Introduction to WHO budgeting and planning
The budget is not a funded budget:

budget $\neq$ funding
WHO’s budget from 1990 to 2017

- AC stable
- AC / total budget decreased from 46% in 1990 to 16% in 2020-21
WHO’s budget from 1990 to 2017 (% of total funding)
Persisting pockets of poverty

1. Priority programme areas (e.g. mental health, nutrition, etc.) continue to be underfunded

Timely response to the changing public health environment

2. Sustainable funding is critical to respond to the changing public health environment and to address areas – such as emergency preparedness, noncommunicable diseases, universal health coverage – that traditionally do not appeal to a broad spectrum of voluntary contributors

Governance

3. Financing patterns not necessarily aligned with the approval of strategic priorities as part of the Programme Budget during the WHA
Challenges

4 Quality – Attracting talent
• Large number of short term contracts, consultants, difficult workforce planning

5 Vulnerability – reliance on top donors
• Top 5 donors of voluntary contributions represent between 30% and 60% financing of Programme budget outcomes in the Programme budget 2020-2021.

6 Administrative burden on managing small grants
• Secretariat manages thousands of awards across hundreds of budget centres, which represents a significant administrative burden
One Programme budget, many components

Flexible funds

3 sources of funding (US$ m)

Assessed contributions 956.9
Core voluntary contributions 180.0
Specified voluntary contributions 4,703.5

Programme budget

3 budget components (US$ m)

Base programmes 3,768.7
Polio & Special Programmes 1,071.7
Emergency Operations and Appeals 1,000

Budget components

Country offices 2,947.3
Regional offices 1,018.5
Headquarters 1,874.6

3 organizationl levels (US$ m)
What is a Budget?

- **Billion 1**: Voluntary Contributions (VC) and Assessed Contribution (AC)
- **Billion 2**: VC
- **Billion 3**: VC
- **Billion 4**: AC
### Table 5. Base segment of Proposed programme budget 2022–2023, by major office and WHO Academy (US$ million)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>834.1</td>
<td>992.4</td>
<td>1 168.2</td>
<td>18%</td>
<td>40%</td>
</tr>
<tr>
<td>The Americas</td>
<td>190.1</td>
<td>215.8</td>
<td>252.6</td>
<td>17%</td>
<td>33%</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>288.8</td>
<td>388.5</td>
<td>426.3</td>
<td>10%</td>
<td>48%</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>336.0</td>
<td>391.2</td>
<td>469.6</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Europe</td>
<td>256.4</td>
<td>277.9</td>
<td>320.5</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>281.3</td>
<td>309.2</td>
<td>352.0</td>
<td>14%</td>
<td>25%</td>
</tr>
<tr>
<td>Headquarters</td>
<td>1 213.6</td>
<td>1 193.7</td>
<td>1 364.8</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>WHO Academy</td>
<td>–</td>
<td>10.0</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Grand total** 3 400.3 3 768.7 4 364.0 16% 28%

### Table 6. All segments of Proposed programme budget 2022–2023, by major office (US$ million)

<table>
<thead>
<tr>
<th>Budget segment</th>
<th>Africa</th>
<th>The Americas</th>
<th>South-East Asia</th>
<th>Eastern Mediterranean</th>
<th>Europe</th>
<th>Western Pacific</th>
<th>Headquarters*</th>
<th>Grand total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base</td>
<td>1 168.2</td>
<td>252.6</td>
<td>426.3</td>
<td>469.6</td>
<td>320.5</td>
<td>352.0</td>
<td>1 374.8</td>
<td>4 364.0</td>
</tr>
<tr>
<td>Polio eradication</td>
<td>63.5</td>
<td>–</td>
<td>–</td>
<td>187.6</td>
<td>–</td>
<td>0.4</td>
<td>306.8</td>
<td>558.3</td>
</tr>
<tr>
<td>Special Programmes</td>
<td>3.6</td>
<td>4.3</td>
<td>3.9</td>
<td>3.8</td>
<td>4.1</td>
<td>3.4</td>
<td>176.3</td>
<td>199.3</td>
</tr>
<tr>
<td>Emergency operations and appeals</td>
<td>274.0</td>
<td>13.0</td>
<td>46.0</td>
<td>334.0</td>
<td>105.0</td>
<td>18.0</td>
<td>210.0</td>
<td>1 000.0</td>
</tr>
<tr>
<td>Grand total</td>
<td>1 509.3</td>
<td>269.9</td>
<td>476.2</td>
<td>995.0</td>
<td>429.6</td>
<td>373.8</td>
<td>2 067.9</td>
<td>6 121.7</td>
</tr>
</tbody>
</table>
Despite high overall financing levels, uneven funding by strategic priority, outcome and Major offices persist.
Comparison of top 15 contributors

2018/19 biennium
Q2/19 (in USDm)

- USA: 961
- BMGF: 587
- UK: 520
- GAVI Alliance: 394
- Germany: 297
- Japan: 233
- European Commission: 230
- Rotary International: 176
- UNOCHA: 167
- World Bank: 137
- NPT: 122
- Canada: 119
- China: 99
- Norway: 95
- France: 82

2020/21 biennium
Q2/21 (in USDm)

- Germany: 1,156
- BMGF: 772
- USA: 763
- UK: 616
- European Commission: 576
- GAVI Alliance: 430
- Japan: 238
- Canada: 234
- Rotary International: 214
- World Bank: 213
- China: 184
- Saudi Arabia: 177
- France: 172
- UNOCHA: 141
- UN CERF: 124

Amounting to ~ 3,437 USD million, representing 68% of total PB funding at the time.

Amounting to ~ 4,367 USD million, representing 64% of total PB funding at the time.
In 3 out of 5 biennia, the income from VCs from the top 5 donors exceeded that of all other donors.
Planning Framework

Global Health Agenda

13th General Programme of Work 2019–2023

Strategic prioritization process

Informed By

Biennial Budget

Results-Based Budgeting process

Governing Bodies: EB, WHA, Regional Committees, Country Cooperation Strategies, Resolutions

Workplans

Operational planning process

Approved by the World Health Assembly

Performance monitoring and evaluation

Performance monitoring
GPW13 Results Framework

The attainment by all peoples of the highest possible level of health

- B1: One billion more people benefiting from universal health coverage
- B2: One billion more people better protected from health emergencies
- B3: One billion more people enjoying better health and well-being

WHO constitutional objective

Outcome 1.1 Improved access to quality essential health services irrespective of gender, age or disability status
Outcome 1.2 Reduced number of people suffering financial hardship
Outcome 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Output indicators:
- SDG indicators + 8 other indicators
- Outcome indicators
- Universal health coverage index
- Better protected index
- Healthier populations index

Output measurement:
- Output Scorecard to be applied at all levels of the Organization
- Qualitative case studies

Programme budget

WHO products and services: country support, global public health goods, leadership functions, research

4. More effective and efficient WHO providing better support to countries

Outcome 2.1 Countries prepared for health emergencies
Outcome 2.2 Epidemics and pandemics prevented
Outcome 2.3 Health emergencies rapidly detected and responded to

Outcome 3.1 Determinants of health addressed
Outcome 3.2 Risk factors reduced through multisectoral action
Outcome 3.3 Healthy settings and Health in All Policies promoted

Healthy life expectancy (HALE)

Universal health coverage index
Better protected index
Healthier populations index
WHO Programme budget portal
www.open.who.int

- First released in 2014-2015 under GPW 12:
  - Broader commitment to transparency
  - Bridges programmatic delivery and financial information
  - Detailed funding information
  - Supports integration of contributor outreach and strategic resource requirements

- In full compliance with International Aid Transparency Initiative (IATI) standard

DIMENSIONS:
- Financial
- Programmatic and results
- Geographic (by WHO Region, country)
- Contributor (all, but specific CVCA and thematic)
Where to find it?

**Programme Budget Webportal**
- Detailed reports by category and programme area
- Country case studies of success and challenges

**Results Report 2018-2019 video**

**Results Report 2018-2019 Visual Summary**
On the WHO Website
(One stop to get the report package)
Thank You!