

Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025

Report by the Director-General

SUMMARY POINTS

1. An earlier version of this report was considered by the Executive Board at its 152nd session in January 2023.¹ The report was updated to address comments made during the discussions.
2. The following points are set out in order to provide the Health Assembly with a brief summary of issues covered in this report.
 - This paper describes the financing and utilization status of WHO's Programme budget 2022–2023 based on data as at 31 March 2023 and provides a financing outlook for the Programme budget 2024–2025.
 - With the adoption of resolution WHA75.5 (2022), the total Programme budget was revised to US\$ 6726 million for the financial period 2022–2023.
 - Including projections, the total Programme budget has a good level of financing (US\$ 8.9 billion), which exceeds the total approved. The good level of financing is explained by two event-driven budget segments: emergency operations and appeals, and polio eradication, the financing for which has needed to exceed the amounts established in the Programme budget in order to keep step with operational needs.
 - Base programmes, representing the core work of the Organization, also have good financing levels: 91% when projected voluntary contributions are included. There has been a 12% (or US\$ 509 million) improvement in the financing of the base segment compared with the report on the financing and implementation of the Programme budget 2022–2023 presented to the 152nd session of the Executive Board based on the 30 September 2022 data.²
 - Compared with the previous report on the financing and implementation of the Programme budget 2022–2023 the level of financing of all strategic priorities and major offices in the base segment has improved.

¹ Document EB 152/26; see also the summary record of the Executive Board at its 152nd session, third meeting, section 2.

² Document B152/26.

- Despite these positive trends, as at 31 March 2023, the base programmes have a funding gap of US\$ 443.8 million, after including projections of voluntary contributions. The current gap is compounded by the challenge of persisting “pockets of poverty” – underscoring the urgent need for more sustainable financing.
- At 49%, utilization levels of base programmes are lower than could be expected (63%) at this time in the biennium and this is strongly linked with financing levels. Utilization levels are on track when compared against available funding.
- Allocation of flexible funds (assessed contributions, core voluntary contributions and programme support cost) follows the principles of strategic allocation of resources with a greater share of flexible funds allocated to the regional and country level (72%), to high priorities and to the underfunded areas. However, the level of flexible funds is insufficient to ensure equitable financing of all major offices and programmatic results.

3. In May 2022, the Seventy-fifth World Health Assembly adopted resolution WHA75.5, which revised the approved amount of the base programmes segment of the Programme budget 2022–2023, as adopted in resolution WHA74.3 (2021). Through resolution WHA75.5, the total Programme budget now stands at US\$ 6726 million for the financial period 2022–2023, comprising a base programmes segment (US\$ 4968.4 million), a polio eradication segment (US\$ 558.3 million), a special programmes segment (Special Programme for Research and Training in Tropical Diseases, the Special Programme of Research, Development and Research Training in Human Reproduction, and the Pandemic Influenza Preparedness Framework) (US\$ 199.3 million), and an emergency operations and appeals segment (US\$ 1000.0 million).¹

4. The segment for emergency operations and appeals (US\$ 1000 million), which are event-driven in nature, has an estimated budget amount that can be increased as necessary. To complement the information on updated needs related to this segment, in 2022 and in 2023 WHO launched the WHO Global Health Emergency Appeals (GHEA).² These represent better updated figures on country appeals for all Grade 3 emergencies as well as for several Grade 2 emergencies. The overall established funding requirements broken down by major office for 2022 are US\$ 2.7 billion and for 2023 US\$ 2.5 billion.

5. The budget segment for base programmes is to be financed by assessed contributions of US\$ 956.9 million and voluntary contributions of US\$ 4011.5 million. The budget segments for polio eradication, emergency operations and appeals, and the special programmes are being financed from voluntary contributions.

6. Pursuant to the request in resolutions WHA74.3 and WHA75.5, this report describes the overall status of the financing and utilization³ of the Programme budget 2022–2023 and the progress made in

¹ The original amounts adopted in resolution WHA74.3 were US\$ 6121.7 million for the total Programme budget 2022–2023 and US\$ 4364 million for the base programmes segment. The polio eradication segment, the special programmes segment and the emergency operations and appeals segment remained unchanged.

² WHO Global Health Emergency Appeal (GHEA) for 2022 can be accessed at <https://www.who.int/publications/m/item/who-global-health-emergency-appeal-2022> and for 2023 at Outbreak and Crisis Response Appeal 2023 (who.int) (both links accessed 28 April 2023).

³ WHO uses two main concepts to define financial implementation of the Programme budget: encumbrances (referred to raising committal documents, but no or partial payments made) and expenditures (payments fully made). During the biennium, WHO uses the term utilization, which refers to adding encumbrances plus expenditures to show the current level of implementation. At the end of any biennium, all committal documents must be converted into expenditures to count towards implementation of the current biennium, therefore implementation must equal expenditures.

this area as at 31 March 2023. More detailed information on budget levels, financing (including lists of contributors disaggregated by contribution type) and budget implementation can be found on the WHO programme budget web portal,¹ which is being updated on a monthly basis.

OVERALL STATUS OF PROGRAMME BUDGET FINANCING AND UTILIZATION, AS AT 31 MARCH 2023

7. The level of financing and utilization of the Programme budget 2022–2023, as at 31 March 2023, by budget segment, is shown in Table 1, and by base programme strategic priority, in Table 2. For information purposes, the original amount of approved Programme budget as contained in resolution WHA74.3 is also included, but all comparisons on financing, utilization and expenditures will be done against the new approved levels as set out in resolution WHA75.5.

Table 1. Programme budget 2022–2023 (original and revised) and its financing, including projections and utilization, by segment, as at 31 March 2023 (US\$ millions)²

Segment	Approved Programme budget 2022–2023	Approved revised Programme budget 2022–2023	Financing	Financing as % of approved revised budget	Financing including projections	Financing including projections as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Utilization as % of available financing
Base programmes	4 364.0	4 968.4	4 265.3	86%	4 524.6	91%	2 416.9	49%	57%
Polio eradication	558.3	558.3	1 080.3	193%	1 284.9	230%	653.8	117%	61%
Special programmes	199.3	199.3	246.4	124%	247.0	124%	81.3	41%	33%
Emergency operations and appeals ³	1 000.0	1 000.0	2 770.7	277%	2 863.9	286%	1 825.5	183%	66%
Total	6 121.6	6 726.1	8 362.8	124%	8 920.4	133%	4 977.4	74%	60%

8. Despite the increase in the budget level, the total Programme budget has a good level of financing (US\$ 8.4 billion, which exceeds the total approved revised budget (US\$ 6.7 billion). The good level of financing is explained by two event-driven budget segments: the emergency operations and appeals segment and the polio eradication segment, for which the approved budget level represents an estimate or placeholder that may be adjusted over the biennium as required. At 31 March 2023, a budget of US\$ 3994 million had been allocated to the emergency operations and appeals segment – US\$ 2994 million over the approved budget level – to respond to the needs emerging in light of the pandemic of coronavirus disease (COVID-19) and other emergencies; the level of financing of this segment is then aligned with the increased budget levels. Similarly, the budget segment for polio eradication also has a higher budget level than approved and a matching higher level of financing (93% over the approved budget level) corresponding to the current level of polio eradication operations.

¹ WHO programme budget portal [webpage] Geneva: World Health Organization; 2022 (<https://open.who.int>, accessed 28 April 2023).

² The totals may not always add up, due to rounding.

³ The segment for emergency operations and appeals is event-driven in nature, and its budget (US\$ 1000 million) is an estimated amount that is increased as necessary. The budget allocation for this segment as at 31 March 2023 is US\$ 3994 million (source: WHO Programme budget web portal).

9. The level of financing is compared with the approved budget. The lower approved budget of the two event-driven segments compared with their current operational needs gives a false impression of excessive financing for these two segments, and masks the fact that the base programmes budget segment has less than 100% financing (86%), with a current funding gap of US\$ 703 million.

10. Table 1 also includes projections of voluntary contributions expected to be received with a high degree of certainty (US\$ 557.5 million for the total Programme budget).¹ Fifty-three percent of the projected resources are for the budget segments of polio eradication, special programmes, and emergency operations and appeals. In the case of base programmes, the projections of voluntary contributions (US\$ 259 million) bring the funding gap of this segment down to US\$ 443.8 or half of the projected gap in 30 September 2022 data (US\$ 969 million).

11. As at 31 March 2023, the overall utilization rate for the total approved revised budget was 74%. Linear utilization by the fifth quarter of the biennium is expected to be at around 63%, therefore the utilization levels for the total budget exceed the expected utilization rate for this period, largely driven by the operations of the emergency operations and appeals segment. Details of the base programmes budget segment financing and utilization are discussed in the section below.

DETAILS ON FINANCING AND IMPLEMENTATION OF BASE PROGRAMMES OF THE PROGRAMME BUDGET 2022–2023

Base programmes segment financing

12. Base programmes, representing the core work of the Organization, have a good financing level for this time in the biennium: 86% of the revised Programme budget 2022–2023 for this segment is financed or 91% when projected voluntary contributions are included (Table 2). There is a 12% (or US\$ 509 million) improvement in the financing of the base segment compared with the last report, which contained figures as at 30 September 2022.² However, the two main challenges for this segment remain:

- **the remaining funding gap:** US\$ 703 million or 14% of the approved budget level (or 9% or US\$ 443.8 million once projections of voluntary contributions are accounted for) are not currently financed;
- **pockets of poverty:** even though 86% of the base programmes are financed at the aggregated level, large pockets of poverty remain at the lower, more disaggregated levels, such as major offices and Programme budget outcomes, and even more so at the level of outputs and budget centres. This will be discussed further in this document.

¹ In this document as well as on the WHO Programme budget web portal, the future funding pipeline is defined as proposals, which are at advanced stages of development and/or are under negotiation between prospective partners and WHO to finance the Programme budget. They represent a conservative estimate of future funding opportunities that are expected to materialize as revenue streams for the Organization over the course of the biennium.

² Document EB152/26.

13. Table 2 provides further detail on levels of base programmes financing and implementation by strategic priority. Level of financing of all strategic priorities increased compared with the last update provided to the Member States.¹

Table 2. Base Programme budget 2022–2023 (original and revised) and its financing, including projections and utilization, by strategic priority, as at 31 March 2023 (US\$ millions)²

Strategic priority	Approved Programme budget 2022–2023	Approved revised Programme budget 2022–2023	Financing	Financing as % of approved revised budget	Financing including projections	Financing including projections as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Utilization as % of available financing
1. One billion more people benefiting from universal health coverage	1 839.9	1 929.6	1 968.5	102%	2 071.0	107%	1 070.9	55%	54%
2. One billion more people better protected from health emergencies	845.9	1 250.5	753.4	60%	756.1	60%	466.0	37%	62%
3. One billion more people enjoying better health and well-being	424.9	455.2	324.6	71%	338.4	74%	188.0	41%	58%
4. More effective and efficient WHO providing better support to countries	1 253.4	1 333.1	1 100.6	83%	1 113.5	84%	692.0	52%	63%
Undistributed ²			118.2		245.6				
Total	4 364.0	4 968.4	4 265.3	86%	4 524.6	91%	2 416.9	49%	57%

14. Strategic priority 1 (One billion more people benefiting from universal health coverage) remains the best funded of all strategic priorities, and now shows as fully funded. This strategic priority comprises most of the disease-specific and health systems programmes, which traditionally attract more voluntary contributions.

15. While the level of financing of strategic priority 2 (One billion more people better protected from health emergencies), mostly comprising the work of the WHO Health Emergencies Programme in preparedness, prevention and response, has increased from 45% to 60% since 30 September 2022, it remains the least funded relative to the approved revised budget. This strategic priority was the recipient of the highest component allocation of the budget increase (US\$ 404.6 million), requested by Member States in order that the lessons learned and the platforms set up during the pandemic are sustained, to ensure that we are better prepared for the next pandemic.

16. Strategic priority 3 (One billion more people enjoying better health and well-being) and enabling pillar 4 (more effective and efficient WHO providing better support to countries) have a level of

¹ The totals may not always add up, due to rounding.

² Undistributed amounts require additional information before being assigned to any strategic priority.

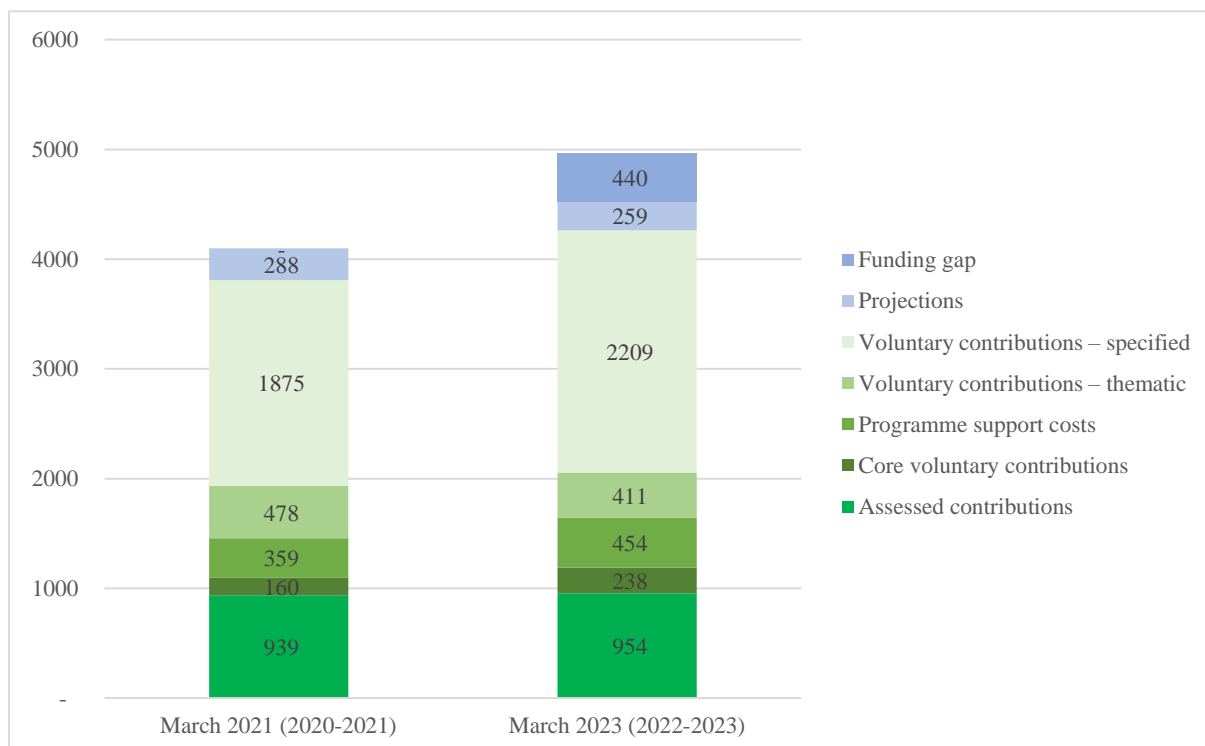
financing slightly below the overall level of base segment financing (86%) and have both seen an increase (21 and 16 percentage points respectively) against data at 30 September 2022.

17. Another improvement worth noting is the reduction in the level of undistributed funds, which decreased from US\$ 551 million in September 2022 to US\$ 118 million in March 2023 (Table 2). This signifies that in addition to the newly arrived funding, the funds awaiting distribution were also applied to the operational plans for implementation of the Programme budget. This improvement also addresses the recommendation of the thirty-eighth meeting of the Programme, Budget and Administration Committee in its report to the Executive Board,¹ with which the Board concurred.

18. The US\$ 4265 million currently available for implementation across base programmes consist of flexible funds (assessed contributions, programme support costs, core voluntary contributions), thematic voluntary contributions, and specified voluntary contributions (Fig. 1). Flexible funds expected for the biennium have been fully accounted for in Fig. 1 and therefore the entirety of the funding gap (US\$ 443.8 million) is expected to be funded by voluntary contributions (either thematic or specified) that are yet to be mobilized. In the current biennium, the base programmes have reached financing levels exceeding the total base budget for the biennium 2020–2021 (Fig. 1). Except for thematic contributions, all types of funds demonstrate a higher absolute level than the same period last biennium. In the case of thematic contributions, several donor Member States have chosen to opt for more flexible voluntary contributions (core voluntary contributions).

¹ Document EB152/4.

Fig. 1. Base budget segment financing by main type of funds as at March of each biennium, including projections (US\$ millions)¹



19. As can be seen in Fig. 1, core voluntary contributions have grown to US\$ 238 million as at 31 March 2023 from US\$ 160 million as at 31 March 2021. The key contributors are Australia, Germany, Netherlands (Kingdom of the), Norway, and the United Kingdom of Great Britain and Northern Ireland. Core voluntary contributions are the most valued in terms of flexibility of voluntary contributions and the steady increase biennium on biennium has allowed for more catalytic funding across the major offices, especially in underfunded areas. The Secretariat acknowledges and appreciates this effort from Member States, while it encourages other partners to continue increasing their contributions in thematic or core voluntary contributions, which are more flexible and predictable.

20. The Secretariat continues to use its most flexible funds to help address funding gaps across the base programmes, but the level of flexible funding is still insufficient to cover existing funding gaps. All three technical strategic priorities (strategic priorities 1–3) depend heavily on specified voluntary contributions and such high dependence on specified voluntary contributions results in unequal funding of major offices and of the Programme budget results within each strategic priority, as specified funds cannot be redistributed towards areas of greater need – that is, pockets of poverty.

21. Fig. 2 shows the level of financing by major office and outcome (the “heatmap”) as at 31 March 2023. For a comparison, total level of financing from the “heatmap” based on 30 September 2022 data is also given. The following observations may be made:

¹ The difference between total assessed contributions (US\$ 956.9 million) and the amounts reflected in the graphs are due to the allocation of this type of funds to other segments of the Programme budget.

- the heatmap is based on the approved budget by outcome, as per the revision of the Programme budget 2022–2023 by resolution WHA75.5. This affected in particular outcomes under strategic priority 2, which received 67% of the budget increase, and are historically the least financed;
- all major offices are seeing an increased level of financing compared with 30 September 2022 data. The largest increase is seen in European Region and headquarters, followed by the South-East Asia Region, the Region of the Americas, and the African, Western Pacific and Eastern Mediterranean regions;
- the Secretariat will be releasing the remaining flexible funds, which will bring further improvement in major office financing;
- three Programme budget outcomes: 2.1 (countries prepared for health emergencies), 2.3 (health emergencies rapidly detected and responded to) and 4.1 (strengthened country capacity in data and innovation), continue to be the overall least funded outcomes at the global level;
- following the development and approval of prioritized technical implementation plans, the Resource Allocation Committee¹ has just released the fourth tranche of thematic funds to specific outputs, which are also in the process of being allocated;
- analyses of the funds allocated by the Resource Allocation Committee show a greater share of thematic funds being allocated to the regions and countries as compared with the funds which do not pass through the Committee (63% vs 22%).

¹ In 2020, the Secretariat established the Resource Allocation Committee to improve the distribution of funds across the three levels of the Organization. While it is expected that this mechanism will improve the timeliness and equity of resource distribution, its impact will only be as great as the extent of the funds that can be distributed through it.

Fig. 2. Level of Programme budget financing (base segment) by major office and outcome as at 31 March 2023¹

Global outcomes	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1	87%	59%	92%	113%	104%	82%	171%	109%
1.2	22%	58%	51%	94%	31%	46%	123%	60%
1.3	58%	33%	77%	58%	99%	58%	159%	105%
2.1	49%	29%	38%	63%	26%	42%	70%	47%
2.2	127%	23%	54%	50%	36%	17%	84%	78%
2.3	48%	24%	53%	50%	53%	40%	66%	53%
3.1	33%	84%	83%	62%	77%	57%	172%	85%
3.2	29%	26%	71%	159%	57%	60%	136%	76%
3.3	33%	27%	71%	63%	40%	87%	87%	64%
4.1	45%	48%	60%	90%	19%	41%	68%	54%
4.2	59%	135%	64%	85%	79%	98%	103%	85%
4.3	100%	91%	89%	98%	87%	101%	84%	91%
Grand Total	70%	52%	78%	89%	64%	67%	112%	83%
Grand total as at 30 September 2022	49%	30%	52%	63%	48%	46%	86%	60%
	21%	22%	26%	26%	16%	21%	26%	23%

22. Annex 1 presents a more detailed breakdown of the approved budget, its financing and implementation levels by outcome within each strategic priority and Annex 2 presents details by major office.

Base programmes segment utilization

23. Linear utilization by the fifth quarter of the biennium is expected to be around 63%. As at 31 March 2023, the utilization rate for the base programmes segment was 49%. A utilization rate lower than the linear rate may indicate a stronger linkage between budget utilization levels and existing levels of financing. While in terms of utilizing the approved budget, strategic priority 2 has the lowest level (37%, Table 2); in terms of utilizing available funding, strategic priority 2 is on track at 62%. The overall utilization of available funding in the base segment is 57% (Table 2), which is close to the expected linear level of 63%.

¹ Funds need to be fully distributed to the lower levels of major office and outcome in order to be considered part of the heatmap. In the case of the biennium 2022–2023, the charts exclude undistributed funding (which includes fully undistributed funding) at the budget segment level or major office of US\$ 118.2 million and funds distributed to the strategic priority level but not to the outcome level to the amount of US\$ 50.5 million plus funding projections.

Allocation and Utilization of flexible funds

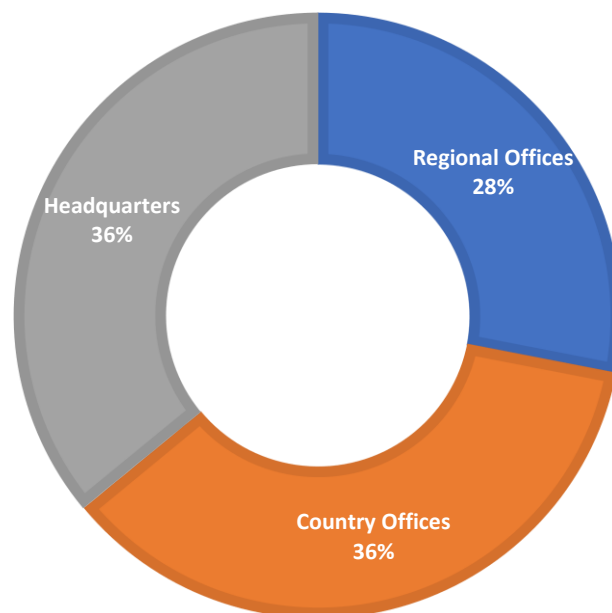
24. Flexible funds consist of three types of funds grouped together: assessed contributions, core voluntary contributions and programme support costs. These funds have the highest level of flexibility of all funds managed by the Secretariat, and provide the Global Policy Group (including the Director-General and Regional Directors) with the strategic ability to fund the Organization based on priorities set out in the Programme budget.

25. In consultation with the Global Policy Group (a committee composed of the Director-General and the Regional Directors), the Director-General decides on the biennial allocation of flexible funds by major office. That decision is communicated before the start of each biennium in order to:

- ensure more predictable and sustainable planning of staff and activities;
- support better priority-setting in finalizing human resource plans;
- improve and streamline the management of flexible funds during the biennium; and
- promote the transparent allocation of resources across all major offices.

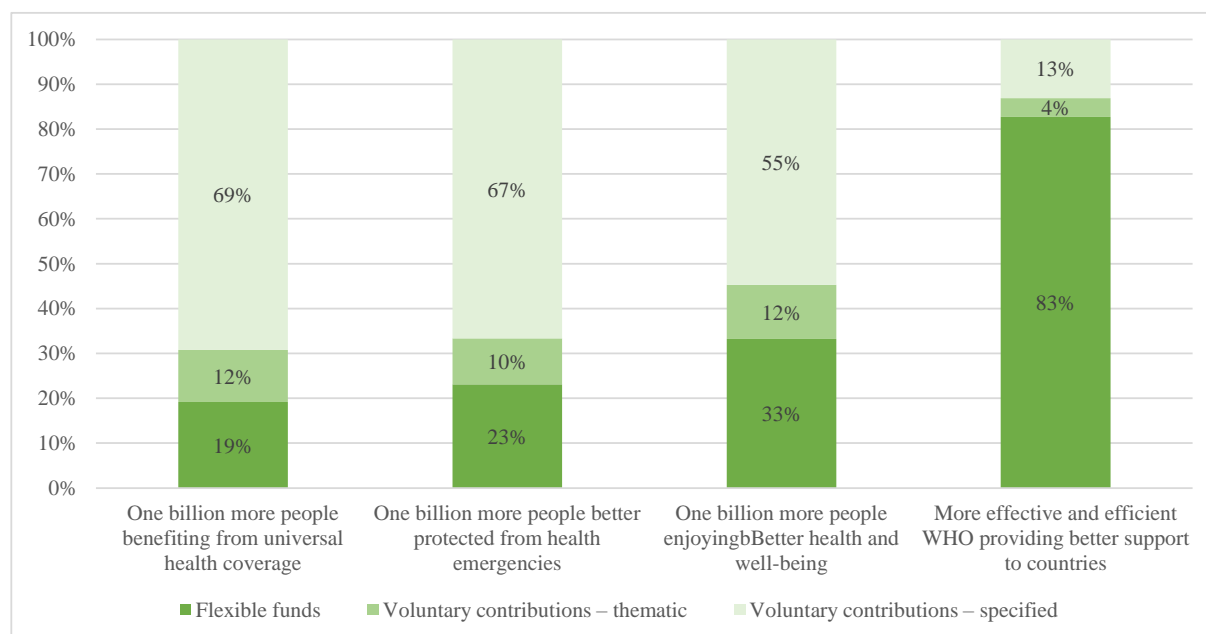
26. At the regional level, the strategic allocation of flexible funds between the regional and country levels and the programmatic results is delegated to the Regional Directors. At headquarters, the Director-General decides the allocation among headquarters' divisions. Following those decisions, the share of flexible funds distributed at the three levels of the Organization reached 64% for the country and regional levels and 36% for headquarters (Fig. 3).

Fig. 3. Distribution of available flexible funds by organizational level, as at 31 March 2023



27. The results of applying the principle of strategic allocation of resources is demonstrated in Fig. 4, which shows that the relative total share of flexible funds is the highest in strategic priorities 2 and 3 (23% and 33% respectively), which are the least funded technical strategic priorities (Table 2). However, as noted above, the level of flexible and thematic funds is not sufficient to ensure full or equal financing of all Programme budget outcomes. Strategic priority 4 is largely financed with flexible funding and, as a consequence, the Secretariat remains vigilant to minimize the growth of enabling functions included here.

Fig. 4. Available funds distribution by strategic priority by share of fund type, as at 31 March 2023 (%)

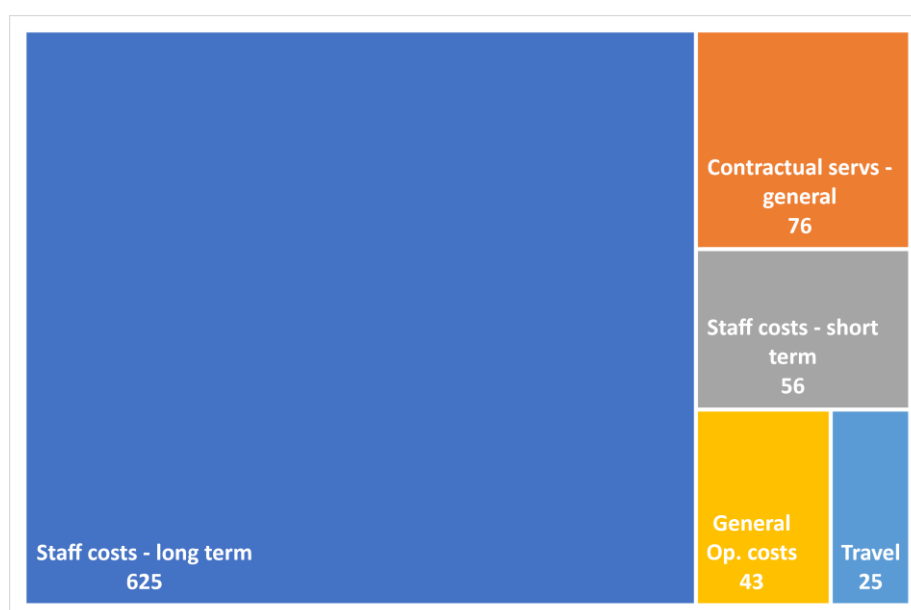


28. Table 3 shows how flexible funds have been allocated across major offices and technical outcomes. Outcome 1.1 (improved access to quality essential health services) stands out as the one that consistently receives the larger proportion of flexible funds envelopes across all WHO major offices. This is consistent with the high priority placed on this outcome, but also with it being the outcome with the largest budget of all technical outcomes. Outcomes 4.1 (strengthened country capacity in data and innovation), and 2.3 (health emergencies rapidly detected and responded to) are in distant second and third place in terms of share of flexible funding, also consistent with the prioritization accorded them by Member States, and in the case of outcome 4.1, with lesser interest from partners to finance. Leadership and enabling outcomes 4.2 and 4.3 are explicitly excluded from this table as they are almost entirely funded by flexible funds.

Table 3. Distribution of flexible funds across technical outcomes, by major office

Global outcomes	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1	38.05%	43.05%	46.83%	42.41%	34.96%	44.83%	35.49%	39.30%
1.2	2.16%	3.17%	3.37%	1.46%	1.70%	3.82%	4.21%	3.11%
1.3	3.52%	6.55%	11.23%	5.96%	3.88%	5.37%	12.98%	8.07%
2.1	11.25%	8.10%	4.87%	15.22%	11.95%	11.96%	3.01%	7.89%
2.2	6.39%	8.84%	1.85%	5.44%	5.07%	1.23%	2.29%	4.04%
2.3	21.50%	4.65%	4.43%	12.20%	21.05%	9.11%	5.30%	11.23%
3.1	4.42%	5.07%	4.98%	4.07%	2.83%	4.69%	6.34%	4.98%
3.2	2.39%	4.69%	8.87%	5.53%	4.56%	7.28%	5.84%	5.34%
3.3	2.89%	4.42%	3.88%	1.47%	2.79%	5.84%	5.38%	4.11%
4.1	7.44%	11.46%	9.71%	6.23%	11.21%	5.87%	19.15%	11.93%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

29. Figure 5 presents the five main categories of expenditure where flexible funds have been spent globally as at 31 March 2023. Together, these five categories represent 92% of total flexible funds spent. Expenditures related to workforce (staff costs long term, contractual services and staff costs short term) amount to US\$ 757 million. Again, this reflects the large dependency of the Organization on flexible funds to be able to finance its main asset: its human resources. General operating expenses represents the fourth category of expenditure, followed by travel.

Fig. 5. Flexible funds expenditures for the top five categories of expenditure, as at 31 March 2023 (US\$ millions)

30. Detailed information of flexible funds expenditure by output can be found in Annex 3.

FINANCING OUTLOOK OF THE PROGRAMME BUDGET 2024–2025

31. “A healthy return”,¹ the investment case for a sustainably financed WHO, highlights the catalytic nature of investing in WHO: funds invested are used to support Member States in tackling health issues. Accordingly, the ability to finance the Proposed programme budget 2024–2025 will be a contributing factor as to whether WHO’s Secretariat and its Member States can collectively achieve the triple billion targets set out in the Thirteenth General Programme of Work, 2019–2025. In working towards this common goal, the investment case highlights the substantial quantifiable return on investment in WHO: estimates stand at a US\$ 35 return for every US\$ 1 invested.

32. Specific financing objectives for the Thirteenth General Programme of Work, 2019–2025 include increasing country capacity. This can only be done through improving funding quality, i.e., more flexibility, predictability and a stronger alignment of financing to WHO’s programme budget results. Improved levels of sustainable financing are a prerequisite for operationalizing these objectives.

33. In this regard, the Secretariat welcomes decision WHA75(8) (2022) on sustainable financing, which aims to improve WHO’s ability to make an impact where it is most needed, at the country and regional levels. The proposed increase in assessed contributions by 20% over 2022–2023 levels is a key driver in improving projected financing of the Proposed programme budget 2024–2025. Continued increases in core voluntary contributions and thematic funding are also crucial to give the Secretariat the means to ensure sufficient financing across all areas, including those that are underfunded.

34. If agreed by Member States at the Seventy-sixth World Health Assembly, WHO would employ a replenishment mechanism to secure more predictable and flexible funding for the base budget (minus assessed contributions) covering the period from 2025 to 2028. In this case, all current and future contributions for the 2025 base budget would be captured as part of the first WHO investment round.²

35. The predictability and timeliness of financing, as well as multiannual agreements, are crucial and support better planning for the operationalization of the programme budget. Providing appropriate financing for WHO’s programme budget either prior to or early in the biennium is key to ensuring timely implementation. For this reason, the Secretariat is actively reaching out for financing of the Proposed programme budget 2024–2025 and monitoring future available financing as part of the development of the Proposed programme budget 2024–2025. The analysis presented below is indicative of estimated financing levels at the time of preparation of this report.

36. As at end-March 2023, the projected available financing for the Proposed programme budget 2024–2025 stood at US\$ 2508 million, US\$ 2013 million of which is for the base segment (Table 4).³ This represents 41% of the base segment of the Proposed programme budget 2024–2025, which is below the target of 70% financing by the start of the biennium.

¹ See *A healthy return: Investment case for a sustainably financed WHO*. Geneva: World Health Organization; 2022 (<https://www.who.int/about/funding/invest-in-who/investment-case-2.0>, accessed on 28 April 2023).

² For more detailed information on the campaign mechanism, its principles and assumptions, see document A76/32.

³ Projections are conservative estimates of future financing. For core voluntary contributions, they include only contributions for which multiyear agreements going into the biennium 2024–2025 have already been signed. They do not include funding from traditional core voluntary contributions contributors for which no agreement has yet been signed.

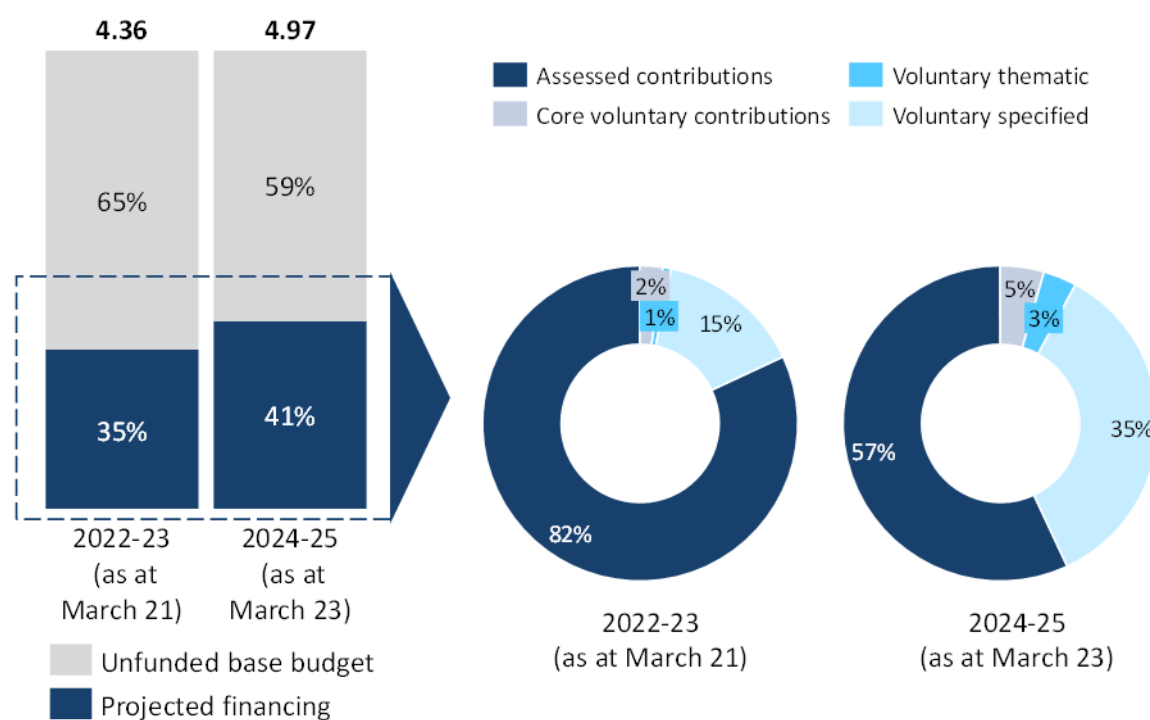
Table 4. Projected financing for the Proposed programme budget 2024–2025, by segment, end-March 2023

Budget segment	Proposed programme budget 2024–2025	Available and projected funding for 2024–2025 (US\$ millions)			
		Assessed contributions	Voluntary contributions, including programme support cost	Total	Gap
Base	4 968	1 145	868	2 013	2 955 (59%)
Emergency response and appeals	1 000	0	58	58	942 (94%)
Polio eradication	694	0	409	409	285 (41%)
Special programmes	172	3	25	28	144 (84%)
Total	6 834	1 148	1 360	2 508	4 326 (63%)

37. The projected available funding level for 2024–2025 is higher than the projections for the base programmes of the Programme budget 2022–2023 in March 2021 (35% in 2021 compared with 41% in 2023) (Fig. 6). Currently, more than half of the projected financing consists of assessed contributions from Member States (US\$ 1145 million or 57% of projected financing for base programmes), driven by the proposed 20% assessed contributions increase mentioned above.

38. The share of the projected specified voluntary contributions from the total projected financing for the base programmes the Proposed programme budget 2024–2025 is 35%, which is higher than the share that had been projected for the base segment of Proposed programme budget 2022–2023. This indicates that the currently projected resources for the biennium 2024–2025 are less predictable and flexible. Many of the multiannual agreements were aligned with the initial Thirteenth General Programme of Work, 2019–2023, which has now been extended to 2025. Negotiations are ongoing to extend or renew these multiannual agreements in order to increase the flexibility and predictability of the funding.

Fig. 6. Comparison of the level of projected financing for the proposed base budget segment for the biennium 2024–2025 with a similar stage in the biennium 2022–2023



39. Financing the emergency operations and appeals segment is entirely dependent on voluntary contributions and this financing is primarily used to undertake activities. As such, a well-funded base segment is critical for WHO to deliver on the emergency operations and appeals segment of the budget.

40. While the budget for the emergency operations and appeals segment is kept at US\$ 1 billion as a planned amount, the people and populations in need of health assistance continue to increase as a result of the convergence of climate change, poverty and conflict, coupled with stretched and strained health systems worldwide. This is particularly true in countries and regions that are dealing with emergencies and humanitarian crises. Alongside the growing population in need of assistance, the financial requirements to deliver this have increased. The WHO Secretariat will continue to develop an annual Global Health Emergency Appeal linked to the broader humanitarian appeal and to engage with contributors in dedicated meetings to highlight the needs.

41. The projections will evolve throughout the remainder of the current biennium, with increased resource mobilization ongoing, with the goal of financing at least 70% of the Proposed programme budget 2024–2025 by the end of 2023. Regular updates of the status of financing will be made available on the Programme budget digital platform 2024–2025.¹

¹ Programme budget 2024–2025 digital platform: Executive Summary (<https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025>, accessed 28 April 2023).

42. The Secretariat looks forward to continuing to engage with partners through strategic dialogues and technical meetings and briefings on WHO funding needs, WHO's norm and standard-setting work and on the impact of WHO'S work in countries.

ACTION BY THE HEALTH ASSEMBLY

43. The Health Assembly is invited to note the report and, to provide guidance on whether the report:

- responds to the expectations of Member States in terms of its content
- responds to the expectations of Member States in terms of its level of detail
- serves its purpose of facilitating Member States' oversight function of Programme budget implementation.

ANNEX 1

REVISED BASE PROGRAMME BUDGET 2022–2023 AND ITS FINANCING, INCLUDING PROJECTIONS, EXPENDITURE AND UTILIZATION, BY OUTCOME, AS AT 31 MARCH 2023^{a,b} (US\$ millions or %)

Strategic priority/outcome	Approved revised Programme budget 2022–2023	Financing	Financing as % of approved revised budget	Financing including projections	Financing including projections as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Expenditure	Expenditure as % of approved revised budget	Utilization as % of available financing
1. One billion more people benefiting from universal health coverage										
1.1. Improved access to quality essential health services	1 491.1	1 546.8	104%	1 627.9	109%	878.1	59%	758.9	51%	57%
1.2. Reduced number of people suffering financial hardships	113.9	67.9	60%	67.9	60%	41.9	37%	37.6	33%	62%
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	324.5	340.9	105%	352.7	109%	150.9	46%	136.2	42%	44%
Undistributed		12.9		22.5						
Subtotal 1	1 929.6	1 968.5	102%	2 071.0	107%	1 070.9	55%	932.7	48%	54%
2. One billion more people better protected from health emergencies										
2.1. Countries prepared for health emergencies	431.8	202.2	47%	204.1	47%	134.8	31%	125.8	29%	67%
2.2. Epidemics and pandemics prevented	311.7	244.2	78%	244.5	78%	155.3	50%	139.7	45%	64%
2.3. Health emergencies rapidly detected and responded to	507.0	270.4	53%	270.4	53%	175.9	35%	156.9	31%	65%
Undistributed		36.7		37.0						
Subtotal 2	1 250.5	753.4	60%	756.1	60%	466.0	37%	422.4	34%	62%
3. One billion more people enjoying better health and well-being										
3.1. Determinants of health addressed	108.6	92.4	85%	92.8	85%	55.3	51%	49.8	46%	60%
3.2. Risk factors reduced through multisectoral action	171.5	125.4	73%	130.2	76%	72.3	42%	64.3	37%	58%
3.3. Healthy settings and Health in All Policies promoted	175.2	105.9	60%	114.4	65%	60.4	34%	54.6	31%	57%

Strategic priority/outcome	Approved revised Programme budget 2022–2023	Financing	Financing as % of approved revised budget	Financing including projections	Financing including projections as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Expenditure	Expenditure as % of approved revised budget	Utilization as % of available financing
Undistributed		0.9		0.9						
Subtotal 3	455.2	324.6	71%	338.4	74%	188.0	41%	168.7	37%	58%
4. More effective and efficient WHO providing better support to countries										
4.1. Strengthened country capacity in data and innovation	402.0	205.0	51%	216.1	54%	140.6	35%	124.1	31%	69%
4.2. Strengthened leadership governance and advocacy for health	532.4	451.0	85%	451.6	85%	303.1	57%	288.1	54%	67%
4.3. Financial human and administrative resources managed in an efficient effective results-oriented and transparent manner	398.7	444.6	112%	445.8	112%	248.3	62%	221.4	56%	56%
Subtotal 4	1 333.1	1 100.6	83%	1 113.5	84%	692.0	52%	633.6	48%	63%
Undistributed		118.2		245.6						
Total	4 968.4	4 265.3	86%	4 524.6	91%	2 416.9	49%	2 157.4	43%	57%

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

^b Includes undistributed funds and funding projections, which at this stage cannot be disaggregated to outcome.

ANNEX 2

REVISED PROGRAMME BUDGET 2022–2023 AND ITS FINANCING, INCLUDING PROJECTIONS, EXPENDITURE AND UTILIZATION, BY MAJOR OFFICE AND BUDGET SEGMENT, AS AT 31 MARCH 2023^a (US\$ MILLIONS OR %)

Major office	Approved revised Programme budget 2022–2023	Financing	Financing as % of approved revised budget	Financing including projections	Financing including projections as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Expenditure	Expenditure as % of approved revised budget	Utilization as % of available financing
Africa	1 649.0	1 891.4	115%	1 940.7	118%	1 284.9	78%	1 139.6	69%	68%
Base	1 307.9	897.6	69%	930.5	71%	558.9	43%	516.6	39%	62%
Polio eradication	63.5	351.5	554%	351.5	554%	246.2	388%	227.0	358%	70%
Special programmes	3.6	7.8	219%	7.8	219%	5.0	141%	4.7	133%	64%
Emergency operations and appeals	274.0	634.5	232%	650.9	238%	474.7	173%	391.2	143%	75%
The Americas	309.4	228.9	74%	231.0	75%	157.4	51%	147.1	48%	69%
Base	292.1	151.7	52%	153.9	53%	93.5	32%	89.3	31%	62%
Polio eradication	–	0.2		0.2		0.1		0.1		88%
Special programmes	4.3	3.9	90%	3.9	90%	1.9	44%	1.5	36%	49%
Emergency operations and appeals	13.0	73.2	563%	73.2	563%	61.9	476%	56.1	431%	85%
Eastern Mediterranean	1 135.2	1 766.1	156%	1 816.1	160%	1 152.2	101%	883.9	78%	65%
Base	609.8	382.9	63%	396.9	65%	229.8	38%	201.9	33%	60%
Polio eradication	187.6	336.0	179%	336.0	179%	231.5	123%	203.7	109%	69%
Special programmes	3.8	4.6	121%	4.6	121%	3.3	87%	3.0	78%	72%
Emergency operations and appeals	334.0	1 042.5	312%	1 078.6	323%	687.6	206%	475.3	142%	66%
Europe	469.8	704.8	150%	762.7	162%	446.8	95%	379.2	81%	63%
Base	360.7	306.5	85%	330.3	92%	172.9	48%	158.3	44%	56%
Polio eradication	–	1.7		1.7		0.7		0.7		43%
Special programmes	4.1	3.3	80%	3.3	80%	1.9	46%	1.7	42%	58%
Emergency operations and appeals	105.0	393.3	375%	427.4	407%	271.3	258%	218.4	208%	69%
South-East Asia	530.2	509.0	96%	518.8	98%	349.8	66%	278.6	53%	69%
Base	480.3	377.4	79%	383.6	80%	250.6	52%	197.3	41%	66%

Major office	Approved revised Programme budget 2022–2023	Financing	Financing as % of approved revised budget	Financing including projections	Financing including projections as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Expenditure	Expenditure as % of approved revised budget	Utilization as % of available financing
Polio eradication	–	1.0		1.0						
Special programmes	3.9	4.2	110%	4.2	110%	2.9	76%	2.5	66%	69%
Emergency operations and appeals	46.0	126.4	275%	129.9	282%	96.3	209%	78.7	171%	76%
Western Pacific	425.0	350.1	82%	359.9	85%	198.4	47%	174.8	41%	57%
Base	403.2	266.9	66%	275.6	68%	140.1	35%	124.0	31%	53%
Polio eradication	0.4	0.6	157%	0.6	157%					
Special programmes	3.4	3.2	93%	3.2	93%	1.5	44%	1.4	41%	47%
Emergency operations and appeals	18.0	79.4	441%	80.5	447%	56.8	316%	49.4	274%	72%
Headquarters	2 207.4	2 495.3	113%	2 544.9	115%	1 387.9	63%	1 232.3	56%	56%
Base	1 514.3	1 701.8	112%	1 747.3	115%	970.9	64%	869.9	57%	57%
Polio eradication	306.8	275.5	90%	278.1	91%	175.2	57%	149.8	49%	64%
Special programmes	176.3	219.5	124%	220.0	125%	64.8	37%	55.3	31%	30%
Emergency operations and appeals	210.0	298.4	142%	299.5	143%	177.0	84%	157.2	75%	59%
Undistributed funds^b	–	417.2		746.4						
Base		180.4		306.6						
Polio eradication		113.8		315.7						
Emergency operations and appeals		123.0		124.0						
Total	6 726.06	8 362.8	124%	8 920.4	133%	4 977.4	74%	4 235.3	63%	60%

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

^b Includes undistributed funds, which includes funds that are distributed at budget segment level but not below, plus funds that are distributed at major office level but not below, plus funds that are either missing distribution at major office or outcome levels.

ANNEX 3

FLEXIBLE FUNDS UTILIZATION BY OUTPUT IN US\$ MILLIONS, AS AT 31 MARCH 2023, ALL BUDGET SEGMENTS

Programme budget output	Utilization
1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	51.2
1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	60.4
1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	49.4
1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities	9.1
1.1.5 Countries enabled to strengthen their health workforce	14.8
1.2.1 Countries enabled to develop and implement more equitable health financing strategies and reforms to sustain progress towards universal health coverage	7.2
1.2.2 Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making	2.4
1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy	2.2
1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists	15.6
1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	1.8
1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved	3.9
1.3.4 Research and development agenda defined and research coordinated in line with public health priorities	0.9
1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	10.9
2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported	12.3
2.1.2 Capacities for emergency preparedness strengthened in all countries	19.9
2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities	4.4
2.2.1 Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards	4.0
2.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale	5.3
2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens	4.6
2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	0.3
2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated	19.9
2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	20.1
2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	9.8

3.1.1	Countries enabled to address social determinants of health across the life course	15.8
3.1.2	Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach	7.7
3.2.1	Countries enabled to address risk factors through multisectoral actions	18.5
3.2.2	Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures	7.8
3.3.1	Countries enabled to address environmental determinants, including climate change	15.9
3.3.2	Countries supported to create an enabling environment for healthy settings	5.3
4.1.1	Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	21.6
4.1.2	GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored	16.0
4.1.3	Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries	27.0
4.2.1	Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform	167.4
4.2.2	The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner including through organizational learning and a culture of evaluation	45.3
4.2.3	Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships	17.0
4.2.4	Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13	17.2
4.2.5	Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications	8.0
4.2.6	“Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored	4.5
4.3.1	Sound financial practices and oversight managed through an efficient and effective internal control framework	47.9
4.3.2	Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery	32.1
4.3.3	Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations	50.2
4.3.4	Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care	112.1
13.3.2	Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	0.5
13.3.3	Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	0.1
14.1.1	TDR – Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries	2.8
14.2.1	HRP – Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries	1.6
	Grand total	972.8