

A photograph of three young children in Davao City, Philippines, smiling and looking towards the camera. The child in the foreground is a young girl with dark hair, looking directly at the viewer. Behind her are two other children, a girl and a boy, also smiling. The background is slightly blurred, showing green foliage. A decorative network of blue and purple dots and lines is overlaid on the right side of the image.

For a safer, healthier, and fairer world

WHO Yoshi Shimizu
Children in Davao City

EXECUTIVE SUMMARY

Introduction

Measurable impact in countries lies at the heart of WHO's mission to promote health, keep the world safe, and serve the vulnerable. WHO's strategy, the Thirteenth General Programme of Work, 2019–2023 (GPW 13) focuses on delivering measurable improvements to health in all countries. The Executive Board recommended the extension of the period of the GPW 13 from 2023 to 2025. In GPW 13, WHO set triple billion targets for healthier populations, universal health coverage and health emergencies (one billion more people enjoying better health and well-being, one billion more people benefitting from universal health coverage, and one billion people better protected from health emergencies by 2023), based on the Sustainable Development Goals. It also defined how WHO will help countries attain the targets through leadership, global public health goods and technical products, and country support. The GPW 13 triple billion targets continue to be a powerful force to drive and deliver change. They provide a unified approach to achieving the health-related Sustainable Development Goals and contribute to improvements in healthy life expectancy.

This report marks five years since WHO set out to enhance its focus on measurable impacts in countries. During this time, the Organization set measurable triple billion targets based on the Sustainable Development Goals; established a results framework to measure country progress and identify the contribution of the WHO Secretariat; reported annually using the framework; launched delivery stock takes to track progress and identify ways for WHO to support countries on specific indicators; developed and revised the first WHO investment case; and continue to help countries accelerate progress through scaling innovation, innovative finance, and strengthening collaboration among multilateral agencies.

This results report for the biennium 2020–2021 presents the progress towards the triple billion targets, outcomes and outputs, based on the GPW 13 results framework and indicators. It uses structured methodologies, both quantitative and qualitative, for measuring and analysing the achievements and challenges to achieving them, and includes country and impact case studies to exemplify how the Organization’s work is driving health impacts at the country level, where it matters most. For the first time, the WHO Secretariat is reporting on its investments, results and performance through a scorecard methodology for every country or territory it serves.

WHO’s overall goal is to continuously improve its accountability for results. This generates trust on the part of those it serves and those who support WHO, and creates a virtuous circle reinforcing WHO’s Constitutional leadership function “to act as the directing and coordinating authority on international health work.”

See the detailed results report in this link:

<https://www.who.int/about/accountability/results/who-results-report-2020-2021>

Progress on the triple billion targets and the Sustainable Development Goals

The world was off track to reach most of the triple billion targets and the health-related Sustainable Development Goals before the coronavirus disease (COVID-19) pandemic, and it is even further off track now.

Healthier populations: Although the billion target is projected to be almost reached by 2023, progress is about one quarter of what is needed to reach the Sustainable Development Goal 3.8 to achieve universal health coverage by 2030. Prior to the COVID-19 pandemic, estimates suggested that 900 million more people would be enjoying better health and well-being in 2023 compared to the 2018 baseline. Current progress reflects improvements made in access to clean household fuels, safe water and sanitation (WASH), and tobacco control. In other areas like obesity and malnutrition, the situation is stagnant or even worsening. Looking ahead, we now know that to achieve the health-related Sustainable Development Goals, the target needs to be almost 4 billion people reached for every 5-year period. To achieve this, greater focus is being placed on leading indicators for premature mortality and morbidity, such as tobacco, air pollution, road injuries and obesity, which are key levers for increasing healthier lives. Additionally, attention to inequalities between and within countries will be critical, since 80% of the progress in this target to date has been driven by only a handful of countries. To achieve global targets and health for all, it is necessary to ensure that efforts are sustained and that evidence-based policy solutions are not only produced but also are being implemented and driving action in countries.



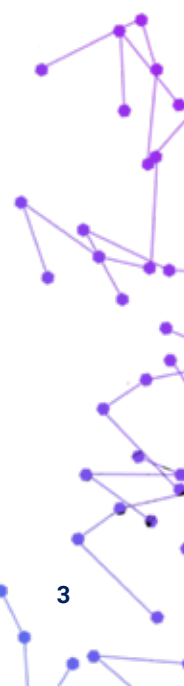
WHO Blink Media – Fabeha Monir – Bangladesh Cox Bazaar Covid reponse

Universal health coverage: The billion target will not be reached by 2023, and progress is less than one quarter of that needed to reach the Sustainable Development Goals by 2030. Current estimates suggest that without course correction, we will fall short by 730 million people of reaching 1 billion more people with universal health coverage in 2023. WHO pulse surveys on the impact of the COVID-19 pandemic reported that 94% of countries experienced disruption to essential health services, which increases the shortfall to 840 million. Overall, progress is still being made with average service coverage improving in most countries; but concerted efforts to meet service delivery targets in specific areas like HIV treatment, childhood immunization and blood pressure control would help to reduce the current gap in reaching the billion target by nearly half. Attention to financial hardship due to health-related spending is also timelier than ever. Over the past two decades, 92 countries have experienced little change or worsening trends in financial protection – which is now exacerbated by the continuing COVID-19 pandemic. Taking action on recommended policies to minimize fragmented approaches to coverage, establishing universal guarantees focused on high priority health services, and establishing budgetary measures to ensure funds flow to these services, can accelerate progress in both financial protection and service coverage. Primary health care, with its focus on multisectoral action, integrated health services, community empowerment and strengthening overall health systems functions, is a key approach towards realizing universal health coverage.



WHO Henitsoa Rafalia – Madagascar Cyclone Batsirai Response

Health emergencies protection: Although initial projections anticipated that the billion target for health emergencies protection could be met by 2023, COVID-19 has revealed that no country is fully prepared for a pandemic of such scale. The Prepare indicator shows that country-level preparedness capacities have increased since the 2018 baseline. However, COVID-19 highlighted limitations in current metrics and has prompted the evolution of assessment methods and systematic processes to ensure they are more predictive, dynamic and holistic. Some activities central to health emergencies protection have been disrupted by the COVID-19 pandemic, with the Prevent indicator showing more countries experiencing decrease in vaccine coverage for priority pathogens than in the previous year. Equitable access, prevention strategies, and catch-up vaccination efforts must be prioritized, scaled up and accelerated so that coverage does not further decline. The Detect, Notify and Respond indicator shows a different trend: that



countries improved the timeliness for detecting events and strengthened critical public health functions such as surveillance. These gains and investments need to be sustained and expanded to cover an increasing number of emergencies. Protecting people in fragile, conflict-affected and vulnerable settings who are disproportionately affected by health emergencies is also critical to ensure that no one is left behind. WHO is working with Member States and partners to act on recent reviews, recommendations and resolutions so that the COVID-19 pandemic is the last of its kind.



WHO Yemen

Highlighted accomplishments

Since January 2020 WHO has led the global community against the surge of the pandemic, with an unrelenting focus on global health equity. Through weekly meetings of Member States to share good practices, weekly press conferences with the world's media to discuss recent trends and public health guidance, and partnerships such as the Access to COVID-19 Tools Accelerator (ACT-A), COVID-19 Technology Access Partnership and technology transfer hubs, WHO has been a powerful voice for health equity in a world where equity gaps were widening and solidarity was strained.

In mid-January 2022, ACT-A delivered its one-billionth COVID-19 vaccine dose, alongside 110 million diagnostic tests. In addition, US\$ 4.8 million was delivered to countries in therapeutics, US\$ 187 million in oxygen supplies, and US\$ 499 million in personal protective equipment. Unfortunately, the world is not on track for WHO's target of each country vaccinating 70% of its population by July 2022.

WHO gave emergency use listing to 10 types of COVID-19 vaccine, the first of these on the last day of 2020. Within only 15 days of WHO listing the vaccines for emergency use, 101 countries had issued national regulatory authorization, basing their decisions of WHO risk-based assessment and accelerating vaccine roll-out.

WHO recommended widespread use of the world's first malaria vaccine (RTS,S) among children in sub-Saharan Africa and in other regions with moderate to high *Plasmodium falciparum* malaria transmission. The recommendation is based on the results of an ongoing pilot programme in Ghana, Kenya and Malawi that has reached more than 1 million children since 2019. Using this vaccine alongside existing tools to prevent malaria could save tens of thousands of young lives each year.



WHO Abdelrahman – Jordan

Fifteen countries have eliminated mother-to-child transmission of HIV and syphilis. There has been a large-scale expansion in HIV treatment – 85% of pregnant women living with HIV are receiving antiretroviral therapy, leading to fewer paediatric infections. Botswana, the first high-burden country to achieve “Silver Tier” certification, embarked on an aggressive programme to prevent mother-to child transmission in 1999, when HIV prevalence was as high as 30%.

Mandatory policies prohibiting the use of trans fatty acids are now in effect for 3.2 billion people in 58 countries. Among these countries, 40 have best practice policies (including Brazil, Peru, Singapore, Turkey and the United Kingdom in 2021). WHO’s REPLACE initiative aims for a world free of trans-fats by the end of 2023. WHO estimates that every year, trans-fat intake leads to more than 500 000 people dying from cardiovascular disease.

Almost two-thirds of the world’s population is protected by at least one tobacco control measure outlined in WHO’s Framework Convention on Tobacco Control. In addition, 60 countries are on track to achieve the global target of a 30% reduction in tobacco use from 2010 to 2025 – double the number from two years ago.

On polio eradication, six children were paralysed by wild poliovirus in 2021, the lowest number ever achieved. This is a decrease from 140 children paralysed by wild poliovirus in 2020; and so far in 2022, three children have been paralysed by wild poliovirus. In November, the first truly nationwide polio vaccination programme in several years was conducted in Afghanistan, protecting more than 2.6 million previously inaccessible children. WHO is a lead operational partner in the Global Polio Eradication Initiative.

In addition to these highlights, many other important accomplishments are listed systematically in the full results report under the 12 outcomes included in the report for universal health coverage, healthier populations, health emergencies and a stronger WHO.

Programme budget financing and implementation

In May 2019, the Seventy-second World Health Assembly adopted the WHO Programme budget 2020–2021 (resolution WHA72.1) in the amount of US\$ 5840.4 million. This was the first programme budget under GPW 13.

The biennium 2020–2021 saw both high levels of financing (US\$ 7916 million) and implementation (US\$ 6640 million) across the Organization. This represented an increase of 34% in financing and 25% in implementation compared with 2018–2019 (US\$ 5913 million and US\$ 5316 million, respectively). Overall financing also exceeded 100% of the approved budget for all major offices. The country level received the largest share of funds for implementation (US\$ 4.3 billion, or 57% of total funds available) in 2020–2021.

Funding and implementation of approved Programme budget 2020–2021, as of December 2021

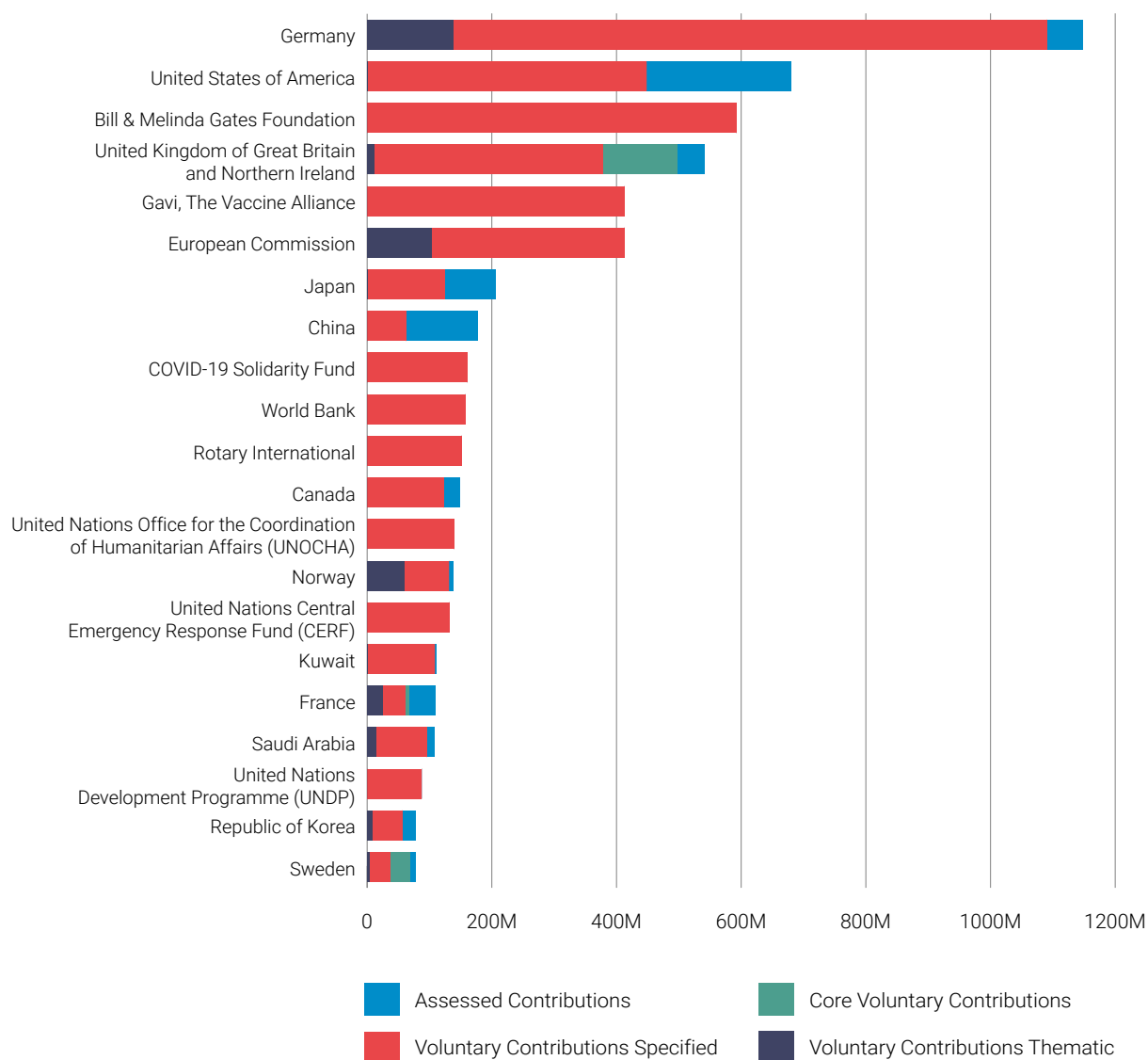
Segment	Approved budget 2020–2021 (US\$ million)	Available funds (US\$ million)	Implementation (US\$ million)	Funding level (%)	Implementation level (%)
Base	3768.7	3796.1	3205.8	101	85
Emergency operations and appeals	1000.0	3012.6	2530.6	301	253
Polio eradication	863.0	945.4	774.2	110	90
Special programmes	208.7	161.9	129.4	78	62
Grand total	5840.4	7916.1	6640.0	136	114

Even though the COVID-19 pandemic response required an Organization-wide effort, the Secretariat made a commitment to the Member States to make every effort to implement the approved base Programme budget at the same time. Throughout the biennium WHO focused financing on outcomes defined as priorities by Member States (as detailed in document A72/INF/2). For country offices where information on prioritization was available, the outcomes classified as a high priority were allocated 87% of the total budget and 86% of the resources distributed to technical outcomes; and 50% of these priority outcomes reached over 75% financing.

The large financing achieved in 2020–2021 has only been possible thanks to the generosity of Member States and other donors. Main donors contributed approximately 73% of the total financing in 2020–2021.

The largest share of WHO financing remains specified voluntary contributions. Flexible funds constituted 20% of total financing in 2020–2021. These funds have been strategically used to address needs throughout the base segment of the programme budget, and efforts continue to improve internal allocation of resources. Nevertheless, the total gap in financing of the organizational budget centres at output level was approximately US\$ 600 million at the end of the biennium. As reiterated within the discussions of the Working Group on Sustainable Financing, if flexible and thematic funds remain a lesser proportion of resources available, improving allocation of resources can succeed only to a limited extent.

Top contributors to the Programme budget 2020–2021 (US\$ million)



Overall implementation exceeded approved amounts of the total Programme budget 2020–2021 by 14% because of the emergency operations to respond to the pandemic. The implementation level of the base programmes was 85%, the same level as in 2018–2019.

For more details on the financing and implementation of the Programme budget 2020–2021, please visit the budget section of the results report.

Challenges and looking forward

This results report and earlier ones serve as the foundation for WHO's accountability for results. As we look forward, the big goals are recovering progress towards the Sustainable Development Goals and pandemic preparedness. To achieve these goals, WHO will focus on five priorities: (1) to support countries to make a radical shift towards promoting health and well-being and preventing disease by addressing its root causes; (2) to support a reorientation of health systems towards primary health care as the foundation of universal health coverage; (3) to strengthen the capacities, systems and tools for health emergency preparedness, response and resilience at all levels, underpinned by strong governance and financing and coordinated globally by WHO; (4) to harness the power of science, research innovation, data and digital

technologies as critical enablers of the other priorities; and (5) to empower WHO as the directing and coordinating authority on global health, at the centre of the global health architecture.

The challenge will be to accelerate progress towards the Sustainable Development Goals by translating these priorities into actions and results. This will require further strengthening the support provided by the WHO Secretariat to countries.

In the past 5 years, WHO has laid the foundations for GPW 13's focus on impact in countries. In the coming years, WHO must build on these foundations and fully execute on what it takes to become an impact-driven organization. This will require a sustainably financed WHO at the centre of the multilateral system in health. Indeed, results reporting and sustainable finance are inextricably interconnected: delivering results generates the confidence needed to increase sustainable finance.

Only by creating this virtuous circle will the world achieve the triple billion targets and accelerate recovery towards the achievement of the Sustainable Development Goals, so that all people everywhere can enjoy better health.



WHO Yoshi Shimizu – Fiji

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