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REGIONAL CONSULTATION ON THE PROGRAMME BUDGET 2024–2025 OF THE WORLD HEALTH ORGANIZATION

Introduction

1. The proposed World Health Organization (WHO) Programme budget 2024–2025 (WHO PB24–25) is the last within the period of the Thirteenth General Programme of Work (GPW 13), extended until 2025 (Resolution WHA 75.6). The WHO PB24–25 will aim to further increase investments at the country level to deliver on the GPW 13, focusing on recovery from the COVID-19 pandemic and accelerating progress to achieve the GPW 13 and the health-related targets of the Sustainable Development Goals.
2. The document for consideration by Member States at the Regional Committee provides a high-level overview of the proposed WHO PB24–25, including its development process, budget envelopes, and financing outlook (see Annex).
3. Following the request of Member States, the WHO PB24–25 is being built through a more participatory and transparent development process, including an enhanced approach for priority-setting which will ultimately inform planning and budget allocation decisions.
4. The proposed WHO PB24–25 includes budgets by major office and by functional level (Headquarters, regions, and countries). It considers a 0% growth over the WHO Programme budget 2022–2023 (WHO PB22–23) level of US\$ 4,968.4 million¹ with a shift in budget allocation to the country level from the other levels (1.6% increase in relation to WHO PB22–23). In the case of the WHO Regional Office for the Americas, the draft proposes a budget allocation of \$295.6 million, representing a 1.2% increase (\$3.5 million) from the approved allocation for 2022–2023 of \$292.1 million.

* This version contains minor editorial adjustments in the Annex.

¹ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

Action by the Pan American Sanitary Conference

5. The Conference is invited to take note of this report and provide any comments it deems pertinent.

Annex



6 September 2022

Draft Proposed World Health Organization Programme Budget 2024–2025 Concept Note

I. INTRODUCTION

1. Deaths from coronavirus disease (COVID-19) are decreasing, but this pandemic is not over. At the same time, the world is facing war, famine and the growing threat of climate change. These concurrent crises are disrupting health systems, weakening populations and creating fertile ground for new disease outbreaks. In addition, progress on achieving the Sustainable Development Goals is faltering.

2. Yet, there is a very real risk that the lessons of this pandemic will go unlearned and the cycle of panic and neglect will be repeated. Many other crises are already dominating the attention of governments and the world's media and once again health is regarded as a cost item, not as an investment.

3. Refocusing attention on health, achieving universal health coverage and meeting the triple billion targets is the task of the draft Proposed WHO programme budget 2024–2025 (WHO PB24–25). A recently published investment case should be borne in mind: it estimates that for every US\$ 1 invested in WHO, there is a US\$ 35 resulting return.¹

4. The extension of the duration of the Thirteenth General Programme of Work, 2019–2023 (GPW 13) to 2025² reconfirmed its goals and strategic directions for 2024–2025. The draft Proposed WHO programme budget 2024–2025 will fully align with the directions proposed in the GPW 13 extension³ and, therefore, the overall theme of the draft Proposed WHO PB24–25 is to consolidate gains, focus investments in countries, strengthen in country capacity in order to accelerate progress towards the triple billion targets and health-related Sustainable Development Goals.

¹ A healthy return: investment case for a sustainably financed WHO. Available at: <https://apps.who.int/iris/handle/10665/354372>.

² See document A75/8 and resolution WHA75.6 (2022).

³ See the document submitted to the 2022 meetings of the regional committees entitled *Programme budget 2022–2023: revision. Extending the Thirteenth General Programme of Work, 2019–2023 to 2025*.

5. In recent governing bodies meetings,⁴ Member States requested more transparency and a more participatory approach in the development of the draft Proposed WHO programme budget in general and, more specifically, in the prioritization process. In response, the Secretariat has introduced important changes in the process to develop the draft Proposed WHO programme budget 2024–2025, described later in the present document.

6. At the Seventy-fifth World Health Assembly in May 2022, Member States made a landmark decision and commitment to gradually increase assessed contributions by the biennium 2030–2031, starting with a 20% increase for the biennium 2024–2025.⁵ The focus of the draft Proposed WHO PB24–25 will also guide the intended use of the expected increase in assessed contributions.

7. A key principle in the prioritization process is that the whole Organization should invest its limited capacities and resources in areas where they will maximize their impact, especially in countries. To reinforce this, the prioritization process in countries should be guided by coherent strategic directions based on the most credible actionable data and evidence, and an understanding of where WHO adds the most value.

8. The draft Proposed WHO programme budget 2024–2025 also reflects the Secretariat’s commitment to greater accountability, transparency and efficiency. These go hand in hand with progress on sustainable financing. The Secretariat is committed to continuing reform – building on progress so far, to be more accountable, results focused and efficient.

II. A NEW APPROACH TO PRIORITY-SETTING FOR THE DRAFT PROPOSED WHO PROGRAMME BUDGET 2024–2025

9. A strengthened approach to priority-setting is as an integral part of the development of the draft Proposed WHO PB24–25. An iterative approach will be applied, starting at the country office level to ensure maximum alignment with country situations and priorities. It will be guided by the global and regional strategic directions, as well as available credible data, evidence and trends, especially at the country level, and it will focus on those areas where WHO’s added value is recognized (See Figure 1).

⁴ Meetings of the Working Group on Sustainable Financing, meetings of the Programme, Budget and Administration Committee of the Executive Board, and sessions of the Executive Board and the Health Assembly.

⁵ Decision WHA75(8) (2022).

Figure 1. An enhanced approach to priority-setting for the WHO PB24-25

10. Leadership in WHO country offices will be responsible for convening prioritization consultations at country level (second level of Figure 1), engaging key government counterparts and relevant partners. Each region will apply an approach appropriate to their region, but will use a common set of minimum criteria, as set out below.

(a) The extent of contribution to:

- health outcomes that need priority attention, informed by credible data sources at global, regional or country levels; and
- accelerating progress in meeting the triple billion targets and indicators relevant to the country, defined by data and evidence.

(b) The extent of alignment with:

- up-to-date national health strategic plans and other relevant national prioritization and planning instruments;
- up-to-date instruments that define the cooperation between WHO and the country (WHO country cooperation strategies or other cooperation agreements); and
- available United Nations common planning instruments (such as the United Nations Sustainable Development Cooperation Framework).

(c) Adherence to relevant mandates and binding commitments made by the governing bodies of WHO

(d) The degree of WHO’s comparative advantage:

- (i) WHO is best placed, compared with other partners, to achieve specific results, clear bottlenecks and provide support to countries in implementing their priorities or addressing crises; or
- (ii) WHO plays a critical or niche role for specific deliverables in countries.

11. The consultations at the country level will consider various inputs, including an analysis of available credible data and evidence, as well as the directions received from the regional committees during their meetings this year. For the first time, every country will receive more structured and specific data and evidence on health issues that will inform the countries’ priorities.

12. As for previous approved programme budgets, the draft Proposed WHO programme budget 2024–2025 will be presented at the outcome level to Member States. As the intention is that priorities will define the draft Proposed WHO PB24–25 and will guide the costing of the budget, the following steps are envisaged.

(a) Member States will review their programmatic priorities at the outcome level in the current GPW 13 results framework,⁶ which will drive WHO’s public health agenda in 2024–2025 in their own country.

(b) Member States will then guide the Secretariat in identifying which programmatic outputs must be prioritized, to make it explicit how the Secretariat can provide support to Member States in achieving the outcomes. This will also ensure a closer linkage with what the Secretariat is accountable for delivering and therefore defining investment priorities of the Secretariat’s time, capacities and resources. The information will be used for costing of the budget, resource allocation and financing decisions and will be linked to monitoring of and reporting on implementation of the programme budget.

13. As stated earlier, each region will apply an approach appropriate to its region and the process of prioritization might vary between regions. However, the resulting prioritization of programme budget outcomes and outputs will be comparable and available for all regions.

⁶ The results framework of the GPW 13 is outlined in document A74/5 Rev.1, p. 12.

14. The priorities set at the country level will be reviewed at the regional level. Regions will convene a follow-up session after the 2022 meetings of their regional committee to review these priorities and consolidate them for their region. This should then guide the priorities of regional offices and also contribute to the prioritization of work at the global level, particularly in terms of investments in country support and normative work.

15. The draft Proposed WHO programme budget 2024–2025 that will be submitted to the Executive Board at its 152nd session in January 2023 for its consideration through the Thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board should already reflect the result of the iterative process of prioritization, its costing and narrative.

16. In the Region of the Americas, the prioritization exercise will build on the consultative planning and programmatic prioritization with Member States for the Strategic Plan of the Pan American Health Organization (PAHO) and program budgets. The PAHO/WHO Representative (PWR) Offices will conduct a strategic review in the Region of the priorities identified in the PAHO Program Budget 2022–2023⁷ and identify areas where a shift in focus or additional emphasis is required for the next biennium. The review will consider the priorities identified by national authorities, the ongoing challenges of the COVID-19 pandemic and its impact on health and health systems, the need to protect health gains, and the value added of PAHO/WHO technical cooperation. PWR Offices will conduct a validation process with national authorities to verify these strategic shifts in priorities, and the regional consolidated results will inform the development of the proposed WHO and PAHO PB 2024–2025. The individual country results will serve as the main input for the planning and implementation of the biennial work plans of each country that will be developed in 2023. These results will also contribute to the prioritization of work at the global level, particularly in terms of investments in country support and normative work.

III. GAPS IDENTIFIED FROM GLOBAL DATA TO INFORM THE DRAFT PROPOSED WHO PROGRAMME BUDGET 2024–2025

17. The world is progressing at only one quarter of the pace needed to achieve the health-related Sustainable Development Goals. The COVID-19 pandemic has caused setbacks that have put the world off course.⁸ The GPW 13 focuses on measurable impact on people’s health in all countries. Its triple billion targets provide a unified approach to accelerating progress towards the achievement of the health-related Sustainable Development Goals.

⁷ By mid-July 2021, countries in the Region of the Americas validated the review of the strategic priorities that were identified during the development of the PAHO Strategic Plan 2020–2025 using the PAHO-adapted Hanlon method.

⁸ See document A75/8.

18. Recent estimates indicate that the top five causes of death globally in 2019 were ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lower respiratory infections and neonatal conditions, together resulting in 22 million deaths. The top five risk factors, contributing to a combined 40 million deaths, were high blood pressure, tobacco use, dietary risks, air pollution and high fasting plasma glucose level. Analysis of these data alongside indicators within the triple billion framework highlights a number of areas of concentration, on which to focus efforts aimed at accelerating progress.

19. The target of the healthier populations billion is expected to be reached, with progress made thus far reflecting improvements in access to clean household fuels, safe water, sanitation and hygiene, and tobacco control. However, many indicators used to track this billion are either lagging behind or progress is being reversed, and meeting the target of this billion target would be insufficient to put the world on track towards achieving the health-related Sustainable Development Goals. There are glaring inequities across and within countries needing attention. Concentrating on accelerating progress in tackling obesity and climate- and environment-related health issues and in tobacco and alcohol control has the greatest potential for health gains.

20. The target of the universal health coverage billion and target 3.4 of the Sustainable Development Goals (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being) are not expected to be reached without active efforts to accelerate progress. Catastrophic health spending is increasing in a large number of countries and gains made in health service coverage since the beginning of the period of the Sustainable Development Goals have been disrupted by the COVID-19 pandemic. The indicators for tracking this billion with the largest potential gaps, and therefore where focus should be concentrated to meet the billion target and target 3.4 of the Goals, are financial protection, health workforce and access to essential services, particularly for control of hypertension. The pandemic has further compromised progress towards target 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases), highlighting the need for accelerated efforts.

21. Regarding the health emergencies protection billion, the COVID-19 pandemic has demonstrated the harsh reality that no country was fully prepared for a pandemic of that scale. The Prevent indicator, which measures vaccine coverage for priority pathogens, has been the most impacted by pandemic-related service disruptions. There is an urgent need to apply lessons learned and recommendations from pandemic response reviews, identify better measures to understand preparedness and prevention and to shorten the time to detect, notify and respond.

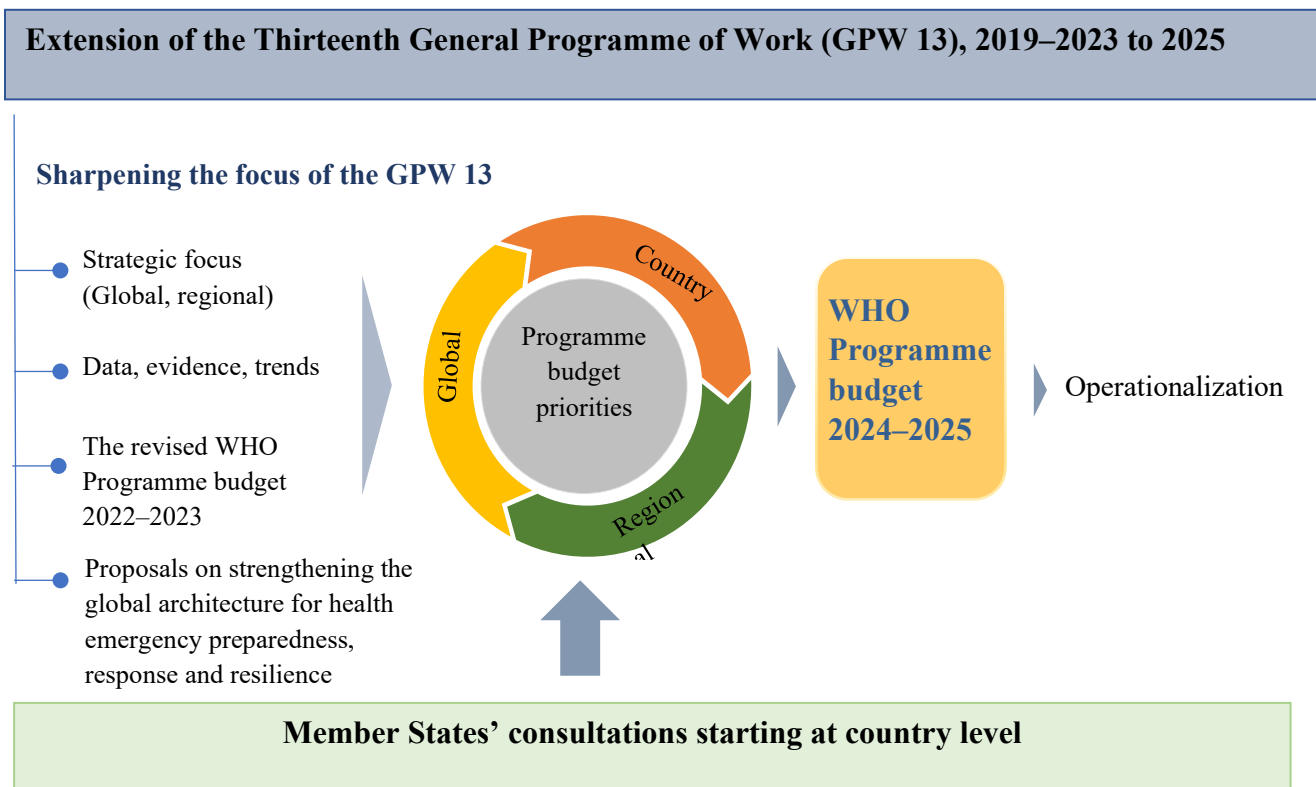
22. The above, together with global strategic directions set by Member States through the GPW 13 and other instruments that sharpen its focus, will guide the development of the draft Proposed WHO programme budget 2024–2025 (Figure 2). Various consultations on the operationalization and prioritization of work based on several initiatives, including

proposals on strengthening the global architecture for health emergency preparedness, response and resilience,⁹ and the agile Member States task group on strengthening WHO’s budgetary, programmatic and financing governance, and consultations on priorities in every country, will define the programme budget that will be proposed for 2024–2025.

23. When it comes to addressing the identified areas of concentration, to the extent possible, focus will remain on cross-cutting levers and integrated platforms such as: primary health care for universal health coverage; sustainable health financing including financial protection; health systems including the health and care workforce; access to essential diagnostics, medicines and supplies; digital technologies (telehealth and telemedicine); as well as ready-to-scale innovations and multisectoral policy interventions to address topic-specific health issues and accelerate progress toward health outcomes.

24. The final list of areas of concentration, including integrated solutions where WHO has particular added value in supporting implementation in Member States, will be informed by and agreed to following country and regional prioritization processes.

Figure 2. Global strategic directions guiding the development and operationalization of the draft Proposed WHO programme budget 2024–2025



⁹ See document A75/20.

IV. THE REGION OF THE AMERICAS PERSPECTIVE FOR 2024–2025

25. The COVID-19 pandemic continues to impact the Region of the Americas, with consequences that affect immediate and long-term health outcomes for its population. The pandemic is occurring in the context of various underlying political, economic, social, and health issues and is exposing and amplifying challenges to equity in health, access to health services, and continuity of care for acute and chronic conditions. It is estimated that the COVID-19 pandemic caused a 9.1% reduction in gross domestic product (GDP) for Latin America and the Caribbean during 2020¹⁰, setting the Region back 10 years. In 2022, the expected average growth rate of 2.9% will not be enough for the Region as a whole to regain pre-crisis GDP levels¹¹.

26. The disruption of essential health services is placing at risk hard-earned public health achievements in the Region. An update on the health situation in the Americas shows that the pandemic has had a major impact on life expectancy, which is estimated to decrease for the first time in decades.¹² Moreover, there are some areas in the Region that will need sustained and accelerated efforts to get back on track, such as HIV, tuberculosis, malaria, suicide, maternal mortality, and mortality due to noncommunicable diseases. Mental health, too, must become a higher priority, adapting services to become more accessible, promoting advances in deinstitutionalization, and integrating mental health coverage more firmly into primary care.

27. As with other areas, there is an opportunity to accelerate progress in the prevention, control, and elimination of communicable diseases. Some advances were seen even during the pandemic, such as the expansion of pre-exposure prophylaxis (PrEP) to mitigate the impact of HIV. In pursuit of the elimination agenda, community approaches and intercultural dialogue have proven to be important factors in helping with diagnosis and follow-up care.

28. Meanwhile, the extreme poverty rate in Latin America came to 12.5% in 2020, while the poverty rate was 33.7%.¹³ This economic crisis places a high burden on households to ensure basic services related not only to health but to all social determinants of health, such as housing, food security, education, and employment. Additionally, the COVID-19 crisis has exacerbated the already unacceptable levels of inequality and inequity within the Region. Technical cooperation must be transformed to strategically address emerging health challenges, change the status quo, and build an environment that eliminates health inequities. This is the only way to recover lost ground and resume progress towards reducing the greatest forces of morbidity and mortality within the Region.

¹⁰ Addressing the growing impact of COVID-19 with a view to reactivation with equality: new projections. Available at: <https://repositorio.cepal.org/handle/11362/45784>.

¹¹ The prolongation of the health crisis and its impact on health, the economy and social development. Available at: https://repositorio.cepal.org/bitstream/handle/11362/47302/1/S2100593_en.pdf.

¹² PAHO Program Budget 2022–2023. Available at: <https://iris.paho.org/handle/10665.2/55782>.

¹³ The prolongation of the health crisis and its impact on health, the economy and social development. Available at: https://repositorio.cepal.org/bitstream/handle/11362/47302/1/S2100593_en.pdf.

29. Addressing the determinants of health remains one of the most effective means to achieve higher-level impact and is a priority for action by the Region of the Americas. It is also necessary to examine key health interventions to determine which ones are the most cost-effective and have the greatest potential to change trends in a given country, based on each country's profile.

30. The COVID-19 pandemic has provided an impetus to improve public health functions, particularly those related to response to public health emergencies. It has also provided a unique opportunity to shine a light on the importance of health, strengthen the stewardship role of health authorities, improve intersectoral coordination to protect and promote health and well-being, and take further actions to address the needs of vulnerable communities that were most affected by the pandemic. Moving forward, significant political commitment and allocation of resources will be required to continue strengthening areas that have lagged due to the disruption caused by the pandemic and to keep implementing lessons learned so far.

V. PROGRAMME BUDGET CONSIDERATIONS AND FINANCING OUTLOOK

Budget considerations

31. As in the approved Programme budgets of the past bienniums, the draft Proposed WHO PB24–25 will be presented in four segments:

- (a) base programmes
- (b) emergency operations and appeals
- (c) polio eradication
- (d) special programmes.

32. **Base programmes:** this segment is the core mandate of WHO and will constitute the largest part of the draft Proposed WHO programme budget 2024–2025 in terms of strategic priority-setting, detail and budget figures. This segment will reflect overall health priorities and show budget distribution by outcome across major offices.

33. **Emergency operations and appeals:** this segment's activities are event-driven and the level of its budget can only be an estimate, which is subject to increase as necessary.

34. **Polio eradication:** this segment represents WHO's share of the Global Polio Eradication Initiative strategy budget.

35. **Special programmes:** this segment includes special programmes that have additional governance mechanisms and budget cycles that inform their annual and biennial budgets, namely the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction; the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; and the Pandemic Influenza Preparedness Framework. The distinct budget segment for these programmes provides the necessary flexibility to accommodate the requirements of their respective oversight bodies, while at the same time enhancing the transparency of their contribution to the results of the draft Proposed WHO programme budget 2024–2025.

Budget considerations: base programmes segment

36. The Seventy-fifth World Health Assembly approved an increase contained in the revised programme budget for 2022–2023 of US\$ 604.4 million in the base budget segment (an increase of 14%).¹⁴ For the draft Proposed WHO programme budget 2024–2025, it is intended to retain the same level of the base budget segment as that of the revised Programme budget 2022–2023 (US\$ 4,968.4 million).

37. For the revised Programme budget 2022–2023, Member States approved additional investments in areas such as new or emerging lessons learned from the COVID-19 pandemic, which cut across all strategic priorities, and strengthening the accountability, compliance and risk management functions in WHO with a special focus on strengthening prevention of and response to sexual exploitation, abuse and harassment. The draft Proposed WHO programme budget 2024–2025 will focus on further consolidating these investments and continuing work started in 2022–2023. The approved US\$ 50 million budget investment into strengthening the accountability, compliance and risk management functions in WHO for 2022–2023 will be prioritized in 2024–2025 and matched with the similar budget allocation for the upcoming biennium to ensure continuity of actions.

38. In the revised base segment of the Programme budget 2022–2023, country-level allocations represent 46% of the total, which is a 2% increase compared with the approved Programme budget 2022–2023¹⁵ and a 7% increase since the biennium 2018–2019 (Table 1). A further increase in the share of the budget allocated to country offices is foreseen in the base segment of the draft Proposed WHO programme budget 2024–2025.

¹⁴ See resolution WHA75.5 (2022).

¹⁵ See resolution WHA74.3 (2021).

Table 1. Approved base budget segment across the three levels of the Organization, 2018–2019 to 2022–2023, US\$ millions^a

| Major office | Country offices | | | | Regional offices | | | | Headquarters | | | |
|---|-----------------|----------------|-------------------|---------------------------------|------------------|--------------|-------------------|---------------------------------|----------------|----------------|-------------------|---------------------------------|
| | 2018–2019 | 2020–2021 | Revised 2022–2023 | % change 2018–2019 to 2022–2023 | 2018–2019 | 2020–2021 | Revised 2022–2023 | % change 2018–2019 to 2022–2023 | 2018–2019 | 2020–2021 | Revised 2022–2023 | % change 2018–2019 to 2022–2023 |
| Africa | 551.7 | 688.0 | 946.4 | 72% | 282.4 | 304.4 | 361.5 | 28% | – | – | – | – |
| The Americas | 118.0 | 127.9 | 178.1 | 51% | 72.1 | 87.9 | 114.0 | 58% | – | – | – | – |
| South-East Asia | 186.5 | 277.9 | 354.4 | 90% | 102.3 | 110.6 | 125.9 | 23% | – | – | – | – |
| Europe | 94.0 | 111.2 | 145.5 | 55% | 162.4 | 166.7 | 215.2 | 33% | – | – | – | – |
| Eastern Mediterranean | 223.8 | 267.0 | 434.1 | 94% | 112.2 | 124.2 | 175.7 | 57% | – | – | – | – |
| Western Pacific | 163.7 | 185.2 | 243.4 | 49% | 117.6 | 124.0 | 159.9 | 36% | – | – | – | – |
| Headquarters | – | – | – | – | – | – | – | – | 1,213.6 | 1,193.7 | 1,514.3 | 25% |
| Grand total | 1,337.7 | 1,657.2 | 2,301.8 | 72% | 849 | 917.8 | 1,152.3 | 36% | 1,213.6 | 1,193.7 | 1,514.3 | 25% |
| Allocation by level (% of total) | 39.3% | 44.0% | 46.3% | 7.0% | 25.0% | 24.4% | 23.2% | –1.8% | 35.7% | 31.7% | 30.5% | –5.2% |

^a The row and column totals may not always add up, due to rounding.

39. To continue this trend, a target of 51% of the total base budget to be allocated to country offices is suggested. This increase should be incremental, to be achieved over several bienniums. As the first step towards this target, an increase of about 1.6% in the share of country-level budget has been included in the draft Proposed WHO programme budget 2024–2025 (Table 2).

Table 2. Base segment of the draft Proposed WHO programme budget 2024–2025 across the three levels of the Organization compared with that of the revised Programme budget 2022–2023, US\$ millions^a

| Major office | Revised Programme budget 2022–2023 | | | | Draft Proposed WHO programme budget 2024–2025 | | | |
|---|------------------------------------|------------------|----------------|----------------|---|------------------|----------------|----------------|
| | Country offices | Regional offices | Headquarters | Total | Country offices | Regional offices | Headquarters | Total |
| Africa | 946.4 | 361.5 | – | 1,307.9 | 975.9 | 350.7 | – | 1326.6 |
| The Americas | 178.1 | 114.0 | – | 292.1 | 185.0 | 110.6 | – | 295.6 |
| South-East Asia | 354.4 | 125.9 | – | 480.3 | 365.2 | 122.2 | – | 487.3 |
| Europe | 145.5 | 215.2 | – | 360.7 | 154.9 | 208.8 | – | 363.6 |
| Eastern Mediterranean | 434.1 | 175.7 | – | 609.8 | 447.9 | 170.5 | – | 618.4 |
| Western Pacific | 243.4 | 159.9 | – | 403.2 | 253.0 | 155.1 | – | 408.0 |
| Headquarters | – | – | 1,514.3 | 1,514.3 | – | – | 1,468.9 | 1468.9 |
| Grand total | 2,301.8 | 1,152.3 | 1,514.3 | 4,968.4 | 2,381.8 | 1,117.8 | 1,468.9 | 4,968.4 |
| Allocation by level (% of total) | 46.3% | 23.2% | 30.5% | – | 47.9% | 22.5% | 29.6% | – |

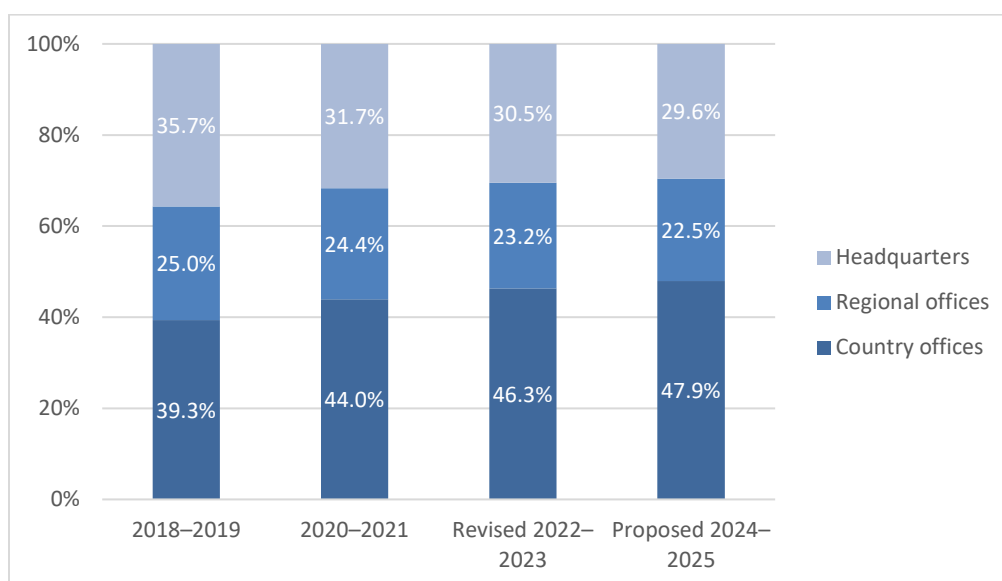
^a The row and column totals may not always add up, due to rounding.

40. Within a zero-budget increase, the initial proposal to achieve this 1.6% increase in the share of country-level budget is to shift 3% of the budgets of headquarters and regional offices to country offices in the draft Proposed WHO programme budget 2024–2025. For headquarters, this would mean a net decrease in the budget; for the regions, this would represent a budget shift between levels, and a budget increase resulting from a budgetary shift from headquarters.

41. However, final budget allocation within major offices has to be driven by priority-setting. Therefore, further budget adjustments between levels (country and region), among strategic priorities and outcomes, as well as a budgetary shift from headquarters, will follow the prioritization exercise. One of the implications of the prioritization should be an increase in budget allocation for high-priority outcomes.

42. If Member States find the above proposal agreeable, country-level allocation would increase from 46.3% to 47.9% in the draft Proposed WHO programme budget 2024–2025 compared with the revised Programme budget 2022–2023 (See Figure 3).

Figure 3. Share of the base segment across the three levels of the Organization in the approved Programme budgets 2018–2019 to 2022–2023 (revised) and the draft Proposed WHO programme budget 2024–2025^a



^a The decimals may not always add up, due to rounding.

43. Another implication of the prioritization process will be a new proposed approach of allocation of flexible resources, especially assessed contributions, which will be strategically directed towards high-priority outputs. The aim of this approach is two-fold:

- (a) to ensure that high-priority outputs, and therefore outcomes, are delivered without delays and impediments related to earmarking of voluntary contributions and their potential unpredictability in terms of timing of arrival and amounts; and
- (b) to provide clear information to Member States on how an increase in assessed contributions will be deployed for the delivery of results of the programme budget across the three levels of the Organization.

Budget considerations: emergency operations and appeals segment

44. This segment's activities are event-driven and the level of its budget can only be an estimate, which is subject to increase as necessary. Historically, the level of the emergency operations and appeals budget is baselined against that of the previous biennium. The level of the emergency operations and appeals budget in the bienniums 2020–2021 and 2022–2023 to date has been unprecedented as a result of the response to the COVID-19 pandemic. Implementation exceeded the approved budget after only the

first two quarters of 2020 and the final implementation level in 2020–2021 was 2.5 times the approved budget level.

45. It is clear that 2022 is shaping up to be the most challenging year yet. COVID-19 cases continue to surge, fuelled by newly emerging severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) variants and persistent vaccine inequity, in addition to continuing and new armed conflicts. This severely impacts health systems worldwide, particularly in countries or regions dealing with humanitarian crises.

46. These increasingly multidimensional crises demand more complex responses and greater resources. For the first time in WHO’s history, a single consolidated global health emergency appeal was launched in 2022, seeking US\$ 2.7 billion for 2022.¹⁷

47. Internal discussions within the Secretariat on the level of proposed budget for this segment for 2024–2025 are still continuing and the proposal will be included for Member States’ consideration in the next iteration of the draft Proposed WHO programme budget 2024–2025. In the present document, the approved level of 2022–2023 is used as a placeholder, as the proposed level for 2024–2025 is unlikely to be lower than the current approved level of US\$ 1 billion.

Budget consideration: polio eradication segment

48. The Polio Eradication Strategy 2022–2026¹⁸ lays out a road map to securing a lasting polio-free world, by the end of 2026.

49. While global epidemiology cannot be predicted with certainty, the WHO Polio programme as part of the Global Polio Eradication Initiative – consisting of WHO, Rotary International, the United States Centers for Disease Control and Prevention, UNICEF, the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance – is working towards having interrupted transmission of all remaining wild poliovirus strains in endemic countries and stopping all outbreaks of circulating vaccine-derived poliovirus, by the end of 2023. Thus, the focus in 2024–2025 will be to begin the preparatory phase for certification of poliovirus eradication by 2025, as well as initial preparations for the eventual cessation of use of all oral polio vaccine from routine immunization programmes (to be implemented following global certification) and ensure global laboratory containment of polioviruses is fully implemented in line with resolution WHA71.16 (2018).

¹⁷ WHO’s Global Health Emergency Appeal, 2022. Geneva: World Health Organization; 2022 ([https://www.who.int/publications/m/item/who-global-health-emergency-appeal-2022#:~:text=Download%20\(14.8%20MB\)-,Overview,%2C%20including%20COVID%2D19%20response](https://www.who.int/publications/m/item/who-global-health-emergency-appeal-2022#:~:text=Download%20(14.8%20MB)-,Overview,%2C%20including%20COVID%2D19%20response), accessed 5 August 2022).

¹⁸ Presented as part of document A74/19 at the Seventy-Fourth World Health Assembly.

50. At the same time, efforts will continue to transition the Polio programme infrastructure and assets into broader public health systems. The first phase of transition will be completed during 2022–2023, with over 50 countries that are now supported through WHO’s base programmes. The next phase of transition will focus on shifting core capacities for polio such as surveillance, immunization, research and containment to other programmes in order to sustain them beyond eradication. This will be outlined in the revised post-certification strategy that will be submitted to the Health Assembly in the biennium 2024–2025. WHO will continue to disseminate best practices and lessons learned in the course of eradicating poliomyelitis, which will help countries to develop future health policies, goals and interventions.

51. The proposed budget level for the polio segment of US\$ 700 million for 2024–2025 will consist largely of the cost of supplemental immunization activities in Afghanistan and Pakistan to keep population immunity high through certification, and a substantial placeholder budget to enable surge support to countries wherever and whenever there are virus detections or outbreaks. The polio programme will also continue to make investments in gender mainstreaming, and activities to encourage and enable integration.

52. The secretariat of the Global Polio Eradication Initiative, through WHO, will continue to report on the progress towards achieving a lasting polio-free world to Member States, through regular governing bodies mechanisms.

Budget considerations: special programmes segment

53. **UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction** is the main instrument within the United Nations system for research in human reproduction. It supports and coordinates research on a global scale, synthesizes research through systematic reviews of literature, builds research capacity in low-income countries and develops norms and standards to support efficient use of its research outputs. Support for country-level delivery of outputs of the Programme is provided by all the Programme’s cosponsors, including through WHO’s regional and country offices. A portfolio review process for the Programme for 2023 is under way and will result in updated priorities of the Programme as needed.

54. The 2024–2025 proposed budget level for the Programme is US\$ 72 million, which will be reviewed with the Programme’s cosponsors in December 2022 and submitted for approval by the Policy and Coordination Committee in April 2023.

55. For **UNICEF/UNDP/World Bank/World Bank/WHO Special Programme for Research and Training in Tropical Diseases**, the biennium 2024–2025 is the start of a new six-year strategy of the Programme, which aligns with the Sustainable Development Goals and contributes to the cosponsors’ objectives, including the GPW 13 triple billion targets. The Programme will continue to address the same three strategic priority areas:

research for implementation, capacity strengthening for health research, and engaging with global and local stakeholders for increased impact and sustainability.

56. The 2024–2025 budget for the Programme will support the Programme’s vision of using research and innovation to improve the health of those burdened by infectious diseases of poverty. The Programme will continue to focus on identifying and overcoming barriers to effective health interventions. The Programme’s approach is to respond to local and regional needs and priorities, while at the same time pursuing long-term flagship initiatives that can change the health landscape. The 2024–2025 proposed budget level for the Programme is US\$ 50 million.

57. **Pandemic Influenza Preparedness Framework** implementation in 2024–2025 will focus on strengthening influenza pandemic preparedness through a whole-of-society approach that ensures a more equitable response by building stronger and resilient country capacities. The priorities will be set in accordance with the six-year high-level implementation plan for 2024–2030. An iterative process will be conducted in 2023 to develop country, regional and global activities of work that deliver against the results expected for the biennium 2024–2025 while ensuring alignment with national priorities and Member States’ commitment. The work will build on the implementation since 2014 where gains were made in the following areas: strengthening laboratory and surveillance capacities focusing on the WHO Global Influenza Surveillance and Response System; a better understanding of influenza’s health and economic burden; and enhanced planning and readiness for an influenza pandemic through regulatory preparedness, risk communication and community engagement systems, product deployment and exercising contingency plans.

58. Major changes on the proposed budget for the Framework are not expected. The proposed budget level for 2024–2025 is US\$ 37.3 million, with 70% of partnership contributions directed towards preparedness work at regional and country levels. This level has been stable over the years.

Budget considerations: all four segments

59. The total proposed budget for 2024–2025 for all four segments by major office is summarized in Table 3. As indicated above, for the segments of emergency operations and appeals, polio eradication and special programmes, the proposed budget is subject to further fine tuning.

Table 3. Total draft Proposed WHO programme budget 2024–2025 by budget segments by major office, US\$ millions^a

| | Africa | The Americas | South-East Asia | Europe | Eastern Mediterranean | Western Pacific | Headquarters | Total |
|----------------------------------|----------------|--------------|-----------------|--------------|-----------------------|-----------------|----------------|----------------|
| Base programmes | 1,326.6 | 295.6 | 487.3 | 363.6 | 618.4 | 408.0 | 1,468.9 | 4,968.4 |
| Emergency operations and appeals | 274.0 | 13.0 | 46.0 | 105.0 | 334.0 | 18.0 | 210.0 | 1,000.0 |
| Polio eradication | 20.2 | – | – | – | 342.8 | – | 333.2 | 696.3 |
| Special programmes | 3.3 | 3.9 | 3.5 | 3.7 | 3.5 | 3.2 | 138.2 | 159.3 |
| Grand total | 1,624.1 | 312.5 | 536.8 | 472.3 | 1,298.7 | 429.2 | 2,150.3 | 6,824.0 |

^a The row and column totals may not always add up, due to rounding.

Financing outlook

60. Achieving the goals in the draft Proposed WHO programme budget 2024–2025, including the increase in country share of the budget, will not be possible without an adequate increase in sustainable financing. The budget increase at country level would need to be accompanied by flexible resources to adequately finance the priorities established by Member States. The decision on sustainable financing adopted by the Seventy-fifth World Health Assembly¹⁹ aims to improve the Organization’s ability to make an impact where it is most needed, at the country and regional levels.

61. Although this is still early in the process, the Secretariat monitors future available financing as part of the development of the programme budget for 2024–2025. The analysis presented below will be updated throughout the process of budget development.

62. As at July 2022, available financing for the draft Proposed WHO programme budget 2024–2025 stood at US\$ 1,206 million, US\$ 1,201 million of which is for the base segment. This represents 24.3% of the base segment of the draft Proposed WHO PB24–25. Financing largely consists of assessed contributions from Member States (US\$ 1,148 million), which includes a 20% increase (Table 4). The projected financing includes voluntary contributions (US\$ 58 million), of which US\$ 21 million is projected to be fully flexible (core voluntary contributions) and US\$ 4 million designated (thematic funding), with the remaining being specified voluntary contributions. The projections will evolve throughout the remainder of the current biennium and will be updated accordingly.

¹⁹ Decision WHA75(8).

Table 4. Projected financing for the draft Proposed WHO programme budget 2024-2025, US\$ millions

| Type of contribution | Total programme budget | Base segment |
|--|------------------------|----------------|
| Assessed contributions ^a | 1,148.3 | 1,148.3 |
| Projected voluntary contributions (specified, flexible and thematic) | 58.1 | 52.5 |
| Total projected financing | 1,206.4 | 1,200.8 |

^a Assuming a 20% increase over the current level of assessed contributions.

VI. PRESENTATION FORMAT OF THE DRAFT PROPOSED WHO PROGRAMME BUDGET 2024–2025

63. Regarding the draft Proposed WHO PB24–25 presentation format to the Executive Board and Health Assembly, a set of improvements and enhancements is being considered, which can be divided into the following two categories.

(a) **Structural and design-related improvements.** The draft Proposed WHO programme budget 2024–2025 will have a modular structure, with sections that can be read independently (such as an executive summary and outcome-level and output-level narratives). In addition, the overall storyline will follow a “funnel” approach, starting at a high level, covering all segments of the budget, and then becoming gradually more detailed and focused on the base budget only. A general redesign of the document is also being considered, to allow relevant parts to be displayed on the same page (for example, text with corresponding tables and graphics).

(b) **Adding supporting documentation (“explainers”) and a digital dimension.** Supporting documentation will accompany the draft Proposed WHO programme budget 2024–2025, to aid comprehension. These explainers will describe underlying budgetary principles, the prioritization processes and other elements, to ensure an aligned and common understanding. The supporting documentation will be available on interactive dashboards, which will also display budgetary figures and country prioritizations.

VII. CONSULTATIONS WITH MEMBER STATES

64. There will be a phased approach to engaging Member States in the development of the draft Proposed WHO programme budget 2024–2025. Multiple existing channels, listed below, will be used for consultations with Member States, particularly regarding setting priorities that should eventually inform decisions on budget and financing.

- (a) **Regional committees.** At their meetings in 2022, the regional committees are expected to provide input on the development of the draft Proposed WHO programme budget 2024–2025, including strategic directions for their respective region and countries. The regional committees could propose shifts in existing budgets and give directions on which areas should be given greater emphasis and areas that do not require immediate attention in 2024–2025.
- (b) **Deep-dive Session with Member States.** This step in the process will provide the opportunity for a dedicated regional consultation with Member States to review in detail the draft Proposed WHO programme budget 2024–2025, including the prioritization exercise.
- (c) **Country-level consultations.** Engagement in every country to set priorities using a structured approach allows each country to give input to the overall Programme budget. Using a common set of criteria and a standard approach means that priorities are set in a consistent and comparable way, which could then be used for financing commitments by the Organization.
- (d) **Regional consultations after the 2022 meetings of the regional committees.** This is an important new step in the process that should be conducted in every region after the prioritization exercise at country level and before the draft Proposed WHO programme budget 2024–2025 is prepared for submission to the Executive Board at its 152nd session through the Thirty-seventh meeting of the Programme, Budget and Administration Committee.
- (e) **Consultations before the Thirty-seventh meeting of the Programme, Budget and Administration Committee and the 152nd session of the Executive Board.** Once budget proposals, including prioritization results and budget costing, have been received from the regions, the draft Proposed WHO programme budget 2024–2025 will be aggregated at the global level. Consultations with Member States will then start, in a form of dedicated Member States briefings and deep dives.
- (f) **152nd session of the Executive Board.** The full draft Proposed WHO programme budget 2024–2025 will be submitted for consideration by the Board, through its Programme, Budget and Administration Committee, which will decide whether to recommend its approval by the Seventy-sixth World Health Assembly.
- (g) **Consultations after the 152nd session of the Executive Board.** If needed, further consultations with Member States following the 152nd session of the Board will be held to seek Member States’ steer to further refine the draft Proposed WHO programme budget 2024–2025 before its submission to the Health Assembly.
- (h) **Seventy-sixth World Health Assembly.** The final Proposed WHO programme budget 2024–2025 will be presented to the Health Assembly for its consideration.

VIII. TIMELINE

65. The timeline in Table 5 shows the phased approach to engage Member States in the development of the WHO PB24–25.

Table 5. Proposed timeline for the development of the WHO PB24–25

| Member States Consultations | Date | Responsible |
|--|-------------------------|-----------------|
| Regional Committee for the Americas | 26–30 September 2022 | Region |
| Deep-dive Session with Member States and consultations after the Regional Committee | October – November 2022 | Global/Regional |
| Country level Prioritization | October–November 2022 | Region |
| Pre-session of the 152nd Executive Board | To be determined | Global |
| 152nd Executive Board through the Thirty-seventh meeting of its Programme, Budget and Administration Committee | January 2023 | Global |
| Post-session of the 152nd Executive Board | To be determined | Global/Regional |
| Seventy-sixth World Health Assembly | May 2023 | Global |

IX. ACTION BY THE REGIONAL COMMITTEE

66. The Regional Committee is invited to take note of this report and provide any comments it deems pertinent.
