Our reform story

The first decade of the 21st century brought unprecedented challenges and opportunities for people’s health. Old health problems persist and new ones emerge. The global public health landscape is crowded and poorly coordinated. This demands renewed leadership in global health from WHO.

Who we are

The World Health Organization (WHO) is the United Nations specialized agency for health, made up of 194 Member States and supported by more than 7,000 staff based in 156 countries, territories and areas, six regional offices and a headquarters in Geneva.

What we do

Our primary role is to direct and coordinate international health work, to create partnerships with others to translate evidence and best practices into action, and to assist countries to respond to health challenges. We aim to ensure access to a range of essential health services. Our work is based on the “right to the highest attainable standard of health,” which includes access to health care, health promotion, and protection from disease.

Our vision

Health is a fundamental human right; everyone has the right to the highest possible level of health.

Who we serve

WHO is primarily engaged in work related to public health. However, we also work in areas that are closely related to public health, such as disease control, surveillance, and prevention. We work with all levels of governments and stakeholders to ensure that the health needs of the people are met.

What success looks like

A world in which people have access to the medical products and services that they need.

A world which puts health and well-being at the centre of sustainable development.

A world in which our work in health-related determinants of health are narrowed.

A world which achieves internationally-agreed health targets and goals.

A world which protects the environment and minimizes the risks of natural disasters.

Our leadership priorities give focus and direction to our work

- Advancing universal health coverage
- Implementing the International Health Regulations (2005)
- Addressing the challenge of noncommunicable diseases and mental health
- Reducing health inequities by addressing the social, economic and environmental determinants of health

Areas and outcomes

- Improved strategic communications
- WHO’s priorities defined, addressed and financed
- 66% of country offices allocating at least 80% of budget to their 10 priority programme areas
- 20% of programme budget funded at the beginning of the biennium 2014-15, compared with 32% for 2010-11
- 70% of programme budget allocated to priority areas
- More predictable and flexible allocation of resources
- Improved strategic decision-making
- Strengthened effective engagement with stakeholders
- An emergency platform, a contingency fund and a global health emergency workforce were established
- WHO is prepared to respond comprehensively and rapidly to disease outbreaks and emergencies with health consequences, in a directed, coordinated and scalable manner

Our progress

2011

- Financing: Predictable, flexible and aligned financing of agreed priorities
- Accountability: Processes in place to facilitate accountability, corporate risk register, whistleblowing policy, corporate risk register, management dashboards, and harmonization of compliance functions
- Emergencies: The world is better prepared to respond to health outbreaks and emergencies

2015

- Priorities setting: Clearly defined priorities addressing needs at country level
- Staffing matched to needs at all levels of the Organization

2017

- Most country offices allocating at least 80% of budget to their 10 priority programme areas
- Predictability and flexibility of resources and better alignment with priorities
- All operational audits concluded as “satisfactory” or “partially satisfactory”