Member States Briefing

November 16, 2026

World Health Organization

Agenda

Section	Presenter	Time
1. Opening Remarks	Dr Tedros ADHANOM GHEBREYESUS Director-General	xx:xx-xx:xx
2. Concluding the Realignment Process	Mr. Imre HOLLO Director of Planning, Resource Coordination, and Performance Monitoring	xx:xx-xx:xx
3. Impact on the Organization	Mr. Patrick NICOLLIER Director of Human Resources	xx:xx-xx:xx
4. Financial Situation and Focus Forward	Mr. Sushil RATHI Director of Controlling Mr. Imre HOLLO Director of PRP	xx:xx-xx:xx
5. Questions & Answers		xx:xx-xx:xx

World Health Organization

1. Opening Remarks

by Dr. Tedros, Director-General

World Health Organization

Starting point – early work on sustainable financing paved the way for a more strategic realignment

- Issue of financial sustainability has been identified early on as a major impediment for WHO
- Work has started to improve flexibility; predictability; reduce admin & reporting burden and to diversify contributor base
- The work gathered additional impetus with the COVID crises, which laid bare that "…now more than ever…the current funding model including the budgeting process for WHO is unsustainable and limits the Organization's ability to make an impact where it is most needed, at the country and regional levels, and the status quo is unacceptable"[1]
- This work on sustainable financing culminated in
  - Historic WHA75 decision in 2022 on AC increase
  - Launch of the first Investment Round in 2024
  - Establishment of WHO Foundation in 2020
  - Innovative Financing initiatives

All this work made the Organization better prepared for the financial shock in 2025

Inaugural WHO Partners Forum — Stockholm, 9–10 April 2019



The meeting was **co-hosted by WHO and the Government of Sweden**, with a strong focus on improving the sustainability, predictability and flexibility of WHO's financing. World Healt... +1

Main recommendations from Stockholm

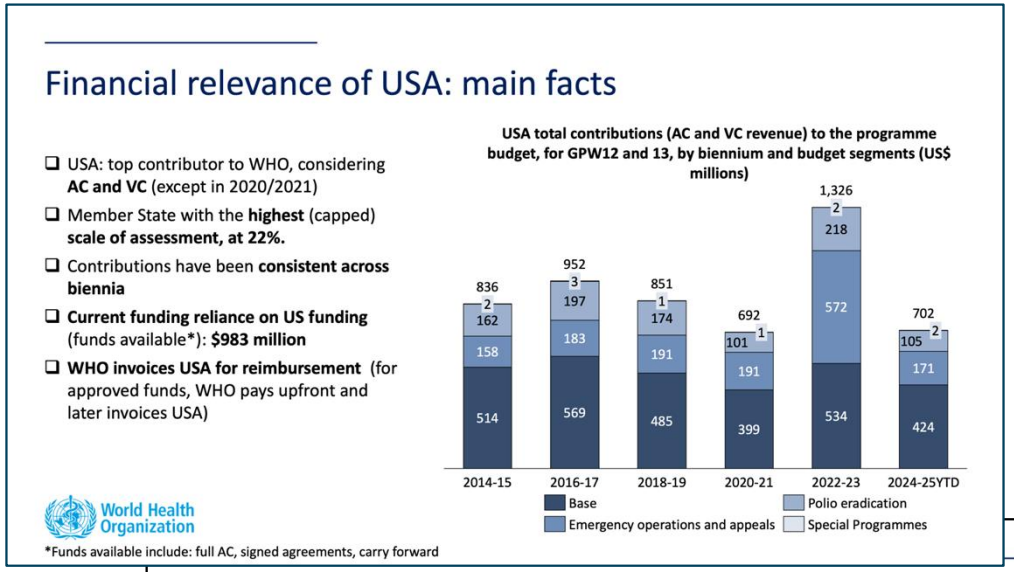
WHO's subsequent documentation identifies several concrete recommendations from the Forum:

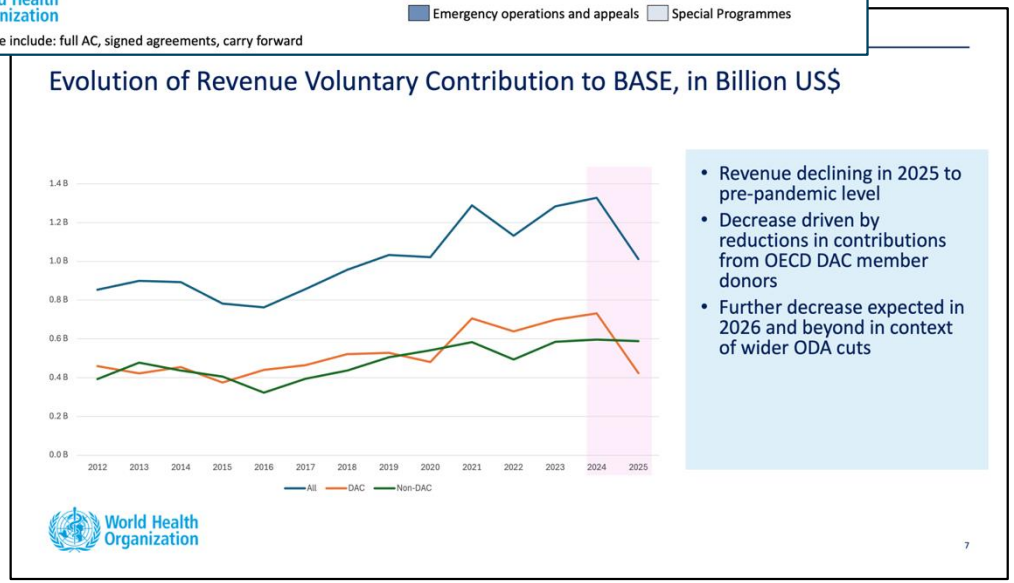
1. **Improve predictability and flexibility:** Encourage longer-term financing arrangements and reduce excessive earmarking.
2. **Consolidate donor agreements:** Simplify fragmented funding arrangements.
3. **Harmonize reporting requirements:** Reduce the administrative burden associated with different contributor reporting obligations.
4. **Strengthen alignment with the Programme Budget:** Link financing to country support plans and agreed programme priorities.
5. **Diversify the contributor base:** Develop partnerships with governments, philanthropic organizations and other contributors.

1: WHA75/8 report of the Working Group on Sustainable Financing

Context – drastic changes in financing for WHO in 2025 and beyond

- WHO lost its main contributor (both for AC and for VC) – an approximately USD 1.2 bn impact per biennium
- Due to geopolitical changes, the overall ODA and health funding landscape has changed
- This necessitated immediate intervention





World Health Organization

Actions Taken

Path to Financial Sustainability

Immediate Cost Reductions

Freezing recruitment; stopping non-essential procurement; Renegotiating existing procurement agreements; stopping non-essential travel. These measures resulted in over USD 250 M savings in 2025.

Reducing the Budget

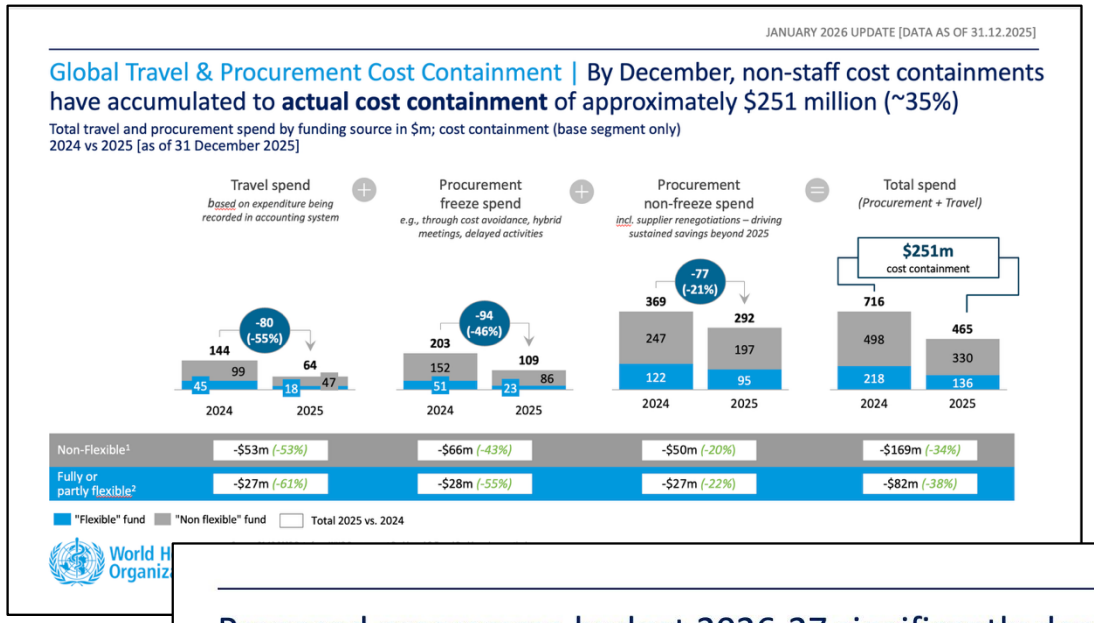
The originally proposed PB 26-27 was reduced from USD 5.3 bn to the current USD 4.2 bn

Strategic Prioritization Exercise

In order to ensure the protection of core mandates of the Organization, WHO has conducted a through prioritization exercise, which guided the subsequent HR realignment process

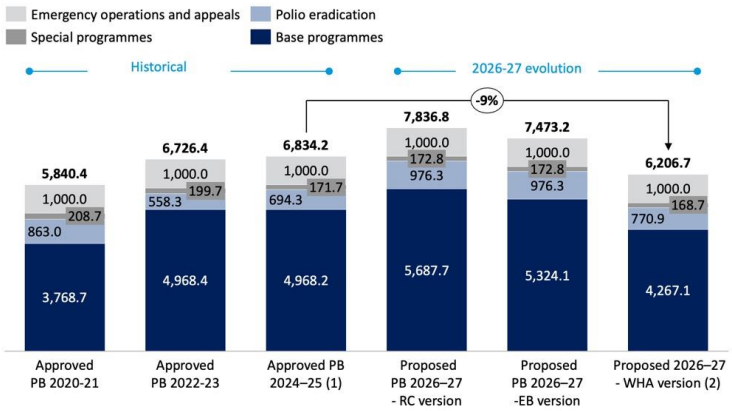
HR Realignment Process

Organization-wide staffing realignment implemented to start 2026 with a financially sustainable workforce



Proposed programme budget 2026-27 significantly decreased since its initial draft, in response to a rapidly changing environment

Proposed programme budget 2026–2027 (US$ million)



- 9% decrease compared to PB 2024-25
- Decrease across all segments, with largest in base programmes (WHO core mandate)
- EB156 guidance for base:
  - Reflect current financial and economic constraints
  - Build on country priorities for GPW14
  - Revisit costing in line with realistic budgeting
- US$ 4 267 million proposal goes beyond EB156 recommendation of a US$4.9 billion base budget to respond to rapidly evolving global financing environment

World Health Organization

2. Concluding the Prioritization Process

World Health Organization

Prioritization Outcomes | Refocusing WHO on its core mandate and functions

Prioritization

New Ways of Working

Protect the core

Safeguarding WHO's core functions and its unique mandate in the global health-system

Strengthen leadership in norms, standards setting and essential global public health goods

Convening MS and stakeholders on global health issues

Global Health Security, incl. IHR, emergency preparedness and response

Data monitoring & surveillance for disease burden, health equity and impact

Prequalification & quality assurance of vaccines, medicines, diagnostics (e.g., PQ)

Research agenda to deploy health interventions

Scale down and stop

Stopping or sunsetting activities on divisional / departmental level against defined set of criteria

…that are **obsolete**

…that are **duplicating efforts with other** UN agencies

…where **other players / partners are better positioned** to deliver

…**implementation/operations -** step back where we can, step up where we have to

…with minimal **strategic utility**

Consolidate

Streamlining efforts across WHO to use synergies for new realities & overcome legacy structures

Updated organizational structure across all MOs including consolidation of functions such as advisory groups, and functions within HQ

Consolidation of activities including for instance trainings, meetings, hubs

Collaborate

Leveraging WHO's convening power and increasing collaboration both internally and externally

WHO-wide collaboration across departments, units, and teams, as well as across WHO 3 levels (HQ, regions, countries)

UN-wide collaboration to support UN80 reform and strengthened Global Health Architecture through tight collaboration with global health partners

Ecosystem collaboration to unleash untapped potential of technical partners through WHO Collaboration Centers

Digitize

Adopting and scaling new technologies with a leaner workforce

Integrating new technologies such as the use of AI in synthesis of evidence, data, and information, and modernizing corporate tools and processes to automate repetitive tasks and increase daily work efficiency

Data Quality, Access and Analytics for better insights and decision-making (i.e., foresight)

Prioritization Outcomes | WHO has stopped, scaled down or transitioned activities to sharpen mandate focus and reduce duplication – ongoing process

THE CHANGES WERE CONCENTRATED ACROSS FIVE AREAS OF WORK

COUNTRY DELIVERY
Less direct HQ country implementation and implementation support

TECHNICAL PRODUCTS
Fewer and more consolidated guidelines, tools and reports

RESEARCH AND DATA
More focused research, surveys, surveillance and analytics

TRAINING
Less stand-alone trainings, and more regional or digital delivery

SELECTIVE PARTNER ENGAGEMENT
More targeted engagement, fewer duplicative processes and reduced non-core delivery

REALIGNED WITHIN WHO

Responsibilities were realigned within WHO to reduce duplication and ensure delivery at the most appropriate organizational level.

- Greater decentralization to regional and country offices
- Stronger normative leadership on norms, standards and quality assurance
- Consolidation of overlapping structures, teams and functions
- Increased digital delivery and fewer in-person activities
- Reallocation of training and capacity-building responsibilities within WHO
- Offices, programmes and positions merged or consolidated
- Authority and roles shifted to the most appropriate level

TRANSITIONED TO PARTNERS

Activities were transitioned selectively where another organization or partner was better positioned to lead or deliver.

- Specific implementation support and country-level delivery of certain activities and programmes
- Selected training and capacity-building activities delivered increasingly through collaborating centres and national institutions
- Certain specialized technical products, tools and analyses
- Selected research, surveillance and data-related activities
- Selected areas co-delivered with UN and international partners

SHARPENED MANDATE FOCUS

Activities were stopped/scaled down where they were less central to WHO's core mandate or expected impact did not justify the effort required.

- Reduced lower-priority activities to focus on high-impact work, including reduced scope in low-priority outcomes and programmes
- Fewer advocacy products, campaigns, newsletters and publications outside core priorities
- Selected reductions in stand-alone research, surveys and modelling
- More targeted country support and policy engagement, with less direct field-level and operational support
- Streamlined corporate and administrative activities, including travel and stand-alone meetings

World Health Organization

Prioritization Outcomes | Looking at selected examples from individual budget centers provides more granularity to understand processes across WHO

REALIGNED WITHIN WHO

Responsibilities realigned to reduce duplication and ensure delivery at the most appropriate level.

Delivery moved closer to countries

- **Transferred to regions:** Early Warning and Response guidance and National Health Emergency Response Operational Plans moved to regions (HQ / WHE).
- **Transfer in progress:** Vaccine-preventable disease activities in HQ (e.g. RITAG/NITAG support, measles and rubella laboratory network) to be delivered via Regional Offices, with HQ keeping oversight where needed.

Overlapping functions and structures consolidated

- **Duplication removed:** Duplicating disability inclusion roles stopped (HQ / BOS); Health Equity as a separate technical area scaled down (HQ / GPA); IPC capacity in PFD reduced, with closer links to AMR and WHE (HQ / PFD; EMRO).
- **Programmes consolidated:** Occupational health programme integrated into the health workforce programme; data management, platforms and monitoring consolidated across merged departments (HQ).
- **Regional structures consolidated:** Organizational structures across Regional Offices and HQ were aligned, with some functions such as resource mobilization and PSEA absorbed by existing staff (SEARO); WR offices covering multiple countries (WPRO, EMRO).

Authority and ways of working streamlined

- **Scaled down - authority delegated:** Position funding clearances scaled down via delegation to Budget Centres (WPRO); FENSA checks for routine engagements delegated to FENSA focal points (HQ).
- **Scaled down - more digital:** Data processes projected to fall by 70% from 2027 through automation and AI (HQ); in-person meetings reduced, with a shift to hybrid/virtual (HQ / HSD).

TRANSITIONED TO PARTNERS

Transitioned selectively where partners were better positioned to lead or deliver.

Roles shared with UN and international partners

- **Transferred:** Children's Environmental Health programme and leadership of the IASC Mental Health and Psychosocial Support Reference Group to UNICEF; Be He@lthy, Be Mobile Secretariat to ITU (HQ / PPC).
- **Roles clarified:** A joint WHO-Gavi-UNICEF exercise (late 2025) clarified the division of labour - UNICEF on supply chain, WHO on data, Gavi on market shaping - and informed IVB priorities for 2026-27 (HQ / IVB).

Research, data and technical work handed to specialist institutions

- **Transferred:** NCD implementation research to HPSR/other NGOs; neurological, addictive behaviours diagnostic instrument validation study to an external PI (HQ / PPC).
- **Scaled down:** TB trials platform to be taken over by high TB burden countries; select country-level health workforce technical assistance transferred to partners (HQ).

Training and capacity building via collaborating centres (CCs) and partners

- **Scaled down - greater reliance on collaborating centres (CCs):** Training and capacity building relying more on ACD and CC partners; Innovation Hub initiatives (e.g. Demand Catalyst, LEAD) moving to the WHO Academy/CCs (HQ / HSD, SEARO).
- **Scaled down - role retained:** WHO maintains governance and advisory role for the Global Field Epidemiology Partnership and the Global Laboratory Leadership Programme (HQ / WHE).

SHARPENED MANDATE FOCUS

Stopped or scaled down where less central to the core mandate or not justified by expected impact.

Lower-priority work stopped or reduced in scope

- **Stopped:** Alcohol harm-reduction activities sunset and alcohol legislation work stopped, with legal capacity re-tasked to tobacco control, healthy diets, mobility and road safety; all neurotechnology activities stopped (HQ / PPC).
- **Stopped / scaled down:** Guidelines on IPC in long-term care, hand hygiene, sepsis and dialysis-related bloodstream infection stopped; foodborne disease estimates reduced in scope by 70%; RCTs to validate forthcoming WHO products (from 2 M to 100K budget).

Fewer stand-alone surveys, studies and technical products

- **Stopped / scaled down:** Stand-alone population surveys on eye, ear or oral diseases and technical assistance for the global Ageing Population survey stopped; mental health and neurological research limited to validating WHO products (HQ).
- **Scaled down:** Fewer technical products, prioritizing high-impact normative products and consolidating guidelines and core documents; non-normative products aligned with Member State needs and focused on uptake (HQ).

More targeted country support and engagement

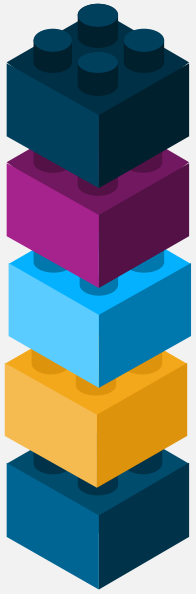
- **Scaled down / stopped:** Direct implementation support stopped or scaled down; country support initiatives not aligned with strategic priorities stopped (HQ).
- **Deferred:** PHC-GHI Toolbox redesign to be revisited in 2027; some ageing-related components paused (HQ).

3. Impact on the Shape of the Organization

World Health Organization

Our Objectives – HR Process | Preserving our core expertise, and set WHO's workforce on a financially sustainable path

We structured this process as a deliberate, thoughtful attempt to refocus our Organization, with 5 key objectives



Abide by our guiding principles: transparency, fairness, and humanity

Mitigate the impact on our workforce

Refocus on WHO's core mandate and protect our technical capabilities

Preserve the diversity and coherence of our workforce

Rebuild a leaner HQ and limit impact on country-level delivery

Organizational Realignment

What was in scope?

Budget Segment
Base

Organizational Levels
HQ, Regional, Country

Job Categories & Grades
P-Staff, NO-Staff, G-Staff

Contract Types
Continuing, Fixed & Temporary (not part of mapping & matching)

World Health Organization

Abiding by our guiding principles | We deployed systematic support and engaged in open dialogue while realigning the Organization

Transparency

Process co-design

- Lessons learned integrated
- Year-round engagement with Staff Associations (SA): 95+ meetings & counting
- Departmental consultations

Communication & feedback loops

- Timely sharing of all process documents incl. 28 weekly newsletters
- Pulse surveys capturing feedback
- Townhalls & Member States Briefings

Fairness

Inclusive governance & reviews

- SA embedded across ARCs incl. sign-off on reports; direct engagement with staff
- 1:1 conversations
- Transparency & Fairness Committee per MO

Special measures

- Voluntary Early Retirement Package
- Separation by Mutual Agreement; extended notice for temporary staff
- Special measures for all staff and for vulnerable cases

Humanity

Mental health & well-being

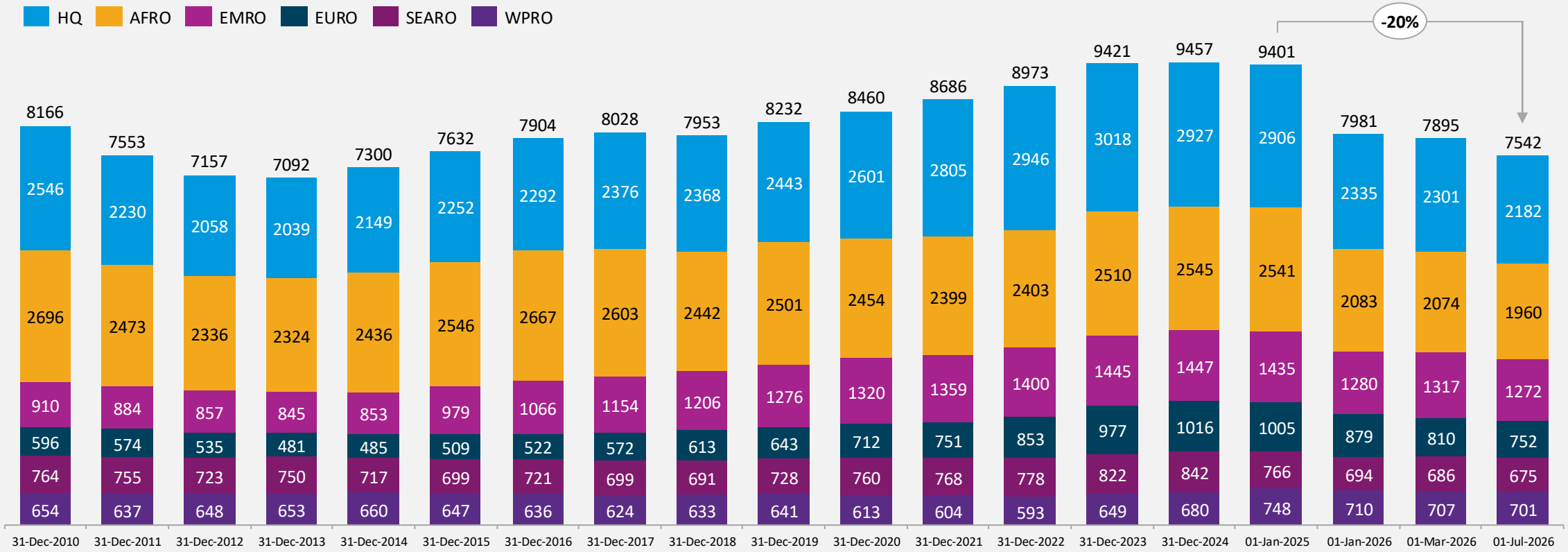
- Staff counsellor & psychotherapy sessions
- Confidential 24/7 Employee Assistance Programme
- Mediation workshops

Career & transition support

- Workforce Transition Support Hub launched
- Trainings incl. 81 career workshops with +6800 participants, 100+ counselling sessions, 10 SHI & 18 pension briefings
- Webinars incl. staff entitlements, int. justice

Evolution of Global Headcount I Our post-restructuring global footprint

Historic headcount evolution and global headcount as of 1 July 2026

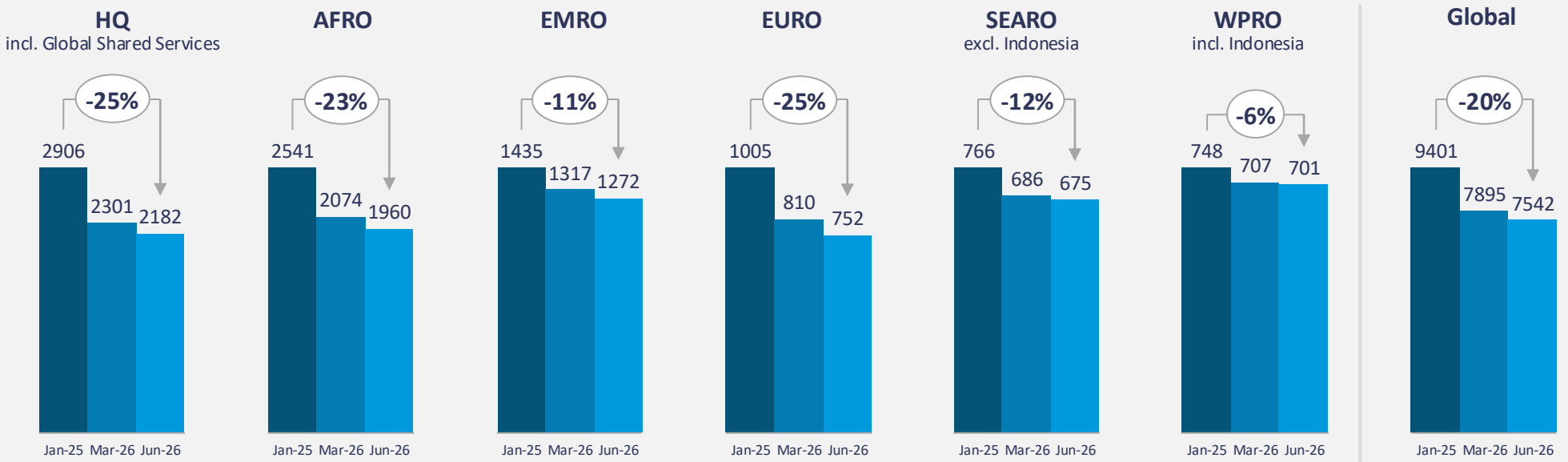


Source 1: WHO HR Database in Power BI → Historic Data from 2012 – 2024 as at 31 December
Source 2: WHO HR Database in GSM → Historic Data for 2025 & 2026 (1 January 2025; 1 January 2026; 1 March 2026; 1 July 2026)
Note 1: Indonesia CO headcount moved to WPRO in May but remains listed under SEARO in the HR database (74 in Jan-25, 0 in Jul-26). This graph reflects manual adjustments—excluded from SEARO and incl. in WPRO
Note 2: This reflects headcount and does not include vacant positions. Includes Non-PB positions, BMS, all special Programmes and hosted Partnerships. Includes appointment types Fixed, Continuing, Temporary under Staff Rule 420.4. Excludes Temporary <60 Days; Conference & other Short-term Services Staff. Excludes PAHO. Excludes Unitaid. June 2026 Figures refer to headcount as of 24h00
Note 3: As of January 2025, there were 99 temporary appointments of 60 days or less (All MO except AFRO, most in HQ). By 1 July 2026, 69 such appointments remain.

World Health Organization

Rebuilt a leaner HQ and limited impact on country-led delivery I HQ and EURO have undergone the steepest headcount decline, followed by AFRO

Headcount reduction by Major Office (net impact; % of total HC reduction; MO % of global staff). This does not include vacant positions.



	HQ	AFRO	EMRO	EURO	SEARO	WPRO	Global
Net impact *(reduction by 1-Jul-26)*[1]	-724HC	-581HC	-163HC	-253HC	-91HC	-47HC	-1859HC
% of WHO Global Staff *(by 1-Jul-26)*	28.9%	26.0%	16.9%	10.0%	8.9%	9.3%	

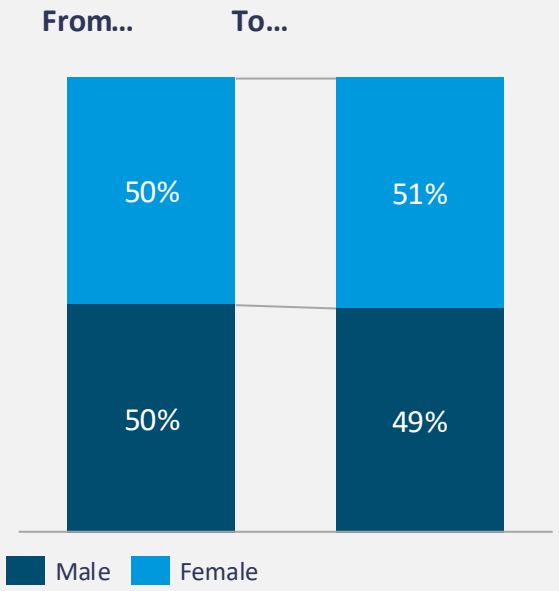
Source 1: WHO HR Database in GSM → Historic Data (1 January 2025)
Source 2: WHO HR Database in GSM → Historic Data (1 July 2026)
Note 1: Indonesia CO headcount moved to WPRO in May but remains listed under SEARO in the HR database (74 in Jan-25, 0 in Jul-26). This graph reflects manual adjustments—excluded from SEARO and incl. in WPRO
Note 2: This reflects headcount and does not include vacant positions. Includes Non-PB positions, BMS, all special Programmes and hosted Partnerships. Includes appointment types Fixed, Continuing, Temporary under Staff Rule 420.4. Excludes Temporary <60 Days; Conference & other Short-term Services Staff. Excludes PAHO. Excludes Unitaid. June 2026 Figures refer to headcount as of 24h00
Note 3: As of January 2025, there were 99 temporary appointments of 60 days or less (All MO except AFRO, most in HQ). By 1 July 2026, 69 such appointments remain.

Enhancing diversity of our workforce | Maintained balance in gender, age & region of origin

Global headcount composition 'From' 1 January 2025 - 'To' 1 July 2026 for DEI metrics. Percentages may not sum to 100% due to rounding.

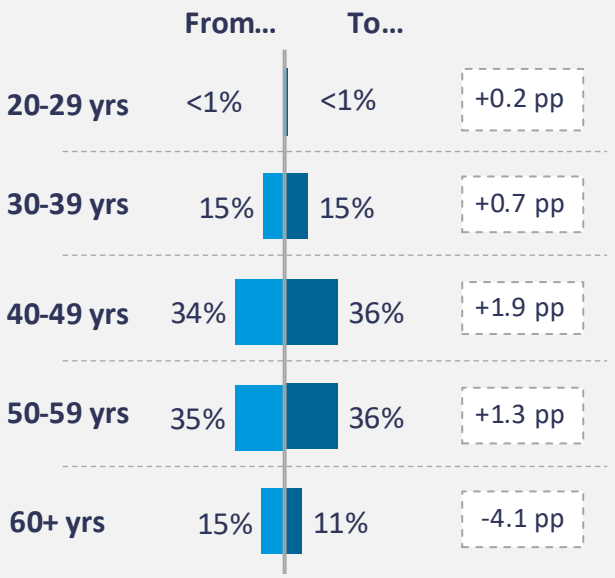
Gender balance

→ a slightly more female workforce



Age distribution

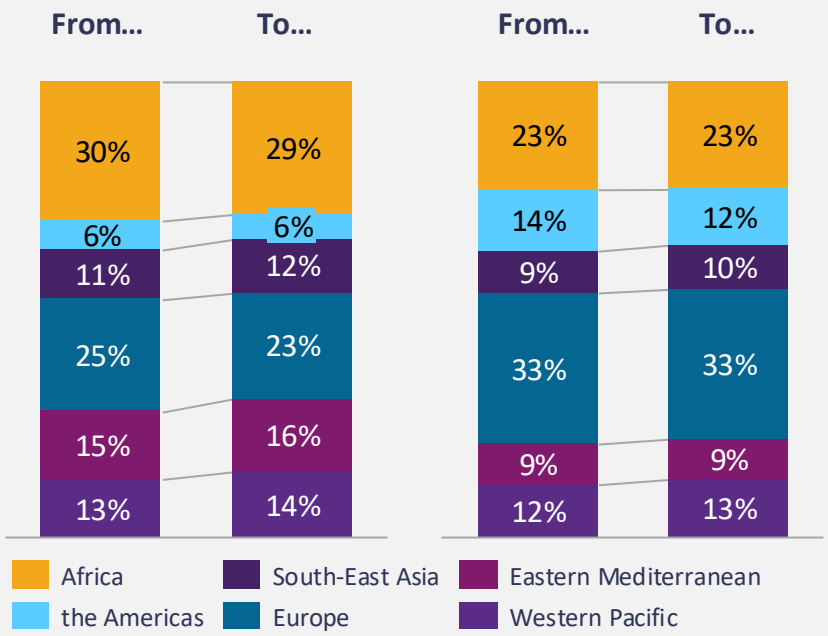
→ a slightly younger workforce



Regional representation among

all staff | P-staff[1]

→ stability between regions of origin



Source 1: WHO HR Database in GSM → Historic Data (1 January 2025)
Source 2: WHO HR Database in GSM → Historic Data (1 July 2026)
Note 1: Please note that the title of the graph shared on 18.11 contained an error. The graph on regional representation shared on 18.11.2025 should have been titled "Evolution of Regional Representation Among All Staff." For transparency and completeness, we are sharing both graphs to illustrate the evolution of regional representation among all staff as well as among P staff.
Note 2: 9 (as of Jan 2025) and 7 (as of 1 Jul 2026) P-staff numbers, and 38 (Jan-25) and 38 (1-Jul-26) all staff numbers are excluded in regional representation as they are considered others (i.e. stateless).
Note 3: This reflects headcount and does not include vacant positions. Includes Non-PB positions, BMS, all special Programmes and hosted Partnerships. Includes all appointment types (Fixed, Continuing, Temporary under Staff Rule 420.4, Temporary of 60 Days or less). Excludes Conference & other Short-term Services Staff. Excludes PAHO. Excludes Unitaid. June 2026 Figures refer to headcount as of 24h00.
Note 4: Please note that the geographical representation "from" is as per 31.12.2024; while the other "from" graphs are as at 1.1.2025

World Health Organization

4. Financial Situation & Focus Forward

World Health Organization

Financing looks strong, but underlying vulnerabilities persist

The base budget of US$ 4,267.1 million is 98% financed, including projected contributions, leaving a funding gap of US$ 74 million. This represents a stronger financing position than at comparable stages of recent biennia.

54% of the base budget depends on earmarked voluntary contributions that cannot necessarily be redirected to underfunded priorities. Flexible funds now finance 46% of the base budget, up from 41% in 2024–2025

Earmarking leaves critical gaps. Emergency risk reduction (37%), access to essential services during emergencies (34%), health promotion (32%), social determinants of health (38%) and financial protection (46%) are among the least funded at the macro level.

These gaps are overstated, as they do not include projections and undistributed funds. Undistributed funds currently represent 20% of the available funds.

Only further increase of the share of flexible funds can sufficiently address this long-standing issue.

98%

of base budget financed (including projections)

46%

of base budget funded by flexible funds (41% in 2024–25)

US$ 74M

remaining gap in the base segment

World Health Organization

Reserves | US$ 164M of the US$ 410M realignment authorization is used

US$ 410M	Authorized under WHA78(18) for salary and indemnity costs of the realignment in technical areas
US$ 164M	Spent as at 30 September 2026: US$ 117M in 2025 and US$ 47M in 2026
US$ 264M	Unspent balance from US$ 410M, as the realignment process closes further expenditures are still being accounted for - all strictly limited to positions terminated by 30 June 2026

World Health Organization

Focus Forward | Putting our priorities into practice and doing differently with less

Why Focus Forward?

Continuation of prioritization process
Build on the prioritization and realignment process, putting decisions into practice so they translate into meaningful workload relief.

Further strengthening focus
Clarify prioritization outcomes and strengthen the evidence base for PB28/29

Shaping WHO's future role
Inform GHA discussions and clarify what WHO should lead, enable or entrust to partners.

Informing PB 2028-29
This work will also serve to inform prioritization of the Programme budget at the 3 levels of the Organization

What it is about

Concentrate capacity on the results where WHO adds distinctive value

Translate priorities into delivery through scalable new ways of working

Address persistent barriers across processes, systems, accountability and capacity

Clarify roles and delivery models across headquarters, regions and countries

Inform GHA choices on WHO's future role and partnership model

Focus Forward framework

Key results
Pinpoint where WHO adds distinctive value and concentrate capacity there

New ways of working
Define scalable ways of working that turn priorities into delivery

Solutions to challenges
Resolve barriers across processes, systems, accountability and capacity

Capacity checkpoint
Test whether capacity matches priorities and flag gaps early

Remaining fragmentation
Surface duplication and unclear roles across HQ, regions and countries

Sequenced approach

- September **HQ workshops**
- Oct / Nov **EXM workshop**
- November **Regional input**
- November **Network sessions**
- Nov – Dec **EXM-GPG workshop**

MS receive a broader update on the outcomes of the Focus Forward workshops

MS review the outcomes, reflected in the Programme Budget submitted to the Executive Board

World Health Organization

Way Forward

- **Continue strengthening sustainable financing and independence of the Organization**
  - AC increase at least 50% of the Base budget
  - Next Investment Round for 2029-2033
  - Continue diversifying donor base (WHOF, innovative financing)
- **Keep the Organization lean**
  - Increase focus on core mandate
  - Strengthen results focus
  - Limit staffing increase
- **Continue efficiency measures introduced**
  - Harvest AI/digital technology to modernize workforce
  - Keep managing travel costs tightly
  - Continue harvesting savings from procurement transactions

5. Q&A

World Health Organization

Thank you

World Health Organization