

Results Report 2025 and Financial report and audited financial statements for the year ended 31 December 2025

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

Report by the Director-General

Introduction

1. This Results Report presents WHO's end-of-biennium performance for the Programme budget 2024–2025, marking the final assessment under the Thirteenth General Programme of Work, 2019–2025 (GPW 13). It provides a concise, evidence-led view of what was achieved, where targets were met, where progress fell short and where the Secretariat's support has been most essential.
2. This document provides a **summary for Member States. The full report is available online¹** and includes detailed information on the achievement of the triple billion targets, outcome and output indicators,² and results at the country, regional and global levels, along with financing data. While this summary highlights the key findings, the online report provides the complete evidence base.
3. The report reflects a **deliberate shift towards more evidence-based reporting**. Compared to previous cycles, the narrative is more tightly anchored in measurable results, using progress towards outcome and output indicators to provide a clearer and more objective assessment of performance. This approach signals the direction that will be further strengthened and institutionalized under the Fourteenth General Programme of Work, 2025–2028 (GPW 14).

¹ See [WHO Results Report 2024-2025: End of biennium report](#) (accessed 30 April 2026).

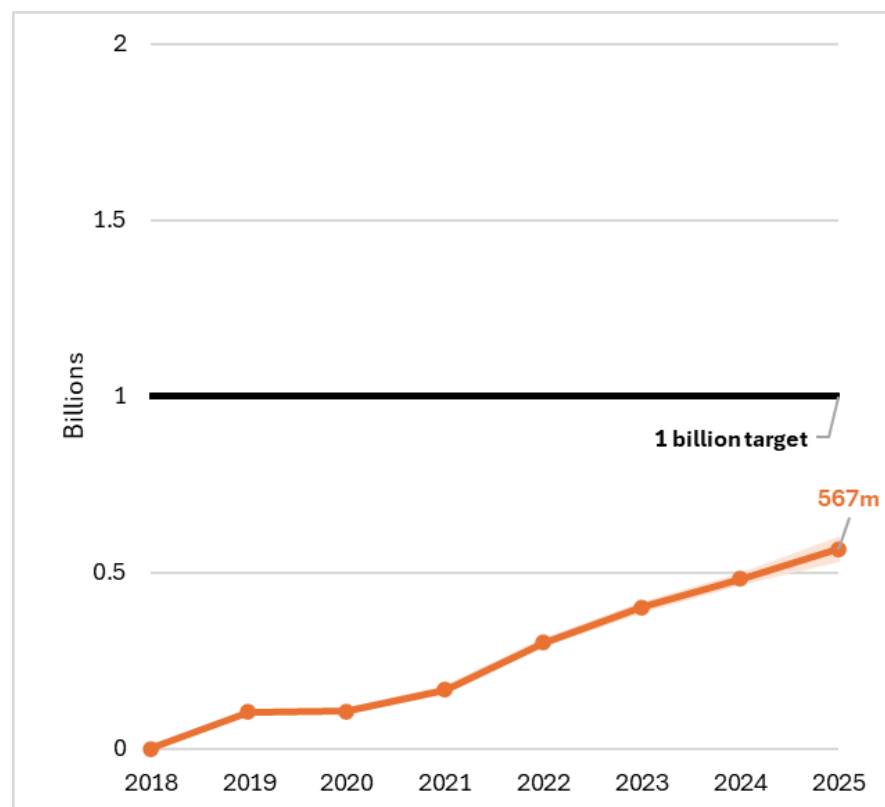
² Triple Billion achievements are based on outcome indicator progress. For detailed indicator trends at the impact, outcome and output level please refer to the [WHO Results Report 2024-2025: End of biennium report](#).

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4. The report aims to **build on prioritization**. At the country level, the reported results focus on the high-priority outputs jointly agreed upon by Member States and WHO country offices. Across the three levels of the Organization, they are closely aligned with the outcomes of the prioritization and realignment process, with a focus on protecting WHO's core functions and unique mandate in the global health system, leveraging its convening power to increase collaboration with others, and adopting and scaling new technologies to deliver with a leaner workforce.
5. Another defining feature is the **direct link between financing and results**. While the budget implementation rate remains quite high for the biennium, funding constraints have not only affected inputs – they have also **reduced delivery capacity**, limiting technical support, slowing programmatic implementation and weakening key systems, such as surveillance and emergency response, particularly in high-risk settings.
6. Overall, the results indicate that **progress has been real but insufficient and uneven**:
- The world has fallen short of achieving all the triple billion targets, with the greatest gains in relation to billion 3 targets and mixed progress in relation to billion 1 and billion 2 targets.
 - At the current pace, **the health-related Sustainable Development Goals will not be met by 2030**.
 - Despite an overall positive trajectory, **only 50% of output indicators have been met or exceeded**, with substantial variation across programme areas and countries.
 - Gains were strongest where delivery pathways were clear and structured, and weakest where results depended on sustained country capacity, financing and complex implementation.
 - WHO delivered particularly effectively when aligned with its **convening mandate, normative guidance, data and surveillance systems, and targeted technical support** to drive country-level impact.
7. As the GPW 13 concludes, three clear messages stand out:
- **progress remains fragile and uneven across countries and programmes;**
 - **results are highly sensitive to financing conditions and country capacity; and**
 - **impact is maximized when WHO's comparative strengths are leveraged and resourced.**
8. In an increasingly uncertain global financial environment, these findings highlight WHO's added value in the global public health architecture, while also underscoring the risks to its core functions. They reinforce the need for sustainable and flexible funding to deliver on WHO's mandate and support the successful implementation of the GPW 14.

Highlighted accomplishments

Universal health coverage (pillar 1)

Fig. 1. Progress towards the billion target (universal health coverage)

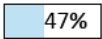
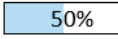
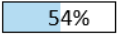
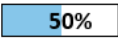


Source: WHO, [Triple Billion Dashboard](#).

9. While the billion target remains unmet, progress has been substantial: an estimated **567 million more people** gained access to essential health services without catastrophic health spending, driven by gains in the prevention of communicable diseases – particularly HIV and tuberculosis – alongside the prevention of bacterial diseases through improved sanitation and an expanding health workforce. However, progress has been uneven, with persistent gaps in diabetes management and continued financial hardship for people seeking health services.

10. Output indicators, which reflect the Secretariat's contributions to health outcomes, show a mixed trajectory across the GPW 13. While only **50% of output indicators met their targets in 2024–2025, many gaps were marginal, with 31% of output indicators slightly below their targets.** Of the 16 indicators that did not fully meet their targets, eight indicators (50%) nonetheless showed a positive trajectory over the GPW 13, indicating continued progress despite falling short of the end-of-period threshold (Fig.1 and Table 1).

Table 1. GPW 13 output indicator achievements (pillar 1)

	GPW 13 outcome/ indicator scope	Total output indicators	Achieved	Not achieved		
				Slightly below target (≤10%)	Below target (>10%)	Trend lens: positive trajectory*
1.1	Improved access to quality essential health services Service delivery Communicable and noncommunicable diseases Health and equity across the life course Health governance Health and care workforce	15	 47%	33%	20%	38%
1.2	Reduced number of people suffering financial hardship Financing strategies and reforms Financial protection Financial decision-making	4	 50%	50%	0%	50%
1.3	Improved access to essential medicines, vaccines, diagnostics and devices for primary healthcare Health product guidance Health product procurement and supply Health product regulation Health product research and development Antimicrobial resistance	13	 54%	23%	23%	67%
Total		32	 50%	31%	19%	50%

*Indicators that were not achieved at the end of 2024–2025 but nonetheless showing overall improvement over the course of the GPW 13.

11. Although performance remained uneven across programmes, **notable results were observed in the following areas**: normative guidance, technical tools and policy support – and notably in primary healthcare, financial protection, antimicrobial resistance and essential medicines. **Key constraints were largely financial and systemic**: weak health information systems, limited human resources and high staff turnover, compounded by the lingering impacts of the coronavirus disease (COVID-19) pandemic, particularly in small island developing States and fragile or conflict-affected settings. These challenges were further exacerbated by declining official development assistance, tightening fiscal environments and rising inflation.

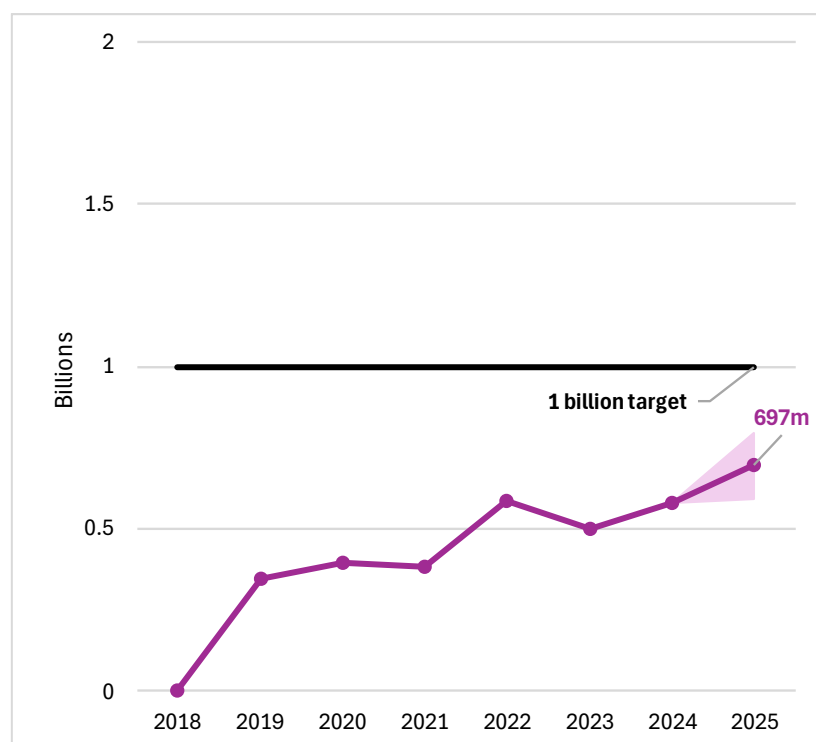
12. Financial pressures and WHO's realignment process had immediate consequences: cost-cutting measures limited targeted technical support; increased the reliance on fewer staff to handle complex tasks; and reduced oversight in secondary or niche health areas.

13. Key achievements under this pillar highlight **WHO's overarching role in providing strategic guidance** to strengthen health systems resilience, **translating evidence into action** and **strengthening data-driven interventions and service delivery**. In particular:

- WHO provided **evidence-based guidance for resilient, domestically financed health systems** for universal health coverage, outlining priority actions to help countries adapt to changes in external funding, which helped countries to navigate through the global health financing crisis. Through the UHC Knowledge Hub in Tokyo, WHO also launched the 2025 Global Monitoring Report to enhance partnerships and mobilize resources.
- Through the Global Antimicrobial Resistance and Use Surveillance System (GLASS), WHO generated **critical data and evidence on antimicrobial resistance**, providing prevalence estimates, trend analysis for key pathogens and actionable policy recommendations. The 2025 report reveals that one in six bacterial infections is antibiotic-resistant, highlighting significant regional disparities.
- WHO's normative leadership translated **evidence into action across promotion, prevention and care**. Key achievements include the issuance of the first consolidated guidelines on postpartum haemorrhage; the issuance of the first global guidelines on infertility; updated clinical and prevention guidance for communicable diseases; tuberculosis guideline consolidation; the issuance of recommendations on lenacapavir for HIV prevention; and the development of new malaria interventions, such as spatial emanators and indoor residual spraying.
- WHO strengthened **global and country-level data systems** by expanding surveillance for noncommunicable diseases (NCDs), **mental health and risk factors**, and enhancing monitoring frameworks. Through the Build Better Before initiative, the proportion of countries with emergency mental health and psychosocial support systems rose from 28% to 48%. The Global Database on the Implementation of Food and Nutrition Actions now includes over 3300 policies to guide evidence-based policy-making, while the Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) policy repository provides access to more than 6000 policies, guidelines and strategic plans from 140 countries, supporting comprehensive sexual, reproductive, maternal, newborn, child and adolescent health policy-making.
- WHO strengthened **integrated service delivery and expanded vaccine coverage**, scaling up human papillomavirus vaccination with simplified single-dose schedules, raising the level of global coverage from 17% in 2019 to 31% in 2024. Following WHO guidance on multivalent meningococcal vaccine, 11 countries conducted risk assessments. By early 2026, 25 countries had introduced malaria vaccines, reaching over 10 million children and reducing child mortality by 13% and severe malaria hospitalizations by 22% in pilot settings.

Health emergencies protection (pillar 2)

Fig.2. Progress towards the billion target (health emergencies protection)



Source: WHO, [Triple Billion Dashboard](#).

14. Although the billion target under pillar 2 has not been achieved, **an estimated 698 million more people are better protected from health emergencies**, thanks to advances in pandemic preparedness, early warning and detection, response capacity and prevention of outbreaks and other health threats, supported in part by the International Health Regulations (2005), as amended.

15. **Output indicators** showed a mixed but improving trajectory across the GPW 13, with **54% of output indicators meeting their targets in 2024–2025** and a further 12% slightly below target. Of the 12 output indicators that did not fully meet their targets, three (25%) nonetheless showed a positive trajectory over the GPW 13 (Fig.2 and Table 2).

Table 2. GPW 13 output indicator achievements (pillar 2)

	GPW 13 outcome/ indicator scope	Total output indicators	Achieved	Not achieved		
				Slightly below target (≤10%)	Below target (>10%)	Trend lens: positive trajectory*
2.1	Countries prepared for health emergencies All hazards preparedness Emergency preparedness Operational readiness	7	 86%	14%	0%	0%
2.2	Epidemics and pandemics prevented High-threat pathogens Epidemic-prone diseases Pandemic preparedness Polio eradication	11	 45%	18%	36%	50%
2.3	Health emergencies rapidly detected and responded to Detection, risk assessment and risk communication Emergency response Essential services in FCVs	8	 38%	0%	63%	0%
Total		26	 54%	12%	35%	25%

*Indicators that were not achieved at the end of 2024–2025 but nonetheless showing overall improvement over the course of the GPW 13.

16. **Performance was strongest in the area of preparedness, in which WHO's structured tools and coordination mechanisms are well established.** Challenges were concentrated in **detection, emergency response, and polio eradication and transition**, areas that require **complex operational delivery, strong country capacity and sustained financing**. Where performance fell short, it often did so by narrow margins, reflecting that technical capacity existed but was limited by operational bottlenecks, resource constraints or contextual challenges.

17. Financial setbacks in 2025 had an impact on results. Key functions – including emergency operations, humanitarian coordination, surveillance networks and International Health Regulations (2005), monitoring – were constrained. At the country level, surveillance, laboratory support, preparedness training and field deployments were scaled back, with resources focused on the most acute emergencies. The programmatic impact of these reductions has been tangible, with 66% of countries reporting surveillance disruptions. In response, WHO has prioritized critical emergency functions, supporting the most at-risk countries, concentrating operational capacity on the most severe emergencies, strengthening collaboration with humanitarian partners, and improving efficiency through shared logistics and global networks.

18. Key achievements under pillar 2 highlight WHO's critical role as a **global convener, coordinator and enabler**, leveraging its **technical expertise to build capacities** and strengthen preparedness and response systems worldwide:

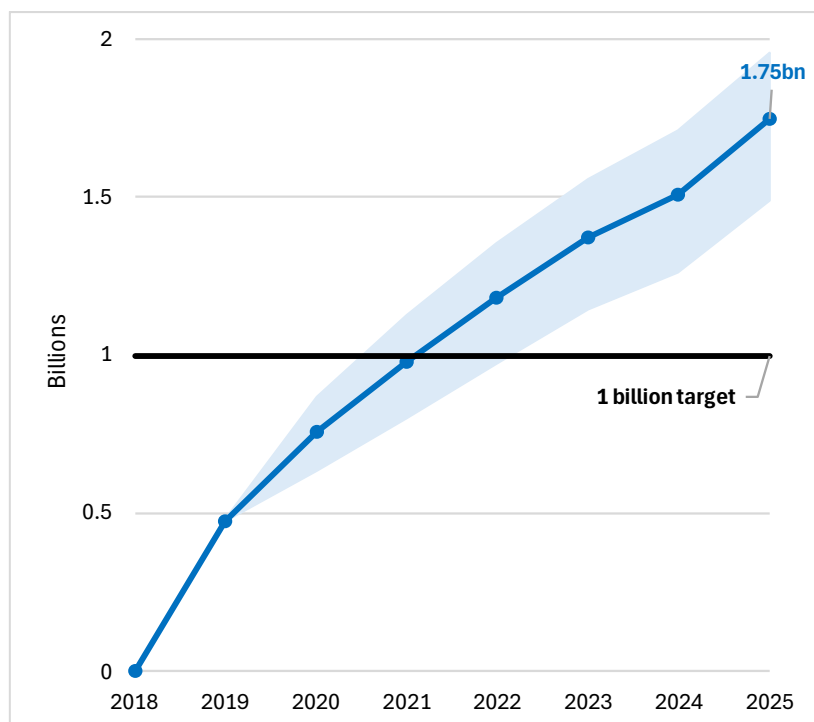
- A milestone under this billion target was the adoption of the WHO Pandemic Agreement by the Seventy-eighth World Health Assembly, establishing a global framework to ensure

that the world is better prepared for future pandemics. In parallel, countries adopted amendments to the International Health Regulations (2005), reaffirming their commitment to collective action in response to public health emergencies. Together, the **WHO Pandemic Agreement and the International Health Regulations (2005), as amended, highlight the critical importance of WHO's convening mandate** to protect populations from future health threats. Through the Pandemic Fund, WHO also helped 70 countries to strengthen key pandemic preparedness capacities, including in the form of surveillance systems, laboratory networks, workforce development and multisectoral coordination.

- **WHO strengthened global health security by detecting, assessing and responding to public health threats worldwide.** WHO's global surveillance systems assessed 5.4 million potential signals, verifying 693 threats with governments and partners, helping prevent disease spread. WHO also managed 66 emergencies across 88 countries and territories, including 32 Grade 3 emergencies requiring the highest level of organizational support.
- WHO also played a **central role in major humanitarian responses**. For instance, in the Gaza Strip, despite extremely complex logistics constraints, WHO coordinated and managed supply – organizing the transport and shipment of 952 trucks of emergency health supply into the Gaza Strip. WHO also coordinated more than 95 health cluster partners, delivering nearly 33 million medical consultations.
- **Building partnerships and networks** was critical for these achievements. The Global Outbreak Alert and Response Network added 50 partners, the Emergency Medical Teams delivered over 4.36 million consultations and the International Pathogen Surveillance Network grew to 309 partners in 101 countries. The WHO Hub for Pandemic and Epidemic Intelligence connected 1300 experts from 50 countries, while the International Coordination Group on Vaccine Provision approved 103.9 million doses for 113 emergency requests for treating meningitis, cholera, yellow fever and Ebola virus disease.
- Despite challenges in reaching the **polio eradication** goal, reported wild polio cases fell by 56% in 2025, with similar declines in circulating vaccine-derived poliovirus cases. Progress on **polio transition** was context-specific, with some countries integrating polio functions into national health systems, while high-risk and fragile settings made slower gains.

Healthier populations (pillar 3)

Fig.3. Progress towards the billion target (healthier populations)



Source: WHO, [Triple Billion Dashboard](#).

19. **An estimated 1.75 billion more people are living healthier lives, largely surpassing the 1 billion target.** Progress has been driven largely by improvements in environmental factors and determinants of health, in particular increased access to clean household energy, water, sanitation and hygiene (WASH) services and reductions in air pollution, tobacco use and alcohol consumption, reflecting sustained gains in living conditions and infrastructure. By contrast, rising obesity among adults and children remains a growing concern, partially offsetting these gains.

20. Similarly, output indicators showed a strong overall trajectory across the GPW 13, **with 82% of output indicators meeting their targets in 2024–2025** and a further 6% slightly below target. Importantly, all three indicators that did not fully meet their targets nonetheless showed a positive trajectory over the GPW 13 (Fig. 3 and Table 3).

Table 3. GPW 13 output indicator achievements (pillar 3)

	GPW 13 outcome/ indicator scope	Total output indicators	Achieved	Not achieved		
				Slightly below target (≤10%)	Below target (>10%)	Trend lens: positive trajectory*
3.1	Determinants of health addressed Social determinants Food safety	7	86%	0%	14%	100%
3.2	Risk factors reduced through multisectoral action Risk factors Multisectoral partnerships	4	75%	25%	0%	100%
3.3	Healthy settings and Health in All Policies promoted Environmental determinants and climate change Healthy environments	6	83%	0%	17%	100%
Total		17	82%	6%	12%	100%

*Indicators that were not achieved at the end of 2024–2025 but nonetheless showing overall improvement over the course of the GPW 13.

21. Progress was strongest in the areas addressing **social determinants of health, risk factors and healthy settings**, largely driven by **WHO's institutionalized guidance**, such as the WHO Framework Convention on Tobacco Control (FCTC) and MPOWER, **strong technical standards and tools** in areas such as nutrition, food safety and air quality, and **flagship initiatives** on the social determinants of health. Remaining challenges are largely due to country-level capacity constraints and external factors, including industry influence, limited financing and weak policy enforcement.

22. **WHO's convening role** supported achievements under pillar 3. For example:

- The Secretariat supported a three-year multistakeholder process culminating in the adoption of the **2025 political declaration on noncommunicable diseases and mental health** by 175 Member States. WHO also assisted countries in addressing the **commercial determinants of health**, including industry interference in tobacco, alcohol and food policies, through targeted technical support and governance tools, such as the SAFER initiative for alcohol control.
- In the area of nutrition, 34 countries engaged in the **Acceleration Plan to Stop Obesity**, while the rates of exclusive breastfeeding increased from 39% to 47% and the rates of continued breastfeeding up to two years increased from 38% to 50%, reflecting progress in the area of maternal and child nutrition.
- Environmental health action was strengthened through the **Global Road Map on Air Pollution and Health**. WHO also trained over 4000 public health professionals and supported global commitments to reduce the health impacts of air pollution.
- WHO elevated **One Health as a global policy priority** through high-level engagement, including at a dedicated meeting held at the 2024 G20 Health Ministerial to advance One Health as a practical approach to address interconnected risks, such as zoonotic diseases,

antimicrobial resistance, food safety and environmental risks. By strengthening multisectoral dialogue and collaboration through the Quadripartite collaboration, WHO contributed to increasing political commitment and alignment, supporting stronger governance and preparedness across sectors.

Effective and efficient WHO (pillar 4)

23. Across the GPW 13, pillar 4 indicators showed a modest but steady upward trajectory. In 2024–2025, **performance showed steady but constrained progress**: 34% of output indicators were met, with a further 10% close to target. Notably, of the 27 output indicators that did not fully meet their targets, eight indicators (30%) nonetheless demonstrated a positive trajectory over the GPW 13 (Table 4).

Table 4. GPW 13 output indicator achievements (pillar 4)

	GPW 13 outcome/ indicator scope	Total output indicators	Achieved	Not achieved		
				Slightly below target (≤10%)	Below target (>10%)	Trend lens: positive trajectory*
4.1	Strengthened country capacity in data and innovation Health information systems Health impact monitoring WHO norms and standards	11	55%	0%	45%	40%
4.2	Strengthened leadership, governance and advocacy for health WHO leadership WHO accountability, response to sexual abuse Sustainable financing Programme budget and results-based management WHO transformation Equity, gender, human rights and disability	18	28%	0%	72%	23%
4.3	Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner WHO financial management WHO human resources WHO digital platforms and services WHO safe and secure environment	12	25%	33%	42%	33%
Total		41	34%	10%	56%	30%

*Indicators that were not achieved at the end of 2024–2025 but nonetheless showing overall improvement over the course of the GPW 13.

24. Performance was strongest in areas in which progress is more directly within the Secretariat's control, including **data and digital health, evidence-informed policy-making and compliance-related areas**, including financial audits, risk management and evaluation follow-up mechanisms. Financial constraints and the three-level realignment process had a significant impact on certain enabling functions and **some targets became unfeasible**, including those related to **sustainable financing and human resources**. These challenges were further compounded by broader contextual pressures beyond the Secretariat's control, including the increasing politicization of the health agenda.

25. WHO **responded** promptly and strategically to this new financial reality, while also taking steps to sustain its core functions and mandate. In particular:

- The Secretariat undertook an **Organization-wide reprioritization, realignment and sustainability exercise**, reducing the 2026–2027 budget from \$5.3 billion to \$4.2 billion and aligning staffing and structures with the revised budgetary envelope, while safeguarding its core mandate, including normative functions and country office capacity. The Secretariat's proactive and transparent approach fostered trust among Member States, leading to the successful approval of the second increase of assessed contributions by the Seventy-eighth World Health Assembly, despite uncertainties in the global funding landscape.
- Fully recognizing the real human impact of these changes, the Secretariat provided **comprehensive support to staff to help manage the uncertainty**, through a structured approach guided by the principles of transparency, fairness and humanity; and incorporating strong governance, systematic staff engagement and practical support. Communication tools enhanced clarity and feedback loops, while special measures, including voluntary early retirement options and separation by mutual agreement, helped mitigate disruption. The launch of the Workforce Transition Support Hub as a single-entry point enabled staff to navigate change. Collectively, these actions supported operational continuity and helped sustain workforce coherence as WHO adapts to a leaner organizational footprint.
- WHO Secretariat's **authoritative legal advice across policy, normative and institutional processes** were instrumental in strengthening global health governance and protecting WHO's reputation. The Secretariat supported Member State negotiations leading to the adoption of the WHO Pandemic Agreement and of the amendments to the International Health Regulations (2005), by providing legal advice on procedural and substantive issues. Legal advice on funding suspensions mitigated financial and operational risks.
- Through its normative and enabling role, the Secretariat strengthened **WHO's leadership in gender equality, human rights and health equity**. This included targeted analytical and advisory engagement in 14 countries, alongside a primary focus on developing and harmonizing global frameworks, tools and methodologies to support consistent integration of gender equality, human rights and health equity.
- To strengthen its **normative core mandate**, WHO launched the three-year "Guidelines 2.0" initiative to modernize guideline development through a "living" approach – continuously integrating new evidence to recommendations and publishing updates in real time via digital platforms. Strong engagement with **WHO collaborating centres** delivered 4000 activities and over US\$ 25 million in in-kind contributions, significantly strengthening technical capacity and global reach.

Programme budget financing and implementation

26. The level of financing and implementation of the Programme budget 2024–2025 at the end of December 2025, by segment, is shown in Table 5. 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, while in special programmes the high levels of financing were largely driven by the availability of the influenza pandemic response fund. Although the base segment appears strong with 96% funding, a large share of this funding is highly earmarked, which continues to pose a challenge to the strategic allocation of funding towards priority and underfunded areas and effective budget implementation.

27. The 85% base programme budget implementation rate remains consistent with earlier trends and the Organization's efforts to realign operations for long-term financial sustainability. For the event-driven segments – emergency operations and appeals, and polio eradication – implementation rates are higher than expected, driven by the level of operations.

28. 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 levels.

Table 5. Programme budget 2024–2025 and its financing and expenditures, by segment, as at 31 December 2025 (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	4 763.6	96%	4 228.3	85%
Polio	694.3	1 194.4	172%	1 100.5	159%
Special programmes	171.7	199.4	116%	130.0	76%
Emergency operations and appeals	1 000.0	1 665.2	167%	1 269.7	127%
Grand total	6 834.1	7 822.6	114%	6 728.4	98%

Action by the Health Assembly

29. The Health Assembly is invited to note the report and to provide feedback on the key achievements and challenges under each pillar, and on the question set out below.

- How can the Secretariat build on the lessons learned from the GPW 13 to further improve the monitoring approach for the GPW 14?
