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WHO programme and financial reports for 2020–2021, including audited financial statements for 2020

WHO Results Report

Mid-term Review of the Programme Budget 2020–2021

INTRODUCTION

1. 2020 will be remembered as a year defined by coronavirus disease (COVID-19) and its catastrophic human, economic and social impact. This was WHO's most challenging year yet, as it was for health systems in many countries. The 2020 Mid-term Review shows how WHO rose to meet this challenge, in the fastest and most far-reaching response to a global emergency.

2. There is no doubt that the world needs a global health body to lead and coordinate a pandemic response. WHO not only has a global mandate for this role, as the world's lead health agency, it also has a global footprint, with over 150 country offices and six regional offices, and the global legitimacy, from its Member States that each have a vote and a voice within WHO.

3. The sheer scale of the number of individuals affected by the COVID-19 pandemic is numbing, but the hardest hit were the poor and marginalized, deepening existing inequalities. The pandemic also unexpectedly disrupted efforts to achieve WHO's triple billion targets as resources including staff were diverted to a response dominating the entire Organization. Disruptions to essential health services, most acute during the lockdowns of last year but persisting even today in overrun health systems, have resulted in millions of people missing out on needed health care. In some areas, this could reverse development gains made over decades.

4. Yet in the course of the pandemic, WHO achieved results never seen before, despite being stretched to capacity, with the pandemic presenting new opportunities and accelerating developments in areas such as research and digital platforms. COVID-19 forged a more agile and responsive WHO, underpinned by ongoing transformation work.

5. The pandemic has underscored the importance and interconnection of the triple billion targets. It has shown how healthier, more resilient societies can respond more effectively to health emergencies. It has demonstrated the need for essential health services for all, with disease spreading along fault lines of inequality in society. And it has made clear a broader, whole-of-society approach and global solidarity are requisites for the response.

REPORTING AGAINST THE GPW 13 RESULTS FRAMEWORK

6. The Thirteenth General Programme of Work, 2019–2023 (GPW 13) focuses on making measurable impact on population health in countries. GPW 13 set the triple billion targets, which track how the world is progressing towards achieving healthy lives and well-being, universal health coverage and health security.

The triple billion targets

- 1 billion more people benefiting from universal health coverage;
- 1 billion more people better protected from health emergencies; and
- 1 billion more people enjoying better health and well-being.

7. This report to the Seventy-fourth World Health Assembly summarizes the findings of the Mid-term Review of WHO's results based on the GPW 13 Results Framework (see Annex 1 for details of the GPW 13 Results Framework). This Results Report at the mid-term of the Programme budget 2020–2021 presents the progress towards the triple billion targets and outcomes that are part of the Impact Measurement[1] agreed with Member States, the new Output Scorecard[2] that measures the Secretariat's contribution to achieving the outcomes and

[1] The Impact Measurement methodology is found in the Thirteenth General Programme of Work (GPW13): methods for impact measurement. Geneva: World Health Organization – https://www.who.int/publications/m/item/thirteenth-general-programme-of-work-(gpw13)-methods-for-impact-measurement, accessed 6 May 2021).

[2] The detailed methodology and roll-out process for the Scorecard is in document A74/7.

triple billion targets. The full report is presented in an innovative way on the WHO website, demonstrating the Secretariat's continued commitment to strengthening transparency and accountability (see the full Results Report, at https://www.who.int/about/accountability/results/who-results-report-2020-mtr).

8. In the full version of this Results Report on the WHO website, more than 70 case studies are presented across the regions. They exemplify how WHO is delivering its mission in countries and contributes to health outcomes and impacts in countries.

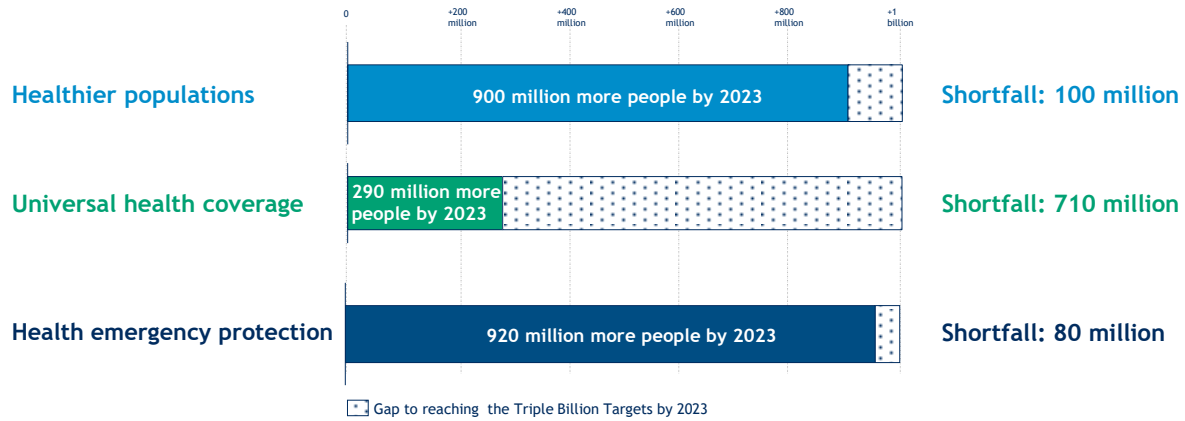
ACCELERATING PROGRESS TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS AND THE TRIPLE BILLION TARGETS

9. The COVID-19 pandemic has highlighted the critical role of health to the well-being of our societies at large and has unequivocally demonstrated the importance of the triple billion ambition. Progress towards the billions and the SDGs can only be achieved when baselines are clearly defined, targets are set, and trajectories for acceleration are identified to guide and drive actions.

10. Together with the regional and country offices, the Division for Data, Analytics and Delivery for impact (DDI) is working with countries to assess the impact of COVID-19 on delivery trajectories, to assess and quantify the overall toll of the pandemic. A central task has been not only to assess and quantify the gap between where we are and the goal of reaching the triple billion targets in 2023, but also to help to define a path forward that countries can use to set ambition and accelerate progress. Indicator-level acceleration scenarios as a starting point for countries to chart the rate of progress needed to course correct for reaching the triple billion targets and the SDGs were developed.

11. Assessing and quantifying the shortfall from the targets makes clear the level of ambition needed for countries to deliver. As countries see where they are now and the target they want to reach, the acceleration scenarios provide an avenue for connecting to the technical packages, policy recommendations and other WHO resources for driving actions to close the gaps by 2023.

12. The following assessment summarizes progress to date on each of the triple billion targets, and describes the actions needed to accelerate progress and achieve impact. The impact of the COVID-19 pandemic has not yet been incorporated into projections.



HEALTHIER POPULATIONS

13. The GPW 13 includes a single measure pertaining to the behavioural, environmental and social determinants of health, comprised of indicators for 17 SDGs and Health Assembly resolutions. The contribution towards the billion is based on the net change during the GPW 13 period, including both positive and negative trends across the indicators.

14. Initial estimates based on recent trends show approximately 900 million more people are projected to be healthier in 2023 relative to the baseline value of 2018 – falling short of the billion target by 100 million. The majority (80%) of this progress is anticipated to be driven by only a small number of countries resulting from key improvements in water, sanitation and hygiene (WASH) and air quality (indoor and outdoor). If the current trend continues without intervention, there is a risk of deepening inequalities, such that for every person projected to be newly healthier in a low-income country, there will be five newly healthier people in the rest of the world (using a population weighted basis).

15. All countries have the potential to contribute to achieving this billion target. High-income countries are projected to contribute only 3% to the healthier populations billion, yet they make up 15% of the world's population. An important factor in this is the steady rise in obesity, which offsets improvements elsewhere.

16. Countries are anticipated to prioritize different indictors based on their specific needs and contexts. Specific acceleration scenarios can help to identify areas for targeted policy interventions. Additionally, strengthened data collection and health information systems are needed especially in areas such as water, sanitation and hygiene (WASH), violence against women and children, and child development – where currently a lack of data limits capacities to monitor and track progress in these areas.

17. Focusing on indicators that are most behind relative to the SDG targets, such as water, sanitation and hygiene (WASH), air quality (indoor and outdoor) and tobacco, will be critical to accelerate progress towards the healthier populations billion. Ensuring that worldwide negative trends in obesity can be halted or reversed is also a priority.

18. Not only will attention be needed to address the areas with the biggest shortfalls and negative trends, solutions will need to draw upon multisectoral partnerships and interventions. Evidence-based and coordinated actions across sectors will be critical levers for driving change and increasing the number of healthier lives. The COVID-19 pandemic has highlighted how multisectoral action and collaboration is critical to effective response and recovery, and to having an impact on population health outcomes.

UNIVERSAL HEALTH COVERAGE

19. The universal health coverage (UHC) billion is assessed using a single measure of SDG Indicators 3.8.1 and 3.8.2. This means that improvements in both average service coverage and financial protection are needed to reach the target.

20. Progress towards the UHC billion is predicted to be the slowest of all the billions; from the beginning of the GPW 13, progress has not been on track to achieve the target. An estimated 290 million people are projected to benefit from UHC in 2023, relative to 2018, leaving a gap of 710 million to achieve the UHC billion. The COVID-19 pandemic threatens to further impede progress towards UHC due to severe service disruptions, forgone care and worsening financial hardship.

21. Under a "business as usual" scenario, it is projected that interventions for infectious diseases, such as access to antiretroviral therapy for people with HIV and insecticide-treated bednets to prevent malaria, will continue to drive progress in the UHC average service coverage measure. However, addressing other key areas within the measure that show limited improvement, such as effective treatment coverage for hypertension and diabetes or health workforce density, will be critical to drive meaningful impact for this billion.

22. Acceleration scenarios have now been identified for 10 of the 14 tracer indicators for service coverage, based on existing ratified global targets, such as those in the End TB Strategy, the Immunization Agenda 2030 and the Noncommunicable disease (NCD) Global Monitoring Framework. If all countries had the capacity to implement these scenarios successfully, the delivery gap for the UHC billion could be reduced by 30%, reaching an additional 200 million people.

23. From an equity perspective, lower-income and lower-middle-income countries are expected to make the most progress during the GPW 13 time period. However, this progress is not enough to reduce the persistent global inequality in access to services that exists between low- and high-income countries. Therefore, more attention may be needed in low-income countries to reduce the global inequalities in access to services.

24. This highlights the need for a dual approach to driving progress towards the UHC billion. First, identifying strategies to strengthen essential health services that are foundational to UHC, as well as investing in the health workforce, which is essential to the overall capacity and resilience of health systems. Secondly, implementing critical reforms to improve access to and quality of care through an integrated Health Systems Strengthening approach, including primary health care (PHC) and health financing interventions. Through multisectoral and community-centred actions, these broader interventions can help to reach untapped potential for acceleration across indicators and addressing inequalities.

25. To ensure an equitable and resilient recovery from the COVID-19 pandemic, investment in quality PHC is a critical lever to advancing progress towards achieving UHC. The core infrastructures and essential health services that are the basis for PHC provide an opportunity to influence systems-level and individual indicators that pertain to the triple billion targets and the SDGs, and can ultimately provide a secure foundation for Member States to respond to their population's health needs.

HEALTH EMERGENCIES PROTECTION

26. Prior to the onset of the COVID-19 pandemic, early estimates showed that the world was on track to achieve 1 billion people better protected from health emergencies by 2023 with a positive trend across all three major indicators (prepare, prevent, detect and respond) of the health emergencies protection (HEP) billion. Although the full impact of the COVID-19 pandemic is yet to be determined, the latest estimates from April 2021 that include observed data from 2020, suggest that the current trajectory will result in 920 million more people better protected from health emergencies by 2023. This projection is just short of the billion target but represents a marked increase from the 2018 baseline. Estimated contributions to the projected increase of 920 million people varies by region, primarily due to substantial differences in starting (baseline) values for each indicator. Investments driven by the response to COVID-19, and particularly those related to preparedness, disease surveillance and COVID-19 vaccination rollout, may be leveraged to accelerate progress and achieve the target of 1 billion more people better protected from health emergencies. Further monitoring and analysis are required to determine the longer-term consequences of COVID-19 for the attainment of the HEP billion target.

27. For the Prepare indicator, the latest State Party Self-Assessment Annual Report (SPAR) data from 2020 show that most countries have improved IHR (2005) core capacities since 2018, and two thirds are on track to deliver their share of the billion target for this indicator. However, COVID-19 has shown that the world as a whole was unprepared for a pandemic of this scale, and that high preparedness scores as assessed by current tools did not necessarily equate to mounting an effective response to COVID-19. In addition to core preparedness capacities, countries that demonstrated strong national performance during COVID-19 had several key factors in common: recent past health system experience with handling major outbreaks; actively managed National Action Plans for Health Security; public trust, strong leadership and evidence-based policies; the presence of strong disease-specific programmes such as the implementation of the Pandemic Influenza Preparedness Framework. Expanding the way that WHO dynamically and collectively assesses national all-hazards emergency preparedness to include readiness capacities, governance, health systems and community resilience will therefore be essential to inform measurement in the context of both the HEP billion and the proposed Universal Health and Preparedness Review, which aims to collectively strengthen health emergency preparedness. Most

importantly, the lessons learned will help to ensure that efforts to support countries in improving their preparedness and readiness focus on these key elements so that they can respond more effectively and protect more lives when faced with future health emergencies.

28. The Prevent indicator, which aims to quantify the effectiveness of infectious disease control strategies, comprises vaccination coverage for five priority diseases (yellow fever, meningitis, cholera, measles and polio). Delays to some immunization programmes due to COVID-19, and the diversion of some resources to the COVID-19 response, may lead to declines in vaccination coverage for some diseases compared with previous years. Additionally, the pandemic occurred against a complex backdrop of uneven vaccination rates, which fell globally from 87% to 86% between 2015 and 2018 before recovering to an estimated 88% in 2020. Global trends can mask marked variations within regions and between countries, and it is necessary to closely examine the distribution of immunization coverage at a more detailed level to ensure that equity is prioritized; and it is especially important to consider fragile, conflict-affected, and vulnerable settings. Timely and quality systems for reporting data are key to identifying gaps in coverage, and disaggregated data can help to ensure the most at-risk and vulnerable people are reached. This is particularly true with the increased attention on and investments in immunization drive by the global COVID-19 vaccination roll-out, which presents an opportunity to advocate for equity and accelerate routine and emergency immunization. Building on this, immunization programmes could be further augmented by an increasing shift to an integrated, platform-based approach to scale up the control of vaccine-preventable diseases including those with pandemic potential.

29. The timeliness of the world's ability to detect and respond to health emergencies is measured by the new 'Detect and Respond' indicator, which was introduced with the GPW 13. The COVID-19 pandemic has laid bare the strengths and weaknesses of the current global mechanisms of monitoring, notification and response coordination between Member States. The critical importance of early detection, rapid risk assessment and clear communication was immediately apparent in January 2020. The IHR Review Committee's interim findings have identified clear problems with information sharing between Member States and the Secretariat, as well as with disease surveillance and diagnostic laboratory capacities, which are under-resourced in most regions. The latest data indicate that the timeliness of reporting events improved with COVID-19, which likely reflects heightened global awareness around this emerging disease. However, there is still room for improvement in both the delivery and measurement of this indicator. Future improvements to the assessment methodology of this indicator may include expanding the range of public health events reported and strengthening formal reporting mechanisms by Member States, which would result in an enhanced understanding of detection and response speed, trends and bottlenecks. Ultimately, an enhanced Detect and Respond indicator will guide and inform the actions needed to achieve more rapid detection and effective response to health emergencies.

THE IMPACT OF COVID-19 ON PROGRESS TOWARDS THE TRIPLE BILLION TARGETS

30. The COVID-19 pandemic has set back progress on the health-related SDGs and threatens to reverse advances already made. Many countries will now be further off-track to achieving the SDG targets by 2030, and since the triple billion targets are integrally related to the health-related SDGs, this also threatens their realization.

31. Health systems are being tested like never before and many are struggling to provide even essential services for their populations. The pandemic has worsened inequalities, and heightened the need to strengthen equity measures using disaggregated data. The pandemic has also reinforced the pivotal role of PHC, binding together all three GPW 13 targets. The measurement of PHC will be critical to the achievement of the triple billion targets and the SDGs, and must therefore be sharpened if we are to meet our goals, as well as strengthen our preparedness for future pandemics.

32. The COVID-19 pandemic has had disproportionately affected already vulnerable populations: people living with NCDs have experienced the highest risk for severe COVID-19 and death. The mid-point evaluation of the of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 has called for the development of an implementation road map to achieve SDG target 3.4.

33. COVID-19 has seriously disrupted essential health services in many countries and threatens recent health and development gains. Disruptions to health services are predicted to have caused 254 000–1 157 000 additional deaths of children less than 5 years-old and 12 000–57 000 additional maternal deaths, across 118 low- and middle-income countries.

34. Of the HIV, tuberculosis and malaria programmes, 17% of each programme will have experienced high or very high disruption. Many countries have suspended preventive mass vaccination campaigns leading to a particular concern about the resurgence of polio and measles.

35. Trends in social determinants of health also show a reported increase in alcohol purchases, a decline in physical activity and increases in loneliness and domestic violence, as well as adverse impacts on mental health.

36. It is clear that the triple billion targets are more relevant now than ever before. As the world continues to respond to and begins to recover from the pandemic, the world is presented with an opportunity to refocus on the health-related SDGs and improve the health of populations everywhere.

PROGRAMME BUDGET 2020–2021 AT MID-TERM: ACHIEVEMENTS AND CHALLENGES

37. The analyses of progress towards the achievement of the GPW 13 triple billion targets show that there is a lot do to accelerate progress, especially as the COVID-19 pandemic has set back the progress in countries. Even in the face of unprecedented challenges posed by the COVID 19 pandemic, WHO continued its work to address all health issues and fulfill its commitment in the implementing the Programme budget 2020–2021.

38. Although battling the COVID-19 pandemic took centre stage, the Organization's achievements in 2020 go beyondhow we responded to the COVID-19 pandemic. Below is a summary of the mid-term re view by the Secretariat on the implementation of the Programme budget 2020–2021.

39. The following summarizes WHO's achievements contributing to the triple billion targets in 2020.

1 billion more people enjoying better health and well-being

The toll of the COVID-19 pandemic goes far beyond three million lives lost; there are economic costs of trillions of dollars and the incalculable costs of millions driven into poverty, a billion children out of school and an untold mental health crisis. The pandemic's wide-ranging impact thus underlines the need for health policies that cut across sectors.

Healthy environments and lifestyles could prevent half the global burden of disease. WHO has worked for years to reduce preventable lifestyle risks such as smoking, unhealthy diets and physical inactivity: these are linked to both noncommunicable diseases and COVID-19 outcomes.

Tobacco use is one of the most preventable risk factors. WHO's MPOWER package has helped to save millions of people from an early death. Five billion people are covered by at least one of MPOWER's six policies (such as tobacco taxes and advertising bans), including 1.6 billion protected from second-hand smoke by smoke-free laws. The Region of the Americas marked a milestone in 2020 in becoming "smoke-free", after the Plurinational State of Bolivia and Paraguay passed laws on smoke-free indoor public and work places.

To build forward a greener future from the pandemic, WHO published the Manifesto for a healthy and green recovery from COVID-19, with six policy prescriptions and 80 specific actions for healthy societies that cover protecting nature, water and sanitation, clean energy, sustainable food systems, polluting activities and healthier cities.

WHO was approved as a Green Climate Fund Readiness Delivery Partner in 2020. The first Readiness projects to support countries to build capacity on climate change and health were approved in December 2020. Guidance was issued on water, sanitation and hygiene (WASH) in health care facilities, in the context of COVID-19. Evidence is accumulating that a major risk factor for COVID-19 severity is fine particulate matter ($PM_{2.5}$),

which government policies can impact. WHO has stepped up work on air pollution in recent years and is currently updating the global assessment of ambient air quality.

With urban areas at high risk of COVID-19 spread, a COVID-19 resource hub was developed for cities, which included guidance for settings such as schools and prisons. The *Global status report on preventing violence against children 2020*, described as a seminal report in the field, provides baseline information on efforts to advance the INSPIRE violence prevention strategies.

The Tripartite formed between the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and WHO was strengthened in 2020. A One Health Global Leaders Group on Antimicrobial Resistance was formed, with leaders from government and civil society to catalyse global attention and action on the disastrous consequences of antimicrobial resistance. Also, the new Tripartite One Health Coordination Group for Asia and the Pacific will intensify joint efforts to manage zoonotic influenza, rabies, food safety and antimicrobial resistance.

Areas where major challenges remain, or where much progress is still needed, include sanitation and safe water, road safety, ambient air quality, alcohol consumption, unhealthy diets and physical inactivity. Uptake of WHO's "best buys" policies needs to be increased. The potential for further progress is enormous, but far more investment is needed. Global spending on preventive health care (such as health promotion) was less than 9% of all health care spending in 2018 – the figure was even lower (below 4%) in high-income nations.

1 billion more people better protected from health emergencies

Since day 1 of 2020, WHO has supported countries in preparing and responding to the pandemic. In the first few weeks of the pandemic, WHO issued a package of guidance covering a range of topics, published its first free COVID-19 training course and issued the Strategic Preparedness and Response Plan, which countries could adapt. More than 800 COVID-19 documents were published during 2020.

Diagnostic tests were sent to countries in record time: WHO published the first protocol for a polymerase chain reaction (PCR) assay on 13 January, had PCR kits produced externally, then shipped them worldwide by 2 February. Since then, millions of tests have been shipped to 150 countries.

News of a novel virus in early January prompted enormous scientific collaboration. The R&D Blueprint set a unifying direction to accelerate research, leading to an unprecedented amount of research. Effective vaccines were produced rapidly. With partners, WHO led the Solidarity Trial for therapeutics, the largest of its kind.

WHO also sourced, validated and delivered more than US$ 1 billion worth of essential supplies in 2020, including masks, gloves, goggles, reagents, oxygen concentrators and ventilators. When supply chains broke down due to countries imposing travel restrictions, WHO worked closely with manufacturers to ensure supplies of life-saving items to countries.

In April, an unprecedented global partnership was created to help the fair distribution of critical products for COVID-19: the Access to COVID-19 Tools (ACT) Accelerator, with a vaccine pillar: COVAX.

WHO has been at the forefront of the collective United Nations response, coordinating 23 United Nations bodies, as well as an expanded number of networks and partners (900). It is using more digital innovations, including Go.Data for contact tracing, and the online Partners Platform to track and resource country plans with donors and partners. WHO's online learning platform, OpenWHO, was hugely successful in 2020, with 5 million learners, most of whom registered for the 25 free COVID-19 courses, available in 47 languages.

Strategic adjustments to national COVID-19 responses throughout 2020 were facilitated by WHO's rapid development and roll-out of comprehensive guidance, tools and training for readiness and response, including intra-action reviews and simulation exercise packages.

In other work, 48 million people were protected against yellow fever in Africa and the Americas by mass vaccination campaigns during 2020. After initial disruptions, oral cholera vaccine (OCV) campaigns successfully resumed throughout 2020. A total of 13 million OCV doses were shipped to eight countries during 2020.

Although COVID-19 dominated WHO's work, WHO also responded to 53 other graded emergencies in 2020, including an outbreak of Ebola virus disease in eastern Democratic Republic of the Congo. Ebola vaccines are being stockpiled for future epidemics. Substantial operational and technical support was provided to countries, including for contexts affected by fragility, conflict and violence.

The expansion of the Epidemic Intelligence from Open Sources (EIOS) system has broadened the scope of global public health surveillance. The Biohub initiative aims to build a global repository linked to a sustainable pathogen-sharing mechanism for the collection and archiving of pathogens.

Globally, the dimensions of the response to COVID-19 that have seen greatest successes are those for which strong global leadership and solidarity held sway. The importance of maintaining global solidarity, such as in the equitable access to vaccines, cannot be understated.

After every major health crisis, WHO learns from the lessons and turns them into opportunities to build a stronger response to future health emergencies. COVID-19 has made it painfully clear that the world was not prepared for a pandemic – indeed our very concept of preparedness needs to change. The critical importance of early detection, rapid risk assessment and clear communication was highlighted in the first month of the pandemic. A number of reviews – from the Independent Panel for Pandemic Preparedness and Response, the IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme – will provide valuable insight on the way forward. What is already clearly evident is the need for greater investments in many key areas, including essential public health functions and capacities for surveillance, laboratory diagnoses and health security. Ultimately, the world must change the way it finances preparedness for health emergencies towards a more sustainable model.

1 billion more people benefiting from universal health coverage

The pandemic has demonstrated the centrality of health and the need for universal health coverage (UHC). Many countries are offering free tests, treatment and vaccines for COVID-19, including to marginalized and migrant groups.

COVID-19 has strained health systems severely, hampering existing plans to build towards UHC. The Secretariat has worked with Member States to support the urgent response effort, while trying to maintain essential services and continue core work to strengthen the safety and quality of services.

Across all WHO regions, WHO has worked to track disruptions to health systems. A WHO survey on the impact of COVID-19 on health systems in 105 countries over the period March to June 2020 found health services were disrupted in almost every country. Innovative mitigation strategies were offered to overcome service disruptions, such as telemedicine and doorstep delivery of medicines.

WHO supported training of health workers on COVID-19-related topics. Measurement indicators of the impact of COVID-19 on health and care workers were developed to be incorporated into national health workforce accounts for annual reporting. Most regions developed workforce surge capacity tools for COVID-19 to support countries, such as the European Region's Adaptt Surge Planning Support Tool and Health Workforce Estimator.

Significant milestones were also reached, such as the SDG target of: reducing hepatitis B prevalence to less than 1% among children under five years; eliminating malaria in 10 countries and at least one neglected tropical disease in 42 countries and more than 3 million people in 18 countries improving control of hypertension with the WHO HEARTS technical package. Also, 26 million people received antiretroviral medicines and 36 countries included NCDs into PHC.

WHO's UHC Compendium of health interventions was developed for countries to build packages of essential services from a database of 3500 health actions. And a new dynamic web platform, the COVID-19 Health Services Learning Hub, supports countries in implementing operational guidance.

Countries reoriented financing and budgetary arrangements, with Secretariat support, enabling the delivery of essential COVID-19 vaccines, therapeutics and tests. Countries were also supported to improve financial protection. Drawing on previous normative work, WHO developed the Health Financing Progress Matrix, to qualitatively assess a country's health financing policies and their implementation at a given point in time against a set of benchmarks, piloting it in 19 countries.

ACT Accelerator partners are working to make 120 million affordable, quality COVID-19 rapid tests available for low- and middle-income countries and are analysing over 1700 clinical trials for promising treatments. Dexamethasone has been secured for up to about 3 million patients while the COVAX shipped its first doses in February 2021.

Steps to address unaffordable access to medicines include a new pricing policy guideline. A digital version was launched of the WHO Essential Medicines List. WHO is supporting countries to adopt the Access, Watch and Reserve (AWaRe) classification of antibiotics to help to ensure first-line antibiotics are available. A new evidence-based guide is the Essential Diagnostics List, which provides a list of accurate, quality diagnostics.

To address antimicrobial resistance (AMR), the AMR Action Fund was launched in July 2020 to invest in developing innovative treatments. WHO published its first overview of the preclinical antibacterial pipeline as well as target product profiles for antibiotics for which no such profiles had been developed. The 2020 Global Antimicrobial Resistance and Use Surveillance System (GLASS) report showed data from 66 countries, a three-fold increase from 2018.

COVID-19 has underscored the need for health for all – it has highlighted and exacerbated existing inequities in health within and between countries, hitting the poor and marginalized hardest, in both lives and livelihoods lost. An estimated 3.6 billion people still lack access to essential health services. The pandemic has also revealed the fragility of health systems and need for more resilient systems. Primary health care-oriented health systems strengthening is a key means towards achieving the twin goals of universal health coverage and global health security.

40. The important work of the enabling functions of the Organization, including strengthening data and innovation, leadership and governance and ensuring efficient management and administration, has also been tested by the COVID-19 pandemic, but the Organization has delivered.

41. The pandemic has demanded strong global health leadership. At every twist and turn of the evolution of the pandemic, there was a demand for a strong WHO – for a lead health authority that was evidence based, data driven, results focused and impact driven.

42. The pandemic has placed many demands on WHO, severely testing the Organization and forcing it to change. WHO was able to respond accordingly, and to mount the largest emergency response ever, in large part because of an ongoing transformation process.

43. The implementation of the Transformation Agenda continued in 2020 – involving a new operating model and aligning new ways of working across the Organization's three levels at headquarters, regional offices and country offices – aimed to make WHO more efficient and effective, with an increased focus on science, data and innovation, as well as making improvements by looking inwards, at administration processes, and outwards, to leverage partners and the global community to drive health outcomes.

44. The pandemic has reinforced the value of the transformation work over the past three years, which enhanced WHO's ability to support the global response. The new entities such as the Science Division and the enhanced partnerships and external relations functions were immediately tasked to operate at scale, validating their importance and capabilities. Starting with COVID-19, the Science Division established a fast-track review

mechanism to ensure the timeliness, coherence and quality of all WHO guidance, providing approval or critique within 48 hours.

45. WHO co-led the implementation of the Global Action Plan for Healthy Lives and Well-Being for All (GAP), which brings 13 multilateral agencies together to help countries to accelerate progress towards health-related SDG targets. In 2020, GAP implementation expanded to 37 countries across all WHO regions. WHO country offices supported the governments in convening the GAP partners at country level. Throughout the year, partners strengthened their alignment behind country-led plans for an equitable and resilient recovery from COVID-19, often focused on PHC. At global level, WHO hosts the GAP Secretariat and supports coordination across the seven accelerator areas and on gender equality and exchanges between the regions and strengthened its ability to partner and support countries through the newly established PHC Special Programme.

46. New measurement tools and mechanisms to become data driven and demonstrate WHO's accountability for results have been rolled out, such as the triple billion measurement system. The new Department of Digital Health and Innovation and a Global Digital Health Strategy are steering work in this field. And several transformation initiatives enabled WHO's business continuity during the shift to remote working.

47. A commitment to incorporate transparency and accountability in WHO's work has resulted in a number of new processes, such as the Output Scorecard, delivering value for money and the new Partners Platform, which brings together governments, donors and partners in a digital space, where contributions and progress can be viewed by all.

48. The new approach to partnerships has massively enhanced the COVID-19 response, such as through the Access to COVID-19 Tools (ACT) Accelerator, which involves a range of global partners. The resource mobilization campaign for the COVID-19 Strategic Preparedness and Response Plan was the most successful in WHO's history.

49. WHO is committed to improvement and has thus initiated a number of independent reviews on its performance that will allow for impartial and comprehensive evaluation. There have been calls for change, alongside the world's growing expectations of WHO during this pandemic. The task ahead is formidable and growing in complexity. Yet WHO's budget and financing has barely changed to match the scale of the expectations. Predictable and sustainable funding will remain a fundamental challenge for WHO's future success. WHO's annual budget amounts to what the world spends on just tobacco products every day.

50. With every major health crisis, WHO has transformed. COVID-19 will also transform WHO. The Organization will continue to evolve alongside shifting disease patterns and innovations in science. But WHO will continue to remain grounded in its core values of solidarity and equity to build its vision of a healthier, safer, fairer world in the 21st century.

PROGRESS TOWARDS DELIVERING THE OUTPUTS BASED ON THE NEW OUTPUT SCORECARD METHODOLOGY

51. The Secretariat rolled out the new Output Scorecard for the first time to assess the Secretariat's outputs,[1] which contribute to achieving outcomes and impacts. Each of the 42 outputs representing the Secretariat's contribution to results have been assessed using the methodology agreed with Member States in line with resolution WHA72.1 (2019) on the Programme budget2020–2021.

52. The achievements of the Secretariat against each of the outputs are assessed using six dimensions, including:

- Effective delivery of technical support at the country level
- Effective delivery of leadership in health

[1] The list of Programme budget 2020–2021 outputs is in Annex 2.

- Effective delivery of the global public health goods
- Impactful integration of gender, equity and human rights
- Delivering value for money
- Achieving results in ways leading to impacts.

These dimensions are assessed using a standard scoring scale:

1. Emergent
2. Developing
3. Satisfactory
4. Strong.

53. This is a major shift in the monitoring and reporting of the Programme budget 2020–2021 across the Organization. All units, departments, divisions and budget centres, including country offices, applied the methodology, assessing their work as a team and reporting their assessment of how their work is achieving the outputs through a standardized scoring methodology. Each of the entities in the Organization also reflected on their achievements, risks, challenges and lessons learned.

54. Cascading upwards, the reports on teams, departments, divisions, budget centres and major offices were discussed and consolidated. The output delivery teams in each of the major offices and the three-level output delivery teams conducted the final assessment, to obtain a global view of the progress and performance in delivering the outputs mid-way through the biennium. These consolidated assessments are the reported in detail in the full Results Report published on the WHO website.[1]

55. In summary, all 42 outputs have been assessed by all major offices. The analyses of the major offices show variable results. To consolidate the assessment of the three levels of the Organization and produce a global assessment, the Scorecard methodology required the three-Level output delivery teams to assess each output and provide the final scoring on progress by output. The consolidated global assessment by output is presented in Annex 3.

56. Under the dimension **Effective delivery of technical support**, below **"satisfactory"** scores (i.e. score less than 3) were reported by at least one major office in 10 of the 32 technical outputs. Only in four technical outputs where the highest score reported by a major office was "strong" (i.e. score of 4). Overall, the **average scores** for the three Levels of the Organization (global) assessed by the output delivery teams for this dimension were above **"satisfactory"** in all except six technical outputs (outputs 1.1.5, 1.3.4, 3.1.1, 3.3.1, 3.3.2 and 4.1.3). The assessment found that the repurposing of WHO staff and the fact the countries diverted their focus to the COVID-19 crisis hampered the effective delivery of planned technical support in countries. For the outputs where there was already limited WHO staff capacity in countries to provide support, the constraints posed by the COVID-19 pandemic were more pronounced. In major offices where there was strong performance, the shift towards remote support through virtual means and using local resources and partners to support countries helped with the delivery of technical support in countries.

57. Under the dimension **Effective delivery of leadership in health**, below "**satisfactory"** scores were reported by at least one major office in nearly half of the technical outputs. A "strong" score was reported by at least one major office in only five outputs. Although the **average global score** for all but one output as assessed by the output delivery teams was above "**satisfactory**", the main issue that needs to be addressed to improve performance for this dimension was the ability to mobilize sustainable funding for delivering work that is persistently underfunded. The other issue in a few outputs relates to the absence of clear evidence of impact of advocacy efforts on certain initiatives to address specific health issues in countries.

58. Under the dimension **Effective delivery of global public health goods**, in all 32 technical outputs but 1, the lowest score reported from at least one major office was below "**satisfactory"**. There were seven outputs in

[1] Available from https://www.who.int/about/accountability/results/2020_MTR.

which the highest reported score by at least one major office was 4, corresponding to a strong achievement of the output. In more than half of the outputs, the lowest reported score was under the level **"developing"** (i.e. score of below 2). The assessment points to several issues, including better coordination of the prioritization of global public health goods between the levels of the Organization, and the improvement of uptake and utility of the normative and data products in countries. The assessment pointed out that not only is there a need for greater clarity of the process and coordination, but also as to how countries will be resourced to implement and measure the impact of global public health goods.

59. Under the dimension **Impactful integration of gender, equity and human rights**, below **"satisfactory"** scores were reported to be the lowest in 32 outputs. There were no reports of "strong" (score of 4) performance in the any of the technical outputs by any major office. The average scores for the global assessments of output show below "**satisfactory"** scores for nearly all the technical outputs. The assessment noted weaknesses in the integration of gender, equity and human rights (GER) in the work to deliver the outputs. The assessment showed the need for implementing entities (units/teams, divisions, budget centres) to understand how GER should be better integrated into their work to achieve the output. There are examples of efforts across the Organization to integrated GER into the activities, but there is a need to pave the way for institutionalization of GER in planning, implementation and performance management. To improve performance under this dimension, the assessment found that it will require a significant increase in the Secretariat's efforts to engage the implementing entities to integrate GER in their work in order to achieve the output. Under each output, there is a need to determine how GER could be integrated in specific activities that optimize the achievement of the outputs.

60. Under the dimension **Delivering value for money,** below "**satisfactory"** scores were reported by at least one major office in nearly all the technical outputs. Strong achievement (score of 4) was reported by at least one major office in five technical outputs (1.3.3., 1.3.4, 1.3.5, 2.2.4, 3.1.1.) for this this dimension. However, the global average score by output shows above "**satisfactory"** scores in nearly all the outputs. The global average scores were driven higher by the output delivery teams considering that they deliver the outputs with very limited resources and adhere to the highest ethical principles. Nonetheless, similar to the issues under GER, integrating value for money into the work to achieve the output will need to start by bringing clarity as to what is expected under each output in applying the principles of efficiency, equity and economy in the activities and how to measure these better. There is also a need to address issues on the instrument itself to assess this Delivering value for money dimension.

61. For the dimension **Achievement of results in ways leading to impacts, quantitative indicators are used to** score the achievement**.** Although the progress towards the achievement of the targets for each indicator is tracked, the scores in this dimension will not be reported at mid-term. As the target end point of every indicator is set at the end of the biennium, the scores for this dimension will only be reported at the end of the biennium. The scorecards at the end of the biennium will show summary scores calculated based on the achievement of targets for all the leading indicators in the programme budget. This gives a sense as to how the delivery of the work of the Secretariat is influencing the higher-level results, i.e. outcomes and impacts in the Results Framework.

62. There are issues to consider when aggregating the scores at major offices and the three levels of the Organization because of the variability of the scores. The context, risks, implementation challenges and financing in each of the major offices in each output vary across the implementing entities. Furthermore, aggregating the scores by dimension tend to dilute the richness of the insights that can be made in terms of the Secretariat's performance of its functions and delivery.

63. Putting those issues aside to come up with an overall impression of the overall progress and performance by output, the consolidated global scorecard by output shows **above satisfactory** levels for almost all outputs (i.e. only three were below satisfactory) (see the scores in Annex 4). This means that when all the dimensions are considered together, the Secretariat assesses its overall performance against a large majority of the outputs to be just above satisfactory. None approaches strong performance. This means that the Secretariat will continue to identify lessons learned and opportunities for further improving its performance to achieve those outputs.

64. As for the outputs under outcomes 4.2 (Leadership and governance) and 4.3 (Management and administration), the findings in terms of weaknesses under the integration of GER were similar to the assessment for the technical outputs. There is need for more work to institutionalize the mainstreaming efforts in the ways of working and performance management. The global average scores for all the outputs under these enabling areas are assessed to be above "**satisfactory"**. None approaches **strong** performance, thus there is a need to implement improvements especially in establishing clear strategic direction and accountability in major offices for certain outputs.

65. Detailed scorecard findings for each output are provided in the full Results Report on the WHO website.[1]

66. The assessment using the scorecard points to the issues that each of the output delivery teams across the three levels of the Organization will need to address to position the Organization to deliver on the outputs at the end of the biennium. The analyses under each dimension help to point out specific areas of improvement for each output. The areas that need attention for a majority of the outputs include: 1) continuing to find innovative and effective ways to deliver technical support to countries under this period of disruptions due to the COVID-19 pandemic; 2) focusing on establishing better coordination on the prioritization of global public health goods between the levels of the Organization to ensure that these goods make an impact in countries; 3) institutionalizing efforts to integrate gender, equity and human rights into the work and ways of working, including identifying concrete expectations and actions for each implementing entity working to contribute to the output; 4) refining better the instrument for assessing value for money and developing concrete plans and performance benchmarks for implementing entities to demonstrate integration of value for money principles in their work.

67. The Secretariat's experience in implementing this innovative approach to output measurement brought lessons that will be used for improving the system. A more structured review of the lessons will be conducted by the Secretariat to identify areas of improvements in, for example, the methodology, roll-out process, instruments and validation mechanisms.

COUNTRY CASE STUDIES – DEMONSTRATING HOW WHO MAKES AN IMPACT WHERE IT MATTERS MOST

68. In the full Results Report on the WHO website,[1] the country case studies present a snapshot of the Organization's support to promote health, keep the world safe and serve the vulnerable and ensure healthy lives and promote well-being for all at all ages. They bring to life the Results Framework by showing how the the Secretariat's delivery of its outputs influences the health outcomes and impacts at the country level. These case studies come directly from the field and highlight WHO's key achievements and results under triple billion targets realized during 2019–2020.

69. The country case studies complement quantitative indicators of WHO's Impact Framework and Output Scorecard by providing qualitative information in terms of WHO's contribution to a particular intervention to achieve results linked to a particular output/outcome of one of the three pillars of the GPW 13.

70. These studies are a key part of reporting against the GPW 13 Results Framework. In the full Results Report there are:

[1] Available from https://www.who.int/about/accountability/results/2020_MTR.

- over 70 examples showcasing WHO's role and its support to drive results and public health impact under selected outputs/outcomes to achieve the triple billion targets; and
- over 70 case studies showcasing WHO's support to national authorities and partners in tackling the COVID-19 pandemic, including lessons learned from this experience for future emergency preparedness and response plans.

BUDGET IMPLEMENTATION HIGHLIGHTS

71. In May 2019, the Seventy-second World Health Assembly adopted resolution WHA72.1, approving a total Programme budget of US$ 5840.4 million for the financial period 2020–2021, comprising:

- a base programmes segment (US$ 3768.7 million);
- a polio eradication segment (US$ 863 million);
- a special programmes segment (US$ 208.7 million); and
- an emergency operations and appeals segment (US$ 1000 million).

72. Total funds available at the end of 2020 for all budget segments were US$ 7157 million (Table 1). Financing comprises the revenue recorded in the current biennium, together with the funds brought forward from the previous biennium, less any funds carried forward to the next biennium. Additionally, projected funding to be received by the end of the biennium is included in "Financing including projections". Projected funding includes contributions that have not yet been received but are secure in nature. Including the projections, the Programme budget has over US$ 8 billion financing across the four segments.

73. The base segment represents the core mandate of WHO and constitutes the largest part of the Programme budget in terms of strategic priority-setting, detail and budget figures. At the end of 2020 it had US$ 3563 million available, representing 95% of the total budget for that segment. Adding projections, the base budget is projected to be fully funded at the segment level (Table 1).

Table 1. Budget, funds available and utilization for the Programme budget 2020–2021 by budget segment, as at 31 December 2020 (in US$ million)

Segment	Approved Programme budget 2020–2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
Base programmes	3 768.7	3 562.8	95%	3 994.9	106%	1 482.1	39%
Polio eradication	863.0	808.2	94%	1 265.0	147%	481.0	56%
Emergency operations and appeals	1 000.0	2 543.2	254%	2 744.8	274%	1 481.4	148%
Special programmes	208.7	243.1	116%	256.1	123%	61.4	29%
Total	5 840.4	7 157.2	123%	8 260.8	141%	3 505.9	60%

74. Even though the financing situation of the Programme budget 2020–2021 has a positive outlook at mid-term, areas of underfunding persist at different levels within the result and organizational structures (Tables 2–6).

Table 2. Base Programme budget 2020–2021 and its financing, including projections and utilization, by strategic priority, as at 30 December 2020 (in US$ million)

Strategic priority	Approved Programme budget 2020–2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
1. One billion more people benefiting from universal health coverage	1 358.8	1 596.8	118%	1 651.0	122%	621.8	46%
2. One billion more people better protected from health emergencies	888.8	570.3	64%	582.0	65%	277.3	31%
3. One billion more people enjoying better health and well-Being	431.1	287.8	67%	302.9	70%	119.5	28%
4. More effective and efficient WHO providing better support to countries	1 090.0	933.6	86%	941.4	86%	463.5	43%
Total	**3 768.7**	**3 388.6**	**90%**	**3 477.3**	**92%**	**1 482.1**	**39%**

75. There is a significant difference in the level of financing between the four strategic priorities (Table 2). Strategic priority 1 (One billion more people benefiting from universal health coverage) is better funded than the other three priorities. This priority comprises most of the disease-specific, health systems and vaccine research programmes, which are traditionally better financed. The WHO Health Emergencies Programme, which forms the large part of strategic priority 2, and many of the life course programmes, which constitute strategic priority 3, are so far lagging in terms of financing.

76. Annex 4 provides details of the programme budget financing and utilization by major office by budget segment.

FOCUS ON STRATEGIC PRIORITIES

Strategic priority 1: One billion more people benefiting from universal health coverage

77. “One billion more people benefiting from universal health coverage” is overall the best funded strategic priority, with a total level of 109% (including projections). This strategic priority hosts most of the disease specific and health systems programmes as well as vaccine research functions. These areas are attractive for donors and this strategic priority is, therefore, largely funded by the specified voluntary contributions. At mid-term in the biennium, the utilization level of this strategic priority is close to 50% and it is on track to reach a full utilization by the end of 2021.

78. Both the financing situation and the budget utilization outlook is different when looking at the outcome level (Table 3), with “Reduced number of people suffering financial hardship” outcome being significantly less funded and having relatively lower utilization.

Table 3. Strategic priority 1: Budget, funds available and utilization for the Programme budget 2020–2021 by budget segment, as at 31 December 2020 (in US$ million)

Outcomes	Approved Programme budget 2020–2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
1.1 Improved access to quality essential health services	997.0	1 109.8	111%	1 154.9	116%	492.5	49%
1.2 Reduced number of people suffering financial hardship	98.9	59.4	60%	60.7	61%	28.0	28%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	262.9	265.1	101%	265.1	101%	101.4	39%
Total	**1 358.8**	**1 434.2**	**106%**	**1 480.7**	**109%**	**621.8**	**46%**

Strategic priority 2: One billion more people better protected from health emergencies and Emergency operations and appeals

79. Strategic priority 2 has lowest financing level of the four strategic priorities; at mid-term 61% of its approved level was funded (Table 4). Of the three outcomes, "Epidemics and pandemics prevented" is the best funded. This is partly explained by the polio transition being part of this outcome, which benefits from the funding provided by the Global Polio Eradication Initiative.

80. However, this strategic priority should be looked at together with the Emergency operations and appeals budget segment, which captures the Organization's response to the COVID-19 pandemic along with other current and emerging health crises. Re-purposing of base programmes' staff of this priority together with the staff of other priorities to provide Organization-wide response to the COVID-19 pandemic explains lower utilization of the base segment of strategic priority 2, at the same time as 148% utilization of the emergency segment when compared with the approved budget. The lower level of utilization of the outcomes under strategic priority 2 should not necessarily be taken to signify that results are not being delivered; they are being delivered through the emergency segment as part of response activities. It is remarkable to note, however, that even during the COVID-19 crisis, donors continue to underinvest in pandemic and country preparedness.

81. For more information on "One billion more people better protected from health emergencies" and Emergency operations and appeals, please visit the WHO Programme Budget web portal http://open.who.int/2020-21/our-work/category/02/about/about as well as http://open.who.int/2020-21/our-work/category/13/about/about. More information on the Strategic Preparedness and Response Plan for COVID-19 can be obtained athttps://app.powerbi.com/view?r=eyJrIjoiNzNmNTRkMWEtNmZjMS00NzdjLWEyMDYtYWExYzA4NzVhZGQwIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9.

Table 4. Strategic priority 2: Budget, funds available and utilization for the Programme budget 2020–2021 by budget segment, as at 31 December 2020 (in US$ million)

Outcomes	Approved Programme budget 2020–2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
2.1 Countries prepared for health emergencies	231.1	118.1	51%	120.0	52%	73.8	32%
2.2 Epidemics and pandemics prevented	380.4	264.9	70%	264.9	70%	125.8	33%
2.3 Health emergencies rapidly detected and responded to	277.3	159.2	57%	160.7	58%	77.7	28%
Total One billion more people better protected from health emergencies	**888.8**	**542.2**	**61%**	**545.6**	**61%**	**277.3**	**31%**
Emergency operations and appeals	1 000.0	2 543.1	254%	2 744.7	274%	1 481.4	148%

Strategic priority 3: One billion more people enjoying better health and well-being

82. Strategic priority 3is overall funded at 68%, with strong disparity between the outcomes (Table 5). “Healthy settings and Health in All policies promoted” was the least funded of the outcomes at the end of 2020 (33%). As a result of low overall funding levels for this strategic priority, utilization is low on average in this strategic priority.

83. The scoping of the outcomes and underlying outputs will be addressed and amended for the biennium 2022–2023 in order to present a more compelling and clear case to the donors to tackle the funding issues.

Table 5. Strategic priority 3: Budget, funds available and utilization for the Programme budget 2020–2021 by budget segment, as at 31 December 2020 (in US$ million)

Outcomes	Approved Programme budget 2020–2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
3.1 Determinants of health addressed	141.9	143.9	101%	155.8	110%	56.6	40%
3.2 Risk factors reduced through multisectoral action	194.9	107.2	55%	107.6	55%	45.6	23%
3.3 Healthy settings and Health in All Policies promoted	94.3	31.5	33%	31.5	33%	17.2	18%
Total	**431.1**	**282.6**	**66%**	**294.9**	**68%**	**119.5**	**28%**

POLIO ERADICATION

84. The polio eradication programme was well funded at the end of 2020 and has further projected funding to materialize in 2021 (Table 6). Owing to extended country-based infrastructure, polio staff and assets were deployed and provided invaluable support to the COVID-19 outbreak response. The polio programme was in place and equipped to be the first to respond. While this, together with the overall situation at country level, led to postponement of planned immunization campaigns earlier in 2020, COVID-19 response activities were part of the ongoing work to find and eradicate polio.

85. As part of programme budget 2022–2023 planning, a lot of effort was invested in 2020 in a careful transition planning process for 2022–2023 in collaboration with all relevant WHO programmes – Polio eradication, Health Emergencies Programme and Vaccine-preventable disease programme at the three levels of the Organization.

Table 6. Polio eradication budget segment: Budget, funds available and utilization for the Programme budget 2020–2021, as at 31 December 2020 (in US$ million)

Budget segment Outcomes	Approved Programme budget 2020–2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
Polio eradication	863.0	808.2	94%	1 265.0	147%	481.0	56%

SPECIAL PROGRAMMES

86. The three special programmes of the approved Programme budget 2020–2021 show full funding as at 31 December 2020 (Table 7). As in other budget segments, the special programmes segment shows lower than expected utilization. This is explained by the COVID-19 pandemic and Organization's response, which demanded many changes to the planned activities. For the Pandemic Influenza Preparedness Framework, an important part of the workforce was repurposed to the COVID-19 response in order to share experience and knowledge on overall pandemic preparedness.

Table 7. Special programmes budget segment: Budget, funds available and utilization for the Programme budget 2020–2021, as at 31 December 2020 (in US$ million)

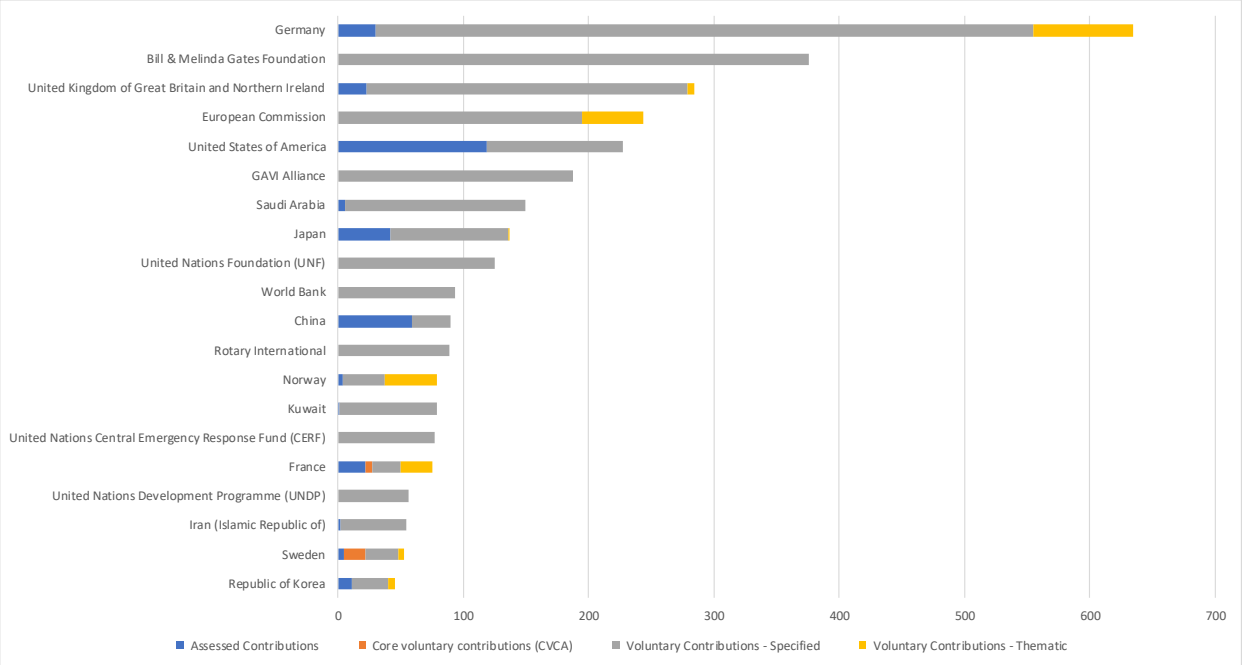
Special programmes	Approved Programme budget 2020-2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases	50.0	54.0	108%	63.8	128%	17.1	34%
UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and research Training in Human Reproduction	118.4	117.1	99%	120.3	102%	35.9	30%
Pandemic Influenza Preparedness Framework	40.3	72.0	179%	72.0	179%	8.3	21%
Total	**208.7**	**243.1**	**116%**	**256.1**	**123%**	**61.4**	**29%**

FOCUS ON FUNDING

Where is WHO funding coming from?

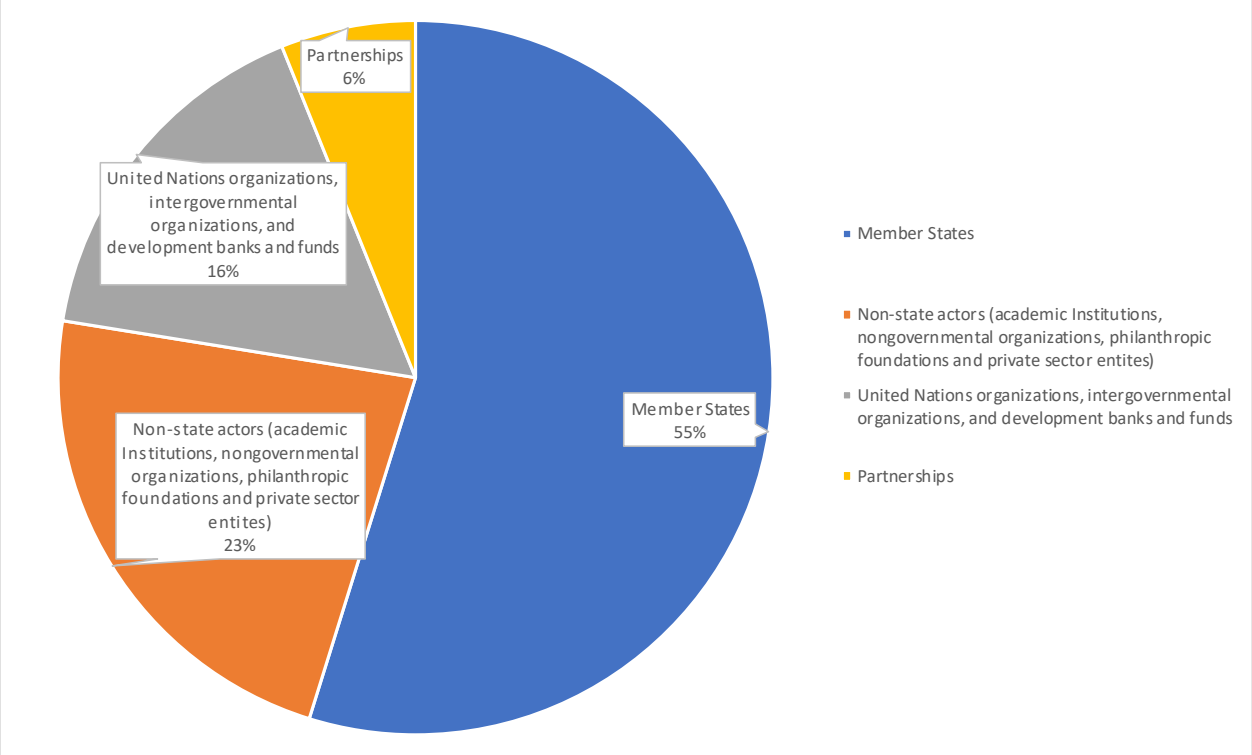
87. Total Programme budget revenue recorded for 2020 was US$ 4156 million, comprising assessed contributions from Member States of US$ 500 million and voluntary contributions of US$ 3656 million. The top 20 contributors account for 76% of total revenue (Figure 1).

Fig. 1. Top 20 contributors to the Programme budget 2020–2021 (US$ thousands)



88. Member States are the largest source of voluntary contributions, contributing 55% of total voluntary contributions in 2020 (Figure 2). The Strategic Preparedness and Response Plan appeal, launched in April 2020, had a major impact on WHO's revenue, bringing in US$ 1641 million of voluntary specified funding.

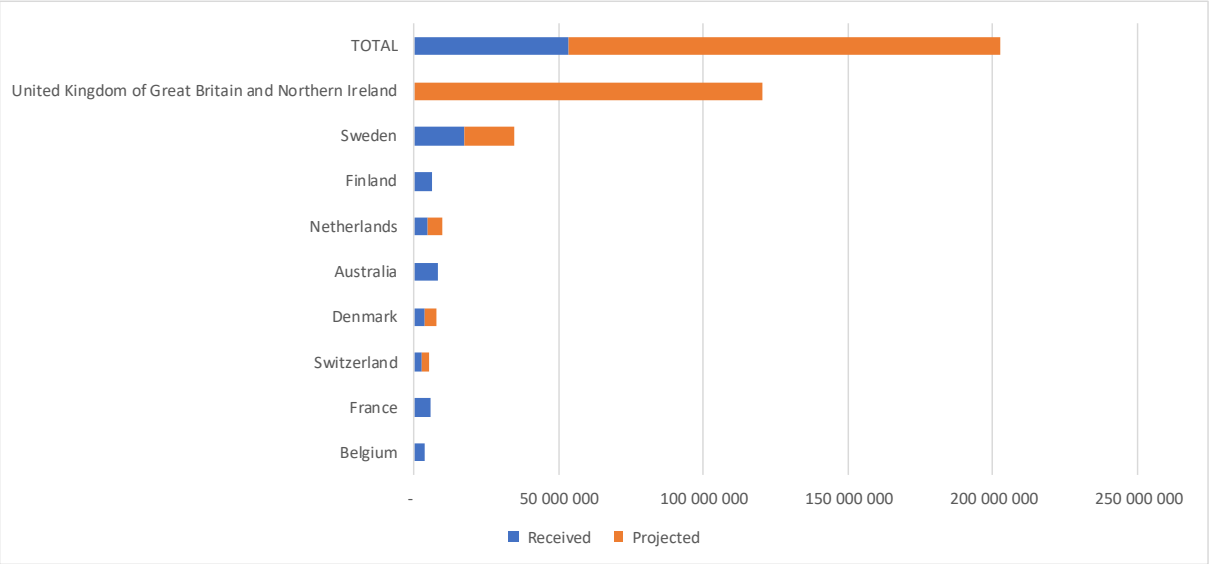
Fig. 2. Revenue by source, Programme budget 2020–2021



CORE VOLUNTARY CONTRIBUTIONS ACCOUNT

89. In 2020, the total funding revenue from the core voluntary contributions account (CVCA) was US$ 53.4 million. WHO projects an additional US$ 149 million of CVCA by the end of the biennium. CVCA represents a vital source of catalytic, predictable and fully flexible funding that helps WHO to deliver on the GPW 13. Figure 3 summarizes the revenue of CVCA by donor for 2020. It represents less than 1% of the approved budget for the base programmes.

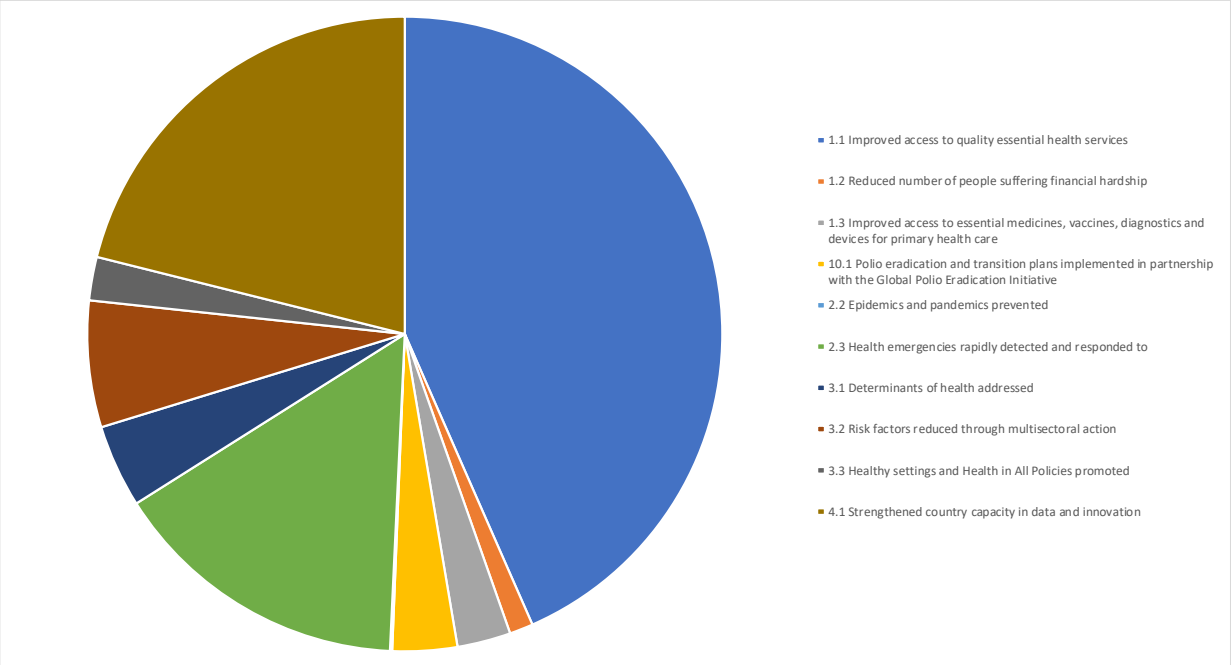
Fig. 3. Core voluntary contributions for the Programme budget 2020–2021, received and projected (as at 31 December 2020) (US$)



90. Specified resources form the majority of WHO funding, but in areas where such resources do not cover the full cost and have no flexibility for cross-cutting approaches, it can be hard to leverage full impact without catalytic use of CVCA. CVCA offers an important flexibility for meeting otherwise unfunded requirements in all major offices and all technical programmatic results, enabling critical strategic management of resources in order to deliver the Programme budget. In view of the Organization's high dependency on flexible funds, CVCA is used in conjunction with specified resources to leverage the full potential of the latter.

91. Core voluntary contributions are allocated to technical areas across a large geographic spectrum across most of the technical outcomes. Core voluntary contributions are instrumental in helping WHO to deliver on the Country Support Plans (50% of core voluntary contributions utilized in 2020), global public health goods (20%), leadership and research functions (30%). Figure 4 illustrates how CVCA contributions have been invested in 2020.

Fig. 4. Utilization of core voluntary contributions across Programme budget 2020–2021 outcomes (as at 31 December 2020)

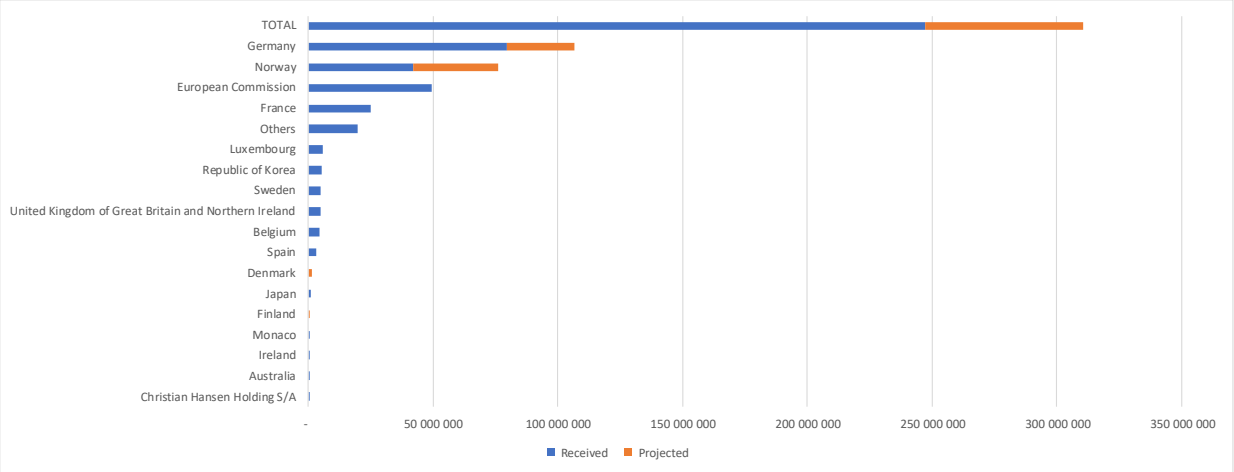


THEMATIC FUNDING

92. Thematic funds are the funds earmarked at global programme budget outputs or higher, within which there is considerable flexibility for deployment according to need. Such funds offer a much greater degree of predictability and flexibility compared with specified voluntary contributions. Thematic funding is negotiated at a corporate level to meet the strategic needs of both contributors and WHO, thereby providing more effective funding to WHO.

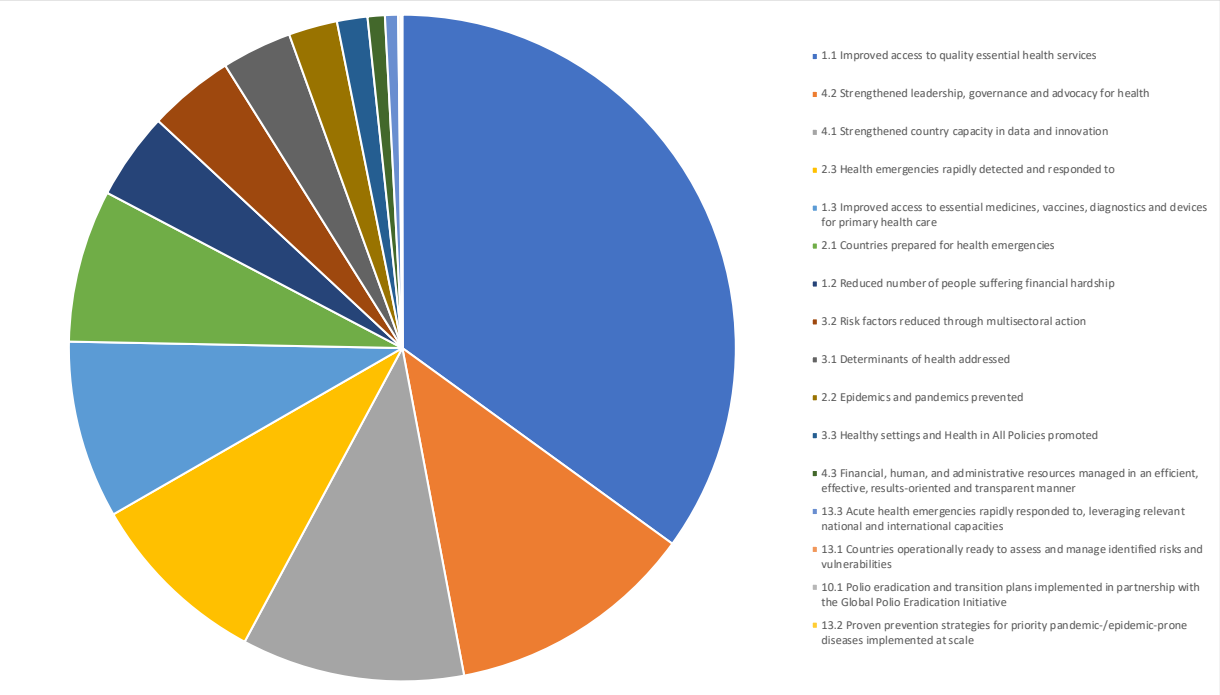
93. At US$ 247.3 million in 2020, thematic funds showed a significant increase compared with the level of US$ 189.6 million in 2019. This was mainly due to the contributions from Germany, the European Commission, Norway and France among others (Figure 5).

Fig. 5. Thematic contributions for the Programme budget 2020–2021, received and projected (as at 31 December 2020) (US$)



94. Figure 6 shows how the thematic funds are invested, covering the wider spectrum of global outcomes and making sure WHO can efficiently address the issues related to chronically underfunded global health topics across the three levels of the Organization. The donors of the thematic funds are also open and encouraging in investing the funds in the WHO enbling areas in order to ensure structural strengthening of WHO.

Fig. 6. Utilization of thematic contributions across Programme budget 2020–2021 outcomes (as at 31 December 2020)



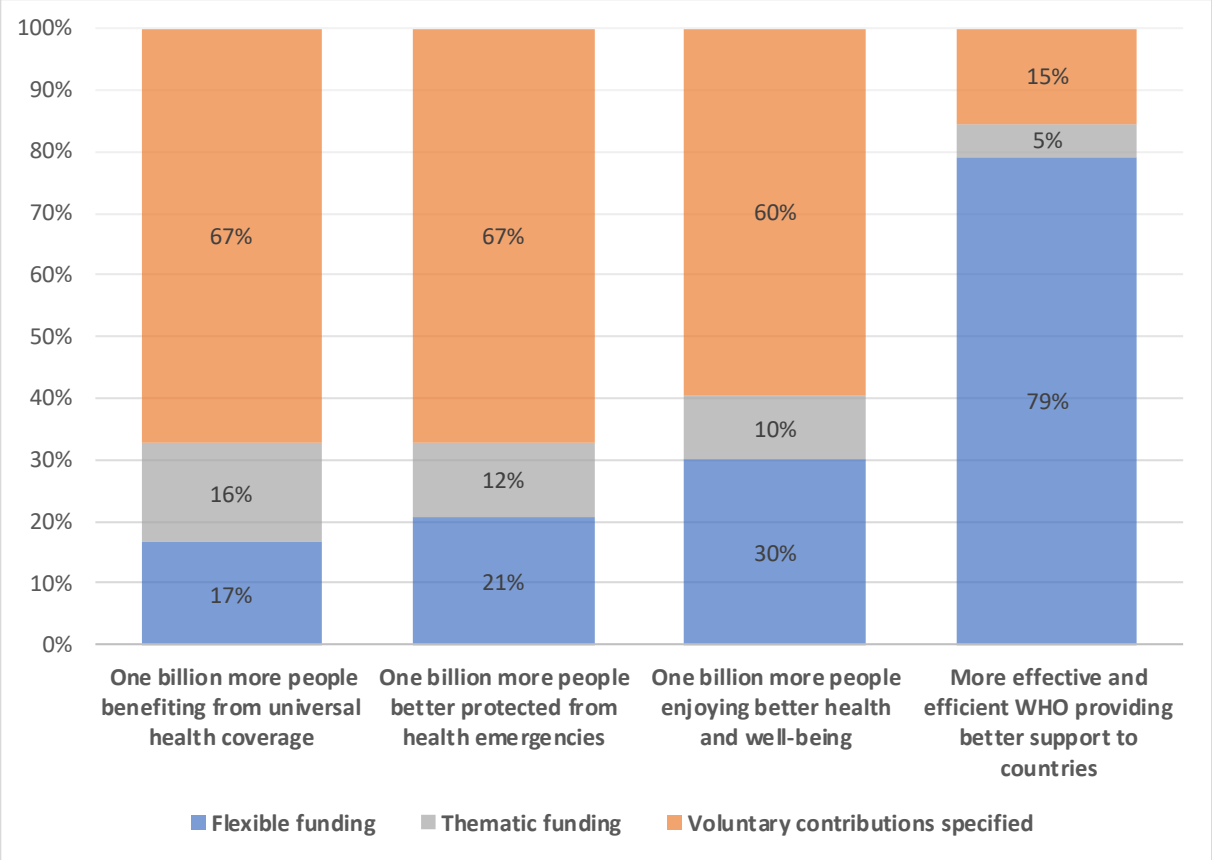
FLEXIBLE FUNDING

95. Flexible funds consist of three types of funds grouped together to provide the Director-General with the strategic ability to fund the Organization based on the priorities set out in the programme budget. These are: assessed contributions, programme support costs and core voluntary contributions. Allocation of flexible funds across programme budget results and across organizational structures is governed by the principles set out in document EB148/26, Annex 2.

96. Figure 7 shows the reliance on flexible and thematic funds versus specified voluntary contributions across the strategic priorities of the base programmes. As shown above, thematic funds have increased significantly in 2020–2021 and they represent an effective funding modality for the programme budget due to their low level of earmarking. Therefore, grouping flexible and thematic funds allows better understanding of the importance of these funds in more equitable and efficient allocation to help the Organization deliver on its mandate. Such funding is instrumental in addressing the issue of pockets of poverty and making sure the budget is fairly resourced to drive impact at all levels of the Organization.

97. Least funded strategic priorities 2 and 3 show a higher reliance on flexible funds; they also benefit from thematic funds. It is foreseen that more flexible and thematic funds will be made available to these two priorities in 2021. Pillar 4, representing corporate services and enabling functions, has the largest dependency on flexible funds.

Fig. 7. Reliance on flexible and thematic funding by strategic priority (as at 31 December 2020)



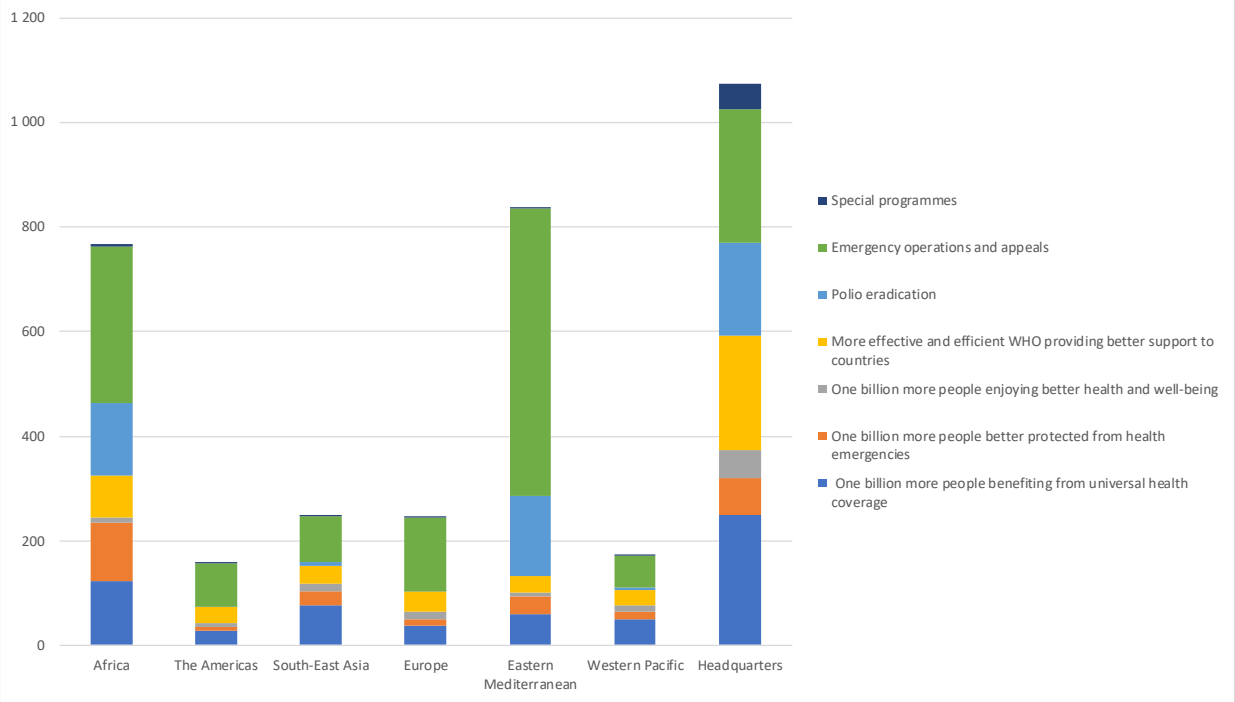
WHERE IS WHO FUNDING INVESTED?

98. In 2020, total Programme budget utilization was US$ 3506 million, which represented an increase of 35% from 2019 (US$ 2583 million). This increase is almost fully attributed to the COVID-19 response that has taken place since mid-February 2020. Figure 8 summarizes the utilization by major office and by strategic priority, showing the scale of operations of the major offices and relative size of every budget segment.

99. Expenditure breakdown by category of work and budget segment varies significantly among major offices, shaped by the event-driven nature of the humanitarian response as well as by polio eradication activities. The details on fund type, expenditure type and level as well as various comparisons of financial elements can be found in the WHO audited financial statement (document WHA74/29).

100. All of the Organization, irrespective of budget segment and originally planned activities, came together to provide a historic response to the COVID-19 pandemic in 2020–2021. The original biennial plans were reviewed in June and July 2020 to assess the impact of COVID-19 on the delivery. Plans were adjusted and many mitigation measures were put in place to ensure response to COVID-19 while continuing to fulfil the commitments of the approved Programme budget as far as possible and across all segments.

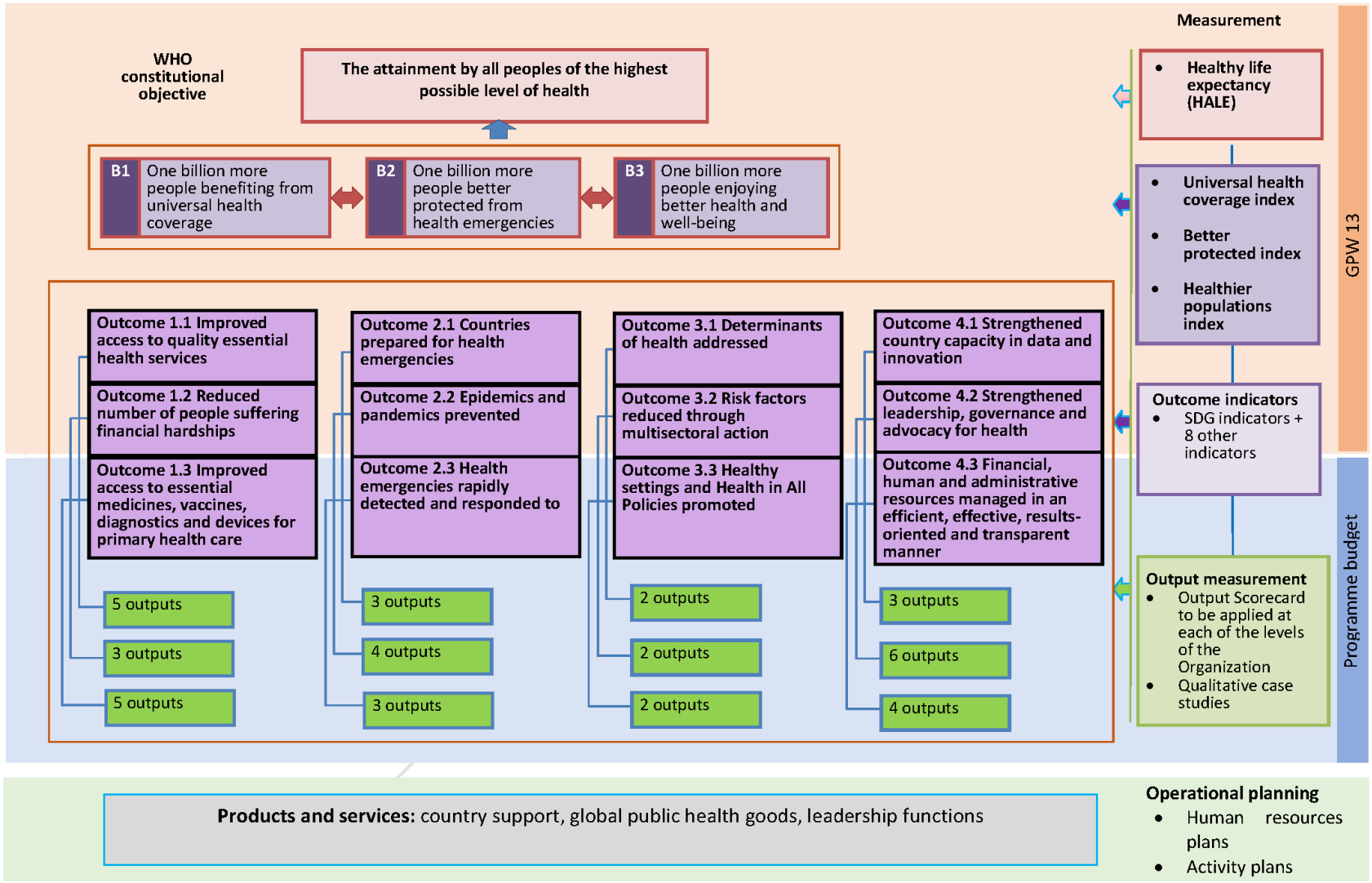
Fig. 8. Programme budget expenses, by major office and strategic priority (as at 31 December 2020) (US$ million)



For more information on budget levels, financing (including lists of contributors disaggregated by contribution type) and budget implementation, please visit the WHO Programme Budget Web Portal at http://open.who.int/2020-21/home. WHO's Web Portal is updated on a quarterly basis.

ANNEXES

Thirteenth General Programme of Work, 2019–2023 Results Framework



ANNEX 2

List of outputs in the Programme budget 2020–2021

Outcome 1.1. Improved access to quality essential health services irrespective of gender, age or disability status

Output 1.1.1

Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

Output 1.1.2

Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Output 1.1.3

Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

Output 1.1.4

Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

Output 1.1.5

Countries enabled to strengthen their health workforce

Outcome 1.2. Reduced number of people suffering financial hardship

Output 1.2.1

Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

Output 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

Output 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

Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Output 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

Output 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

Output 1.3.3

Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved

Output 1.3.4.

Research and development agenda defined and research coordinated in line with public health priorities

Output 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

Outcome 2.1. Countries prepared for health emergencies

Output 2.1.1

All-hazards emergency preparedness capacities in countries assessed and reported

Output 2.1.2

Capacities for emergency preparedness strengthened in all countries

Output 2.1.3

Countries operationally ready to assess and manage identified risks and vulnerabilities

Outcome 2.2. Epidemics and pandemics prevented

Output 2.2.1

Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards

Output 2.2.2

Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale

Output 2.2.3

Mitigate the risk of the emergence and re-emergence of high-threat pathogens

Output 2.2.4

Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

Outcome 2.3. Health emergencies rapidly detected and responded to

Output 2.3.1

Potential health emergencies rapidly detected, and risks assessed and communicated

Output 2.3.2

Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

Output 2.3.3

Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings

Outcome 3.1. Determinants of health addressed

Output 3.1.1

Countries enabled to address social determinants of health across the life course

Output 3.1.2

Countries enabled to address environmental determinants of health, including climate change

Outcome 3.2. Risk factors reduced through multisectoral action

Output 3.2.1

Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

Output 3.2.2

Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society

Outcome 3.3. Healthy settings and Health in All Policies promoted

Output 3.3.1

Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces

Output 3.3.2

Global and regional governance mechanisms used to address health determinants and multisectoral risks

Outcome 4.1. Strengthened country capacity in data and innovation

Output 4.1.1

Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

Output 4.1.2

GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored

Output 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

Outcome 4.2. Strengthened leadership, governance and advocacy for health

Output 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

Output 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

Output 4.2.3

Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships

Output 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

Output 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

Output 4.2.6

"Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored

Outcome 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner

Output 4.3.1

Sound financial practices and oversight managed through an efficient and effective internal control Framework

Output 4.3.2

Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

Output 4.3.3

Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operation

Output 4.3.4

Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including duty of care

ANNEX 3

Output scorecard results: range of major office scores and global scorecard by output

OUTPUT SCORECARD DIMENSION SCORES (major office score range and global average by output)															
Output numbers	Technical support			Leadership			Global public health goods			gender, equity and human rights			Value for money		
	MO Lowest	MO Highest	Average 3-Level	MO Lowest	MO Highest	Average 3-Level	MO Lowest	MO Highest	Average 3-Level	MO Lowest	MO Highest	Average 3-Level	MO Lowest	MO Highest	Average 3-Level
1.1.1	2.81	3.80	3.19	3.00	3.79	3.38	2.50	3.56	2.93	2.36	3.58	2.84	3.00	3.60	3.26
1.1.2	3.00	3.61	3.32	3.00	3.75	3.33	1.00	3.75	3.10	2.00	3.75	3.10	2.75	3.60	3.30
1.1.3	2.90	3.60	3.17	3.00	3.50	3.17	2.75	3.68	3.00	2.62	3.50	2.92	2.95	3.40	3.16
1.1.4	2.60	3.60	3.30	3.13	4.00	3.47	1.69	4.00	3.12	2.50	3.67	3.04	2.80	3.88	3.32
1.1.5	2.50	3.20	2.97	2.75	3.50	3.09	2.75	3.88	3.22	2.00	2.95	2.64	2.80	3.56	3.16
1.2.1	2.93	3.70	3.23	2.97	3.76	3.33	2.50	3.88	3.13	2.38	3.50	2.95	3.00	3.81	3.28
1.2.2	3.00	3.75	3.33	3.00	3.76	3.34	2.38	3.88	3.13	2.30	3.50	2.91	2.83	3.81	3.26
1.2.3	2.40	3.80	3.14	2.00	3.76	3.10	2.25	3.88	3.08	1.92	3.50	2.66	2.78	3.81	3.25
1.3.1	2.80	4.00	3.22	2.50	3.50	2.99	1.75	3.88	3.25	2.00	3.25	2.70	2.60	3.60	3.20
1.3.2	2.60	3.80	3.12	2.50	3.63	3.15	2.00	4.00	2.88	2.25	3.50	2.75	3.00	3.80	3.35
1.3.3	2.98	4.00	3.33	2.93	4.00	3.57	1.75	4.00	3.75	2.33	3.50	2.83	2.60	4.00	3.40
1.3.4	1.20	3.40	3.03	2.88	3.88	3.17	3.00	3.75	3.21	1.25	3.00	2.70	2.70	4.00	3.31
1.3.5	2.59	4.00	3.18	3.00	4.00	3.31	1.25	4.00	2.73	1.41	3.50	2.34	2.70	4.00	3.13
2.1.1	2.87	4.00	3.26	3.00	3.80	3.33	2.50	3.65	3.20	2.40	3.35	2.95	2.80	3.85	3.26
2.1.2	2.99	3.60	3.40	3.00	3.75	3.38	2.75	3.88	3.33	2.36	3.92	3.15	2.80	3.60	3.38
2.1.3	2.87	3.40	3.14	3.00	3.40	3.20	2.50	3.50	3.20	2.55	3.50	2.93	2.70	3.62	3.08
2.2.1	3.02	3.82	3.48	3.00	3.90	3.48	2.75	3.88	3.35	2.10	3.75	3.08	2.40	3.80	3.42
2.2.2	3.08	3.80	3.45	3.00	4.00	3.51	2.75	3.88	3.19	2.50	3.50	2.92	3.00	3.95	3.41
2.2.3	2.98	3.84	3.32	3.08	3.68	3.40	2.88	4.00	3.38	2.53	3.40	3.00	2.90	3.92	3.42
2.2.4	3.20	4.00	3.60	3.00	4.00	3.75	2.00	4.00	3.25	2.50	3.81	3.25	3.20	4.00	3.60
2.3.1	2.94	3.45	3.29	3.11	3.75	3.40	2.50	3.45	3.12	2.46	3.67	2.78	2.94	3.40	3.20
2.3.2	3.09	3.53	3.31	3.25	3.64	3.47	2.24	4.00	3.31	2.81	3.83	3.17	3.00	3.85	3.44
2.3.3	3.00	3.40	3.13	2.97	3.50	3.22	2.69	3.75	3.37	2.63	3.25	2.86	2.60	3.80	3.26
3.1.1	2.00	3.60	2.87	2.00	3.75	2.99	1.00	3.75	2.50	2.00	3.25	2.79	2.00	4.00	3.02
3.1.2	3.00	3.60	3.00	2.50	3.85	3.00	1.25	3.88	3.00	1.75	3.00	2.50	2.00	3.80	3.20
3.2.1	2.72	3.57	3.18	3.00	3.75	3.41	2.00	3.64	2.80	2.00	3.05	2.64	2.38	3.53	3.05
3.2.2	3.00	3.60	3.24	3.00	3.75	3.36	1.00	3.75	2.60	2.30	3.50	2.93	2.80	3.60	3.33
3.3.1	2.60	3.20	2.90	2.75	3.63	3.17	1.00	3.44	2.74	2.25	3.25	2.65	2.20	3.35	2.93
3.3.2	2.73	3.50	2.99	2.75	3.38	3.07	2.00	3.88	2.63	1.75	2.91	2.49	2.40	3.40	2.93
4.1.1	2.80	3.80	3.23	3.00	3.95	3.27	1.00	3.58	3.02	2.50	3.10	2.83	2.96	3.66	3.30
4.1.2	3.00	3.60	3.16	2.75	3.50	3.14	1.00	3.50	3.48	2.59	3.25	2.82	2.70	3.60	3.18
4.1.3	2.00	3.50	2.88	2.50	3.38	2.94	2.50	3.75	3.22	2.25	3.38	2.80	2.60	3.60	3.01
4.2.6	2.70	3.50	3.01	2.75	3.75	3.23	2.50	3.38	2.94	2.50	3.38	2.89	2.40	3.40	3.13

SCORECARD DIMENSION SCORES															
Output numbers	Leadership			Accountability			Client Service Delivery			Gender, equity and human rights			Value for money		
	MO Lowest	MO Highest	Ave 3-Level	MO Lowest	MO Highest	Ave 3-Level	MO Lowest	MO Highest	Ave 3-Level	MO Lowest	MO Highest	Ave 3-Level	MO Lowest	MO Highest	Ave 3-Level
4.2.1	3.00	3.70	3.46	3.00	3.95	3.47	3.00	3.73	3.34	2.33	3.80	3.01	3.00	4.00	3.50
4.2.2	3.00	4.00	3.41	3.00	4.00	3.57	4.00	3.42	2.33	3.11	2.76	2.80	2.80	3.80	3.23
4.2.3	3.00	3.67	3.27	3.00	3.75	3.51	3.00	3.83	3.28	2.00	3.17	2.79	2.80	3.70	3.24
4.2.4	2.50	3.50	3.11	3.09	3.75	3.53	3.01	3.50	3.33	2.33	3.17	2.80	3.00	3.60	3.36
4.2.5	3.00	3.83	3.38	3.00	3.75	3.52	3.00	3.83	3.33	2.33	3.83	2.94	2.70	3.68	3.28
4.3.1	3.00	4.00	3.47	2.50	4.00	3.45	3.00	4.00	3.42	2.50	3.22	2.95	3.00	4.00	3.49
4.3.2	3.00	4.00	3.34	2.50	4.00	3.25	3.00	4.00	3.48	2.33	3.04	2.74	3.00	4.00	3.42
4.3.3	3.33	4.00	3.58	2.50	4.00	3.43	3.00	4.00	3.57	1.67	4.00	2.93	3.20	4.00	3.65
4.3.4	3.00	4.00	3.44	2.50	4.00	3.40	3.00	4.00	3.47	1.00	3.14	2.62	3.04	4.00	3.46

Notes:

Average 3-Level – global average across the three levels of the Organization; MO – major office.

	Strong (score of 4)

	Below satisfactory

The achievement of the Secretariat against each of the outputs is assessed using six dimensions:

– Effective delivery of technical support at the country level
– Effective delivery of leadership in health
– Effective delivery of the global public health goods
– Impactful integration of gender, equity and human rights
– Delivering value for money
– Achieving results in ways leading to impacts.

These dimensions are assessed using a standard scoring scale:

1- Emergent
2- Developing
3- Satisfactory
4- Strong.

ANNEX 4

Programme budget 2020–2021 and its financing, including projections and utilization, by major office by budget segment, as at 31 December 2020 (US$ millions)

Major offices	Approved Programme budget 2020–2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
Africa	**1 519.2**	**1 380.5**	**91%**	**1 396.9**	**92%**	**767.6**	**51%**
Base	992.4	668.5	67%	669.5	67%	323.6	33%
Polio	252.8	247.8	98%	247.8	98%	139.4	55%
Emergency operations and appeals	274.0	454.1	166%	469.5	171%	300.6	110%
Special programmes		10.2		10.2		3.9	
The Americas	**228.9**	**244.2**	**107%**	**244.2**	**107%**	**158.9**	**69%**
Base	215.8	134.3	62%	134.3	62%	73.8	34%
Polio	0.1	0.1	100%	0.1	100%	0.0	62%
Emergency Operations and appeals	13.0	107.2	825%	107.2	825%	84.1	647%
Special programmes		2.6		2.6		1.1	
South-East Asia	**446.6**	**419.5**	**94%**	**433.8**	**97%**	**248.8**	**56%**
Base	388.5	287.6	74%	301.9	78%	152.2	39%
Polio	12.1	8.2	68%	8.2	68%	6.0	49%
Emergency operations and appeals	46.0	116.7	254%	116.8	254%	87.4	190%
Special programmes		7.1		7.1		3.2	
Europe	**384.7**	**441.1**	**115%**	**453.5**	**118%**	**245.9**	**64%**
Base	277.9	228.5	82%	239.8	86%	102.2	37%
Polio	1.8	1.6	88%	1.6	88%	0.8	42%
Emergency operations and appeals	105.0	207.9	198%	208.9	199%	142.0	135%
Special programmes		3.1		3.1		0.9	
Eastern Mediterranean	**1 050.7**	**1 477.4**	**141%**	**1 501.5**	**143%**	**838.0**	**80%**
Base	391.2	303.7	78%	305.8	78%	132.1	34%
Polio	325.5	250.0	77%	250.0	77%	153.9	47%
Emergency operations and appeals	334.0	918.5	275%	940.5	282%	549.7	165%
Special programmes		5.2		5.2		2.4	

Major offices	Approved Programme budget 2020–2021	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
Western Pacific	**335.7**	**333.6**	**99%**	**390.5**	**116%**	**171.8**	**51%**
Base	309.2	221.5	72%	237.3	77%	104.9	34%
Polio	8.5	7.3	85%	7.3	85%	5.3	62%
Emergency operations and appeals	18.0	102.3	568%	143.5	797%	60.6	337%
Special Programmes		2.5		2.5		1.0	
Headquarters	**1 874.6**	**2 251.0**	**120%**	**2 472.5**	**132%**	**1 074.9**	**57%**
Base	1 193.7	1 394.6	117%	1 514.0	127%	593.3	50%
Polio	262.2	216.5	83%	217.6	83%	175.6	67%
Emergency operations and appeals	210.0	469.9	224%	557.8	266%	257.1	122%
Special programmes	208.7	170.0	81%	183.1	88%	48.9	23%
Undistributed funds		**609.9**		**1 367.9**			
Base		324.0		592.3			
Polio		76.8		532.6			
Emergency operations and appeals		166.6		200.6			
Special programmes		42.4		42.4			
Total	**5 840.4**	**7 157.2**	**123%**	**8 260.8**	**141%**	**3 505.9**	**60%**