in more than 160 countries**; developing health reviews; launching a global dashboard; co-leading United Nations efforts to strengthen inclusive, culturally sensitive healthcare and ensure migrant inclusion in health strategies.

26. Noncommunicable diseases cause 43 million deaths annually, mostly in low- and middle-income countries. **WHO has supported more than 100 countries to strengthen evidence-based policies on tobacco, alcohol, diet and physical activity** and advance legislation, taxation, regulatory capacity and data systems, resulting in healthier environments and stronger national action to address risk factors contributing to noncommunicable diseases across all ages.

27. Child wasting affects an estimated 6.8% of children under five, threatening their survival and development. WHO has spearheaded efforts to scale up prevention, detection and treatment by strengthening health systems, issuing guidelines and supporting multisectoral action. WHO's collaboration with United Nations agencies enabled multi-year funding in 15 high-burden countries, reaching 9.3 million children and saving an estimated 1 million lives. In addition, **45 countries have adapted WHO guidelines to update national policies and protocols to combat wasting.**

28. Road traffic injuries remain a leading cause of death, especially among children and young adults. WHO has supported legislative and policy reforms that are aligned with global best practices in order to address the major causes of road fatalities and strengthen the systemic response to road traffic injuries. Since 2010, **45 countries have reduced road deaths by over 30% (10 of those countries by more than 50%), a process that was catalysed through WHO's technical support, data and multisectoral partnerships** in global health policy implementation.

Effective and efficient WHO (pillar 4)

29. To strengthen its mission, WHO launched its **first investment round** in 2024 to secure more predictable, flexible and resilient financing. Backed by a strong investment case, it **mobilized over US\$ 1.7 billion in pledges from 71 contributors, covering 53% of voluntary funding needs** and reinforcing political and financial support for the Fourteenth General Programme of Work, 2025–2028.

30. In the context of a more complex global health landscape, WHO further strengthened its results-based management to improve transparency, accountability and impact. Through its new global health strategy, the Fourteenth General Programme of Work, 2025–2028, WHO **engaged 154 Member States to define priorities and reviewed over 1000 output indicator candidates, laying the foundation for more results-driven planning**, monitoring and financing across the Organization.

31. Recognizing the crucial role of inclusive participation, WHO strengthened inclusive health governance through the **establishment of the Youth Council and Civil Society Commission**. These bodies elevated grass-roots voices, informed key processes such as the Fourteenth General Programme of Work, 2025–2028 and the investment round and expanded youth engagement, thereby driving more inclusive, accountable and locally informed health policy.

32. Supporting health equity remained a key focus. WHO launched a comprehensive package of tools and resources for health inequality monitoring, including a flagship book, the **Health Equity Assessment Toolkit, as well as the world's largest database of disaggregated health data**. These resources support the identification of gaps, strengthen capacity and facilitate the exchange of solutions to advance equity.

33. WHO has advanced digital health through its **Global Digital Health Certification Network, enabling nearly 2 billion people to carry digital records**. In 2024, 250 000 digital health wallets were issued to Hajj pilgrims from Indonesia, Malaysia and Oman. This highlights WHO's role in enhancing local capacity, promoting alignment and facilitating trusted cross-border knowledge and data exchange.

34. To close gaps in health workforce training, WHO launched the **WHO Academy, which offers over 250 free, high-quality and competency-based courses in 20 languages**. The Academy has ensured equitable access to lifelong learning for health workers and decision-makers worldwide, promoting quality assurance in learning and strengthening global capacity for safer, more effective health systems.

35. 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.

Programme budget financing and implementation

36. The level of financing of the approved Programme budget 2024–2025 by segment at the end of December 2024 is presented in Table 3. The level of financing of the polio eradication and emergency operations and appeals segments are driven by current events and should not be interpreted as overfinancing of these two segments. The base segment appears strong being 95% funded. However, the base segment continues to rely on a large share of the funding coming from highly earmarked contributions. This continues to pose a challenge to strategic allocation of funding towards priority and underfunded areas and effective budget implementation.

37. The rate of budget implementation is lower than the expected levels for the base segment after 12 months of programme delivery, while for the event-driven segments – emergency operations and appeals, and polio eradication – implementation rates are higher than expected, driven by level of operations.

38. The WHO programme budget portal offers a detailed breakdown of WHO's work around the different strategic priorities, global outcomes and outputs, through which the Organization's work is delivered. WHO organizational entities (country offices, regional offices and headquarters' divisions) specify budget financing and implementation detail at output level.

Table 3. Programme budget 2024–2025 and its financing and expenditures, by segment, as at 31 December 2024 (US\$ million)

Segment	Approved Programme budget 2024–2025 (US\$ million)	Financing (US\$ million)	Financing as % of approved budget	Expenditures (US\$ million)	Expenditures as % of approved budget
Base	4 968.2	4 739.1	95%	2 188.1	44%
Polio	694.3	1 037.3	149%	586.4	84%
Special programmes	171.7	170.4	99%	58.6	34%
Emergency operations and appeals	1 000.0	1 579.8	158%	624.7	62%
Grand total	6 834.1	7 526.6		3 457.8	

Action by the Health Assembly

39. The Health Assembly is invited to note the report and to provide feedback on the following questions.

- (a) Does the new and simplified reporting format, with a focus on concrete results, meet Member States' expectations? Do Member States have any suggestions to make the report more useful and impactful?
- (b) Given the current context and the financial uncertainties, do Member States wish to provide any guidance regarding the implementation of the Programme budget 2024–2025?
