World Health Organization

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Progress reports

Report by the Director-General

A. Strengthening diagnostics capacity (resolution WHA76.5 (2023))

1. Pursuant to resolution WHA76.5, a WHO diagnostics taskforce was created to facilitate information sharing and harmonization of work across the Organization's three levels, with working groups established to cover the implementation workplan, advocacy, normative issues, country support and resource mobilization for all types of diagnostics.

2. A new website was developed to promote activities on diagnostics,[1] prioritizing those linked to strengthening diagnostic capacity.

3. A survey is being developed to assess the availability and affordability of, and access to, all types of essential diagnostics at primary healthcare level.

4. Cross-referencing of the diagnostics listed in the WHO Model List of Essential in Vitro Diagnostics (EDL) and the list of Priority Medical Devices (MeDevIS) has been published and will be linked to other WHO databases such as the UHC compendium.

5. The Strategic Advisory Group of Experts on In Vitro Diagnostics met in November 2024, to review the latest evidence for inclusion in the fifth edition of the EDL, to be published in 2025.

6. Review of WHO internal processes and related normative guidance is continuing in order to support Member States in procurement of quality assured diagnostics, through national and international mechanisms. Kyrgyzstan and Malawi were supported to establish national procurement mechanisms. To support Member States in quality assurance of testing wherever it is conducted, WHO is developing a multi-disease quality management system toolkit.

7. A license for a rapid diagnostic test platform technology that detects multiple pathogens has been secured and is being transferred to sublicensees under the WHO Health Technology Access Pool, launched in 2024 to support production of technologies in low- and middle-income countries.

8. WHO's *Global Benchmarking Tool plus Medical Devices* was published in 2024. This complements WHO's Global Model Regulatory Framework for medical devices, and other guidance on collaborative registration procedures, post-market and market surveillance. A regional workshop for South-East Asia on medical devices regulation (including in vitro diagnostics) took place in February 2025.

9. WHO and partners are working with countries to develop national essential diagnostics lists. Multiple countries have lists for all medical devices, some lists focus solely on in vitro diagnostics, others include other diagnostic technologies such as medical imaging and electrocardiographs. For example, India, Nepal and Nigeria have completed their national essential diagnostics lists; and Honduras, Indonesia, Thailand and Timor-Leste have initiated the process.

10. A team has been established to define the scope and priorities for a diagnostics list for emergencies.

[1] Diagnostics (accessed 4 March 2025).

11. The updated essential in vitro diagnostic list will include those for bacterial and fungal infections and antimicrobial resistance, to provide granular guidance on the placement and availability of tests across the tiered health system.

12. The WHO MeDevIS database has been updated to version 2.0, to include global and European medical device nomenclature, and will continue to be updated periodically.

13. Various global laboratory networks are in place. WHO is working to enhance coordination between existing global laboratory networks to ensure a more integrated approach, expanding access to quality-assured diagnosis and surveillance systems that are safe, affordable and reliable.

14. As requested in resolution WHA76.5, a draft definition of diagnostics has been developed and was reviewed by WHO diagnostic taskforce members. Formal consultations are continuing in order to achieve consensus.

15. Results are being analysed from a medical imaging survey in the African Region.

16. The Global Diagnostics Coalition, a WHO managed network, aims to enhance diagnostic capacity and ensure strategic alignment among stakeholders and is expected to be launched in 2025.

B. WHO global action plan on promoting the health of refugees and migrants, 2019–2030 (resolution WHA76.14 (2023))

17. In May 2023, the Seventy-sixth World Health Assembly, through resolution WHA76.14, extended the WHO global action plan on promoting the health of refugees and migrants (GAP) from 2023 to 2030.

18. In May 2024, Member States approved the Fourteenth General Programme of Work, 2025–2028, which, for the first time, includes refugee and migrant health as a key priority for the global health agenda.

19. This report describes progress made in implementing resolution WHA76.14 and the six priorities of the global action plan.[2]

20. Under priorities 1 and 2, WHO launched the Dashboard of Global Experiences on Refugee and Migrant Health, featuring 140 examples of efforts from countries in line with the GAP, building on contributions from governments and partners. WHO updated the Refugee and Migrant Health Toolkit, offering resources for strengthening refugee and migrant health at global, regional and country levels. It also conducted health system reviews in six countries to assess capacities to meet migrant and refugee health needs and develop recommendations with Member States.

21. Under priority 3, WHO continued supporting the development and implementation of regional strategies to address refugee and migrant health challenges. The regional offices for Africa, Europe and the Eastern Mediterranean convened a second high-level interregional meeting in March 2023, and the Regional Office for the Western Pacific held a high-level meeting in December 2023. The Regional Committee for Europe adopted the second regional action plan in October 2023. WHO has supported the implementation of the health components of the Global

[2] WHO global action plan on promoting the health of refugees and migrants, 2019–2030. Geneva: World Health Organization; 2024 (accessed 28 January 2024). Available in six languages.

Compact for Migration and the Global Compact on Refugees. It co-leads the health workstream of the United Nations Network on Migration and convenes the Group of Friends of Health for Refugees and Host Communities with UNHCR.

22. Under priority 4, the Global School on Refugee and Migrant Health took place in Senegal (2023) and Colombia (2024). From the School's inception in 2020, WHO has trained over 12 000 policy-makers, healthcare workers, and stakeholders from over 160 Member States. It piloted the global competency standards training programme in four African and seven European countries and held the first competency standards orientation course for policy-makers in Italy, with six countries from three WHO regions.

23. WHO released the latest Global Evidence Review on Health and Migration, focusing on mental health, in 2023. It also launched the first global research agenda on health, migration and displacement and an accompanying toolkit to support regional and national research agendas and research action plan setting. It leads cross-sectoral action to improve the health of displaced and migrant populations in the context of emerging and increasing global priorities, including climate change.

24. Under priority 5, in consultation with Member States, WHO launched the GAP monitoring framework in 2024 for monitoring refugee and migrant health and measuring GAP implementation in line with the Fourteenth General Programme of Work. In response, 111 countries designated focal points to contribute to the framework for publication in a forthcoming global report.

25. Under priority 6, in 2023, WHO, IOM and UNHCR organized the third global consultation on the health of refugees and migrants in Morocco, where 49 countries adopted the Rabat Declaration to improve refugee and migrant health in line with the GAP, Global Compact for Migration and Global Compact on Refugees. The fourth global consultation will be organized in 2026 to feed into the 2026 International Migration Review Forum.

26. WHO continues to implement a comprehensive communications strategy to raise awareness of these issues.

C. Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies (resolution WHA76.2 (2023))

27. The Seventy-sixth World Health Assembly adopted resolution WHA76.2 on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, under which it requested the Director-General to: support Member States to expand policy-making, technical, administrative and clinical capacity; enhance WHO capacity at all levels; develop guidance and maintain digital resources for country users; support Member States to identify high-priority emergency, critical and operative care (ECO) services and innovative financing mechanisms; foster integrated planning and collaboration; and strengthen the evidence base for ECO interventions.

28. **Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035.** In line with decision WHA77(8) (2024), extensive regional and global expert and Member State consultations are under way on the development of a global strategy and action plan for consideration by the Seventy-ninth World Health Assembly. The Region of the Americas has developed an associated regional strategy.

29. **Technical support to countries.** The Secretariat has provided training across WHO offices and support to Member States for the identification and implementation of priority actions for ECO; implementation of clinical process tools; and roll-out of learning programmes. The Secretariat has also collaborated on country implementation across all regions, including in Argentina, Armenia, Azerbaijan, Belize, Bolivia (Plurinational State of), Botswana, Brazil, Cambodia, Cameroon, Costa Rica, Egypt, Ethiopia, Fiji, Georgia, Honduras, Jamaica, Jordan, Kazakhstan, Iraq, Lesotho, Liberia, Libya, Madagascar, Malawi, Mexico, Mongolia, Montenegro, Nepal, Nigeria, Paraguay, Republic of Moldova, Rwanda, Sierra Leone, Solomon Islands, Somalia, Sri Lanka, Sudan, Tajikistan, Tunisia, Uganda, United Republic of Tanzania, Uzbekistan, Yemen and Zambia.

30. **Development of technical resources.** WHO has published a range of reports, guidance, clinical process tools and learning programmes for ECO. Over 65 countries across all regions have used these tools with support from the Secretariat. New digital versions of the WHO-ICRC basic emergency care and mass casualty management courses were launched to facilitate hybrid implementation at scale, and a conflict-injury-specific module was introduced and widely implemented. A community first aid response programme, prehospital toolkit, Integrated Management in Primary and Acute Care Training (IMPACT), basic critical care learning programme and WHO guidelines on the clinical management of sepsis are under development for release in 2025.

31. **Integrated emergency, critical and operative care in universal health coverage.** Through WHO's UHC Service Package Delivery and Implementation (SPDI) platform, the Secretariat has supported countries with prioritization and integrated planning for ECO delivery across national health systems. A dedicated package of High-Priority Health Services for Humanitarian Response (H3) was developed jointly with the Global Health Cluster; and the Secretariat has supported its use in countries across four WHO regions to plan care for national populations and refugees.

32. **Strengthening the evidence base.** Secretariat-supported research in 17 first-level hospitals in three countries in Africa and Asia demonstrated a 34–50% reduction in hospital mortality from acute conditions in adults and children over a 10–24 month period following the introduction of a low-cost bundle of WHO emergency care training and process tools. Further impact evaluation is under way.

33. **Establishing a network for coordinated implementation.** The Secretariat established and convened the Acute Care Action Network (ACAN), a global alliance of key stakeholders committed to saving millions of lives by advancing acute care. Participant organizations have a shared objective of strengthening acute care delivery through dissemination, implementation and evaluation of WHO tools and resources.

34. **The Secretariat will continue to support Member States** in their efforts to promote access to high-quality ECO services within national health systems.

D. Global strategy on infection prevention and control (resolution WHA75.13 (2022))

35. The Seventy-fifth World Health Assembly adopted resolution WHA75.13 (2022) on the global strategy on infection prevention and control (IPC), and requested the Director-General to: (i) develop a draft global strategy on IPC in consultation with Member States and regional economic integration organizations; (ii) translate the global strategy on IPC into an action plan, including with a framework for tracking progress and clear measurable targets to be achieved by 2030; and (iii) further update and develop as required technical guidance on IPC programmes and practices for health and long-term care settings.

36. **Development of a draft global strategy**: A draft global strategy on IPC was developed under the overall direction of a joint working group, comprising representatives from ministries of health of nine Member States and the WHO Secretariat, in consultation with the Global IPC Network, representatives from civil society and international experts. This draft was further developed from June to October 2022 incorporating feedback gathered in three global and six regional consultations, and was adopted by the Seventy-sixth World Health Assembly in 2023 (decision WHA76(11)).

37. **Development of a draft global action plan and monitoring framework on IPC:** The Secretariat developed a draft global action plan and monitoring framework after consulting extensively with Member States and international experts at global and regional levels between June 2023 and March 2024. A Delphi survey was also carried out to inform global, national and facility level IPC actions, indicators and targets included in the monitoring framework. This draft global action plan and monitoring framework on IPC, 2024–2030, was adopted by the Seventy-seventh World Health Assembly in 2024 (decision WHA77(9)).

38. **Documenting IPC programmes and practices worldwide**: Building on the information provided in the first global report on IPC,[3] in November 2023 the Secretariat initiated a global survey in 150 participating countries, territories and areas on the implementation of minimum IPC requirements at national and facility levels. The findings of this survey were disseminated through the 2024 WHO global report on IPC[4] and, in addition to broadening the available data on IPC programmes and practices, the survey provided updated evidence on healthcare-associated infections and antimicrobial resistance.

39. **Guidance and support to countries for strengthening of national IPC programmes and practices:** Between June 2022 and December 2024, WHO published 21 IPC guidance/guidelines documents, 11 training resources, and three assessment tools. Intensified technical assistance on IPC was provided by the Secretariat to countries in all WHO regions: 25 countries in the African Region, 12 in the Region of the Americas, all 11 in the South-East Asia Region, 11 in the Eastern Mediterranean Region, 25 in the European Region and eight in the Western Pacific Region.

40. **Championing the importance of IPC in high-level political forums:** Since May 2023, IPC has been reflected in the agendas and outcome documents of the following intergovernmental meetings: G20 meeting in April 2024 (Brazil); G7 meetings in May, October and November 2024 (Italy); United Nations General Assembly high-level meeting on antimicrobial resistance, in September 2024; Fourth Global High-level Ministerial Conference on Antimicrobial Resistance, in November 2024 (Saudi Arabia).

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[3] Global report on infection prevention and control. Geneva: World Health Organization; 2022.

[4] Global report on infection prevention and control 2024. Geneva: World Health Organization; 2024.

41. The Secretariat will continue to support Member States in their efforts to strengthen their national infection prevention and control programmes and policies in line with the global action plan and monitoring framework on IPC.

E. Strengthening local production of medicines and other health technologies to improve access (resolution WHA74.6 (2021))

42. This report describes key activities undertaken by the Secretariat from June 2023 to May 2025 pursuant to resolution WHA74.6.

43. The 2nd World Local Production Forum, a WHO platform to foster local production, was hosted by the Kingdom of the Netherlands in 2023. It convened over 1200 delegates from 120 countries and issued recommendations to advance sustainable, quality local production globally. The 3rd Forum will be hosted by the United Arab Emirates in 2025.

44. The WHO Biomanufacturing Workforce Training Initiative, established in 2024, synchronizes training in quality biomanufacturing primarily for low- and middle-income countries (LMICs). Over 7000 participants globally have been trained by WHO and the Global Training Hub for Biomanufacturing. Regional training centres are being established to tailor training to regional contexts and needs.

45. The mRNA technology transfer hub developed an effective COVID-19 mRNA construct that is being transferred to 15 partners across six WHO regions. Collaborative mRNA-based research consortia have been established to develop further products. The Health Technology Access Pool aims to bridge the technology access gap for recipients in LMICs. Rapid diagnostic test technology was secured for sub-licensing, with a shortlist of potential recipients under assessment.

46. Ecosystem assessments were conducted in two countries using the WHO digital ecosystem assessment tool. Case studies of six countries were published, providing key information for countries to build conducive ecosystems to promote sustainable, quality local production.

47. WHO has worked across its three levels to implement the global strategy and plan of action on public health, innovation and intellectual property. WHO provided technical assistance to countries to implement public health flexibilities in the WTO Trade-Related Aspects of Intellectual Property Rights Agreement.

48. WHO provided technical support to six additional countries to achieve maturity level 3 or 4 for regulation of medicines and/or vaccines, and supported regional regulatory cooperation by fostering harmonization initiatives to create a more predictable and efficient regulatory environment for timely access to quality-assured medical products.

49. WHO also provided technical assistance to 35 manufacturers globally to accelerate attainment of WHO prequalification or emergency use listing to improve timely access to essential medicines, vaccines, biotherapeutics and diagnostics.

50. To boost market transparency, WHO published a list of publicly available information sources, covering pharmaceutical and medical device prices, regulatory registries, shortages and clinical trials. WHO supported the development of pooled procurement mechanisms in the African and Eastern Mediterranean regions, and concluded agreements to promote experience and knowledge sharing from the PAHO Regional Revolving Funds.

51. Meetings were held with partners including the Africa Centres for Disease Control and Prevention in 2023 and 2024 to mobilize the public and private sectors, financial institutions and other actors to strengthen sustainable local production and technology transfer within and into Africa. In 2024, a meeting organized by WHO, PAHO and Medicines Patent Pool focused on financing mRNA-based technologies in LMICs.

52. The Regional Committee for Africa adopted a regional framework for strengthening local production of medicines, vaccines and other health technologies 2025–2035. In the Americas, countries created the Special Program, Innovation and Regional Production Platform with a comprehensive workplan of technical cooperation and provided greater flexibility to the PAHO Regional Revolving Funds. The Regional Office for Europe is supporting countries in strengthening regulatory capacity and pharmaceutical ecosystems. The Regional Committee for the Eastern Mediterranean approved the regional flagship initiative on expanding equitable access to medical products and the strategy to strengthen local vaccine production. The Regional Office for South-East Asia engaged in capacity-building programmes that were highlighted as an impact story in the WHO investment round. The Regional Office for the Western Pacific continued to support medical oxygen production and organized a regional holistic training workshop on local production.

F. Eradication of dracunculiasis (resolution WHA64.16 (2011))

53. In 2024, 14 human cases of dracunculiasis (Guinea-worm disease) were reported from 10 villages located in two countries (according to country reports received in December 2024, to be validated in April 2025). Notably, Chad reported eight cases in six villages; and South Sudan six cases in four villages. In 2023, 14 human cases were reported.[5] Angola, Cameroon, Chad, Ethiopia, Mali and South Sudan also reported 659 animal infections in 2024.[6]

54. WHO and its global partners supported community- and country-centred interventions in all countries concerned, including maintaining surveillance in all formerly endemic, certified countries, thus continuing the momentum for eradication.

55. As of December 2024, a total of 200 countries, areas and territories, representing 188 WHO 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. To reduce the risk of spread of the disease, the Government of Chad − with support from WHO and The Carter Center – organized a high-level advocacy and cross-border meeting to renew the commitment of Chad, Cameroon and the Central African Republic to interrupt transmission of dracunculiasis by 2027.

56. In 2024, Angola, Cameroon, Chad, Ethiopia, Mali and South Sudan maintained active, community-based surveillance in 7854 villages, compared with 7365 villages in 2023.[6] Despite the instability in the country, Sudan sustained precertification surveillance in accessible areas, including case searches. No human cases or infected animals were found during these searches.

[5] Dracunculiasis eradication: global surveillance summary, 2023. Weekly epidemiological record, 17 May 2024. (accessed 27 January 2025).

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

57. All the six uncertified countries continued to offer cash rewards for voluntary case reporting in 2024. More than 663 256 rumoured human cases and more than 149 310 rumoured animal infections were investigated, 99% within 24 hours.[7]

58. Angola was declared endemic for the disease by WHO in 2020. The country reported 36 infections in dogs in 2024, and zero human cases since 2020.[7] With support from WHO and The Carter Center, it continues to strengthen active community-based surveillance. In Cameroon, 312 infected animals were reported in the same localized transmission zone along the border with Chad. Despite challenging security conditions, WHO provided support to the Central African Republic for improved surveillance in high-risk areas bordering Chad.[7]

59. Compared to 2023, the overall number of infected animals decreased by 26% in 2024, from 886[8] to 659.[7] In 2024, Chad reported 279 infected animals, mostly dogs (232) and cats (47); Ethiopia reported infections in two baboons; Mali reported infections mostly in dogs (23 dogs) and cats (6); and South Sudan reported infection in one cat.[7] Security concerns and population displacement continued to hamper eradication efforts in the few areas of Mali and South Sudan where dracunculiasis is still endemic. In these settings, an initiative is ongoing to work with the WHO Health Emergencies Programme, both for access and active surveillance.

60. At the twenty-eighth international review meeting of Guinea-worm eradication programme managers in April 2024, countries reported on the programme status for 2023. The twenty-ninth meeting will be held in April 2025 in Chad.

61. The annual informal meeting with health ministers of dracunculiasis-affected countries was held on the margins of the Seventy-seventh World Health Assembly in 2024.

G. Global action on patient safety (resolution WHA72.6 (2019) and decision WHA74(13) (2021))

62. In May 2019, the Health Assembly adopted resolution WHA72.6 on global action on patient safety and requested the Director-General to report back to the Health Assembly on progress in implementation of the resolution in 2021, 2023 and 2025. In May 2021, it adopted the Global Patient Safety Action Plan 2021–2030 through decision WHA74(13)[9] and requested the Director-General to report back on progress in implementation of the global action plan every two years until 2031.

63. The Secretariat monitors implementation of the global action plan through Member State surveys. The Global Patient Safety Report 2024[10] reflected the progress made in 108 countries in improving the safety of healthcare through targeted policies, strategies and initiatives.

64. The data as at May 2023 showed that despite the progress made, significant gaps remain in implementing patient safety measures, building workforce capacity, strengthening patient

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

[8] Dracunculiasis eradication: global surveillance summary, 2023. Weekly epidemiological record, 17 May 2024. (accessed 27 January 2025).

[9] Global Patient Safety Action Plan 2021–2030. Geneva: World Health Organization; 2021 (accessed 26 March 2025).

[10] Global Patient Safety Report 2024. Geneva: World Health Organization; 2024 (accessed 26 March 2025).

engagement and promoting research and its translation into evidence-based solutions. While most countries recognize patient safety as a national priority, only one third have specific national programmes or action plans in place. In response, the Secretariat initiated dialogue with 59 countries to share, analyse and discuss global and country-specific data.

65. To support World Patient Safety Day, marked annually on 17 September, the Secretariat, in collaboration with Member States and stakeholders, coordinates the development of global campaigns, technical resources and flagship events. The themes for 2023 and 2024 were patient engagement and diagnostic safety, respectively. Since 2019, the day has been observed by over 170 countries, highlighting global commitment to addressing the issue.

66. Promoting a safety culture and applying a human factors approach are key to improving patient safety. However, country progress is lagging. Around 25% of countries reported that they have made efforts to foster a safety culture through blame-free policies and regular surveys, while 23% have adopted a human factors approach. In response, WHO is developing guidance on the application of human factors and a safety culture.

67. WHO continues to support implementation of the Global Patient Safety Challenge: *Medication Without Harm*. Progress is being made, with 74% of countries currently implementing the Challenge. WHO provided support for country capacity-building and developed technical resources to improve medication safety, including on medication-related harm, a policy brief and guidance on managing look-alike and sound-alike medicines.

68. The integration of patient safety into the training of healthcare professionals remains limited globally. Around 20% of countries have incorporated it into undergraduate and postgraduate professional health education curricula. The Secretariat is currently developing the WHO Academy patient safety essentials course and revising the Patient Safety Curriculum Guide.

69. Progress on patient and family engagement has been varied. Around 80% of countries have developed mechanisms to ensure access to medical records and obtain user feedback, while only 13% of countries have appointed a patient representative to hospital governing boards. To strengthen the role of patients, the Secretariat engaged with Member States and partners to develop and support implementation of the Patient Safety Rights Charter.

70. The Secretariat supported the Government of Chile in hosting the 6th Global Ministerial Summit on Patient Safety in April 2024, entitled “Bringing and sustaining changes in patient safety policies and practices”, culminating in the Santiago Commitment Charter on Patient Safety.

71. The Secretariat-led Global Patient Safety Network brings together over 3000 members from 155 countries to support continuous learning and improvement. The Secretariat also facilitates the Global Patient Safety Collaborative among six countries to advance the patient safety agenda.

72. The Secretariat will continue to work with Member States and stakeholders to advance implementation of resolution WHA72.6 and the global action plan.

H. Enhancement of laboratory biosafety (resolution WHA58.29 (2005))

73. In 2005, the Health Assembly adopted resolution WHA58.29 on the enhancement of laboratory biosafety. Following a series of laboratory-associated infections of severe acute respiratory syndrome (SARS), WHO Member States recognized the urgent need for stringent containment measures for high-impact microbiological agents and toxins in laboratories.

74. The progress report submitted to the Health Assembly in 2021[11] highlighted major achievements, including the publication in 2020 of the revised *Laboratory biosafety manual, fourth edition*, which promotes an evidence- and risk-based approach and optimal resource use and sustainability. Available in the six official United Nations languages and other languages, approximately 350 000 copies of the revised manual had been downloaded as at January 2025.

75. Rapid advances in biotechnology, including gene editing technologies, widespread laboratory and biorepository constructions in low- and middle-income countries and the rise of relevant research and development activities, have underscored the crucial need for robust measures to mitigate biological risks. The International Health Regulations Monitoring and Evaluation Framework highlighted significant gaps in biosafety and biosecurity preparedness, especially in resource-limited settings, demonstrating the pressing need for a globally coordinated response.

76. The adoption by consensus at the Health Assembly of resolution WHA77.7 (2024) on strengthening laboratory biological risk management reflects the support for this issue and the urgency of addressing the challenges as stipulated in the resolution. Resolution WHA77.7 builds on resolution WHA58.29. While resolution WHA58.29 focused on the enhancement of laboratory biosafety, resolution WHA77.7 incorporates new challenges and advances and calls for a more comprehensive and coordinated global response to biosafety and biosecurity risks, including through updating the guidelines to address the evolving landscape of laboratory biosafety and biosecurity.

77. In resolution WHA77.7, the Health Assembly calls on Member States to strengthen relevant areas including legislation, evidence-based biological risk management, workforce competency development, laboratory infrastructure and containment facilities and, also, international cooperation and sharing of best practices and information. It requests WHO to provide technical assistance, develop global baseline standards for biosafety and biosecurity and monitor progress at national and global levels.

78. In March 2024 WHO released a smartphone-based application, the Risk Assessment Tool (RAST), making risk assessments easier to perform. In June 2024, WHO published a risk-based guidance document, *Laboratory biosecurity guidance*, since downloaded more than 14 000 times. This guidance, which complements the *Laboratory biosafety manual, fourth edition*, outlines global best practices and promotes a risk-based approach to managing known and novel biological hazards inherent to emerging technologies, including safety and security risks posed by the genetic engineering of certain pathogens, in addition to cyber- and information security. It also proposes a feasible solution for a national regulatory framework on laboratory biological risk management.

79. Following the adoption of resolution WHA77.7, WHO conducted a Member State survey seeking inputs relating to its implementation. Key challenges identified in the survey for which Member States expected support from WHO included: resource limitations in low- and middle-income countries; lack of harmonized standards; insufficient national regulatory frameworks and research oversight mechanisms; and lack of trained personnel.

80. The next progress report, on resolution WHA77.7, will be submitted to the Seventy-ninth World Health Assembly in 2026.

[11] Document A74/18.

I. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))

81. Pursuant to resolution WHA60.1, the Director-General submitted a report to the Seventy-seventh World Health Assembly in May 2024 on the Secretariat's work.[12] Member States noted that variola virus research overseen by WHO had delivered public health benefits for mpox emergencies and should be accessible to all, and that research should continue on further development of countermeasures.

82. This report summarizes the proceedings of the twenty-sixth meeting of the WHO Advisory Committee on Variola Virus Research (Geneva, 13 and 14 November 2024),[13,14] which considered studies proposed by the two WHO collaborating centres in the Russian Federation and the United States of America. The Secretariat provided an update on the upsurge of mpox and sustained human-to-human transmission of new virus strains in Africa, which had been declared a public health emergency of international concern on 14 August 2024, and noted that the global outbreak that had led to the first such public health emergency (July 2022 to May 2023) was ongoing. From 2022 to 2024,[15,16] 128 countries had reported 124 753 laboratory confirmed mpox cases and 272 deaths, including 21 556 cases and 86 deaths in Africa. Since mid-2024, the Democratic Republic of the Congo has also reported around 2000 suspected cases per week to WHO. In 2025, mpox outbreaks were continuing in affected countries with exportation to other regions.

83. The Advisory Committee was encouraged that access to mpox vaccines in low-income settings was being facilitated by such measures as publication of the WHO smallpox and mpox vaccines position paper (August 2024), prequalification of MVA-BN vaccine (September 2024), Emergency Use Listing for LC16 vaccine (October 2024), and continued efforts in the Russian Federation to manufacture the approved fourth-generation vaccine, OrthopoxVac. The Advisory Committee reviewed research proposals for development of mRNA vaccines for orthopoxvirus diseases and recommended continued research and work to facilitate access to countermeasures for smallpox and mpox.

84. Regarding antiviral therapeutics, the Advisory Committee recalled that two agents had been approved: tecovirimat for treatment of smallpox (United States of America (2018) and Canada (2021)) and for treatment of smallpox, mpox, cowpox and vaccinia infections (European Union and United Kingdom of Great Britain and Northern Ireland (2022)); and NIOCH-14 for treatment of smallpox, mpox and other infections caused by orthopoxviruses (Russian Federation (2022)). It noted that while clinical efficacy studies of tecovirimat for mpox treatment were ongoing, early data had shown resistance to tecovirimat in rare cases of patients requiring prolonged treatment. The Advisory Committee recommended continued work by both collaborating centres to develop additional antiviral therapeutics against smallpox.

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[12] See document A77/4.

[13] Advisory Committee for Variola Virus Research. Geneva: World Health Organization; 2025.

[14] Summary report of the 26th meeting of the WHO Advisory Committee on Variola Virus Research. Weekly Epidemiological Record. 100 (09), 67–73. World Health Organization.

[15] Global mpox trends. Geneva: World Health Organization; 2025 (data in this dashboard are regularly updated).

[16] Mpox: Multi-country external situation report No. 46. Geneva: World Health Organization (accessed 28 January 2025).

85. In 2024, WHO continued to provide mpox diagnostic support to countries through polymerase chain reaction kits, genome sequencing of virus strains, and studies to validate rapid diagnostic kits. The Advisory Committee recommended that work to develop rapid diagnostics for smallpox and mpox should continue, limiting to a minimum any use of live variola virus for this purpose.

86. Biosafety inspections[17] had taken place of the authorized variola virus repositories at the WHO Collaborating Centre for Orthopoxvirus Diagnosis and Repository for Variola Virus Strains and DNA (State Research Centre for Virology and Biotechnology (VECTOR), Koltsovo, Novosibirsk Region, Russian Federation) in September 2023 and at the WHO Collaborating Centre for Smallpox and Other Poxvirus Infections (Centers for Disease Control and Prevention in Atlanta, Georgia, United States of America) in May 2024.

J. WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments (decision WHA74(24) (2021))

87. The Health Assembly in decision WHA74(24) requested progress reports on the WHO global strategy on health, environment and climate change, adopted through decision WHA72(9) (2019). The strategy builds on scaling up primary prevention; acting in all policies and sectors; strengthening health sector leadership and coordination; building governance mechanisms and political and social support; generating evidence; and monitoring progress.

88. The strategy responds to the planetary environmental crisis, comprising climate change, pollution and destruction of biodiversity and ecosystems. Following the Health Assembly resolution WHA72.7 (2019) on water, sanitation and hygiene in healthcare facilities, the right to a clean, healthy and sustainable environment was recognized by the United Nations General Assembly in 2022.[18]

89. WHO continues striving to place health at the top of the environmental agenda. It co-hosted the first climate–health ministerial meeting, which devised an intersectoral road map to address the impact of climate change. The twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change Declaration on Climate and Health was endorsed by 150 countries. The WHO Second Global Conference on Air Pollution and Health advocated for global action on clean air, clean energy access and climate mitigation.

90. WHO provided technical support and worked across sectors to build safe, climate-resilient and environmentally sustainable health systems and facilities equipped with appropriate water, sanitation and hygiene (WASH) and electricity. More than 90 countries joined the Alliance for Transformative Action on Climate and Health for building climate-resilient and low-carbon health systems. *Universal water, sanitation, hygiene, waste and electricity services in all health care facilities: global framework for action 2024–2030* sets out action to implement United Nations General Assembly resolution 78/130 (2023) on sustainable, safe and universal water, sanitation, hygiene, waste and electricity in healthcare facilities.

[17] Biosafety inspection reports. Geneva: World Health Organization; 2024 (accessed 18 February 2025).

[18] United Nations General Assembly resolution 76/300 (28 July 2022).

91. WHO led the monitoring of environmental risks and health impacts to track progress and guide action, including the first global assessment of healthcare facility electrification together with partners. WHO continuously reports on health- and environment-related Sustainable Development Goals.

92. WHO implemented initiatives to improve readiness and response to public health emergencies, including on health system climate resilience; workforce protection during pandemics; and chemical and radiation emergency preparedness. WHO strengthened WASH for emergency situations, such as cholera outbreaks and earthquakes. The readiness and response initiative for nuclear, biological and chemical events provided timely responses, for example in Ukraine. To foster greater emergency preparedness, a One Health approach was strengthened, considering stressors such as land use change, biodiversity loss, climate change and pollution.

93. WHO increased national capacities to improve climate resilience and reduce environmental health risks, and provided policy support on cleaner energy, elimination of lead paint and programmes for occupational safety and health of health workers and healthy workplaces. The updated *Compendium of WHO and other UN guidance in health and environment* compiles 500 actions on health and environment.

94. Regional initiatives included the Seventh Ministerial Conference on Environment and Health (Europe); the Clim-HEALTH Africa conference; the second meeting of the African Network of Poison Control Centres; and implementation of the *Agenda for the Americas on Health, Environment, and Climate Change (2021–2030)*.

95. While some progress has been made in many countries in air quality and access to safe water, sanitation and hygiene, their health impacts are still large. Other types of pollution, climate change and loss of biodiversity also present important risks to health. The planetary crisis therefore requires prompt, accelerated action at all levels. Continued leadership and sustained support are essential.

K. Plan of action on climate change and health in small island developing States (decision WHA72(10) (2019))

Background

96. The Seventy-second World Health Assembly noted a WHO plan of action on climate change and health in small island developing States (SIDS).[19] This is the third progress report on the plan.

97. A special initiative on climate change and health in SIDS was launched at the twenty-third session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC) in November 2017 and included as a platform in the WHO Thirteenth General Programme of Work, 2019–2025. Regional action plans inform and deliver on the plan.

98. WHO hosted the virtual SIDS Summit for Health in 2021 and published a review of WHO presence and capacities in SIDS. Following the Summit, in 2022 the Seventy-fifth World Health Assembly adopted resolution WHA75.18 on SIDS.

[19] See document WHA72/2019/REC/1, Annex 3.

99. The plan envisions that all SIDS' health systems will be resilient to climate variability and change by 2030 and sets out four strategic lines of action: empowerment; evidence; implementation; and resources.

Progress under the four strategic lines of action

100. Progress is reported against the eight indicators[20] in the plan,[21] primarily based on data from the 2021 WHO health and climate change global survey. Values in brackets are from the 2018 survey, for comparison.

Indicator 1.1 – A SIDS coordination mechanism has been established by the Secretariat.

Indicator 1.2 – All thirteen (six) SIDS that submitted national adaptation plans to the UNFCCC identified health as a vulnerable sector. Thirty-six (34) out of 40 SIDS included health as a priority in their nationally determined contributions.

Indicator 2.1 – Twenty small island developing States have completed health and climate change country profiles, there has been no increase since the 2021 report.

Indicator 2.2 – Data on the number of collaborating centres actively engaged in supporting the plan will be provided in future progress reports.

Indicator 3.1 – Twenty-three SIDS have initiated actions for climate resilient, environmentally sustainable healthcare facilities.

Indicator 3.2 – Thirteen out of the 30 (seven out of the 22) SIDS for which data are available have national health and climate change plans/strategies; a further nine are developing either a plan or strategy.

Indicator 4.1 – Seven out of the 17 (13 out of the 22) SIDS for which data are available are currently receiving financial support for climate change and health.

Indicator 4.2 – Since 2010, WHO has worked with countries to mobilize more than US$ 110 million for climate change and health across 26 SIDS.

Conclusions

101. The largest constraint on implementing the plan remains access to finance and a marked unevenness between countries in technical and/or financial capacity and levels of support from WHO. The Organization will work to address this by: (i) providing more stable country support for WHO core functions; (ii) mobilizing capacities from a wider range of partners through the Alliance for Transformative Action on Climate and Health;[22] (iii) seeking to support SIDS to access funding opportunities; and (iv) collaborating with partners who may establish financing mechanisms for climate and health that prioritize SIDS and least developed countries.

[20] Document A72/16.

[21] For the purposes of the action plan and the work programme of the Secretariat, the following WHO Member States are included: Antigua and Barbuda, the Bahamas, Bahrain, Barbados, Belize, Cabo Verde, Comoros, the Cook Islands, Cuba, Dominica, the Dominican Republic, Fiji, Grenada, Guinea-Bissau, Guyana, Haiti, Jamaica, Kiribati, Maldives, the Marshall Islands, Mauritius, Micronesia (Federated States of), Nauru, Niue, Palau, Papua New Guinea, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Sao Tome and Principe, Seychelles, Singapore, Solomon Islands, Suriname, Timor-Leste, Tonga, Trinidad and Tobago, Tuvalu and Vanuatu.

[22] For further information, see the website of the Alliance for Transformative Action on Climate and Health.

L. Behavioural sciences for better health (resolution WHA76.7 (2023))

102. This report provides a summary of progress and achievements in implementing the first-ever Health Assembly resolution on behavioural sciences for better health adopted by the Seventy-sixth World Health Assembly in May 2023.

103. In 2024, in collaboration with the World Bank, WHO published a report analysing behavioural science units in 26 countries.[23] The report describes three models for ministries of health to integrate behavioural sciences into their work. WHO has also published a decision support tool, a workforce survey tool, and a report on behavioural science and the social determinants of health.[24] The Secretariat is assisting seven countries in developing behavioural science functions or units. An investment case and a glossary are under development concerning the application of behavioural science to public health.

104. The Secretariat integrated behavioural evidence into 19 technical products, including the One Health priority research agenda for antimicrobial resistance; food systems for healthy eating in schools; healthy food at sports events; and readiness and response toolkits for mpox, dengue, zika virus disease, among others. It is working on a resource for social and behavioural change interventions, including for contraception and family planning.

105. Behavioural sciences are integrated into WHO's Fourteenth General Programme of Work, 2025–2028, into community protection and resilience in the African Region, into behavioural and cultural insights in the European Region, and into communication for health in the Western Pacific Region.

106. The Secretariat strengthened behavioural science capacity in 28 countries and is developing a capacity-building course for the WHO Academy. It provided technical support to 21 countries in integrating behavioural science into health policies, programmes and research.

107. Over 500 participants joined an event in the margins of the 2024 Regional Committee for Europe on using behavioural science to address antimicrobial resistance, and Ukraine applied this strategy in a front-line hospital. The Secretariat supported the integration of behavioural evidence in the implementation of various WHO sporting partnerships, including in the context of resolution WHA77.12 (2024) on strengthening health and well-being through sport events. The Secretariat is researching how behaviourally informed messaging can enhance public health social media campaigns. In 2023, 39% of countries using WHO's tools on behavioural and social drivers conducted an assessment of reasons for under-vaccination, and 56% of those countries used recommended measures in the assessment.

108. Behavioural sciences have been integrated into the Libreville commitment on the elimination of mercury-containing skin-lightening cosmetics in Africa and into pilot work in Gabon, Jamaica and Sri Lanka. They are being used in connection with parenting programmes in the Philippines and the United Republic of Tanzania, and with healthy cities, schools and workplaces, food safety and substance use in the Eastern Mediterranean Region.

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[23] International Bank for Reconstruction and Development/World Bank and the World Health Organization. Behavioral science around the world volume III: public health. Washington, DC: World Bank; 2024.

[24] The contribution of behavioural science to addressing the social and wider determinants of health: evidence review. Geneva: World Health Organization; 2023

109. In the European Region, WHO created a Member States' community of practice to monitor progress on the action framework for behavioural science.[25] In the Western Pacific Region, Malaysia is developing a national behavioural science strategy, with support from WHO. In the African Region, several countries are integrating behavioural sciences into risk communication and community engagement. WHO supported Burkina Faso, Namibia, South Africa, the United Republic of Tanzania and Zambia in integrating behavioural sciences into ministries and academia, community health strategies, cholera outbreak responses, and surveillance systems.

M. Accelerating action on global drowning prevention (resolution WHA76.18 (2023))

110. WHO launched the first global status report on drowning prevention[26] in December 2024 with the participation of 139 Member States and territories. The report details the scale of global drowning fatalities, and progress made in advancing strategies and actions to reduce drowning around the world. The report shows that the global drowning death rate dropped by 38% between 2000 and 2021. Yet drowning remains a major public health issue, with more than 300 000 fatalities in 2021. The report is supported by a mobile phone application which facilitates access to the data set used for the report, including data visualization features and tools to compare data between countries and regions. WHO supports the dissemination of the report and findings through national meetings and workshops, the development of academic publications and the preparation of regionally focused technical products such as regional reports and fact sheets.

111. WHO launched the Global Alliance for Drowning Prevention in 2023. The primary mission of the Alliance is to support global collaboration and enhance multisectoral coordination for effective, sustainable and cross-cutting drowning prevention efforts. Membership comprises United Nations entities and international organizations that work to address multisectoral risk factors for drowning associated with maritime safety, climate, development, child health and well-being, and occupational safety. The Alliance has finalized an operational strategy, which includes a six-year workplan and outlines plans for future membership expansion. Four action groups have been established with Alliance members. The first is investigating effective approaches to integrating drowning prevention within adjacent development agendas; the second is leading development of a global drowning prevention strategy; the third is focused on strengthening advocacy for political leadership and public engagement on drowning prevention; and the fourth is focused on developing a data and research agenda that addresses current global priorities for drowning prevention.

112. The Secretariat has delivered regional capacity development workshops to ensure that recommended drowning prevention interventions are implemented safely and effectively in countries around the world. A workshop held in Pune, India, in October 2023 provided concrete guidance to those implementing regional programmes on delivering safe and effective rescue and resuscitation programmes. A workshop held in Chiang Mai, Thailand, in October 2024 focused on promoting drowning prevention as a component of early childhood development. Regional preschool care service providers were convened to promote opportunities for water safety education through early childhood care, and approaches to eliminating potential drowning risks from day-care centres were discussed.

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[25] European regional action framework for behavioural and cultural insights for health, 2022–2027. Copenhagen: WHO Regional Office for Europe; 2023.

[26] Global status report on drowning prevention 2024. Geneva: World Health Organization; 2024 (accessed 17 February 2025).

113. The Secretariat has supported several countries in developing national strategic plans for drowning prevention. In Cambodia, the Secretariat supported a series of subnational consultations to map current drowning prevention efforts and develop a subsequent national drowning prevention strategy, which was launched in December 2024. In China, the Secretariat supported a national workshop on drowning prevention hosted by the Chinese Center for Disease Control and Prevention. The outcomes of the workshop will inform the development of a national drowning prevention action plan. Over the course of 2023–2024, the Secretariat provided technical support in drafting national drowning prevention strategies and action plans in India, Maldives, Timor-Leste and the United Republic of Tanzania.

114. The Secretariat has led the annual global observance of World Drowning Prevention Day on 25 July and has developed and implemented a global campaign tailored to regional and national contexts each year.

N. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (resolution WHA69.5 (2016)) and Ending violence against children through health systems strengthening and multisectoral approaches (resolution WHA74.17 (2021))

Resolution WHA69.5

115. Using data from 2000–2018, analyses published in the Lancet in 2024 highlighted that a quarter of girls aged 15–19 years suffered physical and/or sexual intimate partner violence in their lifetime.[27]

116. The Fourteenth General Programme of Work, 2025–2028 includes two targets on violence against women: reduce the prevalence of recent intimate partner violence (Sustainable Development Goal indicator 5.2.1) and increase coverage of comprehensive post-rape care services.

117. WHO updated a database of health policies addressing violence against women and girls from 200 countries: 52% of countries have clinical protocols to respond to violence against women.[28]

118. Healthcare for women suffering violence is included in the Universal Health Coverage Compendium and the H3 package for humanitarian contexts.[29]

[27] Intimate partner violence against adolescent girls: regional and national prevalence estimates and associated country-level factors. Lancet; 2024. doi: 10.1016/S2352-4642(24)00145-7 (accessed 26 January 2025)

[28] Sexual, reproductive, maternal, newborn, child and adolescent health. Geneva: World Health Organization; 2024.

[29] UHC Compendium: Interventions by programme area (accessed 14 April 2025).

119. WHO has strengthened the health response to gender-based violence in humanitarian settings in 29 fragile contexts and trained over 10 000 health workers in clinical management of rape and intimate partner violence.[30]

120. WHO updated the interagency RESPECT framework on interventions to address violence against women by adding interventions in humanitarian contexts.

121. WHO has provided guidance on strengthening measurement of violence against older women, and women with disabilities.[31]

Resolution WHA74.17

122. This resolution subsumes the work on ending violence against children anticipated in the 2016 Global plan of action (resolution WHA69.5).

123. Data collection for the second Global status report on preventing violence against children is under way, although Member State participation is uneven.

124. The Fourteenth General Programme of Work includes one indicator on violence against children: proportion of children aged 1–17 years who have experienced any physical punishment and/or psychological aggression by caregivers in the past month (Sustainable Development Goal indicator 16.2.1).

125. The Secretariat is developing national, regional and global estimates of the prevalence of violence against children to strengthen monitoring, with country consultations planned for 2025.

126. The Secretariat launched a WHO Academy online course designed for health professionals who care for children.[32] The course complements an earlier publication.[33]

127. The Secretariat is updating the evidence base for the *INSPIRE: Seven strategies for ending violence against children* technical package that is being implemented in part or wholly in 70 countries. The update will be published in 2025. Implementation capacity has been built through global and in-country workshops.

128. The Secretariat published *WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years (2023),* together with a handbook[34] to scale up such interventions. An interdepartmental Secretariat's initiative involving violence prevention, mental health, and child and adolescent health is supporting Colombia, Jordan, Kazakhstan, Philippines, Thailand and the United Republic of Tanzania to scale up evidence-based parenting interventions.

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[30] Strengthening health sector response to gender-based violence in humanitarian emergencies. Geneva: World Health Organization; 2024.

[31] Measuring violence against women with disability. Geneva: World Health Organization; 2024.

[32] Caring for children who have experienced violence; Training for health professionals (accessed 14 April 2025).

[33] Responding to child maltreatment: a clinical handbook for health professionals. Geneva: World Health Organization; 2022.

[34] Designing, implementing, evaluating, and scaling up parenting interventions. Geneva: World Health Organization; 2024.

129. The Secretariat is active in violence against children prevention partnerships and working groups, including the INSPIRE Working Group, the Global Initiative to Support Parents, the Alliance for Child Protection in Humanitarian Action, Safe Online, WHO Collaborating Centres and nongovernmental organizations.

130. The Governments of Colombia and Sweden, supported by WHO, the Special Representative of the Secretary-General on Violence Against Children and UNICEF, convened the First Global Ministerial Conference on Ending Violence against Children (Bogota, Colombia, 2024). This gathered 1400 delegates from 130 countries, including 80 ministers, and generated 120 pledges for increased action to address violence against children, including 112 pledges from WHO Member States.
