

# **Collaboration within the United Nations system and with other intergovernmental organizations**

## **Report by the Director-General**

### **Introduction**

1. This report provides an overview of WHO's collaboration with the United Nations system and other intergovernmental organizations in 2025. Throughout the year, WHO continued to position health as central to peace, security and sustainable development, while adapting to a more constrained financial environment and an evolving United Nations reform agenda. Through technical support, strategic partnerships and evidence-based advocacy, WHO worked to ensure that health remained visible in multilateral decision-making and system-wide reform processes.

### **Working with the United Nations system to advance the health agenda and achieve the Sustainable Development Goals**

2. In 2025, WHO actively supported Member States across the principal organs of the United Nations, including the General Assembly, the Economic and Social Council, and the Security Council. Through this engagement, WHO continued to promote health as a precondition, outcome and indicator of sustainable development, and to advocate for the integration of health-related priorities into broader United Nations agendas, negotiations and operational decisions.

3. The General Assembly was a principal platform for WHO's advocacy and technical input. A major focus of 2025 was the preparation for, and follow-up to, the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and the promotion of mental health and well-being. WHO supported the adoption of the modalities resolution, the multi-stakeholder hearing, intergovernmental negotiations and the convening of the high-level meeting itself. The resulting political declaration<sup>1</sup> introduced measurable, time-bound targets, marking an important step towards stronger commitments and accountability, and providing additional political momentum for implementation of relevant WHO governing bodies decisions on this agenda.

---

<sup>1</sup> [United Nations General Assembly resolution 80/117](#) (accessed 7 April 2026).

4. During the eightieth session of the General Assembly and its high-level week, WHO supported a broad range of high-level discussions and side events focused on noncommunicable diseases; mental health; universal health coverage; primary healthcare; maternal and newborn health; nutrition; humanitarian action; and water, sanitation and hygiene in healthcare facilities. WHO worked closely with Member States, United Nations entities, philanthropic partners, civil society and humanitarian actors, reinforcing its leadership in positioning health at the core of multilateral discussions.

5. WHO also advocated for the inclusion of health priorities in key intergovernmental processes beyond the above-mentioned high-level meetings, including through:

- active engagement in the Fourth International Conference on Financing for Development, whose outcome document, the Seville Commitment,<sup>2</sup> included references to increased investment in universal health coverage and to fiscal measures such as taxes on tobacco and alcohol;
- participation in the Second World Summit for Social Development, the outcome of which<sup>3</sup> included a comprehensive section on health;
- support for the High-Level Interactive Dialogue on the Social, Economic and Environmental Determinants of Health;
- participation in other discussions, including on global health and foreign policy and the establishment of the Independent International Scientific Panel on Artificial Intelligence and the Global Dialogue on Artificial Intelligence Governance; and
- engagement in preparations for the high-level meeting on pandemic prevention, preparedness and response to be held at United Nations Headquarters in September 2026.

6. In 2025, WHO also played an active role in Economic and Social Council processes and in preparations for, and engagement with, the high-level political forum on sustainable development. These forums provided important opportunities to advocate for universal health coverage; primary healthcare; health financing reform; a stronger health workforce; disease prevention; mental health; water, sanitation and hygiene; and the integration of health into wider sustainable development frameworks.

7. Particular attention was given to populations and groups at heightened risk of being left behind, including women and girls; older persons; persons with disabilities; refugees and migrants; and people living in humanitarian settings. WHO advanced health equity in discussions on social development, ageing, disability inclusion, humanitarian access and protection of healthcare, and helped to ensure that health was reflected in broader debates on social inclusion, social protection and resilience.

8. In 2025, WHO continued to engage with groups of friends and other coalitions at the United Nations to advance key health priorities and strengthen political support. This included providing support to the Group of Friends of Universal Health Coverage and Global Health; the Group of Friends in Support of Water, Sanitation and Hygiene in Health Care Facilities; Friends of Vision

---

<sup>2</sup> [United Nations General Assembly resolution 79/323](#) (accessed 7 April 2026).

<sup>3</sup> [United Nations General Assembly resolution 80/5](#) (accessed 7 April 2026).

Group; and broad coalitions convened around noncommunicable diseases, mental health, humanitarian health action and primary healthcare. These efforts helped to maintain political momentum and strengthen the visibility of global health priorities across the United Nations system.

## **Supporting United Nations development system reform**

9. WHO continued to organize briefings and induction sessions for United Nations resident coordinators, WHO representatives and country office teams. In 2025, these engagements focused on WHO's mandate, governance and comparative advantage within the United Nations system, as well as practical issues related to country-level collaboration, cooperation frameworks, pooled funds and the implications of the evolving agenda of the UN80 Initiative.

10. WHO continued to support United Nations development system financing and reform discussions, including through its engagement in the funding compact; financing for development; and broader efforts to improve the predictability and effectiveness of development financing. In parallel, WHO promoted stronger alignment between health financing priorities and wider system discussions on sustainable development financing.

11. WHO remained an active participant in the United Nations Sustainable Development Group and the United Nations System Chief Executives Board for Coordination and its subsidiary mechanisms, including the High-level Committee on Programmes and the High-level Committee on Management. In 2025, this engagement was particularly important in the context of the worsening financial pressures across the system, the operational effects of funding reductions, and the launch and evolution of the UN80 Initiative. At the regional level, WHO contributed to coordination mechanisms supporting United Nations development system reform, including through participation in opportunity and issues-based coalitions under the Regional Collaborative Platform for Africa and through its role as co-chair of the United Nations liaison team to strengthen dialogue and policy alignment between the United Nations system and the African Union. WHO also expanded cooperation with the United Nations Economic Commission for Africa to advance policy dialogue on domestic resource mobilization and fiscal space for health investments.

12. In 2025, WHO engaged proactively in the development of the Secretary-General's UN80 Initiative, including through participation in a variety of internal and external exchanges, including with its Member States. WHO supported senior-level discussions in the United Nations Sustainable Development Group and the Chief Executives Board for Coordination on key reform tracks, including the UN80 action plan, the regional reset and country configuration, and also provided inputs to ensure that reforms preserve mandates, protect essential functions and sustain effective country-level delivery.

13. WHO also contributed to UN80 discussions on funding and system-wide efficiency. This included engagement in work related to pooled funding mechanisms and administrative agent functions, as well as an emphasis on clear communication to Member States on the objectives, costs and implications for mandates and field presence. WHO advocated for approaches that enable the systematic participation of specialized agencies and ensure that pooled funds and joint initiatives are designed and implemented with appropriate technical leadership, accountability and a results-based focus.

14. WHO continued to engage actively in discussions on cost-sharing within the United Nations development system. In 2025, WHO contributed to reviews of the management and accountability framework and the resident coordinator system cost-sharing arrangement. In December, participants agreed to extend the existing cost-sharing formula for one additional year, while work continues on an updated model intended to better reflect agency size, system load and ability to pay.

15. WHO also continued to strengthen its institutional approach to pooled funds and joint programmes. During the year, WHO engaged with the Multi-Partner Trust Fund Office to enhance operational collaboration, including by advancing work towards formalizing collaboration and promoting more timely notification and clearer coordination arrangements for new funds at the three levels of the Organization.

## **Collaboration with other intergovernmental organizations**

16. WHO strengthened its engagement with global and regional intergovernmental organizations and multilateral platforms in 2025 to advance the global health agenda, promote the implementation of health-related commitments and strengthen policy coherence across sectors. This included deepened cooperation with regional organizations and institutions, as well as targeted collaboration with relevant international mechanisms to support health security and other shared priorities.

17. WHO further deepened its strategic cooperation with European Union institutions and Member States in 2025, advancing shared priorities set out in the Fourteenth General Programme of Work, 2025–2028. The partnership between WHO at all levels and the European Commission spans 17 Directorates-General and 10 European Union bodies. During the reporting period, WHO supported the integration of evidence and technical guidance into key European Union initiatives, including the pharma package, the Pact for the Mediterranean, the Gender Equality Strategy 2026–2030, the Communication on Humanitarian Aid and the Global Health Resilience Initiative. WHO also maintained close collaboration with rotating European Union Council presidencies, contributing technical expertise that supported European Union Council conclusions on the mental health of children and adolescents in the digital era; preventing and responding to violence against women and domestic violence; and advancing the social inclusion of persons with disabilities through independent living. Engagement with the European Parliament was strengthened through sustained dialogue and inputs to legislative processes, including the provision of support to relevant committees. The European Commission remained one of WHO's most significant donors, with a portfolio of ongoing initiatives for 2024–2025 amounting to approximately US\$ 406 million, supporting humanitarian operations, health system strengthening and progress towards universal health coverage.

18. WHO continued to deepen engagement with the African Union and other regional institutions in 2025 to advance health priorities and strengthen multilateral cooperation. In May 2025, WHO and the African Union renewed their memorandum of understanding, strengthening collaboration on health systems strengthening; universal health coverage; health security; pharmaceutical manufacturing; pandemic preparedness and response; and health workforce development. WHO also formalized collaboration with the Africa Centres for Disease Control and Prevention through a framework of collaboration and continued to support the operationalization of the African Medicines Agency, including through the transfer of the African Medicines Regulatory Harmonization initiative and associated technical platforms. WHO expanded engagement with the Pan-African Parliament and strengthened collaboration with the African

Union Development Agency–NEPAD on sustainable health financing, including domestic resource mobilization and approaches to increase fiscal space for health. In addition, WHO strengthened collaboration with the African Union Humanitarian Affairs Division to support the operationalization of health within the humanitarian–peace–development nexus and strengthened partnerships with regional institutions, including the East, Central and Southern Africa Health Community and the West African Health Organization, in order to support cross-border collaboration on public health priorities.

19. WHO also worked with the United Nations system and other international organizations to strengthen biological risk reduction and management. Within its mandate, WHO collaborated closely with the United Nations Office for Disarmament Affairs, including in support of the Biological Weapons Convention, the United Nations Secretary-General’s Mechanism for the Investigation of Alleged Use of Chemical and Biological Weapons and the Committee established pursuant to Security Council resolution 1540 (2004). In 2025, WHO supported related initiatives, including national and regional conferences on the Biological Weapons Convention and Security Council resolution 1540 (2004); contributed technical advice and capacity-building; and supported work to operationalize the Mechanism, including through the United Nations Secretary-General’s Mechanism Group of Friends and the United Nations Biorisk Working Group. WHO also collaborated with partners, including the World Organisation for Animal Health, the Food and Agriculture Organization of the United Nations and the United Nations Environment Programme, to advance One Health approaches, and engaged with relevant organizations on biosafety, biosecurity and emergency management, including the Coalition for Epidemic Preparedness Innovations, the United Nations Institute for Disarmament Research and the Organisation for the Prohibition of Chemical Weapons. Through these partnerships, including the WHO BioHub System and long-standing collaboration with INTERPOL on non-State actor biological threats, WHO contributed to strengthening preparedness and response capacities and promoting safe, secure and responsible use of the life sciences.

## **Action by the Health Assembly**

20. The Health Assembly is invited to note the report and provide any comments or guidance it deems pertinent, particularly with respect to the following questions.

- How can the Secretariat best translate the major outcomes into additional support for Member States?
- What additional support should the Secretariat provide to the United Nations development system, including resident coordinators and country teams, in order to strengthen the positioning of health in cooperation frameworks and country-level implementation?

---