

# Driving impact in every country



The WHO Results Report, Programme Budget 2018–2019 (document A73/24) will be submitted to the Seventy-third World Health Assembly. This e-book version represents the document unchanged.



Front cover painting:

*'Health workers for the triple billion goals' – painted by delegates of the Seventy-second World Health Assembly, under supervision of the artist. It aims to capture the pivotal role played by health workers in the delivery of the WHO's Thirteenth General Programme of Work to promote health, keep the world safe and serve the vulnerable.*

Each panel represents one of the triple billion goals.

Dairo Vargas is a contemporary fine artist, who is passionate about health care. He is involved in improving health and mental well-being through global initiatives, as well as local community and charity work.

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# DIRECTOR-GENERAL'S FOREWORD



As I write this, the COVID-19 pandemic has the world in its grip, and shows little sign of relenting. In less than five months, more than 4 million people have been infected and nearly 300 000 people have lost their lives – and counting. This new virus has taken a terrible toll on lives and livelihoods around the world, exploiting the gaps in health systems and magnifying inequalities. Its political, economic and social effects will be felt for years to come.

Already, immunization campaigns against polio, measles, cholera, and other vaccine-preventable diseases have been suspended, and hard-won gains against HIV, malaria and TB are at risk. The total number of deaths resulting from the public health disruptions caused by COVID-19 could be many times greater than the death toll caused directly by the disease.

The pandemic is a graphic illustration of the vital interconnections of the work of WHO across each of the “triple billion” targets: emergency preparedness and response, universal health coverage, and healthier populations. As COVID-19 reminds us, the Organization’s areas of work are interdependent, and none can exist without the others.

This Results Report lays out the vital work that we do, and shows how, even as we are responding to one public health event or crisis, we are also working to support countries in meeting the health needs of their populations, strengthening their systems, and planning for the unexpected.

With the pandemic dominating the headlines now, it is easy to forget that WHO is simultaneously taking on multiple other health threats, both ancient and modern.

As we work on responding to this pandemic, we must also prepare for the next one. Now is an opportunity to lay the foundations for stronger and more resilient health systems around the world.

The pandemic is a stark reminder of the need for urgent and sustained investment in health workers and health systems, as the best defence against health crises – both major, large-scale crises and those occurring at an individual level that millions of people face every day.

Health is a political choice. We face shared threats and we have a shared responsibility to act. If we learn anything from COVID-19, it must be that investing now saves lives – and money – later.

WHO’s commitment is not only to bringing countries together to end this pandemic, but also to building a healthier, safer, fairer world for everyone, everywhere.



# EXECUTIVE SUMMARY

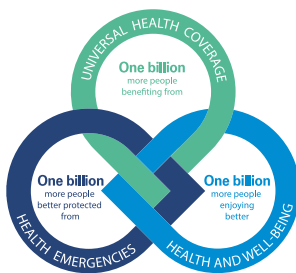
## DRIVING IMPACT IN EVERY COUNTRY

Exactly 70 years after the founding of WHO, driven by the changing global health landscape of the 21st century, the Organization underwent a transformation across all six regions and 149 field offices. In 2019, WHO adopted a new strategy and mission and new priorities and targets with the overarching objective of delivering impact in every country.

The **Thirteenth General Programme of Work 2019–2023** (GPW 13) articulated a mission of what the world needs WHO to do: Promote health, keep the world safe, serve the vulnerable.

The yardstick of success for the new data-driven strategy is impact in countries. The ambitious “triple billion” targets, aligned with the Sustainable Development Goals, were set around three strategic priorities:

- 1 billion more people benefiting from **universal health coverage**
- 1 billion more people better protected **from health emergencies**
- 1 billion more people living with **better health and well-being**.



The GPW 13 emphasizes strategic shifts by stepping up leadership, focusing global public health goods on impact in countries and delivering an integrated approach that avoids programme silos.

Although the results presented in this report are aligned with commitments in the biennium 2018–2019 under the previous strategic plan – which defined how work was planned and budgeted – this report looks at WHO’s achievements and challenges through the lens of the new strategy. This will help set the baseline of where we are with respect to the new “triple billion” targets.

Many stories describe the contribution of WHO’s longer-term work to driving impact in every country. WHO’s work includes every country, large and small, even fragile and conflict-affected States; spans all conditions and diseases; and serves all people, young and old.

This report shows the results of a bottom-up process – starting at the country level – for monitoring progress and reporting on achievements and challenges in implementing the Programme budget 2018–2019, before the crisis caused by the outbreak of coronavirus disease (COVID-19).

An enormous challenge lies ahead, but the world is better positioned than ever before to face this unprecedented public health crisis. WHO will continue to lead countries not only to defeat COVID-19 but also to change the trajectory of global health and build a healthier, safer, fairer world for everyone.

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## ACHIEVING 1 BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

WHO has transformed the definition of universal health coverage from a goal to a movement, advocating that it is a moral, economic and security imperative. A lack of access to affordable health care causes poverty and hinders economic growth, while weak health systems can be fault lines for diseases to spread.

WHO's leadership in this area has led to historic firsts. Countries approved a political declaration that includes comprehensive health commitments at the United Nations General Assembly in 2019. WHO also advocated on the issue for the first time at the G20 summit held in Osaka in June 2019 and at the Inter-Parliamentary Union Assembly held in Belgrade in October 2019.

Several countries have now made progress on the road to universal health coverage, with WHO's support and expertise. Greece, India and Kenya have rolled out ambitious programmes to expand coverage, while China, Egypt, and the Philippines have adopted important legislations to promote universal health coverage and the Government of Ukraine has increased its share of the financing of primary health care.

Although access to health services has expanded, the world is still far short of the 1 billion target and financial protection has weakened, as indicated in WHO's *Global Monitoring Report on Financial Protection in Health 2019*. In 2015, 930 million people spent 10% of household consumption on health and that number is growing. WHO's response has been to create a special programme on primary health care and provide more broad-based support to countries.

A key component of universal health coverage is the availability of accessible, affordable medicines, which WHO advances through prequalification. WHO prequalified 213 products in 2018–2019, including pioneering game-changers in a biosimilar life-saving drug for breast cancer, an Ebola vaccine critical for response efforts and a biosimilar insulin for diabetics.

The dramatic price reductions of antivirals, which WHO has supported, has enabled more people to afford hepatitis B and C medicines and more countries to strive for hepatitis C elimination, while also enabling countries such as China to include them in universal insurance coverage. A pilot programme for the world's first malaria vaccine may save many children's lives in future; some 200 000 children have now been vaccinated in Ghana, Kenya and Malawi.

Access to quality essential health services is key to reducing maternal and child mortality, which has declined significantly since 2000, in part due to more health facility births and greater political will. Expanded coverage and access have also helped several countries (Egypt, Ghana, Iran (Islamic Republic of), Kiribati, Mexico, Nepal and Yemen) reach elimination goals in a neglected tropical disease in 2018–2019. Malaysia, Maldives and Sri Lanka also achieved mother-to-child elimination of HIV and congenital syphilis.

Significant work is needed to further expand coverage to end the epidemics of leading communicable diseases. Recent gains include the expansion of HIV self-testing, a higher level of treatment for tuberculosis than ever before, the expansion of hepatitis C curative treatment to low- and middle-income countries, and the provision of treatment for at least one neglected tropical disease to 1 billion people; however, reaching isolated pockets of coverage so that no one is left behind remains a formidable challenge. Although 116 million more children received a basic set of vaccines in 2018, it is unlikely that the global targets for measles, rubella and maternal and neonatal tetanus elimination will be achieved by the end of 2020.

Significant progress has been made in ramping up the capacity to embed interventions for noncommunicable diseases within primary health care, in particular those for hypertension, heart disease, childhood cancer and mental health. The scale-up of the HEARTS package has resulted in more than 700 000 people receiving treatment for hypertension. Yet progress is still insufficient to meet targets, while the prevalence of diabetes, overweight and obesity continues to increase.

## **ACHIEVING 1 BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES**

To “keep the world safe”, WHO battled outbreaks and responded to health needs in humanitarian crises in 2018–2019, including natural disasters and conflicts such as those in Mozambique, the Syrian Arab Republic and Yemen. WHO has recently taken a more hands-on approach to emergencies, putting boots on the ground in challenging crises.

WHO also works to detect, assess, communicate, prevent and prepare for public health emergencies. During 2018–2019, WHO picked up thousands of public health threat “signals” every month, of which more than 980 (in 140 countries) were assessed to be emergency events and responded to, where necessary.

Following the outbreak of Ebola virus disease in the Democratic Republic of the Congo, WHO coordinated a huge and complex operation, made more difficult by violence, a mobile population and a dearth of health facilities. After 18 months of operation, the Democratic Republic of the Congo achieved a zero-case level of Ebola virus disease. Thousands of front-line responders braved considerable risks to defeat the virus, as COVID-19 responders are doing today. Sadly, WHO lost five responders.

Despite fears that the disease would spread to neighbouring countries, that never happened. Strong preparedness efforts contained the outbreak at a cost of US\$ 18 million in Uganda, which was a fraction of the total response cost of US\$ 1 billion.

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As is evident with the COVID-19 pandemic, a disease outbreak can bring a nation to its knees, particularly if the resilience of the health system is weak. All too often, the world responds with panic rather than epidemic preparedness to an outbreak. Investing in preparedness saves lives and money.

In November 2019, the Global Preparedness Monitoring Board published its first report, which warned that the world was dangerously unprepared for a “very real threat of a rapidly moving, highly lethal pandemic of a respiratory pathogen” – a risk that remains very real. Fifteen years ago, the International Health Regulations (2005) were ratified and have never been more relevant. The world must do more to prepare against pandemics by fully implementing them. Many countries still need to strengthen their core capacities to prevent, detect and respond to threats. In 2018–2019, WHO completed its 100th joint external evaluation, a preparedness exercise in countries. The International Health Regulations (2005) constitute the only international legally binding framework for protecting against, and responding to, the international spread of diseases.

Some crises never made the headlines due to successful prevention efforts. Case numbers fell in major cholera hotspots such as Somalia, South Sudan and Yemen. Globally, cholera cases declined by 60% in 2018 thanks to the delivery of 18 million doses of the vaccine. Mass vaccination against yellow fever protected more than 100 million people from the disease in 2018–2019. Some 500 million people were also vaccinated for seasonal influenza in 2019.

For some diseases, vaccination programmes need to be strengthened. Multiple measles outbreaks have occurred in the last two years. Polio eradication has also faced challenges. The 175 cases of wild poliovirus detected in 2019 in Afghanistan and Pakistan were the most since 2014.

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