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Progress reports

Report by the Director-General

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A. Social participation for universal health coverage, health and well-being (resolution WHA77.2 (2024))

1. Since the adoption of resolution WHA77.2, the Secretariat has worked with Member States to accelerate implementation and embed social participation in health governance.

2. An informal coalition of Member States that supports implementation of the resolution has expanded to include the UHC2030 Civil Society Engagement Mechanism, the WHO Civil Society Commission and the WHO Youth Council.

3. To sustain political momentum, WHO convened a ministerial roundtable at the Seventy-eighth World Health Assembly and a high-level side event hosted by the Presidents of Kenya and Slovenia during the eightieth session of the United Nations General Assembly. To help inform deliberations with additional perspectives, advocacy messages developed by civil society representatives with lived experience were shared with the United Nations multistakeholder hearing ahead of the fourth high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases and the promotion of mental health and well-being.

4. Technical exchanges fostered cross-border learning, showcased participatory governance models and promoted policy innovation. In July 2024, WHO facilitated a learning exchange in Slovenia on social participation in primary healthcare. Multicountry delegations attended a session of the National Health Assembly of Thailand in 2024 and the fifth national conference on workers' health in Brazil in 2025; both events highlighted innovative strategies for embedding participation in health systems.

5. Inclusive governance has been integrated into primary healthcare technical briefs on HIV, viral hepatitis, sexually transmitted infections and tuberculosis. The WHO Initiative on Urban Governance for Health and Well-being promoted local-level social participation through civic structures in six cities.

6. A global webinar series, launched in September 2025, brought together participants from 86 countries, fostering dialogue among governments, civil society and young people. At the request of national authorities, WHO convened high-level policy dialogues in Portugal and Tajikistan.

7. To build capacity, a WHO Academy e-course on social participation was launched, and a module on social participation and community empowerment was added to the WHO primary healthcare global leadership course.

8. In the African Region, WHO developed health planning, monitoring and evaluation briefs to institutionalize participatory governance. In the Region of the Americas, the Pan American Journal of Public Health emphasized the key role of social participation in the work of PAHO/WHO health innovation laboratories in Brazil and evaluation of essential public health functions. In the Eastern Mediterranean Region, the Secretariat is helping five Member States to improve engagement strategies for cancer-affected communities. In the European Region, WHO published policy briefs on institutionalizing social participation, framed as key to health systems governance; introduced digital risk communication and community engagement tools; and established the first WHO collaborating centre on social participation, in Austria. In the South-East Asia Region, WHO documented and shared lessons learned on social participation in the COVID-19 pandemic

response. In the Western Pacific Region, under the Transformative Primary Healthcare initiative, vulnerable populations and community representatives are engaged in reorienting primary healthcare service delivery through participatory planning processes

9. The Secretariat created an internal community of practice to promote coherence and enhance technical products, including the Universal Health and Preparedness Review and upcoming publications on priority setting and sexual and reproductive health.

10. To monitor progress, the Fourteenth General Programme of Work, 2025–2028, includes an output indicator on social participation, and WHO's global survey on health systems for universal health coverage features a dedicated metric.

11. Despite growing momentum, ongoing challenges include addressing shrinking civic space, and cuts in development assistance and public investment.

12. The Secretariat will continue to embed participation across global and regional priorities. Planned actions include country deep dives to document best practices, and a multi-stakeholder collaboration and knowledge exchange network. This will inform policy and the process leading up to the 2027 high-level meeting of the United Nations General Assembly on universal health coverage.

B. Increasing access to medical oxygen (resolution WHA76.3 (2023))

13. Equitable access to safe, quality, affordable medical oxygen is a persistent challenge in global health. As at 2021, 60% of the world's population did not have access to reliable medical oxygen. Of the 374 million people who need it annually, 82% live in low- and middle-income countries. Areas of need include established medical facilities and humanitarian settings. WHO responses to resolution WHA76.3 focus on robust, scalable and versatile oxygen systems.[2]

14. WHO highlights oxygen as an essential medicine, and advocates for investment in medical devices and infrastructure necessary for its production, storage, distribution and delivery. Notable events include World Health Summits, the Global Forum on Medical Devices and advocacy through the Global Oxygen Alliance.

15. WHO has published:

- *Foundations of medical oxygen systems*, containing definitions, technical requirements, tools and resources;
- *WHO technical specifications for health facility based medical oxygen systems*, detailing minimum quality and safety standards and performance features of oxygen sources, storage and distribution products;
- *Developing key performance indicators for the medical oxygen ecosystem through Delphi consensus*, facilitating measurement of investments;

[2] Progress reported includes activities between May 2023 and December 2025.

- An update to *The International Pharmacopoeia* that includes monographs for oxygen 93 and oxygen 98, expanding the range of quality-assured medical oxygen sources available to Member States;

- *Regulatory considerations for the life cycle of medical oxygen*, providing national regulatory authorities and other relevant stakeholders with recommendations to ensure consistent quality, safe and effective delivery to patients.

16. WHO provided technical support to 48 Member States and territories or areas (21 are fragile, conflict-affected and vulnerable), including site assessments, procurement, installation and commissioning of 28 oxygen plants, road map support and training of technical personnel.

17. WHO launched the Priority Medical Devices Information System, an online, open access platform for information on medical devices, including all oxygen-related priority medical devices. Five oxygen-related health technologies have been showcased in the *WHO compendium of innovative health technologies for low-resource settings*.

18. WHO published multinational oxygen-related clinical research, providing new data on oxygen needs of patients with acute respiratory infection.[3] Subsequently, WHO has established partnerships and a prioritized research agenda with global acute and critical care clinical trial networks and investigators (Global O2ptimization of respiratory support collaboration).

19. WHO co-leads the Global Oxygen Alliance,[4] a multistakeholder collaborative focusing on sustainable financing, innovation, country support, monitoring and evaluation, and advocacy to increase access to oxygen. The Alliance is collaborating with 17 Member States (eight are fragile, conflict-affected and vulnerable) across five regions.

20. WHO hosted the 2024 National Oxygen Scale-Up Framework Meeting in Senegal. Sixty-four Member State nominees joined 69 additional technical experts,[5] to find consensus on the essential components of scale-up plans. This informed the preparation of *National medical oxygen scale-up plan: development guidance*. Subsequently, 493 participants from 90 locations attended six virtual workshops to support implementation of this guidance.[6]

21. WHO introduced the Access to Medical Oxygen Scorecard[7] to support Member States in tracking progress on resolution WHA76.3. Updates from participating Member States will be included in progress reports in 2028 and 2030.

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[3] Relan P, Rylance J, Arabi Y, Convocar P, Rolland M, Diaz J. Medical oxygen and respiratory support requirements for patients hospitalised with COVID-19 in 23 low-income and middle-income countries: a prospective, observational cohort study. Lancet Glob Health. 2026; 14.2: e233–41. doi: 10.1016/S2214-109X(25)00480-2.

[4] For more information, see the Global Oxygen Alliance website (accessed 10 February 2026).

[5] Two hundred additional people joined remotely.

[6] WHO virtual workshop series for developing national medical oxygen scale-up plans. Geneva: World Health Organization; 2024 (accessed 10 February 2026).

[7] Developed by the Lancet Global Health Commission on medical oxygen security (accessed 13 April 2026).

C. Public health dimension of the world drug problem (decision WHA75(20) (2022))

22. WHO continued, in cooperation with the United Nations Office on Drugs and Crime (UNODC) and the International Narcotics Control Board, to address the public health dimension of the world drug problem.

23. As part of their Programme on Drug Dependence Treatment and Care, WHO and UNODC supported implementation of the International Standards for the Treatment of Drug Use Disorders and the International Standards on Drug Use Prevention. The WHO/UNODC/European Union Drugs Agency #ScaleUp initiative focuses on stimulant dependence treatment.

24. WHO updates guidelines on opioid dependence treatment and overdose prevention. In response to reports from countries, the Secretariat issued implementation guidance on mitigating opioid dependence treatment disruptions, emphasizing opioid agonist maintenance treatment as an essential health service. WHO, UNODC and the Office of the United Nations High Commissioner for Refugees led an Inter-Agency Standing Committee working group to develop training materials on substance use responses during humanitarian emergencies.

25. WHO produced a guide on pre-service education in mental health, neurological and substance use care, and is developing another on postgraduate education on substance use and addictive behaviours.

26. WHO published a global status report on alcohol and health and treatment of substance use disorders, containing data on substance use, related harm, treatment coverage and capacity, and related indicators.

27. At Member States' request, the Regional Director for the Eastern Mediterranean launched a flagship initiative on public health responses to substance use, to accelerate regional action.

28. WHO continued to advise the Commission on Narcotic Drugs on the scope of international control of psychoactive substances, to authorize medical and scientific use while minimizing harm caused by nonmedical use. WHO convened the forty-seventh (2024) and forty-eighth (2025) meetings of the Expert Committee on Drug Dependence, to review psychoactive substances posing a potential risk to public health, including novel psychoactive substances and carisoprodol. Of nine substances recommended for international control, the Committee accepted six and will consider the remaining three in 2026.

29. Following a Member State request, WHO concluded a critical review of coca leaf and recommended maintaining the current level of control.

30. WHO operates a surveillance system for psychoactive substances for which insufficient evidence exists to justify international control.

31. The Secretariat published normative guidelines on balanced national controlled medicines policies, including recommendations on national approaches to maximizing safe access to essential and beneficial controlled medicines, while effectively restricting non-medical use.

32. In 2025, WHO developed an operational guide on needle and syringe programmes for people who inject drugs, as part of a comprehensive harm reduction response. It also supported implementation of the comprehensive harm reduction package outlined in consolidated guidelines

on HIV, viral hepatitis and sexually transmitted infections prevention, diagnosis, treatment and care for key populations, including through technical support for national strategic plans relating to HIV and viral hepatitis, and proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

33. WHO supported implementation of multicountry Unitaid projects on innovative hepatitis C prevention among people who inject drugs, including long-acting buprenorphine for opioid dependence treatment, low dead space syringes, and innovative testing and management.

34. In response to HIV and viral hepatitis service disruptions, WHO helped to monitor service impacts and published operational guidance on sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape, recognizing harm reduction as an essential health service.

35. The Secretariat worked with Member States and community networks to promote evidence-based, person-centred harm reduction programmes, integrated into national health systems, with context-appropriate, resilient services aligned with national public health priorities.

D. The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (resolution WHA75.20 (2022))

36. In resolution WHA75.20, the Seventy-fifth World Health Assembly noted with appreciation the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (STIs), for the period 2022–2030, and requested a mid-term review in 2026.

37. Overall, the latest data show that while important progress has been made, most 2025 milestones will not be reached, and 2030 targets are off track.

38. The number of new HIV infections and HIV-related deaths fell between 2022 and 2024. Despite progress, in 2024 there were 1.3 million new infections and 630 000 HIV-related deaths, considerably more than the 2025 targets of fewer than 370 000 and 250 000 respectively. There were 40.8 million people living with HIV, of whom some 77% were receiving antiretroviral therapy. HIV prevention services expanded to around 9 million pre-exposure prophylaxis (PrEP) users in 2024. However, widespread service disruptions in 2025 led to at least 2.5 million people losing access to essential services.

39. Preliminary estimates[8] suggest that in 2024, 240 million people were living with chronic hepatitis B (HBV) infection and 47 million with hepatitis C (HCV) infection. The prevalence and incidence of chronic HBV and HCV have declined since 2015, due to progress in hepatitis B vaccination, prevention of mother-to-child transmission, curative treatment for HCV and harm reduction interventions. Accelerating reductions in the incidence of chronic HBV requires improving the coverage of hepatitis B birth-dose vaccination, particularly in the African Region, which accounts for nearly 70% of new infections but has low birth-dose coverage (17% compared with 45% globally).

[8] Final detailed data on hepatitis trends will be included in the forthcoming Global hepatitis report 2026, expected in April 2026.

40. Preliminary estimates also indicate that between 2015 and 2024, HCV-related deaths declined from 0.27 million to 0.24 million. In contrast, HBV-related deaths increased from 0.95 million to 1.1 million, reflecting low treatment coverage. In 2024, only 16% of people diagnosed and 4% of all people living with HBV were receiving treatment – far below the 2030 target of 80%.

41. Strategy targets seek to reduce new cases of four curable STIs and increase service coverage. The latest data show rising STI cases globally, with continued increases in adult and congenital syphilis. As at October 2025, 144 countries had introduced human papillomavirus vaccination.

42. There has been progress in integrated approaches to service delivery. Examples include the achievement of triple elimination of mother-to-child transmission (HIV, syphilis and hepatitis B) in Maldives – a global first. Additional countries have achieved elimination of HIV and/or syphilis.

43. Since 2022, WHO has supported strategy implementation in various ways. For HIV, examples include new guidelines recommending injectable lenacapavir twice per year as an additional PrEP option; updated guidelines related to new diagnostics and treatment, and associated support for regulatory processes; and contributions to the UNAIDS Global AIDS Strategy 2026–2031, which will inform a United Nations high-level meeting on HIV in June 2026. For STIs, global surveillance of gonococcal drug resistance has expanded, with 76 Member States reporting data. All three strategy components have been supported by a framework for integrated action on drug resistance (2026–2030) and operational guidance for countries on how to prioritize and sustain essential services in the face of funding disruptions.

44. Looking forward, accelerated country-led action on HIV, hepatitis and STIs is urgently needed, focusing on populations with the highest incidence and lowest access to services.

45. WHO will continue to work with UNAIDS and cosponsors to ensure a coherent United Nations response under the UN80 Initiative, and remains committed to ending HIV, viral hepatitis and STIs as public health threats by 2030. An expanded progress report with mid-term review will be disseminated later in 2026.

E. Improving access to assistive technology (resolution WHA71.8 (2018))

46. In May 2018, the Seventy-first World Health Assembly adopted resolution WHA71.8 on improving access to assistive technology. This second progress report summarizes action implemented as at December 2025.

47. The WHO-UNICEF Global report on assistive technology, with data from 81 Member States, was published in 2022. In 2026, a global road map on universal access to assistive technology will be published, providing practical guidance towards implementation of the recommendations in the Global report.

48. Progress indicators for access to assistive technology published in 2022 are key to monitoring implementation of resolution WHA71.8.[9] In 2025, the Secretariat implemented the second data collection round. At the end of December, 59 Member States, representing all six WHO regions, had responded to the survey. Among second-time respondents (25), all but two indicators showed a net improvement in access to assistive technology, with strongest gains in workforce coverage and training. Overall, 88% of respondents (52) reported at least one piece of

[9] WHA71.8: progress indicators for access to assistive technology. Geneva: World Health Organization; 2022.

legislation on assistive technology, and 86% (51) reported financial coverage measures; 88% (52) reported at least one initiative aligned with resolution WHA71.8 and/or recommendations in the Global report on assistive technology. Full results will be published in 2026.

49. On technical cooperation, the Secretariat has been working with Member States and other partners on person-centred assistive technology policies, products, provisions and personnel as follows.

50. **Policy and data:** The WHO Assistive Technology Assessment toolkit has been further developed. It supports assessment of population needs and unmet needs, country capacity to provide assistive technology, potential return on investment and impact on individuals. The toolkit is helping Member States to collect and analyse data to inform policy and planning. Since the previous reporting period, the Secretariat has supported 32 Member States in using the population need and country readiness elements of the toolkit.

51. **Products:** The WHO Priority Assistive Products List, updated in 2025, contains 66 assistive products for six functioning domains, accessible soon via an online database. During the current reporting period, 16 Member States have established national priority assistive product lists; and WHO and UNICEF have added a range of assistive products to their supply catalogues, offering quality-assured, affordable procurement options.

52. **Provision and personnel:** The Secretariat developed Learning on TAP for primary health personnel, a blended learning resource on assistive technology and related health topics, hosted by the WHO Academy. To date, over 13 200 people from 157 Member States have enrolled on the platform and successfully completed, on average, three modules per person. The Secretariat has used this resource to support 34 Member States to integrate assistive technology and related interventions into health services, with a focus on primary healthcare and task sharing. The Secretariat will also publish guidance for Member States on using digital health interventions to enhance access to assistive technology.

53. **Emergencies:** The Secretariat developed Learning on TAP modules for emergencies and prepositioned assistive products as part of new TESK rehabilitation kits.[10] To date, these kits have been deployed in two emergency responses. Since 2022, the Secretariat has also led the coordination of, and provided technical support for, the use of rehabilitation and assistive technologies in emergency responses in seven Member States.

54. The Secretariat, in collaboration with UNICEF, organized regional workshops to provide technical support to Member States for national planning and to facilitate regional collaboration. Since 2022, seven workshops have been held in five WHO regions, attended by participants from 95 Member States. A workshop for the African Region is scheduled in 2026.

F. Eradication of dracunculiasis (resolutions WHA64.16 (2011) and WHA78.14 (2025))

55. In 2025, 10 confirmed human cases of dracunculiasis (Guinea-worm disease) were reported from 10 villages located in three countries (according to provisional country reports received in December 2025, to be validated in April 2026). Chad reported four cases in four villages; Ethiopia four cases in four villages; and South Sudan two cases in two villages. In 2024, 14 human cases

[10] See TESK Rehabilitation Kit (TRK) 2025 information site (accessed 2 February 2026).

were reported.[11] Angola, Cameroon, Chad, Ethiopia, Mali and South Sudan also reported 683 animal infections in 2025.[12]

56. WHO and partners including The Carter Center and UNICEF supported community- and country-centred interventions in all countries concerned, including surveillance in all formerly endemic, certified countries, thus continuing the momentum towards eradication.

57. As at December 2025, 200 countries, areas and territories, representing 188 Member States, had been certified by WHO as free of *Dracunculus medinensis* transmission, following recommendations by the International Commission for the Certification of Dracunculiasis Eradication. Six Member States remain uncertified: Angola, Chad, Ethiopia, Mali and South Sudan, where the disease is still endemic; and Sudan, which is at the precertification stage. Cameroon has met the technical requirements to be reconsidered as endemic, and its dossier is currently under review by WHO.

58. In 2025, Angola, Cameroon, Chad, Ethiopia, Mali and South Sudan maintained active, community-based surveillance in 6077 villages, compared with 7854 villages in 2024.[12] Despite ongoing instability, Sudan successfully maintained precertification surveillance in all accessible areas, including comprehensive case searches, with no human cases or animal infections detected.

59. All six uncertified countries and Cameroon continued to offer cash rewards for voluntary case reporting. In 2025, more than 893 380 rumoured human cases and more than 151 060 rumoured animal infections were investigated, 99% within 24 hours (provisional data).[12]

60. Compared with 2024, the overall number of infected animals increased by 3% in 2025, from 664[11] to 683.[12] In 2025, Angola reported 70 infected dogs; Cameroon reported 445 infections in animals (418 dogs and 27 cats); Chad reported 147 infected animals (118 dogs and 29 cats); Ethiopia reported infections in one cat and one baboon; Mali reported 17 animal infections (13 dogs and 4 cats); and South Sudan reported infections in 3 dogs and 13 other undomesticated animals.[12] Security concerns and population displacement continued to hamper eradication efforts in parts of Mali and South Sudan where dracunculiasis remains endemic. For these settings, discussions are ongoing with the WHO Health Emergencies Programme to support both access and active surveillance. Despite challenging security conditions, WHO supported the Central African Republic in strengthening surveillance in high-risk areas along the border with Chad to detect and respond to potential cases.

61. At the twenty-ninth international review meeting of Guinea-worm eradication programme managers in April 2025, countries reported on the programme status for 2024. The thirtieth meeting will be held in April 2026 in Ethiopia.

62. At the Seventy-eighth World Health Assembly in May 2025, Member States adopted resolution WHA78.14 on accelerating the eradication of dracunculiasis, reaffirming global commitment to eradication and urging Member States to incorporate dracunculiasis into surveillance systems. The annual informal meeting with health ministers of dracunculiasis-affected countries was held on the margins of the Health Assembly.

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[11] Dracunculiasis eradication: global surveillance summary, 2024. Weekly epidemiological report, 16 May 2025 (accessed 14 January 2026).

[12] Unpublished reports to WHO from health ministries of Member States, provisional data.

63. The International Commission for the Certification of Dracunculiasis Eradication convened virtually in November 2025 to review progress towards global eradication and assess country certification status. During the meeting, the Commission confirmed continued progress in endemic countries, identified remaining challenges and provided recommendations to accelerate eradication efforts.

G. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))

64. This report highlights the Secretariat's activities, including through collaboration with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), to implement the reproductive health strategy to accelerate progress towards the attainment of international development goals and targets.[13] Progress is mixed and urgently needs to accelerate, particularly for the most disadvantaged populations.

65. Although the global maternal mortality ratio dropped from 211 to 197 deaths per 100 000 live births between 2020 and 2023, stagnation or reversals in many countries have slowed progress towards the 2030 target. In 2025, the Secretariat launched the Consolidated guidelines for the prevention, diagnosis and treatment of postpartum haemorrhage, informed by research led by the HRP. The Secretariat expanded support to countries for maternal and newborn care, including through the WHO Labour Care Guide, quality of care, midwifery models of care, surveillance and audits, kangaroo mother care, small and sick newborn care, infection prevention and management of noncommunicable diseases in pregnancy, including through the Every Woman Every Newborn Everywhere initiative.

66. By 2025, 77% of women of reproductive age had their family planning needs satisfied with modern methods. Globally, family planning demand satisfied by modern methods has increased steadily since 1990, although unevenly. The Secretariat supported countries to improve evidence-based family planning through scaling task sharing, post-pregnancy family planning, social and behavioural change. In 2025, WHO and HRP published the sixth edition of the Medical eligibility criteria for contraceptive use and fourth edition of the Selected practice recommendations for contraceptive use; and co-convened the seventh International Conference on Family Planning.

67. The Secretariat, through HRP, responded to Member States' requests for support to reduce maternal mortality and morbidity by updating normative guidance and clinical practice handbooks, and providing support for guideline implementation.

68. Sexually transmitted infections (STIs) remained a major concern, with over one million new infections acquired every day in 2020, with a rise in infections in the 14–49 age group. The Secretariat advanced sexual health research, prioritizing STI research and collaboration with countries and partners, to support new point-of-care diagnostics and therapeutic vaccines, aligned with global strategies on HIV, viral hepatitis and STIs.

[13] Strategy priorities: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning; eliminating unsafe abortion; combating sexually transmitted infections; and promoting sexual health.

69. Nearly one in three women and girls aged 15 or older – 840 million in total – have experienced physical and/or sexual violence. In 2025, the Secretariat updated prevalence estimates for violence against women; published the second edition of the RESPECT evidence-based prevention package; and helped countries to strengthen health sector responses in sexual and reproductive health (SRH) services, clinical protocols, data and monitoring, including in humanitarian settings. While nearly half of countries report having clinical guidelines or protocols, significant gaps remain.

70. The Secretariat strengthened country capacities to use WHO tools to develop and deliver evidence-based SRH services as an integral component of universal health coverage, for transparent, costed and equity-oriented decision-making. It supported countries to improve SRH service continuity, referral pathways and accountability in fragile, conflict-affected and vulnerable settings. Informed by the 2022 WHO guideline on self-care interventions for health and well-being, over 50 countries updated national policies on self-care interventions.

71. The Secretariat supported countries to operationalize WHO recommendations by translating normative guidance into machine-readable formats for embedding in electronic health records, digital tools and platforms, including through responsible use of artificial intelligence.

H. Availability, safety and quality of blood products (decision WHA75(17) (2022))

72. The following key activities supported the implementation of resolution WHA63.12 (2010) and decision WHA75(17) on availability, safety and quality of blood products.

73. WHO is updating the Action framework to advance universal access to safe, effective, and quality-assured blood products to guide countries in strengthening blood system governance, financing and service delivery. The African Region adopted a regional version of the framework at the Seventy-fifth session of the Regional Committee for Africa.

74. With WHO support, situational analyses of blood transfusion services were conducted in Botswana, Equatorial Guinea, Ethiopia and Maldives. In Maldives, a 10-year thalassaemia road map was developed.

75. WHO published a model for the costing of blood products to support sustainable financing and resource planning. World Blood Donor Day was observed, alongside regional campaigns to promote voluntary, non-remunerated blood donation.

76. WHO published a guide on good practices for blood establishments and supported implementation through virtual training and Virtual Campus for Public Health (PAHO/WHO) courses, attended by more than 9000 people. The Secretariat supported expansion of the haemovigilance programme in Cuba. The Australian national reference laboratory is helping the national blood transfusion service in Sri Lanka to introduce external quality assessment.

77. Blood safety and availability data from 168 countries were analyzed to inform global and regional reports. In 2022, a survey report was published on the status of blood availability, safety and quality in the African Region. WHO produced a guide on donor eligibility for blood donation and conducted workshops in El Salvador and Panama.

78. The Secretariat continued to support Member States in strengthening regulatory systems, including self-benchmarking for blood products in Senegal, Serbia and Uganda, using the

WHO Global Benchmarking Tool Plus (GBT+), followed by formal benchmarking in Serbia. WHO supported the development of regulations for blood and tissue bank services in Ethiopia and plasma collection centres in Indonesia. Representatives of national blood programmes and regulatory authorities from 17 countries met in Paraguay to address system organization, service centralization, haemovigilance and regulatory oversight. Technical support is being provided to El Salvador and Guatemala to support blood service reorganization.

79. The Secretariat published guidance on implementing patient blood management to improve global health status and organized a webinar to support implementation. In the Region of the Americas, a course on patient blood management and maternal health was delivered virtually and two surveys are being conducted to assess rational blood use, patient blood management implementation and haemovigilance systems. In the African Region, the WHO policy brief on the urgent need to implement patient blood management was translated and disseminated.

80. WHO continued to support the Achilles Project to improve quality of blood for transfusion and plasma for fractionation in Ethiopia, Indonesia and Senegal. In Sri Lanka, the national blood transfusion service completed a self-assessment and held discussions on joining the Project. Indonesia launched its first domestically-sourced albumin and intravenous immunoglobulin products. In the Region of the Americas, WHO is developing a strategy to strengthen plasma fractionation, supported by meetings with national blood programmes and with representatives of fractionation facilities in Argentina, Brazil and Cuba.

81. WHO updated the Model Lists of Essential Medicines. Key updates relating to haemophilia and related disorders included adding recombinant clotting factor to the core list, reclassifying plasma-derived clotting factors and desmopressin, adding emicizumab and retaining pathogen-reduced cryoprecipitate for use in resource-limited settings.

82. Access to safe blood remains a challenge in many countries. The Secretariat will continue to implement global and regional frameworks and provide support, upon request, to strengthen governance and regulation of blood systems, improve blood collection and use, enhance quality systems and haemovigilance, and promote sustainable financing.

I. WHO strategy on research for health (resolution WHA63.21 (2010))

83. The WHO strategy on research for health is the responsibility of the Chief Scientist and executed by the Science Division. This progress report provides an update on implementation of the strategy since the report to the Seventy-fifth World Health Assembly[14] in 2022.

84. The Health Assembly adopted resolution WHA75.8 (2022) on strengthening clinical trials to provide high-quality evidence on health interventions and improve research quality and coordination. In response to requests, the Secretariat organized consultations with Member States and non-State actors in all six WHO regions. WHO published normative guidance on best practices for clinical trials (2024) and the Global action plan for clinical trial ecosystem strengthening (2025); and launched the WHO-managed Global Clinical Trials Forum in 2025.

85. The WHO International Clinical Trials Registry Platform, which collects and displays clinical trials registration data from 20 national and international registries, now hosts more than 1 175 000 records.

[14] Document A75/44.

86. The WHO Science Council, active since 2021, published reports on: expanding access to genomics technologies for global health (2022); the potential benefits and limitations of mRNA technology for vaccine research and development for infectious diseases and virus-induced cancers (2023); and advancing the responsible use of digital technologies in global health (2025).

87. WHO supports research prioritization processes in a wide range of areas, with reports accessible through a new WHO research and development portal.

88. The Global Observatory on Health Research and Development provides data and analyses, including research landscape analyses in areas such as clinical trials, genomic studies, antimicrobial research, monoclonal antibodies, vector-borne and neglected tropical diseases and cancer – including paediatric cancer.

89. WHO target product profiles outline the preferred characteristics of a health product for use in public health systems; 49 of the available profiles apply the harmonized procedure introduced in 2020.

90. In 2025, following the launch of the Global Accelerator for Paediatric Formulations Network (GAP-f) strategic roadmap for 2025–2030,[15] remarkable progress has been made in optimizing paediatric medicines by assessing the age-appropriateness of formulations in the electronic WHO Model List of Essential Medicines for Children,[16] supporting timely list updates and prioritizing development of novel child-appropriate formulations across five new disease areas.

91. The WHO Coordinated Scientific Advice procedure for health product research and development, established in 2023,[17] enables product developers to obtain feedback from WHO technical units and the prequalification team. To date, 23 requests have been received from developers.

92. In 2023, WHO published a benchmarking tool for assessing ethics oversight systems for health-related research with human participants, to help Member States to evaluate their capacity to provide appropriate ethical oversight of such research. To date, the tool has been applied in 31 Member States.

93. As part of its health foresight activities, WHO launched the Foresight Approaches in Global Public Health online training course and published a horizon scan of emerging technologies and scientific innovations in 2023.[18]

94. WHO's Evidence-informed Policy Network is supporting Member States to leverage the best available evidence to improve health policy and practice, and to strengthen national health systems. In 2025, the Global Research Agenda on Knowledge Translation and Evidence-informed Policy-making was launched to provide a global framework to define research priorities and guide alignment of research and investment across funders, researchers and policy-makers.

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[15] Transforming the paediatric medicines ecosystem: strategic roadmap 2025–2030. Geneva: World Health Organization; 2025 (accessed 3 February 2026).

[16] Towards closing the gap in access to child-friendly formulations of essential medicines. Geneva: World Health Organization; 2025 (accessed 2 February 2026).

[17] Coordinated scientific advice for health product R&D. Geneva: World Health Organization; 2023 (accessed 3 February 2026).

[18] 2023 emerging technologies and scientific innovations: a global public health perspective. Geneva: World Health Organization; 2023 (accessed 3 February 2026)

J. Global strategy and plan of action on public health, innovation and intellectual property (resolution WHA75.14 (2022))

95. This report summarizes progress in implementing the Global strategy and plan of action on public health, innovation and intellectual property.[19] A detailed implementation plan, for the period 2024–2026, is available online.[20] The objectives of the global strategy and action plan are organized under eight elements.

96. Under Element 1 (Prioritizing research and development needs), WHO – including through the Global Observatory on Health Research and Development – provides information to support the prioritization of research needs through reports, an online tool and target product profiles.

97. Under Elements 2 and 3 (Promoting research and development and Building and improving research capacity), WHO supports the building of research capacity through training, regulatory networks, strengthening research oversight capacity, developing research tools and publishing guidance on, inter alia, research ethics. WHO continues to host two special programmes dedicated to research and capacity strengthening in Member States.[21]

98. Under Element 4 (Promoting transfer of technology), WHO launched the Health Technology Access Pool in 2024, building on the foundations laid by the COVID-19 Technology Access Pool, and integrating the mRNA Technology Transfer Programme. New technologies are shared through these platforms by public and private technology holders.

99. Under Element 5 (Application and management of intellectual property to contribute to innovation and promote public health), WHO has provided technical support to Member States on request, developed training courses, hosted specialized workshops and continued to work with the World Intellectual Property Organization (WIPO), the World Trade Organization (WTO), the United Nations Development Programme (UNDP) and other international organizations on the intersection of public health, innovation, intellectual property and trade.

100. Under Element 6 (Improving delivery and access), WHO has produced guidance on health product selection, including the AWaRe (Access, Watch and Reserve) classification of antibiotics, and norms and standards for pharmaceuticals and biologicals. WHO launched an online course on pharmaceutical pricing policies, developed tools for pharmacovigilance, and is working towards a web-based tool for sharing information relevant to the transparency of markets for health products. WHO officially designated 41 regulatory authorities as WHO Listed Authorities and supported broader adoption of the Collaborative Registration Procedure and strengthening of regulatory systems through the Global Benchmarking Tool. WHO also facilitated access to products for mpox through the WHO Emergency Use Listing Procedure for vaccines and diagnostics, and the establishment of the Access and Allocation Mechanism. Moreover,

[19] The Global strategy and plan of action on public health, innovation and intellectual property was adopted in resolution WHA61.21 (2008); its mandate was renewed in resolutions WHA68.18 (2015) and WHA75.14 (2022).

[20] Global strategy and plan of action on public health innovation and intellectual property: implementation plan 2024–2026. Geneva: World Health Organization; 2024.

[21] See the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Training and Research Training in Human Reproduction (accessed 20 February 2026).

WHO launched the inaugural meeting of the Global Forum for Public Procurement of Health Products in 2025.

101. Under Element 7 (Promoting sustainable financing mechanisms), the G-FINDER project tracks funding of research on global health priorities.

102. Under Element 8 (Establishing monitoring and accountability mechanisms), WHO is planning to conduct an information session for Member States, as well as further consultation at all three levels of the Organization on various aspects of implementation of the Global strategy and plan of action by different stakeholders, following up on surveys undertaken in 2020 and 2022.

103. WHO is working on a new implementation plan for the 2027–2028 biennium. Key issues for consideration include how to strengthen implementation at the national level, and what innovative approaches could accelerate progress in meeting the objectives of the Global strategy and plan of action.

K. Strengthening laboratory biological risk management (resolution WHA77.7 (2024))

104. Since the adoption of resolution WHA77.7 on strengthening laboratory biological risk management, WHO has advanced diverse activities supporting Member States in establishing safer, coherent, risk-based biosafety and biosecurity systems.

105. WHO published *Laboratory biosecurity guidance* in June 2024, offering risk-based recommendations for national, institutional and laboratory-level biosecurity systems.

106. Promotion of the fourth edition of the *Laboratory biosafety manual* continued, raising awareness and encouraging operationalization of the risk-based approach among practitioners and policy-makers. WHO has also begun to develop a “transition” monograph to provide stepwise guidance for national competent authorities and duty holders to move from prescriptive systems to more flexible, context-appropriate and therefore sustainable risk-based approaches, and a “fieldwork” monograph to provide guidance on safe and secure operations throughout the value chain.

107. WHO’s *Guidance on regulations for the transport of infectious substances 2023–2024* has been updated in alignment with international regulatory cycles, with publication of a new edition anticipated in 2026. WHO also collaborates with the United Nations Economic Commission for Europe on the Model Regulations on the Transport of Dangerous Goods, including the classification of Category A pathogens such as mpox virus, and has been formally tasked in that respect with providing updated information to shippers, enabling agile epidemic and pandemic response.

108. WHO continued the deployment of the mobile phone-based Risk Assessment Tool (WHO RAST), including a national workshop in Viet Nam demonstrating practical applications and finalization of the Vietnamese version.

109. The WHO Academy released a multilingual course on dual-use research and the responsible use of the life sciences in May 2025, supporting global workforce competencies.

110. The Regional Office for Africa supported the West Africa Biorisk Management Network, collaborated with the Africa Centres for Disease Control and Prevention on a biosafety framework

and provided support to a Member State to develop a national biosafety and biosecurity policy, with plans for replication in outbreak-prone countries.

111. The Regional Office for Europe delivered regional and national biosafety and biosecurity trainings and translated key WHO documents into multiple regional languages, improving accessibility and implementation across Member States.

112. The Regional Office for the Eastern Mediterranean provided technical support for developing a national laboratory quality management strategy incorporating biosafety and biosecurity, and the Regional Committee adopted resolution EM/RC72/R.5 (2025), promoting sustainability and strong national oversight. WHO also supported national regulatory strengthening, including a workshop in Viet Nam to identify regulatory gaps and enhance oversight mechanisms.

113. Across all regions, diverse biosafety and biosecurity trainings continue to be delivered on a regular basis.

114. WHO strengthened engagement with the Biological Weapons Convention community, enabling wider dissemination of WHO guidance and alignment with global biosafety and biosecurity dialogue. Collaboration with the World Organisation for Animal Health, the Coalition for Epidemic Preparedness Innovations, the International Federation of Biosafety Associations and regional biosafety associations supported practical implementation of resolution WHA77.7. WHO also continued strengthening the BioHub System by maintaining and updating biosafety and biosecurity criteria for institutions handling shared biological materials.

115. WHO has initiated conceptualization of consensus-based baselines for objective assessment and incident reporting in line with resolution WHA77.7. The renewed Technical Advisory Group on Biosafety will further guide this work. The Secretariat continues to engage with Member States to strengthen governance and legislation related to laboratory biosafety and biosecurity.

116. Despite progress, there are significant funding gaps, affecting the timeliness and effectiveness of WHO's work, as well as Member States' implementation capacity. Transparent reporting of these constraints remains essential for effective prioritization and sustainable resource mobilization.

117. WHO remains committed to advancing implementation of resolution WHA77.7 through strong partnerships delivering enhanced technical support to countries.

L. Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits (resolution WHA64.5 (2011))

118. For the 2024–2025 biennium, the Secretariat is pleased to provide the following updates on implementation of the Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits.[22]

119. In respect of virus sharing, 86% of countries reporting zoonotic influenza cases to WHO shared influenza viruses of human pandemic potential (IVPPs) with the WHO Global Influenza

[22] Information and updates available on PIP Framework website and WHO Programme Budget portal (accessed 2 February 2026).

Surveillance and Response System (GISRS), in accordance with WHO operational guidance; of those, 71% shared IVPPs in a timely manner.

120. With regard to benefit-sharing, as at 31 December 2025, Partnership Contributions of US$ 354 million had been collected since 2012; US$ 223 million has been allocated to strengthening preparedness and US$ 95 million reserved for pandemic influenza response.

121. An independent external evaluation of the PIP Framework Partnership Contribution High-Level Implementation Plan II (HLIP II) 2018–2023 was finalized and published in October 2025.[23] It established that the mechanism is functioning effectively, with HLIP II having underpinned progress on pandemic influenza preparedness in a challenging global context, and significant progress has been achieved across six key output areas. The evaluation also contained six recommendations, which the PIP Framework Secretariat is working to address.

122. The monitoring and evaluation framework for the PIP Framework Partnership Contribution High-Level Implementation Plan III (HLIP III)[24] was published, as a guide to measure progress.

123. Two new SMTA2s (Standard Material Transfer Agreement 2) were concluded, expanding the estimated PIP-secured supply of pandemic influenza vaccines to 930 million doses. A supply agreement was signed with an antiviral manufacturer, securing up to 5 million treatment courses. A letter of understanding was signed on access to influenza vaccines during the inter-pandemic period. Eight new SMTA2s were signed with academic and research entities. As part of the ongoing SMTA2 review process, to ensure agreements remain up to date for efficient implementation, reviews were initiated with five manufacturers.

124. In respect of governance, the PIP Framework Advisory Group held four meetings and transmitted two annual reports to the Director-General.[25] The Guiding Principles for use of PIP Framework Partnership Contribution Funds for Pandemic Influenza Response were updated and accepted by the Director-General. Further to the 2016 PIP Framework Review Group recommendation on updating the partnership contribution level[26] and the PIP Framework Advisory Group's recommendation for a sustainable inflationary approach to updating the contribution level,[27] the annual partnership contribution amount was revised in 2025 to US$ 33.7 million.[28] This amount will remain fixed for 2025–2029.

[23] Independent External Evaluation of: The Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution High-level Implementation Plan 2018–2023 (HLIP II). Geneva; World Health Organization; 2024 and the associated management response (accessed 2 February 2026).

[24] Pandemic Influenza Preparedness Framework Partnership Contribution High-Level Implementation Plan III 2024–2030: monitoring and evaluation framework. Geneva: World Health Organization; 2024 (accessed 3 February 2026).

[25] Available on the PIP Framework Advisory Group website (accessed 25 March 2026).

[26] Document EB140/16, recommendation 23.

[27] Meeting of the PIP Framework Advisory Group, 8–11 October 2019: Report to the Director-General (accessed 2 February 2026).

[28] Meeting of the PIP Framework Advisory Group, 22–25 October 2024: Report to the Director-General (accessed 2 February 2026).

N. Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control (decision WHA75(23) (2022))

125. In decision WHA75(23), the Seventy-fifth World Health Assembly requested the Director-General to update the interim guidance on reducing public health risks associated with the sale of live wild mammals in traditional food markets,[29] in order to answer questions on the scope in terms of species (mammalian species or mammalian plus other species) and origin of the animals (farmed or wild live animals). The Director-General was also requested to develop plans to support Member States in implementing the updated guidance.

126. Traditional food markets play important social, cultural and economic roles in many countries. However, conditions in such markets may be conducive to zoonotic pathogen spillover. The updated guidance aims to support Member States in reducing these risks through evidence-based mitigation measures across the human–animal–environment interface.

127. The WHO Guideline Development Group was convened in November 2023 to define the scope and priority questions for the updated guideline, with a focus on mitigating risks associated with interactions between live animals, animal products, market workers, consumers and the broader market environment.

128. The guideline development process applies the PICO (Population, Intervention, Comparator, Outcome) methodology to ascertain whether restricting or banning the sale of live animals reduces zoonotic transmission risk in traditional markets; whether the sale of live or dead farmed wild animals and the sale of live or dead captured wild animals entail different risks; which biosecurity, public health and social measures most effectively reduce risk for market workers and consumers; and which animal management interventions reduce risks across capture, farming, transport, slaughter and sale.

129. All systematic reviews mandated for the guideline have been completed. Evidence tables and other materials required for the recommendation and formulation phase have been finalized. The WHO Secretariat has collected input from the Guideline Steering Committee and the WHO Guideline Development Group, and is preparing draft recommendations.

130. The systematic reviews have consistently highlighted factors contributing to increased zoonotic spillover risk, including: high animal density and mixing of species; inadequate housing, handling, sanitation and waste management practices; stress and poor animal welfare conditions during capture, transport and sale; and limited regulatory oversight and informal market structures.

131. Evidence also indicates that improvements in hygiene, ventilation, biosecurity practices and market layout substantially reduce the risk of pathogen emergence and transmission. While risk profiles differ between farmed and wild-caught animals, reviews show that inadequate biosecurity increases risk across all supply chains, regardless of origin.

132. Since the Seventy-fifth World Health Assembly, the Secretariat has completed all systematic reviews and supporting summaries; prepared evidence tables for all PICO questions; obtained

[29] Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets: interim guidance, 12 April 2021. Geneva: World Health Organization; 2021.

Guideline Development Group inputs for priority analysis areas; and prepared for the next phase of guideline development, in accordance with WHO methodological standards.

133. As a next step, the WHO Secretariat will convene additional Guideline Development Group meetings to enable it to further develop draft recommendations based on completed evidence reviews. External peer reviewers and technical partners will be invited to provide comments on the draft recommendations, in line with WHO guidance on guideline development.

134. WHO will continue to coordinate with One Health partners to ensure alignment of the guidance with broader zoonotic disease prevention strategies.

O. WHO global strategy for food safety (decision WHA75(22) (2022))

135. The Seventy-fifth World Health Assembly, through decision WHA75(22), adopted the updated WHO global strategy for food safety. The present report describes progress made since the previous report in 2024.

136. Dissemination and advocacy activities continued through regional and global webinars, technical meetings, World Food Safety Day (7 June) and engagement with the committees of the FAO/WHO Joint Food Standards Programme (Codex Alimentarius). WHO Regional Offices played a central role in adapting and promoting the strategy through regional frameworks and activities.

137. WHO and the International Finance Corporation/World Bank developed a tool to help Member States identify priority actions and strengthen national food safety road maps in line with resolution WHA73.5 (2020). The tool has been tested in all regions and is expected to be rolled out in 2026.

138. The following three indicators are used to track global action and impact of the strategy. Together, they capture health outcomes and system capacities:

- Capacity for multisectoral collaboration on food safety events: the strategy baseline data from International Health Regulations (2005) State Party self-assessment annual reporting in 2020 indicated that 57% of countries reported at least 80% capacity. However, based on data from 2024, this proportion is 46%. Following outreach, this apparent decline may reflect improved understanding and application of indicator criteria rather than a true loss of functionality. Nonetheless, this remains below the 2030 target of 100% of countries with at least 80% capacity.

- Capacity for surveillance of foodborne diseases and food contamination: there has been a gradual improvement, but progress remains off target. International Health Regulations (2005) joint external evaluation data indicate a global average capacity score of 2.8 out of 5, compared with the strategy baseline score of 1.5 and the 2030 target of 3.5. Many countries remain at foundational (levels 1 or 2) or intermediate (level 3) stages (74 and 31 respectively), particularly lower-middle-income countries. In 2025, WHO released updated foodborne disease surveillance and response manuals, providing a staged framework for system strengthening.[30]

[30] Updated WHO manuals released to help countries strengthen foodborne disease surveillance and response. Geneva: World Health Organization; 2026 (accessed 9 February 2026).

- Incidence of foodborne diarrhoeal disease: WHO will publish updated global estimates of the burden of foodborne diseases in 2026. The estimates will quantify any progress towards the 2030 target of a 40% reduction in the global average, highlight the significant public health impact of foodborne diseases, and support national advocacy, prioritization and investment.

139. The International Food Safety Authorities Network (INFOSAN) expanded support through targeted capacity-building, simulation exercises and workshops, strengthening preparedness and response to food safety incidents. Hundreds of food safety incidents are communicated through INFOSAN yearly, including 200 in 2024 and 250 in 2025.

140. Large-scale food safety incidents, including the 2025 outbreak of infant botulism linked to infant formula sold through international e-commerce platforms, and the contamination of arachidonic acid oil with cereulide toxin in 2025–2026, continue to demonstrate the need for rapid communication and coordination through INFOSAN.[31]

141. A major milestone during the reporting period was the launch of the WHO Alliance for Food Safety in 2024, bringing together WHO collaborating centres and partners to support implementation of the strategy, which has contributed to updating guidance and advocating for food safety action.[32]

142. WHO continues to provide scientific advice and normative guidance jointly with FAO, including through Codex Alimentarius and expert risk assessment bodies.[33] Cooperation within the Quadripartite Partnership for One Health strengthens alignment across food safety, public health, animal health and environmental health agendas.

P. Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification (resolution WHA76.19 (2023))

143. In 2023, the Seventy-sixth World Health Assembly adopted resolution WHA76.19, in which it requested the Director-General to report biennially to the Health Assembly on progress made in accelerating efforts for preventing micronutrient deficiencies and their consequences through safe and effective food fortification, starting in 2026.

144. The present report provides an overview of progress made in implementing the resolution.

145. Since the adoption of resolution WHA76.19, at least 13 countries have introduced or updated legislation and/or regulations on the fortification of staple foods, including wheat and maize flour, rice, edible oils and salt, with key micronutrients such as folic acid, iron, iodine and vitamin A. In total, 161 Member States have adopted food fortification regulations, 134 of which use at least one mandatory approach. Fortification standards have also been revised in some settings to align with WHO recommendations and national dietary patterns. Food fortification has increasingly been integrated into broader national nutrition programmes, maternal and child

[31] FAO/WHO International Food Safety Authorities Network (INFOSAN) (accessed 9 February 2026).

[32] WHO Alliance for Food Safety (accessed 9 February 2026).

[33] Standards and Scientific Advice on Food and Nutrition (SSA) (accessed 9 February 2026).

health, and food system strategies. The 2021 United Nations Food Systems Summit country pathways indicated that food fortification was among the top three priority health policy actions, with 38 countries (37%) including fortification in their pathways. Growing global commitment was also evident at the 2025 Nutrition for Growth Summit, with 21 countries pledging to advance fortification efforts.

146. The Secretariat has provided normative, evidence-based guidance and standards to support Member States in the design and implementation of food fortification programmes. This includes issuance of the *WHO guideline on fortification of edible oils and fats with vitamins A and D for public health*, as well as updating the WHO/FAO *Guidelines on food fortification with micronutrients* to reflect emerging evidence (in press). The Secretariat is also developing a report on the global status of food fortification in 2026, which will identify global and national priorities for programme strengthening and scale-up towards 2030.

147. In line with resolution WHA58.24 (2005), universal salt iodization remains the preferred strategy for the control of iodine deficiency disorders,[34] with an estimated 89% of households consuming iodized salt in the period 2015–2021.[35] According to the latest available data as at November 2024, iodine intake among school-age children was adequate in 88 out of 105 countries, while it remained insufficient in eight countries and excessive in nine. Iodine nutrition was inadequate among pregnant women in 34 out of 58 countries, indicating persistent gaps.[36] Continued prevention is needed, while sustaining success and continuing to monitor iodine status, particularly during programmatic changes.

148. Overall, there has been progress in food fortification programmes. However, continued efforts are needed to strengthen governance, regulatory monitoring and programme sustainability, and to improve data systems to address micronutrient deficiencies effectively, including among the most vulnerable populations. Beyond salt iodization, the Secretariat has noted a growing intersection between fortification and the noncommunicable disease agenda, particularly regarding the suitability of different food vehicles for fortification, which will require further discussion to align public health outcomes. In the biennium 2026–2027, the Secretariat will continue to provide normative guidance, technical assistance and capacity-building support, working with partners to promote coordinated action and accelerate progress towards preventing micronutrient deficiencies and their consequences.

Q. Decade of Healthy Ageing 2020–2030 (decision WHA73(12) (2020))[37]

149. **WHO leading the implementation of the United Nations Decade of Healthy Ageing 2021–2030.** Since 2023 (document A76/37), global commitments have translated into measurable results across all four action areas, laying the groundwork for evidence-informed investment and accelerated progress in the second half of the Decade. WHO regional offices have developed: regional policy frameworks (European and South-East Asia regions) and political commitments (Colombo Declaration on Healthy ageing through strengthened primary health care); regional cooperation (Region of the Americas); regional progress reporting (African Region); evidence

[34] Guideline: fortification of food-grade salt with iodine for the prevention and control of iodine deficiency disorders. Geneva: World Health Organization; 2014.

[35] UNICEF global databases on iodized salt (accessed 9 February 2026).

[36] WHO Micronutrients database (accessed 26 February 2026).

[37] A full list of publications referenced is available online.

generation and implementation (Western Pacific Region); and integration of healthy ageing into broader policy dialogues (Eastern Mediterranean Region). All regional offices have supported national plans and strategy development.

150. **Action area 1: Changing how we think, feel and act towards age and ageing.** A WHO guide on connecting generations was launched, along with a scale to evaluate the impact of interventions to address ageism.

151. **Action area 2: Ensuring that communities foster the abilities of older people.** The WHO Global Network for Age-friendly Cities and Communities expanded to include more than 1800 cities and communities in over 60 countries and in all regions. Technical assistance makes use of WHO tools and guidance. Self-paced training was provided to over 11 000 participants from 74 countries, and mentoring programmes to some 1400 participants from 79 countries.

152. **Action area 3: Strengthening delivery of person-centred integrated care and primary health services responsive to older people.** The second edition of the *Integrated care for older people (ICOPE) handbook: Guidance for person-centred assessment and pathways in primary care* promotes community engagement and continuity of care. Training-of-trainers (ICOPE) programmes in all regions strengthened capacity and readiness to deliver integrated, person-centred care. More than 10 000 people in the Americas followed a self-paced learning pathway. Approaches to enhance quality of care are under development.

153. **Action area 4: Providing access to long-term care for older people who need it.** The global publication *Long-term care for older people: package for universal health coverage* is complemented by a European toolkit on long-term care and a new regional long-term care policy in the Americas. Upon Member State request, technical support was provided to assess system and community-based resources (Greece, Ireland, Lithuania, Malta, Republic of Moldova); develop a national long-term care insurance system (China); and strengthen palliative care (Greece, Timor-Leste) through policy dialogue, exchange of international good practices and capacity-building. Global standards for long-term care are under development.

154. **Monitoring progress.** WHO, the United Nations Statistical Commission and 20 national statistical offices published a joint report on making older people visible in the Sustainable Development Goals' monitoring framework and indicators, as well as a framework and indicators for measuring progress and impact of the United Nations Decade of Healthy Ageing. The findings of a mid-term evaluation survey of Member States will inform reporting to the United Nations Secretary-General in 2026 and will be shared through the WHO Ageing Data Portal.

155. **Accelerating progress.** During the second half of the Decade, investment in healthy ageing will need to increase. The WHO Framework to implement a life-course approach in practice links optimal development from infancy through adolescence with healthy ageing later in life, to promote lifelong health and well-being, and recognize older people's contributions. An investment portfolio of high-yield actions throughout the life course, with cumulative benefits for older people, is under development.

R. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))

156. During the biennium 2024–2025, the Secretariat continued to advance integration of gender analysis and actions into WHO's work, with progress observed in institutional strengthening, country support, data and evidence generation, and accountability.

157. Accountability mechanisms were reinforced through the Fourteenth General Programme of Work, 2025–2028, which includes an outcome indicator on advancing gender equality in and through health and an output indicator measuring the Secretariat's support in integrating gender equality, equity and human-rights considerations into national health laws, policies, strategies and plans. System-wide accountability through the UN-SWAP framework, which measures many institutional requirements of this resolution, contributed to further progress, including financial tracking in operational planning and reporting using a gender equality marker.

158. Gender equality considerations were explicitly incorporated into the Organization's evaluative work, in line with United Nations Evaluation Group standards and WHO evaluation guidance. Gender-related gaps were identified and recommendations issued through country programme evaluations to strengthen integration of gender equality considerations. The Regional Office for the Americas completed an external evaluation of gender equality in technical cooperation efforts, providing evidence to inform future improvements.

159. Institutional efforts to ensure that internal systems increasingly reflect gender equality considerations continued. The Secretariat maintained prioritization of sex-disaggregated data and gender analysis through the adoption of the Sex and Gender Equity in Research guidelines. Despite organizational restructuring and realignment in 2025, implementation of the WHO Gender Parity Policy (2023–2026) advanced, with gender equality competencies incorporated into recruitment processes and performance management systems. Targeted training initiatives strengthened staff capacity in gender analysis and supported its incorporation into planning and programming, and a mandatory course on gender equality for all staff was launched in late 2025.

160. Gender equality perspectives were incorporated into WHO's policies, programmes and technical outputs. Gender analysis was integrated into major global health publications and technical resources, including the *World malaria report 2024*, the *World report on the social determinants of health equity 2025*, guidance on health inequality monitoring and assessment of barriers to health coverage. Regional initiatives continued to prioritize thematic areas, such as ending violence against women and girls. Across country and regional offices, operational capacity was strengthened through practical tools and dedicated training to ensure that a gender equality perspective was integrated into programme design, implementation and communication.

161. Examples of good practices in integrating gender into health policies and programmes were identified across regions and technical areas. These included the integration of gender considerations into efforts to address antimicrobial resistance across Bangladesh, Ethiopia, Ghana, Madagascar, Mongolia, Peru, Senegal, Tajikistan, Tunisia and Zimbabwe; Immediate Kangaroo Mother Care implementation in Bangladesh, Ethiopia, India and Nigeria; the European region's deep-dive analytical series; and gender marker application in the South-East Asia and Eastern Mediterranean regions. Work is ongoing to systematize the identification, documentation and dissemination of such practices.

162. Support to Member States remained central to implementation efforts. The Secretariat provided technical assistance across all six regions to strengthen gender analysis and integrate gender equality into national cooperation strategies, programme development and health systems assessments. Some countries received support to improve medical-forensic responses to gender-based violence, advance prevention efforts in schools, and develop policies and regulations addressing sexual misconduct. Capacity-building initiatives focused on improving data disaggregation, availability and interoperability; enhancing antimicrobial resistance reporting; and expanding equity monitoring systems. Persistent challenges include inconsistent availability of disaggregated data and limited institutional capacity for gender analysis in some settings.

163. The Secretariat remains committed to advancing full implementation of the strategy and submits this report in line with the requirement to provide biennial updates to the Health Assembly. Future priorities include strengthening accountability frameworks, enhancing interoperable data systems, consolidating approaches in evidence generation and expanding sustainable financing and partnerships to further accelerate progress on gender equality in and through health.