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Proposed programme budget 2024–2025

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INTRODUCTION

1. Shaped at a turbulent time, with the world recovering from the pandemic of coronavirus disease (COVID-19) – the most devastating health crisis in living memory – the Proposed programme budget 2024–2025 is both unique and historic. It is unique in reflecting a new approach in response to the pandemic, together with a greater country focus than ever before, more efficient features and a new presentation format. It is also historic in benefitting from an increase in assessed contributions, after several decades without change, which marks a radical shift that paves the way towards a more sustainably financed Organization. An earlier version of the document, setting forth the draft Proposed programme budget 2024–2025, was considered by the Executive Board at its 152nd session,¹ The Proposed programme budget 2024–2025 presented in the present document reflects the guidance and direction provided by Member States.

2. Significantly, Member States have played an increased role in shaping the budget through a greater consultative and participatory process, which has resulted in strengthening priority-setting and a country focus, as well as steps to enhance transparency, accountability and efficiency.

3. Recognizing the urgent need for countries to speed up recovery from the pandemic and build resilient health systems that protect against future health challenges and advance progress on global priorities, the Proposed programme budget 2024–2025 has three main overarching objectives:

- strengthen country capacity to accelerate progress towards the triple billion targets;
- continue the work defined by the recent revision of the Programme budget 2022–2023; and
- further strengthen accountability and transparency, incorporating guidance from the Agile Member States Task Group (AMSTG) on Strengthening WHO's Budgetary, Programmatic and Financing Governance.

FOCUS ON THE TRIPLE BILLION TARGETS

4. Central to the Proposed programme budget 2024–2025 are the triple billion targets, which remain more important than ever to drive progress in health. Aligned with the Sustainable Development Goals, the targets aim to deliver:

- 1 billion more people benefiting from universal health coverage (Billion 1);
- 1 billion more people better protected from health emergencies (Billion 2); and
- 1 billion more people living with better health and well-being (Billion 3).

5. The targets were anchored in the Thirteenth General Programme of Work 2019–2023 (GPW 13), now extended for two years. The extension offers an opportunity to pick up the pace on the suboptimal progress made towards the triple billion targets, apply the lessons of the pandemic and intensify investments to countries, while also providing a measure of continuity and stability. Progress will be tracked with the same results and indicator framework as that of the GPW 13.

¹ See document EB152/27; see also the summary records of the Executive Board at its 152nd session, third meeting, section 2.

6. Given the enormity of the task ahead, heightened action is needed to galvanize progress. WHO has outlined five priority areas to provide further focus on the triple billion targets. The Proposed programme budget 2024–2025 is aligned with these priorities, which aim to support countries to:

- promote health and well-being and prevent disease, by addressing root causes and creating conditions for good health through multisectoral collaboration;
- provide health through a radical reorientation of health systems towards primary health care as the foundation of universal health coverage;
- protect health by strengthening the global architecture for health emergency preparedness and response, with relevant systems and tools, as well as strong governance and financing;
- power health through science, research, innovation, data, delivery, digital technologies and partnerships as critical enablers of the other priorities; and
- perform and partner for health by building a stronger WHO that delivers results and is reinforced in its role as the world's leading health authority.

7. While keeping the directions of the GPW 13 and the five priorities at its core, the Proposed programme budget 2024–2025 was strongly shaped by the use of both epidemiological data and evidence (delivery-for-impact approach), as well as the increased engagement of Member States, partners and stakeholders to identify country priorities and needs. While strongly anchored in bottom-up country prioritization, the Proposed programme budget 2024–2025 has begun to implement the delivery-for-impact approach, which establishes acceleration scenarios for the triple billion targets and related indicators, based on Member States' priorities, and identifies the resources needed for the acceleration and rigorous execution of implementation and tracking of high-impact solutions.

8. The robust prioritization process was a fundamental feature of the budget development, based on the principle that WHO should invest its limited capacities and resources in areas where it can maximize impact to progress towards the triple billion targets. A bottom-up process was employed, starting at the country level, to ensure maximum alignment with the country situation and priorities, guided by global and regional directions and the use of credible data and evidence, while recognizing where WHO provides most value. This approach serves a key aim of the Proposed programme budget 2024–2025 in order to strengthen country capacity to drive progress towards the triple billion targets. Accordingly, half the base budget is allocated to countries – a significant first for a programme budget.

9. In addition to bottom-up prioritization, strengthening country capacity is also guided by important internal processes. Building on the transformation process and following additional analysis and recommendations by heads of WHO offices in countries, territories and areas, a core predictable country presence is being discussed, which is based on a refined typology of engagement as described in the GPW 13 (strategic partner; technical assurance provider; policy adviser; operations coordinator or service provider), driven dynamically by country needs.

10. In 2024–2025, the Secretariat will strengthen core capacities and scalable capacities in line with the core predictable country presence model and within the Proposed programme budget 2024–2025 presented in this document. These capacities are envisaged to reinforce an integrated approach, engaging more on strategic and policy matters and focusing on essential public health functions, working with other sectors, and coordinating and conducting operations during health emergencies when needed. As such, this initiative is fully aligned with other continuing processes launched earlier aimed at strengthening country capacity, integrating public health functions as part of the polio transition and strengthening primary health care towards UHC.

BUILDING ON PROGRAMME REVISION AND INCORPORATING LESSONS LEARNED

11. Given that there are important lessons for WHO to learn from a crisis of the magnitude of the COVID-19 pandemic, many independent reviews were conducted, resulting in almost 300 recommendations on how WHO

can support Member States more effectively and strengthen transparency and accountability. The recommendations identified several key areas for revision, such as the global health architecture and governance, and the sustainable financing of WHO. In addition, the revision also foresaw a need to intensify support for countries in order to advance universal health coverage and health promotion and well-being, with linkages to health security.

12. The severe disruptions of many essential health services triggered by the pandemic highlighted the need to build resilience, which is behind WHO's pivot towards strengthening primary health care on the way towards universal health coverage. The revised Programme budget 2022–2023¹ introduced the concept of integrated country platforms – based on primary health care. The planning of WHO technical programmes would be integrated under each of the triple billion targets and supported by primary health care and the delivery-for-impact approach. In 2024–2025, this integrated country platform initiative will be expanded by also incorporating those countries, supported by the European Investment Bank in partnership with WHO for primary health care. Another element incorporated into the Proposed programme budget 2024–2025 is an intensified focus on the health workforce, given the strains and inequalities witnessed during the pandemic. The COVID-19 pandemic also revealed the need to drastically improve the global architecture for health emergencies, preparedness, resilience and response, which is being taken forward as a priority. Similarly, given the dramatic changes in the global health environment, with health playing a more central role as a precondition for development and the pandemic demonstrating the dangers of neglecting the environmental, climate, social and economic drivers of health, there is an intentional pivot towards prevention rather than cure.

13. A special element also contained in the revision was to continue strengthening the Organization's capacity in the prevention of and response to sexual exploitation, abuse and harassment (PRSEAH) and to reinforce a culture of zero tolerance for sexual misconduct.

14. Based on the evidence and inputs from a bottom-up priority-setting process, the Proposed programme budget 2024–2025 has considered the revised Programme budget 2022–2023 to realign and integrate a budget focusing on country needs.

SUSTAINABLE FINANCING

15. The pandemic highlighted WHO's longstanding challenge of sustainable financing. The Organization's ability to make an impact is limited by a funding model in which only 14% of WHO's funding is fully flexible and predictable (while the remaining funds are dependent on generous donors, heavily earmarked and arrive at unpredictable times). In May 2022, Member States made a landmark decision² to request the Secretariat to develop budget proposals, through the regular budget cycle, for an increase of assessed contributions with the aspiration to reach a level of 50% of the base programme budget by 2030–2031 at the latest.

16. The Proposed programme budget 2024–2025 benefits from this decision – it has been developed on the expectation of a 20% increase of assessed contributions (from the approved levels of 2022–2023), marking a historic move towards a more empowered and independent WHO. This development reflects the increased trust in WHO to serve its Member States.

17. The Secretariat recognizes that this increased trust requires further strengthening accountability and transparency. It has submitted an implementation plan on reform to strengthen budgetary, programmatic and finance governance – with timelines and deliverables – which was endorsed by the Executive Board at its 152nd session.³ The plan was shaped by inputs from Member States, including through the AMSTG.

¹ See document A75/6.

² Decision WHA75(8) (2022).

³ Document EB152/34 and decision EB152(16).

18. Also notable is that the Proposed programme budget 2024–2025 foresees no increase despite rising inflation, reflecting the concerted commitment of the Secretariat to ongoing improvements in efficiencies and managing within existing means.

IMPROVED AND EFFICIENT FORMAT

19. The Secretariat’s commitment to greater accountability, transparency and efficiency is also reflected in other facets of the Proposed programme budget 2024–2025. One facet is that it is risk-informed. Consideration is given to uncertainties – that is, risks – with the prioritization of mitigation actions to maintain levels of risk to an acceptable degree.

20. Another facet is the transformed presentation format of the Proposed programme budget 2024–2025, which attempts to accomplish the seemingly impossible task of being more concise while providing more detailed information. This was to serve varying requests from policy-makers and is achieved by having a shortened document and consigning specific details and further information to a user-friendly digital platform. Comprehensive information on past performance, past expenditures, prioritization by countries, indicators, costing of outputs and more are provided on a dynamic platform that includes interactive dashboards.

THE RESULTS FRAMEWORK: A TOOL FOR IMPACT AND ACCOUNTABILITY

21. The Proposed programme budget 2024–2025 maintains the same results framework used for reporting on the GPW 13 since 2019 in order to track results on the 12 outcomes and 42 outputs (Fig. 1).

22. The integrated results framework (Fig. 1) serves as an organizing frame for programmatic work and budgeting and also reflects the interconnected nature for the triple billion targets envisaged by the GPW 13 and reinforced by the reality of the COVID-19 pandemic.

23. The framework demonstrates the pathway through which the Secretariat’s outputs will lead to eventual impacts. It clearly articulates what specific results will be measured and what measurement criteria will be used:

- (1) an impact measurement system for tracking progress on the triple billion targets and 46 outcome indicators (39 of which are health-related Sustainable Development Goals);
- (2) an output scorecard; and
- (3) qualitative country case studies.

24. Monitoring and assessment are essential for the proper management of the programme budget and to guide necessary revisions to policies and programmes. WHO will continue to monitor, assess and report on programme budget implementation, in line with the results framework described above.

25. The monitoring and assessment of programme budget implementation will be conducted through the mechanisms outlined in Fig. 2 and in alignment with the Organization’s results-based management approach in order to ensure transparency and accountability for results.

Fig. 1. Results framework of the GPW 13

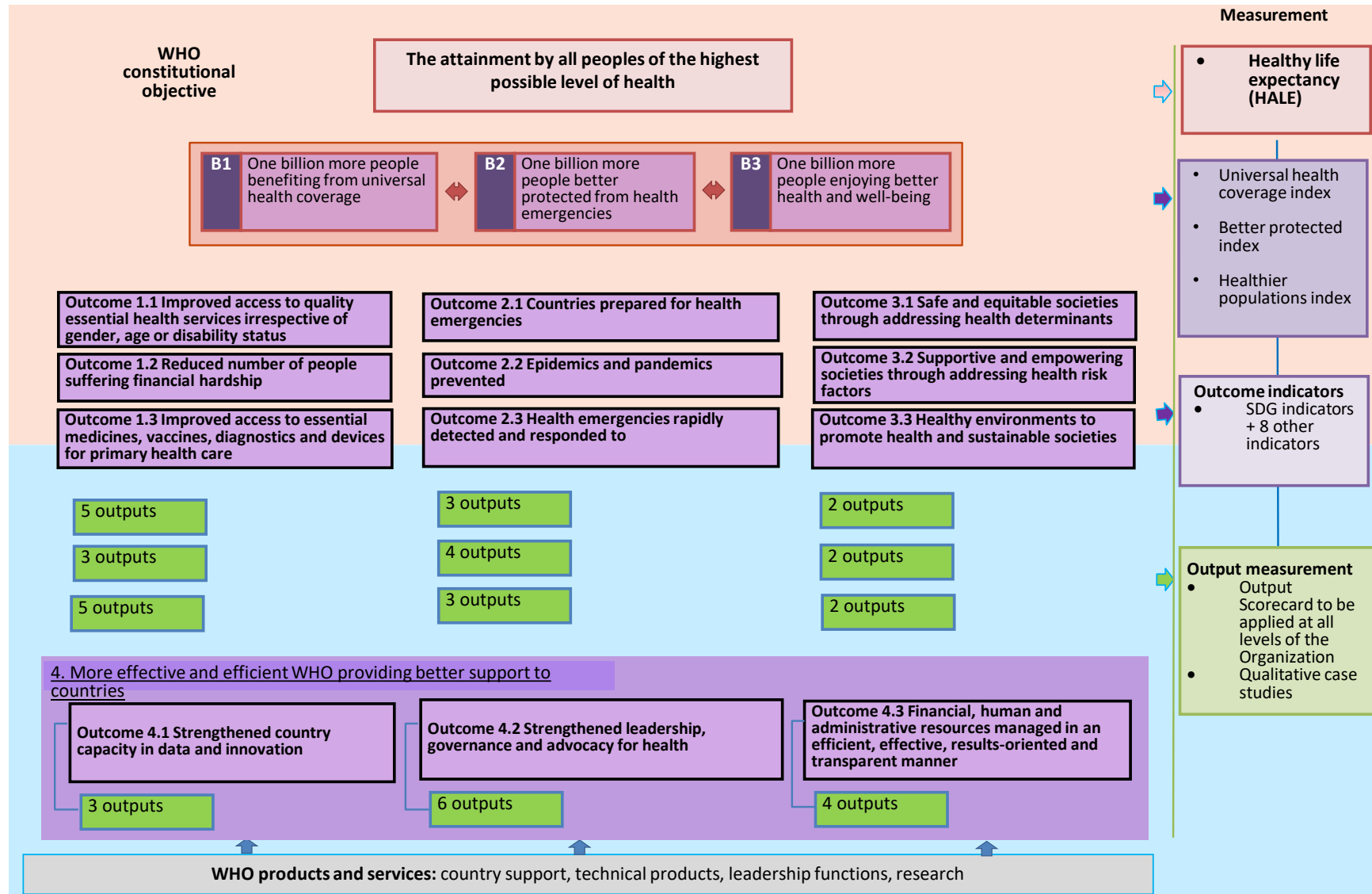
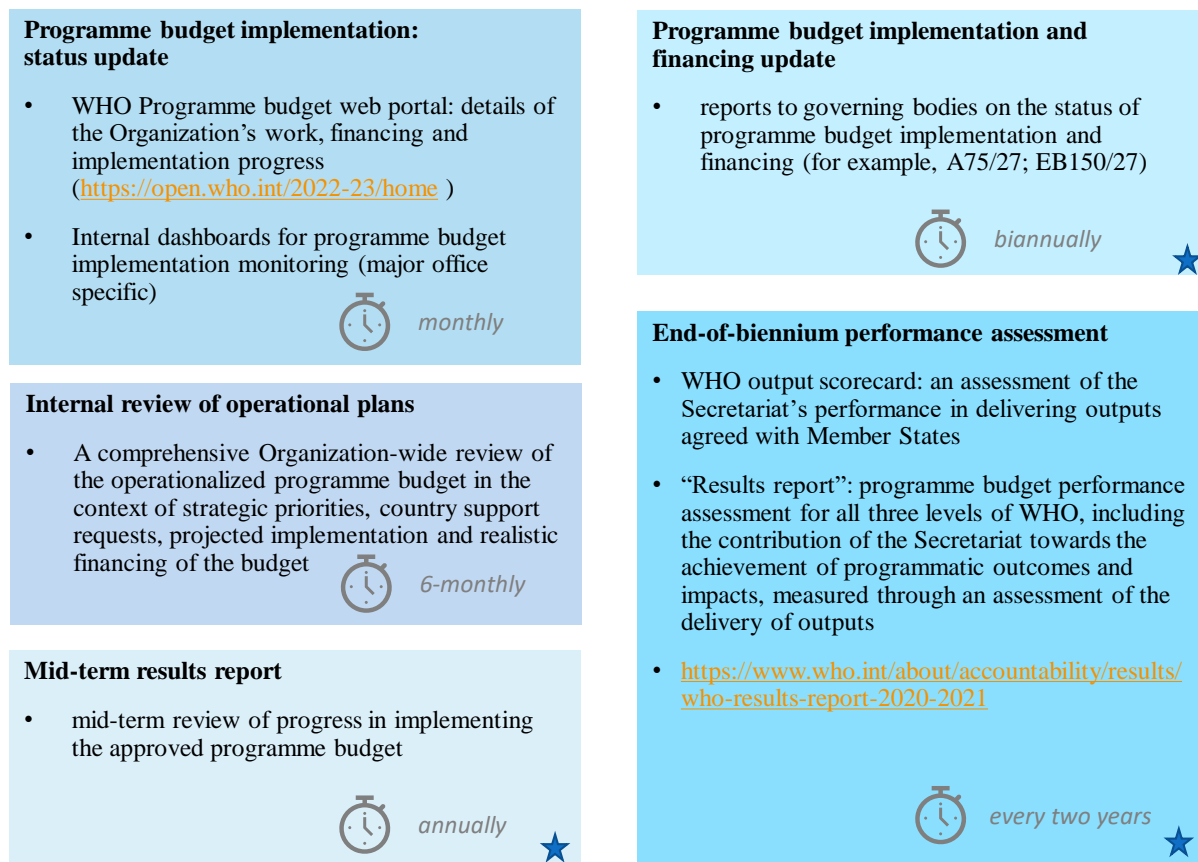


Fig. 2. Overview of programme budget monitoring and assessment mechanisms¹



¹ A star indicates a governing bodies document.

PRIORITY-SETTING FOR THE PROPOSED PROGRAMME BUDGET 2024–2025: RESULTS AND IMPLICATIONS

26. A strengthened approach to priority-setting is an integral part of the Proposed programme budget 2024–2025. While priority-setting has always been a feature of programme budgets, the process in this case was more systematic, refined and data-driven. A more prioritized approach is essential to ensure that WHO invests its limited resources in areas of potential maximum impact and also contributes towards better governance and transparency.

27. The iterative approach applied – starting at the country level and engaging Member States and partners – maintained a focus on delivering impact in countries, thus reinforcing the GPW 13 aim to achieve measurable impact on people’s health in all countries.

28. The use of credible, actionable data – including data analyses of country-level trends – together with indicators within the triple billion framework identified a number of areas of concentration on which to focus efforts to accelerate progress. This process informed priority-setting for the Proposed programme budget 2024–2025. The areas of concentration are presented below under each strategic priority and the fourth enabling pillar.

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

29. Considering the setbacks from the COVID-19 pandemic, the world will be 770 million short of the target of one billion more people benefiting from universal health coverage (Billion 1) by 2025. With an unaltered trajectory, the rate of progress is less than one quarter of the pace needed to reach the Sustainable Development Goal target by 2030.¹ At a time when the world is facing multiple political, economic, social and environmental challenges, such as war, famine, the existential threat of climate change and economic recession, a more targeted approach is needed in the next two years to reverse the downward trend in progress towards Billion 1 and to move towards the equitable and resilient recovery of the health systems.

30. With limited resources and only two years ahead, moving towards the target requires a strategic approach, matched with the most effective solutions for each country guided by data and evidence, as well as a clear priority-setting. Initial estimates show that by prioritizing areas that have the largest gaps and the highest potential for impact, there is a potential to double the progress by 2025, with approximately 390 million more people likely to benefit from universal health coverage.

31. With 92 countries experiencing little change or worsened financial hardship in the past two decades and more people falling into poverty, financial protection is a critical element for achieving Billion 1. To make measurable improvements, the Secretariat will provide targeted support to countries to develop their capacity to monitor and produce actionable evidence on gaps in coverage, including by providing context-specific policy recommendations and delivering evidence-based interventions and best practices for universal health coverage. By providing intensive health financing support to 25 countries among the 92 countries whose progress has stalled or is trending negatively during this biennium, WHO can help accelerate progress towards Billion 1.

32. Evidence shows that by prioritizing high-impact service delivery interventions, such as childhood immunization, HIV treatment, tuberculosis and high blood pressure control, the gap in meeting the Billion 1 can be reduced by half. These are the essential services that have been most heavily impacted by the disruptions

¹ Sustainable Development Goal 3, target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

caused by the COVID-19 pandemic. To reverse this negative trajectory, the Secretariat will focus its efforts to help build community resilience and take multisectoral approaches to addressing the drivers of the disease burden. For instance, for childhood immunization, reducing the number of zero dose and under-immunized children will be the key priority. Similarly, for tuberculosis, focusing on the high-burden countries that account for almost 90% of the new tuberculosis cases will drive impact. To manage high blood pressure, which kills more people than all infectious diseases combined, interventions will be aimed at scaling up the high blood pressure control programme, initially implemented in 18 countries.

33. Prioritizing specific disease areas will not be sufficient without a radical reorientation of health systems towards primary health care, which will drive progress towards all of the triple billion targets. In fact, 90% of essential universal health coverage interventions can be delivered through primary health care, while 75% of the projected health gains from the Sustainable Development Goals could be achieved through primary health care, which provides the foundation upon which countries can build equitable and resilient health systems to deliver quality, affordable health services to everyone, especially the most vulnerable. Building on its Special Programme on Primary Health Care and the Universal Health Coverage Partnership, with 115 policy advisories embedded in country offices, the Secretariat will provide intensive support to low- and lower-middle income countries. In tandem, the Secretariat will step up its global leadership for impact by developing a compelling investment case for primary health care, in partnership with international institutions and investment partners. This will include strengthened advocacy for domestic investments in primary health care as a key priority, supporting countries to implement core guidance on essential universal health care interventions and developing a framework to address antimicrobial resistance through a core set of primary health care interventions.

34. The pandemic has exposed acute systemic gaps in the health workforce, which need to be urgently addressed as a cross-cutting element to make progress towards all the triple billion targets. The insufficient availability of the health workforce was the leading cause for health service disruptions during the COVID-19 pandemic, with glaring inequalities across the WHO regions. The current density and distribution of the health workforce is not sufficient to achieve Billion 1. A 35% reduction of the shortage in the health workforce is needed by 2025 to be on track to reach the targets of the Sustainable Development Goals. To achieve this, the Secretariat will provide support to selected countries to develop a road map for action and investment plans to strengthen health and care workforce investments to improve workforce availability; improve occupational health and safety measures to protect the lives of health workers; and strengthen national workforce capacity to implement essential public health functions, emergency preparedness and response. Addressing gender gaps in the health and care workforce will be a specific area of focus. The WHO Academy will play a key role in designing learning programmes to build country capacity.

35. The pandemic highlighted the huge and growing divide between high- and low-income countries in accessing medicines and health products and the need for health product innovation and local production to enhance the equitable distribution of health products (i.e. medicines, vaccines, diagnostics and devices). WHO will build on this experience and align various mechanisms (including the COVID-19 Technology Access Pool; mRNA technology transfer hubs; training hubs to strengthen the required workforce; prequalification and strengthening national regulatory capacity; and essential medicines and diagnostics lists) into a coherent and sustainable system focused on empowering countries to make their own health products. These efforts are guided by the WHO R&D Blueprint, and WHO will strengthen local health science, research and development, and innovation ecosystems, as well as the sharing of intellectual property, technology and know-how, through voluntary mechanisms, policy and legislative approaches, as well as shareholder activism. WHO will continue its leadership role of setting norms and standards for medicines and health products and supporting countries to apply them.

36. The Secretariat will build on its work initiated during the last biennium to support countries to seamlessly integrate the core functions and capacities of the polio eradication programme into broader public health, so that the knowledge, skills and infrastructure set up to eradicate polio are successfully transitioned to strengthen disease detection, immunization and primary health care. This will include moving forward on the post-2023

vision for polio transition, implemented through regional action plans in the African, South-East Asia and Eastern Mediterranean regions, which will be finalized by the end of 2023. In addition, the Secretariat will continue to provide integrated support to strengthen immunization, vaccine-preventable disease surveillance and primary health care in more than 50 countries that are no longer supported by the Global Polio Eradication Initiative (GPEI).

37. All actions towards the Billion 1 will require a targeted approach, driven by evidence and aligned with country priorities. As explained in detail in this document in the section entitled “Results and strategic significance of priority-setting”, the Secretariat’s interventions are guided by the bottom-up priority-setting, which is the foundation of the development of the Proposed programme budget 2024–2025, starting at the country level to ensure maximum alignment with country situations and priorities, supported by available credible data, evidence and trends and focusing on areas in which WHO’s added value is recognized. This will include a more proactive discussion with Member States on the development of the technical products to better align them with country priorities. For country support, scaling up innovations in areas working with the WHO Innovation Hub, such as primary health care, mental health, noncommunicable diseases, women and children’s health, and sexual and reproductive health and rights, will be prioritized. The Secretariat will also intensify efforts to foster integration across programmes, by demonstrating the benefits of integrated platforms in selected countries that are lagging furthest behind on progress towards universal health coverage, which will then be expanded to more countries in 2024–2025.

38. All the interventions towards universal health coverage will have a strong equity focus on reducing the gap both between and within countries. While pursuing the principle of leaving no one behind, the Secretariat will enhance its focus on the most vulnerable and marginalized segments of the population.

39. Only by scaling up high-impact interventions and focusing on cross-cutting levers, such as primary health care and health workforce and prioritizing equity, will it be possible to reverse the downward trend towards achieving Billion 1 within the next two years and move towards the equitable and resilient recovery of the health systems. Progress will continue to be monitored through the WHO results framework, which will include improved measurements such as proposed new indicators and an improved universal health coverage index.

Strategic priority 2: One billion more people better protected from health emergencies

40. The COVID-19 pandemic showed beyond doubt that countries and the global multilateral system were and remain ill-equipped to deal effectively with the growing scale and complexity of health emergencies. It is vital that the world seizes the chance to do things differently. The devastation caused by the COVID-19 pandemic has brought welcome urgency to efforts to strengthen the way countries – and by extension, the world – prepare for, prevent, detect and respond to health emergencies. Amid this urgency, however, it is essential that national, regional and global efforts are coordinated, coherent and reflective of a broad consensus and inclusive participation by all stakeholders. The Proposed programme budget 2024–2025 provides a perfect window of opportunity to take stock of the diverse ongoing efforts to strengthen national and global capacities for health emergency prevention, preparedness, readiness, response and resilience, and to focus our collective efforts in core areas to achieve the goal of one billion more people protected from health emergencies.

41. The Proposed programme budget 2024–2025 also comes at a time when the world appears to be reaching a tipping point. The number, scale and complexity of health emergencies continues to increase year on year, driven by many of the same long-term trends that continue to accelerate the emergence and re-emergence of epidemic-prone diseases: geopolitical conflict; the collapse of trade, leading to famine and shortages of essential goods; the intensification of ecological degradation and climate change; weakened health systems; and widening economic and social inequalities. The evidence of the past few decades tells us that these trends are increasingly interacting in complex and unpredictable ways to drive the emergence of new health emergencies and intensify existing protracted crises.

42. More than 339 million people – almost 1 in 20 of the world’s population – are predicted to need humanitarian assistance throughout 2023, although these figures were estimated before the recent devastating earthquake in Türkiye and the Syrian Arabic Republic. This global estimate represents an increase of 25% compared with 2022 and is more than double the total number of people who needed humanitarian assistance in 2018 (135 million).

43. On current trajectories, the growth in global humanitarian and emergency health needs will rapidly outstrip global capacity to provide emergency aid. To respond effectively to the multifactorial crises of the twenty-first century, we need multifactorial solutions. WHO must intensify its support for countries and other health emergency stakeholders in adopting a strategic shift towards a systems-based approach to health emergency preparedness, prevention, readiness and response, focused on strengthening interlinked core capacities at the intersection of health security, primary health care and health promotion.

44. To that end, the establishment of more dynamic, holistic and predictive measures of preparedness, including a focus on the animal–human–environment interface, as well as the scale-up of risk and vulnerability analyses, will complement updates to the International Health Regulations (2005) monitoring and evaluation framework. The joint development of the Universal Health and Preparedness Review mechanism with Member States, as well as efforts to operationalize, finance and accelerate the implementation of national action plans for health security, will support countries to strengthen health emergency preparedness. In particular, WHO will intensify its direct support for countries to develop plans and proposals to access and implement new streams of funding in order to develop and strengthen health emergency preparedness and readiness capabilities, including through funds from the newly launched Pandemic Fund.

45. Activities, strategies and tools that enable countries and communities to prevent health emergencies continue to be significantly affected by the COVID-19 pandemic.

46. Strengthening readiness capabilities in all core systems determines how effectively countries can rapidly mobilize actions in anticipation of any specific, high-impact risk. Operational readiness builds countries’ abilities to respond rapidly to the most serious and imminent health threats. Operational readiness will be increased with the prioritization of critical functions in every system throughout the emergency management cycle for assessed risks, while threat-specific anticipatory actions will be rapidly mobilized for imminent threats. WHO will accelerate the implementation of disease-focused strategies for known high-priority pathogens, with a focus on high-risk countries in fragile, conflict-affected and vulnerable settings. This includes both implementing the existing global strategies for yellow fever, meningitis and cholera and developing a series of new global end-to-end strategies, through partnerships that build on the work carried out through the research and development blueprint for priority diseases/WHO R&D Blueprint for Epidemics. At the same time, WHO will continue to develop an innovative, hazards-based approach to improving pandemic preparedness that recognizes that the systems, capacities, knowledge and tools that are developed and applied to individual high-priority pathogens can be leveraged and applied for groups of pathogens based on their mode of transmission. The Preparedness and Resilience for Emerging Threats initiative, which has already developed a planning module for respiratory pathogens with epidemic and pandemic potential, will continue to roll out, expand and develop the programme to include other modes of transmission, including foodborne and vector-borne pathogens.

47. The WHO Secretariat will intensify its support for Member States to strengthen infection prevention and control and clinical management, which are crucial for providing safe and scalable care, and for preventing and responding to health emergencies, while building the capacity for rapid response and surge, including emergency medical teams. The protection of communities from health emergencies will require the scale-up of risk communication and infodemic management capabilities and tools, and an increased focus on engaging multisectoral partnerships with communities at the centre.

48. While there is evidence that countries have improved the timeliness of detection, notification and response to health emergencies,¹ the COVID-19 pandemic demonstrated weaknesses in how countries detect, monitor and manage public health threats. Critical areas for strengthening at national, regional and global levels range from the digitization and integration of sources of surveillance data to the combination of public health surveillance data with insights from One Health surveillance data, communities and other contextual data in order to provide key decision-makers with a full and dynamic picture of evolving threats and the resilience and capacity of response systems.

49. WHO will continue to strengthen its systems, tools and networks for early warning, alert and rapid response for the verification of potential threats to public health. The new Centre for Epidemic and Pandemic Intelligence will help to accelerate these developments and will support countries, regional and global actors to address future pandemic and epidemic risks by providing more rapid access to a wider range of relevant surveillance and contextual data, strengthened analytical capacities, and better tools and insights for decision-making.

50. Scaling up the health emergency workforce at the national level must be accelerated, with a focus on training and coordination, while continuing to build the emergency global supply chain system will be crucial for bolstering health emergency readiness, resilience and response. As part of continuing to strengthen the Organization's capacity to prepare for and respond to health emergencies, WHO will accelerate the application of its gender mainstreaming strategy to address the impact of health emergencies on gender equality, together with an active focus on preventing all forms of gender-based violence, including sexual exploitation, abuse and harassment in the context of health emergencies. WHO will prioritize working with Member States and key partners to protect and support the health needs of vulnerable populations in fragile and conflict-affected settings who are disproportionately affected by health emergencies, seeking stronger collaboration to maximize resources in the context of increasing needs.

51. In the context of polio transition, WHO will continue to prioritize the integration of polio and other vertical surveillance programmes into national capacities to accelerate the strengthening of national integrated disease surveillance. Similarly, drawing on the lessons learned from the COVID-19 pandemic response, the Secretariat will scale up integrated public health teams to respond to future public health emergencies, building on existing polio capacities, where feasible. This work will be informed by the post-2023 polio transition vision.

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

52. The target of one billion more people enjoying better health and well-being (Billion 3) is likely to be reached by 2025, but current progress is about one quarter of what will be required to reach the health-related Sustainable Development Goals by 2030. Many indicators used to track Billion 3 show that progress is either lagging behind or is being reversed. Widening inequities within and among countries need urgent attention. Many of the interventions needed to accelerate progress towards Billion 3 and the health-related Sustainable Development Goals require dedicated attention, strong advocacy and multisectoral collaboration. All these factors require an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes.

53. By focusing on the leading risk factors or causes of premature mortality and morbidity, an estimated 2 billion more people can lead healthier lives by 2025. This will not only accelerate progress towards the Sustainable Development Goals but also make measurable impacts on people's health. Therefore, tackling the key root causes, such as tobacco use, obesity, road traffic injuries, air pollution and climate change, together with the environmental, social and commercial determinants of health, will be the priority in the next two years.

¹ All WHO regions reported a decrease in the average number of days between event onset and response as per events reported through the Event Information Site for National International Health Regulations (2005) Focal Points, starting in 2018.

54. Despite much progress over the last decade, tobacco use remains the world's leading cause of death, illness and impoverishment, killing 8 million people every year. Some 80% of the world's tobacco users live in low- and middle-income countries. Evidence shows that thanks to WHO's leadership, a clear prioritization and an evidence-based technical package, tobacco prevalence may steadily decrease. Two thirds of the trajectory needed to close the gap in achieving Billion 3 can be achieved by providing targeted support to the countries with the highest prevalence. The Secretariat will focus its support on areas in which control measures could change the overall trajectory.

55. Unless urgent action is taken to reduce the prevalence of overweight and obesity, about 167 million people are expected to be less healthy by 2025. Through the implementation of the Obesity Accelerated Action Plan, the Secretariat will intensify its technical, delivery and political support for high-burden countries to stop the rise in obesity rates by 2025. Examples of this work include empowering countries to implement taxes on sugar-sweetened beverages, regulate front-of-pack warning labels, eliminate artificial trans-fats and integrate mitigating obesity into primary health care services. In addition to this package of proven interventions, the Secretariat will provide support to countries in scaling up innovations, such as through remote coaching or health insurance incentives to drive behavioural changes that can help accelerate progress. In parallel, to improve diet and nutrition and ensure food safety, the Secretariat will advocate for a profound transformation of the production and consumption of food in order to improve people's health and minimize negative impacts, while reducing the impact of antimicrobial resistance and preventing environmental impacts and the spread of food and vector-borne and zoonotic diseases.

56. The world is not on track to achieve the Decade of Action for Road Safety target to reduce road traffic deaths and injuries by 50% by 2030, with more than 1.3 million deaths attributed every year to road traffic accidents, which are the leading cause of death for children and young adults. The Secretariat will prioritize interventions that can reverse this trajectory by 2025 by supporting countries to reach their voluntary targets on road safety in the five core action areas: developing national strategies; drafting and implementing relevant legislation and policies; strengthening data systems; strengthening post-crash response and emergency care; and mobilizing resources, including through intersectoral coordination.

57. A dedicated and multisectoral approach is needed to reduce air pollution, enhance safe drinking water, sanitation and hygiene practices, and accelerate the use of clean fuels to attain healthy environments and mitigate the negative impact of climate change. The Secretariat will strengthen its advocacy to build the public health case to reduce the 7 million deaths per year from cancer, cardiovascular and respiratory diseases that are currently caused by indoor and outdoor air pollution, and will support the necessary global shift towards clean energy to protect health and develop a health argument for action on climate change. To that end, the Secretariat will promote WHO air quality standards, produce guidance on assessing interventions to improve air quality, and raise awareness and increase capacity to improve air quality and other environmental factors in targeted countries by 2025. To stabilize and reduce carbon emissions from the global health care sector on a path to halve emissions by 2030, the Secretariat will accelerate work through the Healthy Energy Platform of Action, to scale up investments in renewable energy for households and health care facilities.

58. The pandemic has underscored the need to tackle the determinants of health across sectors, highlighting the role of health for peace and security. By taking clear positions linked to the priorities of communities, WHO will promote and champion the compelling narrative for a promotion of health and well-being agenda, with a focus on prevention and Health in All Policies. Country capacity will be strengthened to make measurable impact on the determinants of health. WHO platforms that focus on municipalities, workplaces and schools will be strengthened to shift the focus away from treating diseases towards championing health and well-being at all levels. To specifically tackle commercial determinants, WHO will engage with industry and civil society in order to reduce health-harming products and increase and promote healthy products and services and the well-being of employees. A key approach will be to build the case for investment in health; step up engagement with institutional investors, companies, regulators and other relevant actors; and support country-level capacity for

effective private-sector engagement. In tandem, the Secretariat is developing a new global health for peace initiative, in consultation with Member States.¹

59. Accelerating progress towards Billion 3 and the health-related Sustainable Development Goals will require a specific focus on targeted geographies. Only 2% of the 430 million people who have become healthier in the last few years reside in low-income countries and significant progress can be driven by a small selection of countries. Countries with smaller populations that might be disproportionately affected by specific issues – such as the health effects of climate change on small island developing States – will require preferential support. To address the glaring inequities both across and within countries, the Secretariat’s interventions will have a sharp equity focus.

60. As explained in detail in this document in the section entitled “Results and strategic significance of priority-setting”, these focus areas are aligned with and guided by a strengthened approach to priority-setting, starting at the country level, to ensure maximum alignment with country situations and priorities, supported by available credible data, evidence and trends and focusing on areas in which WHO’s added value is recognized. Technical products will be developed through a more institutionalized and agile process in order to better address emerging health situations and drive country impact. Scaling mature innovations in the management of risk factors, working with the WHO Innovation Hub, will be prioritized for country support, together with the application of behavioural insights. The Secretariat will also intensify efforts to promote integration and reduce fragmentation by demonstrating the benefits of integrated platforms in selected countries, which will then be expanded to more countries in 2024–2025. Progress towards this goal will continue to be measured by the healthy populations index, through the WHO results framework, with a particular focus on improving the measurement of equity.

Enabling pillar: More effective and efficient WHO providing better support to countries

61. In order to accelerate the achievement of WHO’s public health goals in an agile, efficient and effective manner, it is necessary that the Secretariat strive for a supporting system that is modern, transparent, dynamic, visionary and also able to hold and demonstrate accountability. At the same time, the efforts of technical teams and the time spent must be oriented more towards achieving and demonstrating results at the global, regional and country levels and less towards the managerial and administrative processes that are inevitably required for achieving them.

62. The target of a more effective and efficient WHO providing better support to countries (pillar 4) has two main streams. The first, outward-looking and future-oriented stream will continue to seek to position WHO as a key player in global health. WHO also serves as the custodian for the health-related Sustainable Development Goals. It needs to keep up with the latest research and also to anticipate developments, innovate, and provide rapid and robust advice on all public health issues. WHO norms and standards are founded on cutting-edge scientific research, the collection of rigorous data and statistics and the maintenance of a strong evidence base, and are pivotal to the Organization’s work to accelerate the achievement of the GPW 13 triple billion targets. At the same time, WHO aims to provide countries and regions with the most reliable advice, science and evidence that is currently available for decision-making in the area of public health. This will be supported by technology-enabled scientific evidence appraisal and a “living” guideline issuance approach in order to ensure better dissemination and uptake at the country level. Given that countries have matured and developed their own systems, WHO needs to act as the global convener that facilitates the exchange of knowledge across its constituencies in real time.

63. But science and evidence need to be supported by strong and reliable national health information systems that are also capable of adapting to the latest technologies available. Member States continue calling

¹ See document EB152/17.

for the Organization to more proactively address data gaps by strengthening health information systems and setting global data governance and standards; reducing data fragmentation and making health data accessible; establishing digital health trust networks; and building the capacity to deliver impact in countries. Digital health technologies have the potential to accelerate progress towards healthier societies and close inequality gaps. WHO will take advantage of the transformative, accelerating power of digital health technologies to accelerate the achievements of its impact goals.

64. The second, more inward-looking stream of pillar 4 aims to have a WHO that is fit for purpose to support WHO's efforts to achieve its ambitious public health agenda. All technical work that is delivered by the Organization would not be possible without enabling areas that support the work that is being done. Enabling functions also keep the Organization accountable, transparent, efficient and results-oriented.

65. In this inward-looking stream of the Proposed programme budget 2024–2025, the WHO Secretariat will continue investing in strengthening leadership, accountability, compliance and risk management, with a special focus on the Organization's capacity in PRSEAH, in line with the revised Programme budget 2022–2023. Investments of the approved budget revision for 2022–2023 (US\$ 50 million) will continue enabling the Secretariat to deliver towards meeting WHO's goals of ensuring zero tolerance of sexual exploitation and abuse of the communities we serve, and of sexual harassment within our workforce, as well as zero tolerance of inaction against both. Concretely, investments will support:

- making the shift within the Organization towards a victim- and survivor-centred approach to addressing sexual exploitation, abuse and harassment;
- ensuring that all WHO personnel and implementing partners are aware of the imperative of practicing zero tolerance, are provided with the capacity to make zero tolerance a reality, and are accountable for the prevention of sexual exploitation, abuse and harassment and the response to any cases that might occur; and
- reforming the Organization's culture, strengthening its accountability functions and structures, revising its policy, and ensuring best practice for sexual exploitation, abuse and harassment.

66. The Secretariat will continue to enhance its capacity for conducting investigations into sexual exploitation and abuse, sexual harassment and abusive conduct, including its capacity for response to observations at the country level, particularly in austere operating environments. It will continuously strengthen a proactive investigative posture that takes a risk-based and data-driven approach to conducting investigative reviews involving all three levels of the Organization. Finally, through the Office of Internal Oversight Services the Secretariat will revise policies and procedures and strengthen resources to improve the timeliness of the processing of cases in order to ensure prompt justice for those involved.

67. Further investments will be allocated to ensuring the sustainable impact of PRSEAH work across all accountability functions. The request of Member States is to ensure that the work on PRSEAH, in particular the PRSEAH management response plan, permeates all functions of the Organization in the future. The Organization will continue its focus on building a more respectful, inclusive and equitable workplace culture that everyone can be proud of by involving a diverse and representative group of the workforce and ensuring WHO's alignment with global initiatives on diversity, equity and inclusion, PRSEAH and the prevention of abusive conduct.

68. True to its commitment to finding, promoting and reporting on efficiencies, the Secretariat submitted its first report on operational efficiencies to the Seventy-fifth World Health Assembly,¹ including data collected using the methodology for efficiency reporting developed by the United Nations Sustainable Development Group, to which WHO fully aligned in 2021 and that will be used to report to the United Nations on a yearly basis. Looking ahead, the Secretariat is learning and improving the way it documents its cost savings and efficiency gains, while seeking to minimize the potential additional administrative burden this could create due

¹ Document A75/7.

to the manual tracking and reporting involved. The emphasis in the biennium 2024–2025 will be on reporting on a more exhaustive list of efficiency initiatives across the three levels of the Organization, while incorporating reporting needs in the new Business Management System (BMS), which will improve the automatization of reporting in the coming years.

69. Actions related to progress towards implementing budgetary, programmatic, finance, governance and accountability reforms within the remit of the Secretariat, as presented in the Secretariat's implementation plan on reform, will also be coordinated, delivered and monitored through pillar 4.¹ To arrive at the final version of the implementation plan, the Secretariat considered recent discussions with Member States in the context of the Sustainable Financing Working Group and governing bodies' meetings, as well as verbal and written comments submitted by Member States through AMSTG meetings² and offline consultations held during 2022. The Secretariat is mandated to report on the plan regularly to the governing bodies.

70. Consistent with the request of Member States for the identification of a clear set of deliverables for the biennium 2024–2025, the deliverables in the implementation plan have been grouped by the broad themes of accountability, compliance, efficiency and transparency. Each deliverable is subdivided into one or more activities and includes the more specific objective or need being addressed, the estimated costs and expected completion deadlines, and a brief update by the Secretariat on the progress achieved to date. All actions are aimed at having a better, fit-for-purpose, transparent Organization, which is trusted by its Member States and transforms its way of work to provide better support and value-for-money to its constituencies.

WHO's commitment to leaving no one behind: action on gender, equity, human rights and disabilities

71. Gender influences people's experience of and access to health care. Gender inequality and discrimination put their health and well-being at risk. Women and girls often face greater barriers than men and boys to accessing health information and services, but harmful gender norms can also negatively affect boys and men's health and well-being.

72. Health is in part determined by the conditions in which people are born, grow, live, work, play and age. Structural determinants (political, legal, and economic) along with social norms and institutional processes shape the distribution of power and resources. Discrimination, stigmatization, poverty, food and economic insecurity, and other determinants of health underlie many health disparities and intersect in ways that limit people's abilities to make decisions about their own health, impede access to quality health care, and worsen physical and mental health outcomes. The Secretariat will expand its work to integrate equity-oriented approaches more fully across its technical and enabling programmes in order to better understand barriers to health for different populations and develop evidence-based approaches to responding to and preventing them.

73. The Secretariat will work to strengthen the integration of human rights-based approaches into all aspects of health policies and programmes. It will advocate for the human rights of populations that are experiencing marginalization, stigma or discrimination, including those that are living in fragile and conflict settings.

74. Persons with disabilities – who make up 16% of the global population – are a diverse group represented in every age group, every culture and ethnicity, and every country, town and village in the world. Thus, WHO will strive to include them at every stage of its work and will attempt to use a disability lens in every policy, programme and publication design. For example, this will require consulting with representative organizations of persons with disabilities at the country level when developing health benefit packages or when advising ministries of health and education about curriculum reforms for health professionals. Substantial work is already under way through the implementation of the United Nations Disability Inclusion Strategy and the WHO Policy

¹ See document EB152/34.

² See document EB152/33.

on Disability. The Proposed programme budget 2024–2025 gives an opportunity to accelerate WHO towards disability inclusion in the health sector.

75. WHO recognizes that achieving the triple billion targets will only be possible when those left behind are put first in conducting our work. To do so, the Secretariat will aim, where relevant and possible, to disaggregate the data that it collects, uses and reports by sex and age and other factors, including disability depending on national and local contexts. It will also support Member States to collect and use disaggregated data, which will make it possible to identify the populations experiencing differences in health outcomes. WHO will also support Member States to undertake gender, equity and human rights analyses to understand these differences, their underlying causes and the potential solutions. With this information in hand, WHO will develop and implement policies and programmes that recognize and address the specific needs of disadvantaged groups. The Organization's quality assurance system for all technical products, including norms and standards, is designed to ensure that all publications have fully considered gender, equity and human rights. How well the WHO Secretariat achieves this commitment to leaving no one behind across technical and enabling functions is monitored by the gender, equity and human rights and disability dimension of the output scorecard and reported in the results of the biannual programme budget.

Outcome narratives and output highlights

76. In accordance with the GPW 13 results framework (Fig.1), the triple billion targets are underpinned by outcomes that cut across programmes and systems for a more integrated approach. Work towards achieving the outcomes is shared among the Secretariat, Member States and partners, and therefore the achievement of the outcomes is a joint responsibility.

77. The narratives of the outcomes for the Proposed programme budget 2024–2025 can be found on the Programme budget 2024–2025 digital platform.¹

78. A total of 42 outputs come together to build synergies in achieving the outcomes and accelerating progress towards the triple billion targets; those 42 outputs define the results that the Secretariat is accountable for delivering and are interconnected in nature.

79. Short highlights of the outputs are summarized in Box 1 for three strategic priorities and enabling pillar 4. This list is only meant to bring forward some examples (for a detailed description of what the Secretariat will deliver under each output, together with the leading output indicators, see Annex 1).

80. On the Programme budget 2024–2025 digital platform² the output narratives are supplemented with the prioritization data, output scorecard results for the Programme budget 2020–2021 and the budget financing and implementation data for the previous biennium in order to create a context for the Proposed programme budget 2024–2025.

¹ Programme Budget 2024–2025 digital platform (<https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025>, accessed 26 April 2023).

² Proposed programme budget 2024–2025: Outputs – Scorecard Radar (<https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025/outputs>, accessed 26 April 2023).

Box 1: proposed programme budget 2024–2025 output highlights

One billion more people benefiting from universal health coverage	One billion more people better protected from health emergencies	One billion more people enjoying better health and well-being
<i>Provide</i>	<i>Protect</i>	<i>Promote</i>
Leadership		
Global, regional and national stewardship to support countries most in need in reorienting their health systems towards primary health care.	Advocate on behalf of Member State proposals to strengthen the governance, systems and financing that underpin the global health emergency preparedness and response architecture.	Leverage global platforms and political momentum in order to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.
Leadership at global, regional and national levels for ensuring the development and implementation of policies and practices that are aimed at the elimination of avoidable harm in health care and improving safety and quality of care.	Chair the Technical Advisory Group of the Pandemic Fund in order to ensure that long-term catalytic funding and technical support is directed to critical health emergencies preparedness, prevention and resilience capacities in eligible low-income and middle-income countries.	Accelerate the implementation of the acceleration plan to stop obesity, the WHO Framework Convention on Tobacco Control, the Global alcohol action plan and the Global action plan on physical activity.
Advocate with high-level global, regional and national public health leaders for accelerated scale-up and funding to address communicable and noncommunicable diseases and mental health across the continuum of care.	Work with Member States and convene multisectoral partners to refine and develop integrated governance, financial and operational mechanisms in order to ensure rapid and equitable access to safe, effective medical countermeasures during health emergencies.	Convene policy dialogues on the health and societal impact of risk factors for communicable and noncommunicable diseases and related recommended interventions and policy options.
Strengthen communities of practice and networking among all health and care occupations involved in the delivery of health services and public health functions (including evolving work around the World Health Professions Alliance and the Nursing and Midwifery Global Community of Practice).	Strengthen coordinated implementation of the One Health concept and approach across the United Nations, through participation in the quadripartite alliance of the WHO, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health (WOAH) and the United Nations Environment Programme.	Leverage the Secretariat's convening power to facilitate knowledge synthesis for guidance development and the exchange of knowledge and skills among countries and experts in order to tackle the environmental determinants.
Establish policy dialogues with Member States to develop norms and standards on technical matters that are linked to the strategic objectives of the global action plan on antimicrobial resistance.	Support Member State processes and decisions in order to strengthen the global governance of health emergency preparedness, prevention, response and resilience.	Convene the Ministerial Meeting on Violence Against Children, hosted by the Government of Colombia.
Consolidate prequalification activities, expand the scope of prequalification to priority medical devices, personnel protection equipment and new therapeutic and/or product types and to support response to emergencies – EUL and facilitation of access of health products at national level.		Generate the political will to implement evidence-based strategies to combat social isolation and loneliness through the Global Commission on Social Connection.

Build on the resilience and preparedness agenda to strengthen health systems to deliver essential quality services throughout the life course.

Advocate to strengthen capacities for multisectoral approaches and a multidisciplinary workforce to undertake the essential public health functions, including emergency preparedness and response.

Advocate to link the work on communicable and noncommunicable diseases with risk factors, the social and environmental determinants of health and the greater consideration of gender, equity, human rights and disability, in order to identify those who face barriers to accessing services or benefiting from public health interventions.

Advocate for higher quality health services and standards for populations in vulnerable situations, including persons with disabilities, across the continuum of care.

Through the WHO Academy, strengthen WHO's approach to learning and capacity-building.

Country support

Step up country activities, providing intensified support to those with the least progress on universal health coverage, in order to strengthen service delivery through a primary health care approach.

Intensify technical support to countries for developing comprehensive investment cases to fund and implement national action plans for health emergency preparedness, prevention and response, and support eligible countries to access existing and new streams of funding, including from the Pandemic Fund. National action plans will be based on detailed risk, vulnerability and capacity assessments in order to prioritize areas for urgent strengthening, complemented by resource-mapping and mobilization.

Promote policies, strategies and action plans aiming to address risk factors in national health plans and legislations in at least 30 countries receiving intensified support.

Foster coordination and integration across service delivery platforms and health programmes, including with respect to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health and the ageing population; and mental health and sexual and reproductive health and rights.

Provide technical support and training for countries in order to support the development and coordination of national networks of multidisciplinary, trained and equipped responders and leaders that are operationally ready to prevent, detect and respond to health threats.

Implement the WHO-recommended 16 "best buys" for the prevention and control of noncommunicable diseases and the 70 WHO-recommended "good buys".

Prioritize services through context-relevant service packages that are designed for implementation and reflect models of care that are primary health care-oriented.

Provide a collaborative platform to link international surge deployment mechanisms and to rapidly match available and interoperable regional and international surge resources to country needs during health emergencies.

Develop and implement national policy instruments for healthy, safe and resilient workplaces, including for health care workers.

Provide tailored support for countries to integrate disease-specific health interventions and services into the broader essential health services package and primary health care.

Continue to respond to the needs of affected populations in humanitarian and conflict settings, and strengthen capacities in these unique contexts to undertake regular multi-hazard risk assessments to inform preparedness and response plans.

Take transformative action on climate change and health, including by developing climate-resilient and low-carbon sustainable health systems, and provide critical support to ensure that health care facilities are sustainably electrified and have access to safe water, sanitation and hygiene facilities in order to enable quality health care.

Scale up primary health care by integrating services to address communicable and noncommunicable diseases and mental health across the continuum of care into essential tailored packages of quality health services, in particular for countries with fragile health systems and those with a high burden of conditions and diseases.	Provide tailored support for countries in order to strengthen national integrated disease, threat and vulnerability surveillance, and increase laboratory capacity for pathogen and genomic surveillance, providing priority support for the countries experiencing health emergencies.	Support countries in phasing out harmful consumer products, such as mercury-containing skin-lightening products, and in regulating products such as leaded paints.
Integrate reproductive, maternal, newborn, child and adolescent health; sexual and reproductive health and rights; immunization; polio (and polio transition programmes) and other related intervention strategies into national health strategies and essential packages of quality health services.	Provide direct technical support to calibrate and strengthen risk-based biosafety and biosecurity capacities and capabilities.	Support health protection in emergency situations involving environmental risks, such as threats of radiation emergencies, including in conflict situations.
Develop and implement updated health and care workforce strategies, policies and investment plans to address health workforce bottlenecks.	Strengthen national capacities for infodemic management and increase the resilience of communities to misinformation and disinformation.	Support water safety and sanitation safety in countries, providing direct health protection, as well as indirect protection through maintaining biodiversity.
Ensure safe and decent work for health and care workers, including secure income and employment and optimal working conditions.	Integrate community engagement into the design of national health emergency preparedness, prevention, and response plans, and ensure mechanisms are in place to co-design prevention and response measures, including public health and social measures, with communities.	Support countries in improving governance to address road safety and in implementing the recommendations of the Global Plan for the Decade of Action for Road Safety 2021–2030, and in strengthening the capacity of national road safety agencies.
Develop, prioritize, cost, fund, implement and monitor multisectoral national action plans on antimicrobial resistance.	Provide technical support, including training and operational and logistic support, when necessary, to strengthen national capabilities to deliver scalable care and maintain essential health services during health emergencies.	Support selected countries and territories to implement actions to reduce health inequities through improved assessment, capacity-building and identifying opportunities for policy change.
Support local/regional production of health products and prioritize the strengthening of national regulatory systems (including regulatory preparedness for emergencies) and performance evaluation under the new WHO-Listed Authorities framework in order to globally recognize regulatory authorities operating at an advanced level of performance, and thereby foster regulatory reliance and international cooperation.		Following the adoption of “Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach” by the Seventy-sixth World Health Assembly, the Secretariat will support its implementation by Member States.
Develop and maintain an intentional focus on populations in vulnerable situations and marginalized communities in country-level policy, planning and implementation.		

Technical products

<p>Harnessing the experience of the COVID-19 pandemic in 2020–2021 and intensified country support in 2022–2023, generate further evidence on how services are best designed, improved and monitored in order to contextualize guidance, reorient service delivery with a primary health care approach and increase the effective use of services.</p>	<p>Develop and support Member States to implement the Universal Health and Preparedness Review.</p>	<p>Develop the Implementation road map 2023–2030 for the Global action plan for the prevention and control of noncommunicable diseases 2013–2030.</p>
<p>Build data products (e.g. global and regional monitoring reports on universal health coverage; progress on conditions, disease control, elimination and eradication; and primary health care and theme-specific areas) to determine the gaps and population coverage of integrated service packages.</p>	<p>Develop a draft global strategy for infection prevention and control, and work with Member States and partners to translate this global strategy into an action plan for infection prevention and control that includes clear targets for tracking progress.</p>	<p>Develop technical packages, products and tools to assist countries to use an integrated management of risk factors and obesity through a primary health care approach.</p>
<p>Develop research and innovation agendas to fill gaps in existing norms and standards on the cost-effectiveness of strategies and rights-based interventions in order to address communicable and noncommunicable diseases across the continuum of care.</p>	<p>Expand and strengthen the monitoring and evaluation of International Health Regulations (2005) capacities in all six WHO regions, including through technical assessments, tools, simulation exercises and after-action reviews.</p>	<p>Develop a suite of tools and a process to facilitate the systematic scale-up of environment, climate change and health action in countries.</p>
<p>Develop a life course framework to strengthen the interdependence of the first and second halves of life and build peoples' intrinsic capacity and optimal functional ability across the life course.</p>	<p>Develop the WHO R&D Blueprint for Epidemics to accelerate preclinical and clinical research on diseases that have epidemic or pandemic potential, including through the identification of priority pathogens; the development of standardized trial platforms and regulatory strengthening; and the mapping and tracking of relevant global research and development efforts.</p>	<p>Coordinate syntheses of the evidence for risks such as those related to endocrine disruptors, 5G cellular networks and plastics in drinking water, in developing environmental risks to support health-protective action in countries.</p>
<p>Provide strategic and operational guidance on developing and implementing workforce strategies to address health system bottlenecks, and protect, attract and retain the health and care workforce for universal health coverage.</p>	<p>Strengthen the prevention, monitoring, detection, control and containment of zoonotic disease outbreaks through a One Health approach, including through the tailoring of disease-focused strategies for known high-priority pathogens, and the innovative Preparedness and Resilience for Emerging Threats initiative, which recognizes that the systems, capacities, knowledge and tools that are developed and applied to individual high-priority pathogens can be leveraged and applied for groups of pathogens based on their mode of transmission.</p>	<p>Develop guidance on hand hygiene to reduce the transmission of infectious diseases, including emerging epidemics, as well as guidance on exposure to key environmental pollutants such as lead and air pollution.</p>

Establish and promote the WHO Initiative on diagnostics for antimicrobial resistance to foster research, innovations and digital health solutions and to strengthen laboratory capacity.	Through the Centre for Epidemic and Pandemic Intelligence, accelerate the access of countries and collaborating partners to a wide range of relevant surveillance and contextual data, strengthened analytical capacities, and better tools and insights in order to support the rapid detection and characterization of threats and evidence-based decision-making.	Develop tools illustrating how to implement WHO guidance through laws and regulations, including tools comparing legal approaches to implementation and tools describing legal considerations for Member States.
Develop guidelines, norms and standards to address conditions and diseases across the continuum of care that are adaptable to changing epidemiological contexts and at-risk population needs, and that can be delivered through a primary health care-oriented health systems approach.	Develop and establish international quality standards, operating procedures, training resources and materials, and operating guidance, tools and systems to strengthen national health emergency workforce capabilities, as well as related national and international surge and response coordination capabilities.	Develop guidance for countries on how to use fiscal measures to improve health, reduce health care costs and generate a revenue stream for development.
Establish guidance and standards on quality, safety and efficacy, naming and classification, as well as priority and model lists of medicines, assistive technologies, blood products, medical devices including in vitro diagnostics, and interventions involving products of human origin.		Development of a global report on the commercial determinants of health and a compendium of interventions to improve urban health.

More effective and efficient WHO providing better support to countries

Leadership

Strengthen country capacity in data and health information systems, research and innovation, digital health, and partnerships to deliver results and accelerate progress towards the triple billion targets and the health-related Sustainable Development Goals.
Provide standards and strategic guidance on population-health statistics in order to identify and resolve data gaps and data-quality issues and to improve methods and skills to measure the patterns of burden of diseases, risk factors and injuries.
Efficiently streamline data and health information exchange between the Secretariat, Member States and partners to reduce the reporting burden on countries and fragmentation.
Support countries to deliver impact on national priorities, across the triple billion targets and the health-related Sustainable Development Goals, by using a delivery-for-impact approach and aligning with the country cooperation strategy.
Provide timely, reliable, actionable quality data that are accessible to all.
Provide high-quality, adaptable norms and standards by enabling a continuous cycle of priority-setting, product planning, development, publication and dissemination, uptake and implementation, evaluation of impact and monitoring of health outcomes, which then feeds back into the next set of priorities;
Position the Secretariat as an enabler of national-level digital health transformation and advance the implementation of the Global strategy on digital health 2020–2025 and national digital health strategies.

Country support

Adapt and apply tools and the Survey, Count, Optimize, Review and Enable (SCORE) for Health Data Technical Package to strengthen data and health information systems, including the implementation of International Classification of Diseases (ICD-11) and integrated public health and disease surveillance systems; the completeness of civil registration and vital statistics; and improvements in routine health information systems and health facilities.

Intensify support to countries by using the delivery-for-impact approach to focus on evidence-informed priorities, high-impact interventions and execution tracked through programmes routine reviews and problem-solving, resulting in better accountability for results and measurable impact.

Improve the access, uptake and use of WHO guidelines and technical products, and introduce a new and coherent country support model for their implementation that aligns with countries' health systems and human resource capacities.

Develop a costed road map for digital health transformation through the implementation and investment guide process, including the development of a standards-based interoperability environment. Establish competency-based standards for training a health workforce.

Enhance technical capacity for health research, priority-setting, leading research initiatives, and generating, translating and using evidence and data.

Technical products

Develop quality-assured norms and standards products that are produced to a consistently high standard and in a timely way, are driven by what Member States need and are designed and delivered to have a real impact on the health of people, in particular through WHO guidelines and technical products that make recommendations to Member States and the public.

Establish normative data standards, guidance and tools, such as the SCORE for Health Data Technical Package, the WHO Family of International Classifications, geographical information systems and interoperable data exchange platforms, including regional products such as the WHO Regional Office for the Eastern Mediterranean's regional action plan to improve hospital information systems.

Operationalize the state-of-the-art World Health Data Hub as the single repository of all health data underpinned by data governance principles, as well as the WHO European Health Information Gateway, and continuously update the triple billion dashboard, the Health Inequality Monitor and the WHO Mortality Database.

Produce flagship reports, including the annual *World Health Statistics* and regional reports, the Global Health Estimates, the *Global Monitoring Report on Universal Health Coverage*, and the core health indicators of the Regional Office for Europe and the Regional Office for the Americas, all of which should be in line with the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER).

Develop a global strategy on health innovation, including a consensus nomenclature, scale-up framework and logic model for health system strengthening through innovation.

Develop guides for national health research system and governance through establishment and strengthening of national programmes for delivery in response to country needs.

Develop the tools and guidance to enhance the use of evidence and data for policy-making and implementation for impact.

Enabling functions

The Secretariat will place greater emphasis on country impact at the centre of its work. This will mean greater investments in country office capacities, built around a core predictable country presence, in order to drive more strategic cooperation with Member States. The investments will anchor on enhanced leadership in country offices, with the right delegated authority, which is empowered to make timely decisions to deliver in the most effective and efficient way possible.

The Secretariat will collaborate with intergovernmental and regional economic organizations and forums (including G7, G20, BRICS) to ensure that access to health services, health and well-being and health security remain high on their agendas.

The Secretariat will develop, implement and monitor deliverables, as committed to in the Secretariat's implementation plan on reform with respect to strengthening WHO's budgetary, programmatic and financing governance.¹

Emphasis will be placed on the prevention of fraud and corruption risks, as well as the prevention of and response to sexual misconduct, the strengthening of systems to protect against abusive conduct (i.e. harassment, discrimination and abuse of authority), sexual misconduct (including sexual exploitation, abuse, sexual harassment or other forms of sexual violence) and the creation of a safe working environment that ensures that misconduct is readily reported without fear of retaliation.

The Secretariat will continue to enhance its capacity for audits and investigations, including the capacity to respond to audit observations at the country level, in particular in country offices located in challenging operational environments. Dedicated capacity for investigation into sexual misconduct will be maintained.

Through the Global Action Plan for Healthy Lives and Well-being for All and based on government feedback, the Secretariat will provide leadership, catalyse and work towards enhancing collaboration among the 13 multilateral agencies active in health in order to accelerate progress in countries on achieving the Sustainable Development Goals.

The Secretariat will continue to develop its existing partnerships with Member States, donors, multilateral stakeholders, non-State actors and civil society organizations to ensure the sustainable financing of the Organization and improve the quality of its funding, with the aim of strengthening WHO's work in regions and countries to deliver GPW 13 outcomes and accelerate progress towards achieving the Sustainable Development Goals.

The Secretariat will focus its resource mobilization efforts on strengthening WHO's capacities at the country level. This will entail that country offices are engaged more in contributor engagement and proposal development, with the aim of ensuring that donor proposals set aside dedicated financing to respond to capacity and technical assistance needs in country offices.

The Secretariat will incrementally increase the share of financing of country offices relative to the share of the other levels of the Organization.

The Secretariat will continue strengthening its priority-setting methodologies so that the country-level priorities as well as the major priorities of global health drive what is planned, implemented, budgeted and monitored by the entire Organization, including through improved transparency, information-sharing on prioritization and discussion of the financing of priorities.

The Secretariat will align the results framework and budget more closely so that investment decisions and resource allocation are geared towards delivering results and delivering them with value-for-money.

The Secretariat will continue improving its monitoring systems in order to place results at the centre of management attention and facilitate evidence-based, targeted decision-making at all levels of the Organization.

The Secretariat will continue to make efforts to strengthen the culture of accountability and tailored and evidence-based planning and budgeting.

The Secretariat will continue to implement sound financial management practices and robust internal controls in order to manage, account for and report on the Organization's assets, liabilities, revenue and expenses.

The Secretariat will continue to strengthen internal controls and further improve the timeliness and quality of financial reporting, particularly in graded emergencies operations.

The Secretariat will commit to building capacities and training on fraud policy and strengthening of the existing assurance mechanisms.

The Organization will continue to ensure that its workforce is flexible, mobile, high-performing, fully trained and fit for purpose.

In line with the Organization-wide three-level workforce plan, as well as streamlined and harmonized job descriptions across the Organization, the distribution of human resources will be aligned with the country focus, in particular in fragile settings and graded emergencies and the organizational priorities set out in the GPW 13.

The Secretariat also continues efforts to improve diversity, equity and inclusion, and to create and promote a more respectful, safe and healthy work environment.

¹ See document A76/31.

The Secretariat will implement the BMS to replace the current enterprise resource planning (ERP) system with a host of integrated, Cloud-based, fit-for purpose solutions, with the aim of harmonizing and streamlining process flows across WHO, thereby strengthening critical business systems and processes and optimizing organizational performance.

The Secretariat will continue its work in corporate data management and visualization platforms with the potential for local adaptations and usage; local and global information technology infrastructure initiatives; development, implementation and operation of business solutions and applications used globally and locally; content management delivery platforms and digital transformation, effective digital workplace solutions and implementation of cybersecurity solutions.

The Secretariat will support the investments already committed to implement its cybersecurity road map and respond more effectively and swiftly to cyberattacks.

The Secretariat will protect and promote the health and well-being of WHO's global workforce and increase psychosocial support for staff at all duty stations.

The Secretariat will ensure that the required capacity and staffing in graded emergencies are in place, in accordance with the security standards set by the UN Department for Safety and Security (UNDSS).

The Secretariat will continue working on the implementation of its newly adopted end-to-end supply chain management strategy, which also includes emergencies operations.

Results and strategic significance of priority-setting

81. A strengthened approach to priority-setting was an integral part of the development of the Proposed programme budget 2024–2025. An iterative approach was applied, starting at the country office level, in order to ensure maximum alignment with country situations and priorities. It was guided by both global and regional strategic directions, as well as available credible data, evidence and trends, especially at the country level, and it focused on those areas in which WHO's added value is recognized.

82. Leadership in WHO country offices was responsible for convening prioritization consultations at country level, engaging key government counterparts and relevant partners. Each region applied an approach appropriate to that region, but used a common set of minimum criteria for prioritization of their needs for WHO's support (see Box 2). The programme budget explainer "Setting technical priorities at country level"¹ provides more detail on the priority-setting process followed in each regional office, as well as the methodology for the consolidation of the prioritization results.

Box 2: Minimum criteria for priority-setting

(a) The extent of contribution to:

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

(b) The extent of alignment with:

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

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

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

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

83. For country-level consultations, countries received more structured and specific data and evidence on health issues that informed their priorities. The regional committees in the six regional offices, at their meetings held in 2022, provided directions on the priority-setting relevant to their regions. Several regional offices also held subsequent meetings or briefings to further discuss the priority-setting of their respective region. All these efforts resulted in a set of prioritized programme budget outputs and outcomes for countries in three priority tiers (high, medium or low). The country priorities were then consolidated into regional and global results to identify the areas in which the Organization's efforts are needed most and to which WHO's technical cooperation adds the most value.

84. The consolidated country prioritization results are key to implementing the GPW 13, attaining the triple billion targets and informing budget costing, allocation of resources and resource mobilization efforts. Individual country results are the main inputs to the planning and implementation of the biennial operational plans of country offices.

¹ See Programme budget 2024–2025 digital platform: Explainers (<https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025/explainers>, accessed 26 April 2023).

85. The priority ranking (high, medium or low) does not indicate the importance of a specific result but rather the level of technical cooperation that Member States can expect from WHO, which has a mandate from Member States to work towards the achievement of all outcomes and outputs. Nonetheless, the outcomes that are ranked of high and medium priority are recognized as the greatest challenges and their outputs indicate where the Secretariat's technical support is most needed during the biennium.

Fig. 3. Number of countries, territories and areas that completed the priority-setting exercise, by region

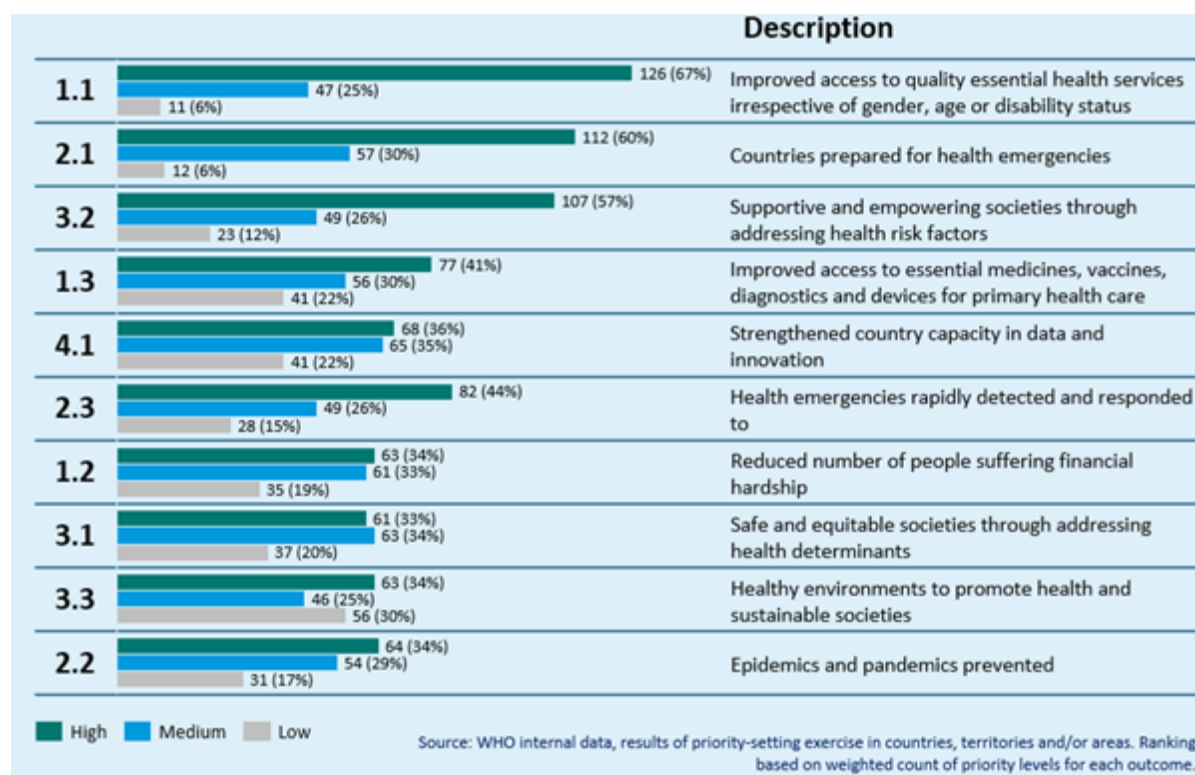


86. A total of 187 countries, territories and areas discussed and identified their priority needs for the support of WHO Secretariat, as expressed in prioritizing programme budget outcomes and outputs (Fig. 3), as well as in many cases identifying strategic deliverables for the Secretariat's support.¹

87. The consolidated results of country prioritization show that countries collectively continue to prioritize WHO's technical cooperation largely in areas that are oriented to outcomes 1.1 (*Improved access to quality essential health services irrespective of gender, age or disability status*); 2.1 (*Countries prepared for health emergencies*); and 3.2 (*Supportive and empowering societies through addressing health risk factors*), which were ranked of high and medium priority by a significant number of countries, territories and areas (Fig. 4).

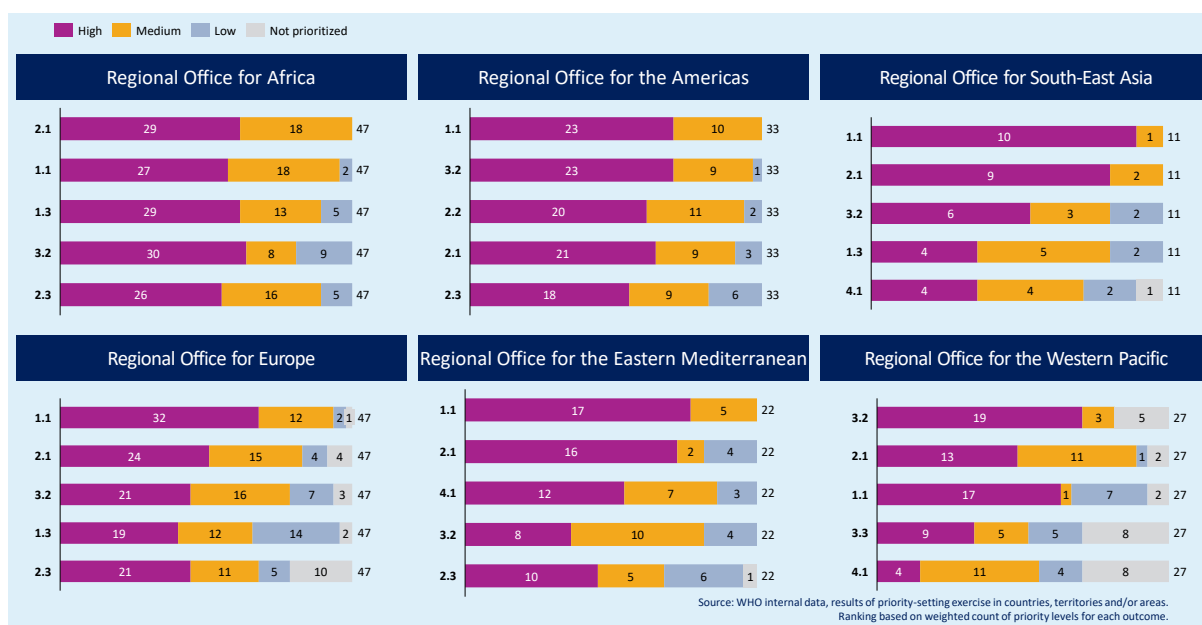
¹ The most updated information on prioritization is available at Programme Budget 2024–2025 digital platform (<https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025>, accessed 26 April 2023). The number of countries identified above corresponds to aggregates as of 26 April 2023; additional countries may still be included in the digital platform. For disaggregated prioritization information, only those Member States that allowed their information to be publicly displayed are included.

Fig. 4. Outcome prioritization ranked by priority level; number of countries, territories and areas (percentage of total)



88. The regional consolidation of country priorities shows a more nuanced priority-setting that is tailored to the specific regional context (Fig. 5). It is notable that in the light of the ongoing impact of the COVID-19 pandemic, all regional offices prioritized outcome 2.1 (*Countries prepared for health emergencies*) among their top three priorities, with the exception of the Regional Office for the Americas which ranked it in fourth place.

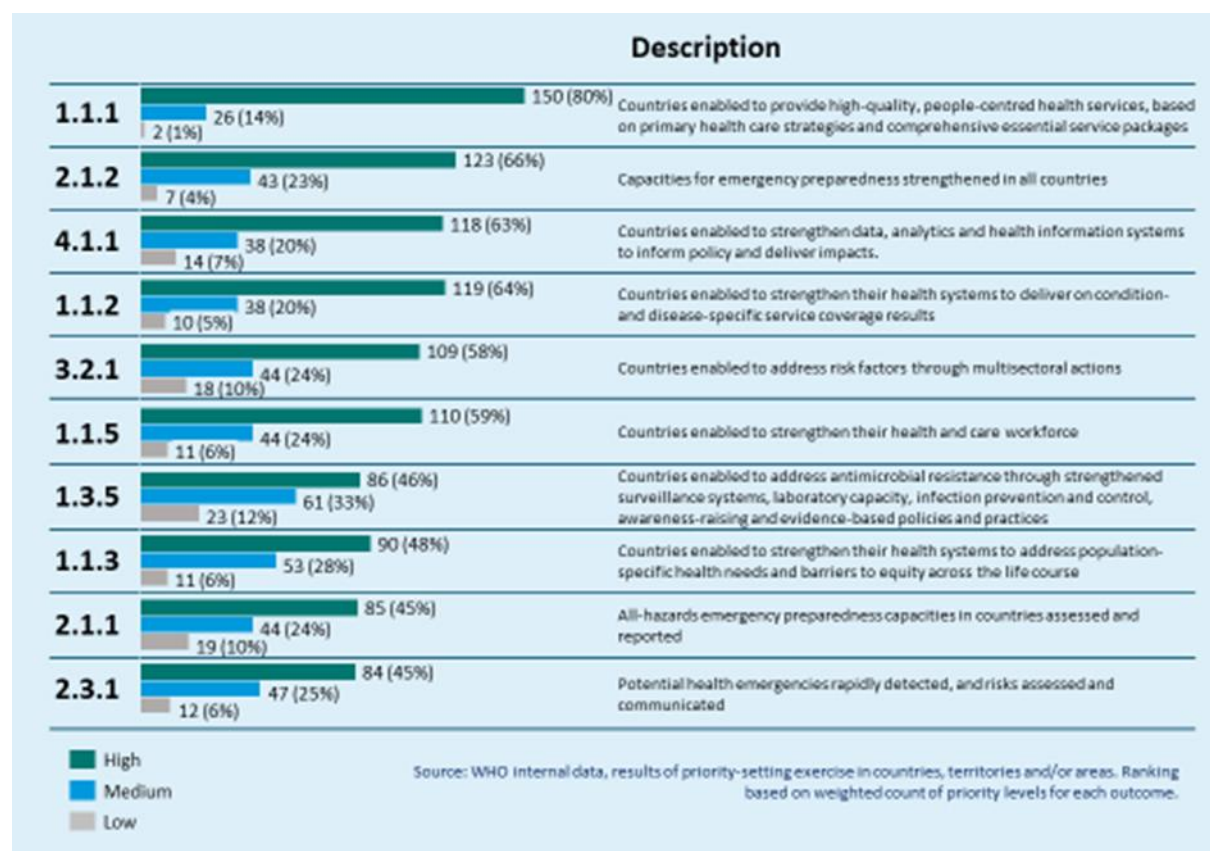
Fig. 5. Top five programme budget outcomes, prioritized by regions based on priority-level scoring (number of countries)



89. While ranking the priority of the programme budget outputs that will require the most technical support, the Secretariat and the Member States based their prioritization on region-specific data and evidence and were guided by a common set of minimum criteria (see Box 1), such as overall contribution to health outcomes, alignment with existing strategies/instruments and WHO's comparative advantage. Consequently, priority outputs that are ranked the highest overall are closely aligned with the highest priority outcomes (five of the top six outputs are under outcomes 1.1, 2.1 and 3.2). The only notable exception is output 4.1.1 (*Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts*), which is among the top seven (Fig. 6) and highlights the importance of quality data as a cross-cutting area for the rest of the programmatic outputs.

90. The global consolidation of priority outputs (Fig. 6) shows that the outputs prioritized across all countries are closely aligned with the programmatic priorities to reach the triple billion targets and accelerate progress towards the Sustainable Development Goals. For instance, for Billion 1, the prioritization of output 1.1.1 aligns with the need for a radical reorientation towards primary health care. Similarly, output 1.1.3 reflects the urgent need for an equitable and resilient recovery of health systems, for which polio assets that have now been integrated into broader health functions, will play a role in a large number of countries. Outputs 1.1.2, 1.1.5 and 1.3.5 comprise areas that have the largest gaps and highest potential for impact, such as health workforce, antimicrobial resistance and high-priority condition and disease-specific interventions. For Billion 2, the top three priority outputs (2.1.1, 2.1.2 and 2.3.1) fully reflect the move towards assisting countries to better prepare for and promptly detect health emergencies. For Billion 3, the prioritization of 3.2.1 is fully aligned with the urgency of focusing on the leading risk factors or causes of premature mortality and morbidity.

Fig. 6. Top 10 programme budget outputs, ranked by priority level; number of countries, territories and areas (percentage of total)



91. The regional consolidation of the prioritization results demonstrates that Secretariat support in each region will need to be tailored to the regional context, based on the country and regional public health priorities driven by multiple factors (demographics, disease burden, economic and social drivers), together with country-specific health challenges and opportunities. However, despite the differences, five of the six regional offices rank 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*) as among the top three priorities, with the exception of the Regional Offices for the Americas (Fig. 7) and for the top five outputs there is overall alignment with the global consolidated ranking.

92. Similarly, the preliminary results of the consolidated country prioritization show a great degree of alignment with the priorities identified under the triple billion targets, as outlined in the dedicated sections for each strategic priority (Fig. 8). Under Billion 1, cross-cutting priorities such as primary health care, essential health services and the health workforce come out very strongly in country prioritization. Under Billion 2, the global momentum to strengthen the global architecture for health emergency preparedness, response and resilience is well reflected in the desire of countries to focus on increasing capacities for emergency preparedness. Under Billion 3, many countries want to prioritize risk factors, which are those identified as the root causes of premature mortality and morbidity, such as tobacco use and obesity, together with existential risks, such as climate change and air pollution, which require multisectoral action.

Fig. 7. Top five budget outputs prioritized by region (number of countries)

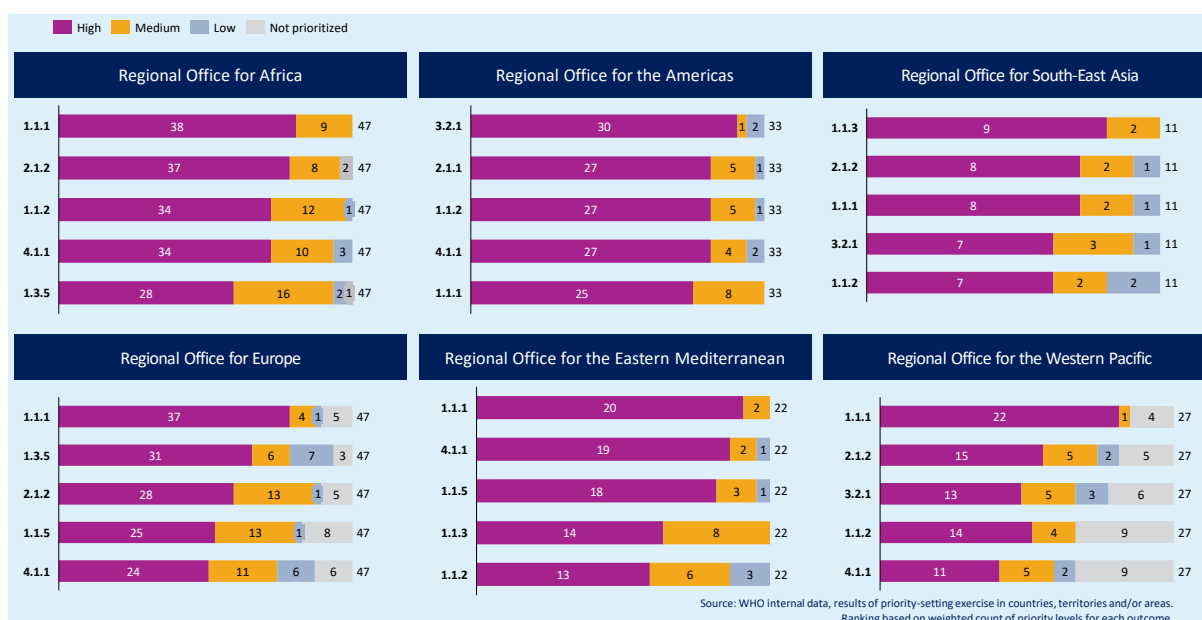


Fig. 8. Proposed global areas of concentration, based on data and aligned with triple billion targets and preliminary country prioritization results

GPW 13	Global areas of concentration	Preliminary country priorities: outcomes	Preliminary country priorities: outputs
Healthier populations	Tobacco, alcohol, obesity, dietary risk, air pollution and climate change	3.2 Supportive and empowering societies through addressing health risk factors	3.2.1 Countries enabled to address risk factors through multisectoral actions
Universal health coverage	Health financing and financial protection, health workforce and access to essential services	1.1 Improved access to quality essential health services irrespective of gender, age or disability status	1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course 1.1.5. Countries enabled to strengthen their health and care workforce
Health emergency protection	Preparedness (International Health Regulations (2005)) and timeliness of detection, notification and response	2.1 Countries prepared for health emergencies	2.1.2 Capacities for emergency preparedness strengthened in all countries
Leadership functions	Local production of health products, data and delivery, World Health Data Hub	4.1 Strengthened country capacity in data and innovation	4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

Governing bodies resolutions and decisions guiding regional and headquarters priority-setting for the biennium 2024–2025

93. Between 2017 and 2022, the Health Assembly and the Executive Board approved 29 resolutions and 23 decisions with implications for both implementation and costing in the biennium 2024–2025 under the base segment of the programme budget, mainly under results related to strategic priority 1 (total value of US\$ 1.75 billion; Table 1, Fig. 9).

Table 1. Resolutions and decisions with financial implications (in US\$) for the biennium 2024–2025, by year and governing body meeting. Full list of resolutions and decisions can be found in the Programme budget explainer “List of Resolutions and Decisions with costing including 2024–2025”.¹

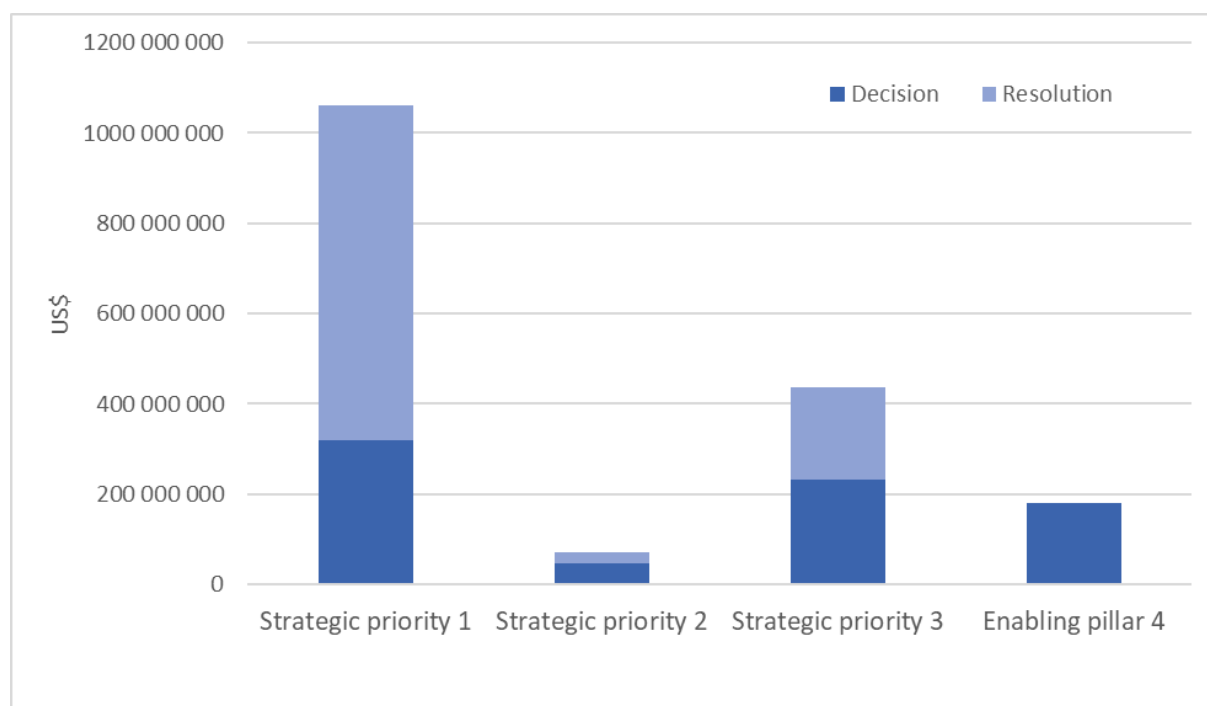
Year	Meeting	Resolutions	Decisions	Total
2017	Seventieth World Health Assembly	8 419 048	11 980 000	20 399 048
2018	Seventy-first World Health Assembly	216 042 500	–	216 042 500
2019	Seventy-second World Health Assembly	90 706 111	172 000 000	262 706 111
2020	146th session of the Executive Board	–	81 733 333	81 733 333
	Seventy-third World Health Assembly	70 665 476	341 696 667	412 362 143
2021	148th session of the Executive Board	–	13 490 000	13 490 000
	Seventy-fourth World Health Assembly	308 262 857	72 265 714	380 528 571
	Second special session of the World Health Assembly	–	600 000	600 000
2022	150th session of the Executive Board	–	676 000	676 000
	151st session of the Executive Board	–	1 340 000	1 340 000
	Seventy-fifth World Health Assembly	274 750 000	81 570 000	356 320 000
Grand total		968 845 992	777 351 714	1 746 197 706

94. The most intensive investment in terms of cost (US\$ 1.12 billion) will result from seven resolutions and decisions that endorsed various global strategies, notably in partnership with the United Nations. These mainly concerned noncommunicable diseases, the global digital health strategy, human resources for health, and communicable disease strategies. In terms of planning, they identified the expected results from the respective approved programme budgets at the time of approval and costed them according to the resource requirements needed for the Secretariat to deliver the objectives defined in each resolution or decision.

95. The technical results emanating from these resolutions and decisions form the backbone of the priority-setting at the headquarters and regional office levels, in addition to the country priorities that require the Secretariat’s support, which will be provided by the three levels of the Organization.

¹ List of resolutions and decisions with costing including 2024–2025 (who.int) (<https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025/list-of-resolutions-and-decisions>, accessed 3 May 2023).

Fig. 9. Costing of governing bodies' resolutions and decisions, with implications for the base segment of the Proposed programme budget 2024–2025



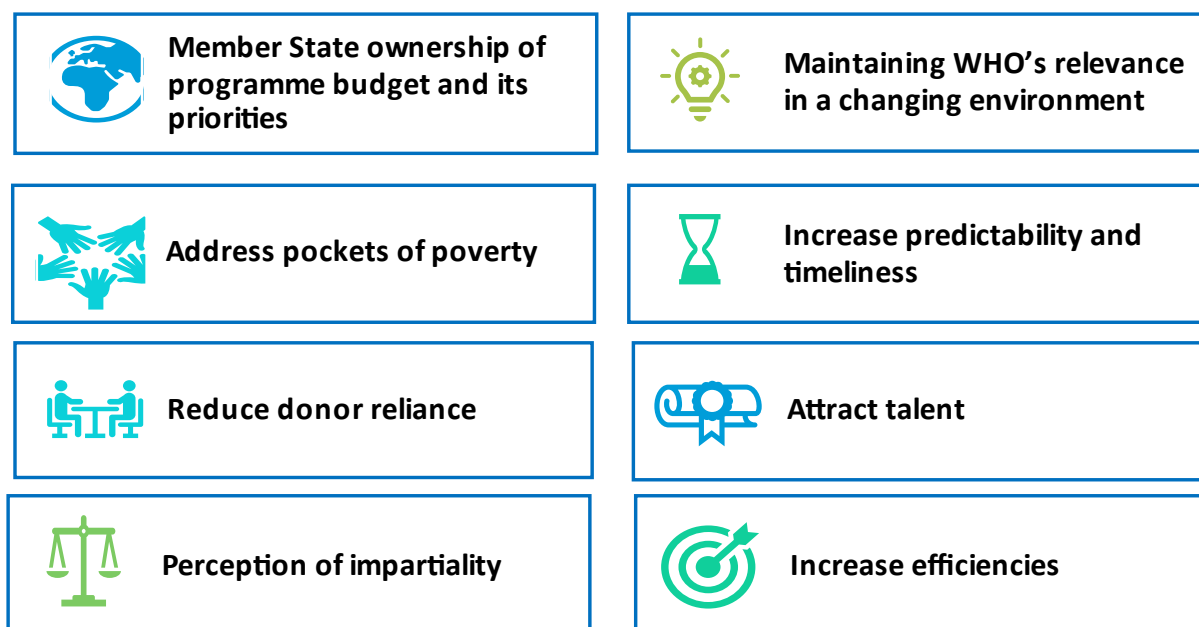
Budgetary and resource allocations implications of the prioritization

96. At the core of the Working Group on Sustainable Financing deliberations were eight key challenges showing why the financing model of WHO was not viable and the status quo was no longer acceptable. These challenges are summarized in Fig. 10 and described in detail in document EB/WGSF/7/INF./1.

97. The lack of sustainable financing poses a challenge to the critical prerequisites that make country prioritization impactful at the country level, which in turn results in all of the challenges described:

- **Financial resources** need to be fully flexible and fully interchangeable across priorities and areas of work in order to match the priorities set. Still, public health priorities in any country may not necessarily be well aligned with donor funding preferences. Similarly, some countries may benefit more from voluntary contributions than others. As long as the base programmes of the WHO programme budget are primarily funded by specified voluntary contributions, misalignment between the size of budget and the priorities will remain a challenge.
- The main asset of the Organization lies in the skills and expertise of its **human resources**, which at the same time constitute the single largest financial liability of the Organization. To be able to deliver on the priorities set out in the programme budget, the Organization needs to have its workforce plan aligned with the priorities. Given the financing model of WHO, full alignment is currently not possible.

Fig. 10. Key challenges emanating from the lack of sustainable financing



98. One of the most significant implications of the prioritization process will therefore be the proposed new approach to the allocation of flexible resources,¹ especially assessed contributions, which will be strategically directed towards high-priority outputs, as needed. The aim of this approach is twofold:

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

99. In the past several bienniums, flexible funds have been made available before the start of the biennium through biennial envelopes by major office, as approved by the Director-General in consultation with the Global Policy Group.² The Regional Directors have the delegated authority for strategic allocation/reallocation of flexible funds in their regions, particularly when it comes to strategically addressing funding gaps. In allocating resources, among the factors that the Regional Directors consider are country prioritizations, historical patterns (mainly set by existing human resources), existing specified voluntary contributions and resource projections. Implementation data from the biennium 2020–2021 indicated that 62% of all flexible resources were implemented at the regional and country levels and 38% at headquarters across all Programme budget outcomes.

100. The revised approach to the allocation of flexible resources would retain most of the above-mentioned elements, while adding three important principles:

- (i) The allocation of the increase in assessed contributions will be directly related to high-priority outputs, with particular emphasis on the country level and those prioritized outputs that traditionally

¹ Flexible resources (or funds – used interchangeably) refer to assessed contributions, programme support costs and core voluntary contributions.

² The internal group comprises the Director-General, the Deputy Director-General and the six Regional Directors.

present large financial gaps. It is proposed that the Organization focus its efforts on funding high-priority outputs up to 80% of their budget through a combination of voluntary contributions and flexible funds.

(ii) The commitment to funding the high-priority outputs up to 80% of their budget will enable the strengthening of technical capacity at the country level, including the ability for country offices to increase their workforce resources. This will be done in line with the core predictable country presence model and the three-level workforce planning.

(iii) Any increase in the cost of enabling functions must be minimal and focused on the prioritized areas of transparency, accountability and risk management, with a specific focus on PRSEAH. The financing of enabling functions must be partially covered by an increase in efficiencies to offset the higher costs in this area.

101. To estimate the flexible funds requirement to raise the funding of high-priority outputs to 80%, the analysis of funding needs was made by high-priority output by budget centre (i.e., by every country office and regional/headquarters cost centre) to ensure that the aggregation of needs does not mask pockets of poverty (i.e., to ensure that a well-funded output in one budget centre does not mask an underfunded similar output in another budget centre). This high-level analysis also assumes that specified voluntary contributions will continue funding a large share of the Proposed programme budget 2024–2025 and that the flow of voluntary contributions in 2024–2025 will be to the same areas as in the biennium 2022–2023.

102. Table 2 presents the preliminary high-level estimate for flexible funds to arrive at 80% funding of high-priority outputs and to ensure that the Secretariat delivers on its commitments, while continuing its efforts to strengthen enabling functions and deliver on all programme budget outputs, including those that were considered less urgent but nevertheless require the Secretariat's support. Given the above-mentioned assumption concerning the amounts and distribution of voluntary contributions, with a 20% increase in assessed contributions (estimated total of assessed contributions for 2024–2025: US\$ 1.148 billion) and assuming the same level of programme support costs as in 2022–2023 (US\$ 450 million), the Organization will be close to fund the estimated flexible funds requirement if it is provided with the same level of voluntary contributions.

Table 2. Estimated flexible funds requirement (US\$ millions)

	Estimated flexible funds requirement	Comments
High-priority outputs 80% financed with flexible funds and voluntary contributions	562	of which estimated 60% to country office level, excluding enabling functions
Medium- and low-priority outputs	297	maintaining the same level of flexible funds financing as in the biennium 2022–2023
Enabling functions	877	financing 87% of the proposed budgets for outcomes 4.2 and 4.3 with flexible funds
Estimated total requirement	1 736	

103. Making these proposed changes to the allocation of the most predictable and sustainable resources of the Organization, including the increase in assessed contribution, the Secretariat will be able to get closer to addressing the eight key challenges emanating from the lack of sustainable financing (Fig. 10):

(1) **Pockets of poverty and lack of funding predictability:** though the flexible funding for 2024–2025 will not be sufficient to sustainably fund the entire base budget, focusing on high-priority outputs by budget centre offers a good start in aligning the budget, its size and resources and this is therefore a first step in greening the “heatmap”. Flexible resources have a greater predictability time frame, which will allow country offices and technical programmes to start programme budget implementation in a more predictable manner.

(2) **Increased ownership by Member States of programme budget priorities:** by committing to fund 80% of the high-priority outputs, we ensure that those outputs for which Member States stressed the most urgent need to receive the Secretariat's support will be implemented through aligning priorities and resources. At the same time, the level of flexible resources available in the Organization does not guarantee that high-level outputs can be sustainably financed, as their financing will still depend on voluntary contributions.

(3) **Donor reliance:** additional flexible resources will ensure a healthier mix of resources for high-priority outputs, while also decreasing the pressure on country offices and technical programmes to mobilize additional resources, which in turn will lead to **greater efficiency** and decreased potential **perception of impartiality**.

(4) **Attracting talent:** principle 2 identified in paragraph 101 above is focused on strengthening country capacity at the country level. Thanks to the increase in flexible resources, country offices will be provided with the necessary predictable funding to ensure that the best qualified experts are recruited to deliver on high-priority outputs.

104. The Secretariat proposes several managerial indicators to track how the improvement in sustainable financing helps to address the eight key challenges emanating from the lack of sustainable financing, in addition to output indicator 4.2.4 IND1 (*Proportion of priority outcomes at the country level with at least 75% funding by the end of the second quarter of the biennium*). These managerial indicators are described in detail in the programme budget explainer "Allocation of flexible funds and a draft proposal for key performance indicators for sustainable financing".¹ A separate programme budget explainer (under preparation) will focus on 80% financing of the budget of high-priority outputs. The Secretariat will report on the implementation of this approach, if agreed with the Member States, in its biannual reports to the governing bodies on the implementation of the programme budget.

¹ See <https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025/explainers>, (accessed 26 April 2023).

RISK-MANAGEMENT APPROACH TOWARDS ACHIEVING THE TRIPLE BILLION TARGETS BY 2025

105. The Secretariat recognizes that the global environment in which WHO delivers its mission is becoming increasingly complex and is filled with uncertainty. In recognition of this uncertainty, WHO will have to take calculated risks to successfully achieve its ambitious mission and the GPW 13.

106. WHO therefore needs to define appropriate approaches and strategies that will allow it to take calculated risks. However, WHO will not be able to achieve the results it has targeted through the GPW 13 and Sustainable Development Goals if the Organization is “risk blind” or “risk averse”. WHO therefore needs to define effective ways to “manage” risks for optimized results.

107. The Secretariat has therefore defined an ambitious enterprise risk management strategy, building on international leading practices¹ and the recommendations of the Joint Inspection Unit’s review of enterprise risk management practices in United Nations system organizations,² which proposes a framework (aligned to leading practice)¹ to ensure that risk management is fit for purpose in order to enable the achievement of organizational objectives.

108. The Proposed programme budget 2024–2025 has been prepared to highlight areas in which WHO has lower risk acceptability and in which as a result funds are needed to build and capacitate the necessary systems (people, processes, technology, etc.) to keep risks within acceptable levels (e.g., for high-priority risks, such as PRSEAH and other prioritized principal risks), while recognizing the critical role of the output delivery teams in identifying risks and ensuring that the funds needed for mitigation are prioritized.

109. In the context of constrained funding within WHO, it may not be possible to tackle all risks at the same time. The principle of risk-based prioritization will be applied when investing the efforts needed to implement the programme for change. For that reason, the Secretariat will prioritize resources to manage risks that are recognized to critically affect WHO’s work at the country level. By prioritizing these risks, we can achieve maximum impact at country level, while prioritizing scarce resources.

110. The Global Risk Management Committee of WHO prioritized the following principal risks for the next period:³

- vulnerable supply chain operations;
- inability to deliver and measure impact;
- business service disruptions/security incidents;
- fraud and corruption;
- sexual exploitation, abuse and harassment;
- cybersecurity breach;
- quality and excellence of WHO’s normative work compromised.

¹ The UN Reference Maturity Model for Risk Management is an ERM framework aligned with leading practices, including the Committee of Sponsoring Organizations of the Treadway Commission (COSO) ERM framework and ISO 31000.

² See document JIU/REP/2020/5.

³ Principal risks as of 17 May 2022 (<https://www.who.int/publications/m/item/principal-risks>, accessed 26 April 2023).

111. The Secretariat is finalizing its risk appetite statement. It has been decided, however, that instead of one overall statement, risk appetite (i.e. tolerance of residual risk levels) will vary depending on the type and nature of the principal risks.

112. It is important to note that risk assessment is dynamic and these risks will change over time. Therefore, the risks listed above represent a snapshot of the current assessment and are subject to change. The updated list of principal risks will continue to be published as they are updated by the WHO Global Risk Management Committee.

113. Through the Proposed programme budget 2024–2025, the Secretariat will prioritize resources to build the necessary systems to keep risks within acceptability levels, as defined in WHO's risk appetite framework, which will be published after the review by the Independent Expert Oversight Advisory Committee. In particular, greater investments are needed to manage risks effectively where risk acceptability levels are minimal (i.e., for risks affecting technical excellence, people health, safety and well-being, compliance and integrity, as defined in the risk appetite framework).

WHO APPROACH TO MITIGATE INFLATION AND EXCHANGE RATE RISKS

114. The base currency for WHO's accounting and budgeting is the United States dollar. However, a significant proportion of WHO's income and expenditure is in currencies other than the United States dollar. The Organization is consequently exposed to a foreign exchange currency risk arising from fluctuations in currency exchange rates. Similarly, inflation may negatively impact purchasing power. According to the IMF's January 2023 *World Economic Outlook Update*, global inflation is forecasted at 6.6% in 2023 and 4.3% in 2024. This will impact implementation for 2024–2025 as the costs of goods and services continue to rise. In addition, supply chain issues (which also affect the cost of materials, manufacturing and distribution) and energy uncertainty will further impact the efficiency of WHO's delivery of results. Looking at the volatility of exchange rates and inflation together, there are a limited number of strategies that WHO takes to mitigate the impact of foreign exchange movements and inflation.

115. WHO uses several foreign exchange hedging techniques and programmes to minimize the risk of exchange rate movements. The goal of the foreign exchange hedging programmes is to provide a period of certainty for future exchange rates on both contributions and major expenses in order to delay the impact of significant exchange rate movements on those that may be affected by them and thus to provide time for plans to be adjusted for those movements. In addition, the issuance of a portion of assessments for contributions in Swiss francs helps to mitigate the currency risk of headquarters expenditure in Swiss francs. Given the historic relationship between higher rates of inflation and weaker exchange rates, receiving contributions in the United States dollar and other hard currencies, while minimizing balances held in local currencies, contributes towards optimizing purchasing power.

116. The impact of inflation is not unique to WHO, however, and ultimately WHO must work within the limits of the budget approved and the financing provided. Should exchange rates or inflation rates reduce WHO's purchasing power, efficiencies may be sought or other ways to meet the objectives of the programme budget. Where this may not be possible, additional funding may be sought from funding partners or the planned activities may need to be adjusted to align with the resources available. In this regard, the impact of changing exchange rates or changes to the originally expected amounts features in many voluntary contribution agreements, which establishes the actions to be taken should the funds provided be inadequate to meet the stated objectives.

BUDGET SUMMARY

117. The Proposed programme budget 2024–2025 is the third and the last of the GPW 13 cycle and carries the ambitious task of getting WHO back on track to achieve the triple billion targets, while providing continuity and stability for the final phase of GPW 13 implementation. At the same time, it considers the extensive revision of the Programme budget 2022–2023, which provided the Secretariat with an opportunity to reflect the lessons learned from the COVID-19 pandemic and the findings and reviews of various independent panels.

118. With these elements under consideration and as in approved programme budgets from previous bienniums, the Proposed programme budget 2024–2025 is presented in four segments (Table 3). Together, the four budget segments amount to a total Proposed programme budget 2024–2025 of US\$ 6.83 billion. The total amount represents a 17% increase with respect to the biennium 2020–2021 but only a 2% increase with respect to the revised Programme budget 2022–2023, driven by the **increase in planned actions related to the polio eradication segment**. All other budget segments, including the largest segment of base programmes, remain unchanged with respect to the revised Programme budget 2022–2023.

119. Table 4 displays the distribution of the Proposed programme budget 2024–2025 by major office and budget segment. The mechanism for arriving at the totals for each budget segment and major office, where applicable, is described below.

Programme budget segments

Budget segment of base programmes

120. This segment is the core mandate of WHO and constitutes the largest part of the Proposed programme budget 2024–2025 in terms of strategic priority-setting, detail and budget figures. This segment reflects the overall health priorities and shows the budget distribution by outcome across the major offices. In May 2022, the Seventy-fifth World Health Assembly approved an increase for the revised Programme budget 2022–2023 of US\$ 604.4 million in the base budget segment (an increase of 14% over the levels originally approved for the biennium 2022–2023).¹ Given this recent budget revision, it is proposed to keep the base budget segment of the Proposed programme budget 2024–2025 at the same level as that of the revised Programme budget 2022–2023 (US\$ 4968.4 million).

121. For the biennium 2024–2025, emphasis has been placed on improving budget allocation across the three levels of the Organization – and to the extent possible on improving financing levels as well. As the very first step in the budget’s development, the Secretariat agreed on a high-level distribution of the budget envelope for base programmes by major office (last column of Table 5) and proposed an increase of about 1.6% in the share of country-level budget. Within a zero-budget increase, the initial proposal to achieve this 1.6% increase in the share of the country-level budget was to shift 3% of the budgets of the headquarters and regional offices to the country office level. For headquarters, this means a net decrease in the budget; for the regions, this represents a budget shift between levels and an overall budget increase resulting from the budgetary shift from headquarters.

122. Using this information as their starting point and based on the priority-setting for the outputs, the major offices proceeded with their respective bottom-up costing process,² arriving at the allocation by organizational level presented on the right side of Table 5. The budget distribution for base programmes proposed as the result

¹ See resolution WHA75.5 (2022).

² Details of the WHO costing process are provided in the programme budget explainer entitled “Overview of the programme budget costing process”; see Programme budget 2024–2025 digital platform: Explainers (<https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025/explainers>, accessed 26 April 2023)

of the bottom-up costing process allocated the budget more ambitiously to the country levels than originally proposed, so that it now reaches 49% of the share of base programmes (Fig. 11). As the budget is in principle unfunded, the challenge will remain for WHO to obtain the right type of financing to be able to match the priorities and their costing across the three levels of the Organization, as planned.

Table 3. Total Proposed programme budget 2024–2025, by budget segment, relative to the approved Programme budget 2020–2021 (US\$ millions)

Budget segment	2020–2021 Approved Programme budget	2022–2023 Revised approved Programme budget	2024–2025 Proposed programme budget	Change (relative to 2020–2021)
Base programmes	3 768.7	4 968.4	4 968.2	32%
Polio eradication	863	558.3	694.3	-20%
Special programmes	208.7	199.7	171.7	-18%
Emergency operations and appeals	1 000	1 000	1 000.0	0%
Grand total	5 840.4	6 726.4	6 834.2	17%

Table 4. Total Proposed programme budget 2024–2025, by major office and budget segment (US\$ millions)

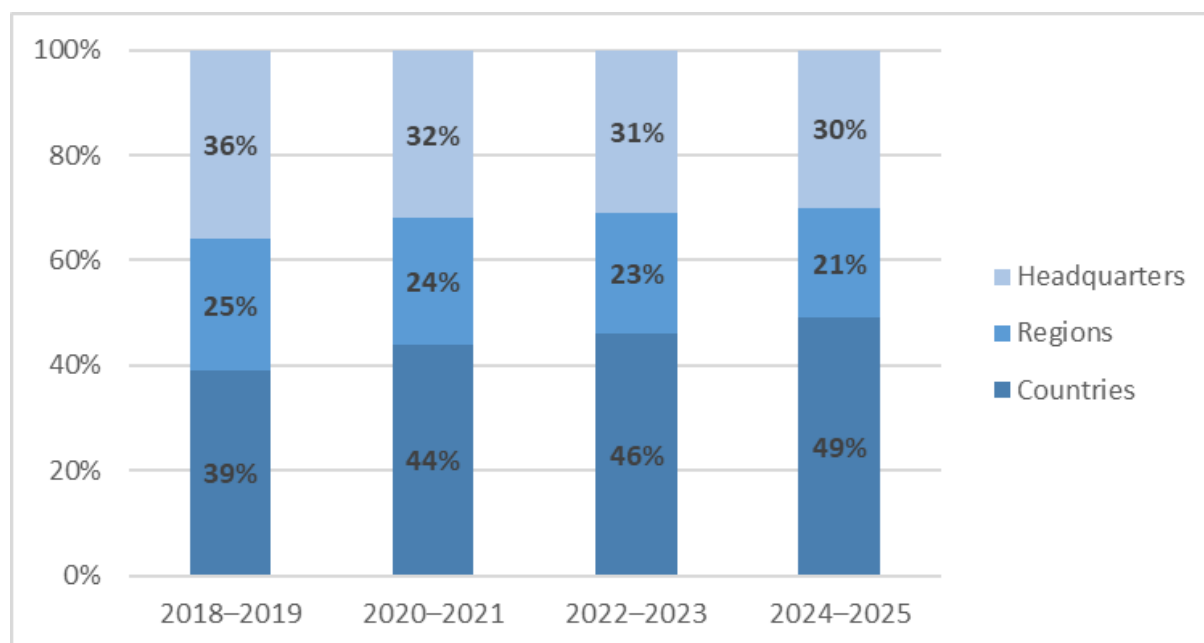
Budget segment	Africa	Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Grand total
Base	1 326.6	295.6	487.3	363.6	618.4	408.1	1 468.6	4 968.2
Polio eradication	20.2	0.0	0.0	0.0	342.8	0.0	331.2	694.3
Special programmes	4.3	5.1	4.6	4.8	4.6	4.2	144.3	171.7
Emergency operations and appeals	274.0	13.0	46.0	105.0	334.0	18.0	210.0	1 000.0
Grand total	1 625.1	313.7	537.9	473.4	1 299.8	430.2	2 154.1	6 834.1

Table 5. Base segment of the Proposed programme budget 2024–2025 across the three levels of the Organization, relative to the revised Programme budget 2022–2023 (US\$ millions)^a

Major offices	Revised Programme budget 2022–2023				Proposed programme budget 2024–2025			
	Country offices	Regional offices	Headquarters	Total	Country offices	Regional offices	Headquarters	Total
Africa	946.4	361.5	–	1 307.9	1 036.1	290.5		1 326.6
The Americas	178.1	114.0	–	292.1	162.6	133.0		295.6
South-East Asia	354.4	125.9	–	480.3	365.2	122.1		487.3
Europe	145.5	215.2	–	360.7	175.9	187.7		363.6
Eastern Mediterranean	434.1	175.7	–	609.8	447.9	170.5		618.4
Western Pacific	243.4	159.9	–	403.2	252.1	155.9		408.1
Headquarters	–	–	1 514.3	1 514.3			1 468.6	1 468.6
Grand total	2 301.8	1 152.3	1 514.3	4 968.4	2 439.8	1 059.7	1 468.6	4 968.2
Allocation by level (% of total)	46.3%	23.2%	30.5%	–	48.7%	21.8%	29.6%	–

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

Fig. 11. Share of the base segment across the three levels of the Organization and the GPW 13: approved Programme budgets 2018–2019 to 2022–2023 (revised) and Proposed programme budget 2024–2025^a

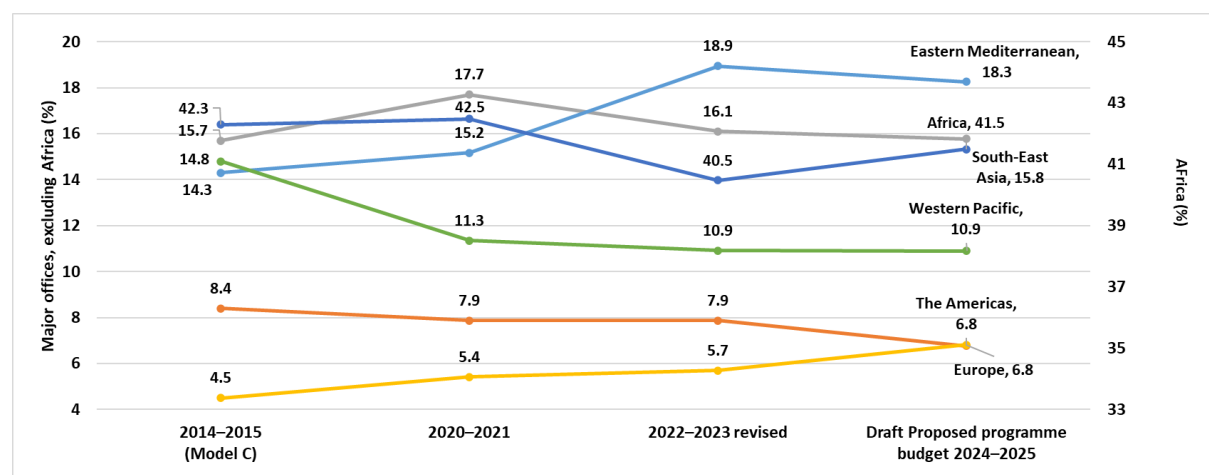


^a Decimals may not always add up, due to rounding.

123. The evolution of the country-level budget proposed for 2024–2025 is also consistent with the model of strategic budget space allocation for segment 1, which involves technical cooperation at the country level. Despite the fact that the model adopted in decision WHA69(16) (2016) will expire at the end of the biennium 2022–2023 and needs to be revised, it is useful to note that the budget shares of each major office for 2024–2025 still align well with those of the model (Fig. 12).¹ This remains the case despite two major developments that were not considered in the model: the mainstreaming of the polio essential public health functions into the base budget that has occurred since 2020–2021 and the emergence of the COVID-19 pandemic in 2020 and the resulting revision of the Programme budget 2022–2023, which affected the distribution of the budget across regional offices and their respective shares of the budget.

¹ To calculate the budget share that is relevant for the strategic budget space allocation, only country budgets for technical outputs from outcomes 1.1 to 4.1 are considered. These amounts are added by major office and then compared against the totals for all regions, excluding headquarters. The resulting percentages are indicated in Fig. 11, as compared with model C recommended in document A69/47.

Fig. 12. Evolution of strategic budget space allocation for technical cooperation at the country level, for segment 1 only (%)



Base programmes budget, by outcome and strategic priority

124. The proposed distribution of the base programme budget – as shown by outcome in Table 6 and by major office and outcome in Annex 2 – is the result of the aggregation of the bottom-up process by all major offices, which inform the distribution of their own overall budget across the regional levels and country offices, based mainly on country prioritization, historical patterns (mainly set by human resources and voluntary contributions) and resource projections.¹ The key highlights of Table 6 and Annex 2 include the following:

- Compared with the budget levels of the biennium 2020–2021, most outcomes have experienced an increase, with the exception of outcomes 2.2 (*Epidemics and pandemics prevented*); 3.1 (*Safe and equitable societies through addressing health determinants*) and 3.2 (*Supportive and empowering societies through addressing health risk factors*). Outcome 2.2 was originally decreased from US\$ 380.4 million in 2020–2021 to US\$ 231.8 million in 2022–2023 due to the budget of the polio transition accounted for under outcome 2.2 in 2020–2021 being integrated into the relevant technical outcomes (outcomes 1.1 and 2.3) in 2022–2023. With the emergence of the COVID-19 pandemic and the resulting budget revision that followed, this outcome was revised upwards to US\$ 311.7 million. For 2024–2025, it was revised upwards again. In the case of the outcomes related to strategic priority 3, these experienced a change in programmatic structure between the biennium 2020–2021 and the biennium 2022–2023, which affected their scoping. This made their budget levels not comparable with those of the first biennium. Grouped together, these outcomes also represent a slight increase with respect to 2020–2021 amounts.
- To reflect priority-setting in the budget costing while maintaining same budget levels, it is necessary to increase some outcomes while decreasing others. Priority-setting plays a major role in budget allocation, although it is not the only factor to be considered when establishing budget amounts at the outcome level. Three of the top four outcomes prioritized by Member States – outcomes 1.1 (*Improved access to quality essential health services*); 2.1 (*Countries prepared for health emergencies*); and 1.3 (*Improved access to essential medicines, vaccines, diagnostics and devices for primary health care*) – have the largest budget increase with respect to 2020–2021 (54%, 75% and 21%, respectively). Outcome 1.1, the highest prioritized by Member States, encompasses actions related to essential health services for all diseases and conditions and has the largest budget

¹ Overview of the programme budget costing process (https://cdn.who.int/media/docs/default-source/pb-website/pb24-25_explainer_pb_costingprocess.pdf?sfvrsn=e928cc9_1, accessed 26 April 2023).

size of all outcomes; despite its large size and while pockets of poverty remain within, this outcome is generally able to fund its gap with voluntary contributions. On the other side of the spectrum, outcome 3.2 (*Supportive and empowering societies through addressing health risk factors*) is the only outcome that has been highly prioritized but that experienced an overall budget reduction as a result of budget reduction in two major offices (Annex 2); this outcome traditionally scores very high in prioritization exercises but is not as attractive to donors, making it more reliant on flexible funding, with chronic funding gaps, and therefore subject to smaller budget levels. This calls again for the importance of introducing sustainable financing in order to match Member States' ambitions and demands with the financial realities of the Organization.

Table 6. Base programmes, by outcome, across programme budgets of the GPW 13 (US\$ millions)

Outcomes	2020–2021 Approved programme budget (US\$ millions)	2022–2023 Revised approved Programme budget (US\$ millions)	2024–2025 Proposed programme budget (US\$ millions)	Change (relative to 2020–2021)
1.1 Improved access to quality essential health services	997.0	1 491.1	1 534.7	54%
1.2 Reduced number of people suffering financial hardship	98.9	113.9	112.7	14%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	262.9	324.5	319.0	21%
2.1 Countries prepared for health emergencies	231.1	431.8	404.5	75%
2.2 Epidemics and pandemics prevented	380.4	311.7	323.8	-15%
2.3 Health emergencies rapidly detected and responded to	277.3	507.0	485.7	75%
3.1 Safe and equitable societies through addressing health determinants*	141.9	108.6	118.8	-16%
3.2 Supportive and empowering societies through addressing health risk factors*	194.9	171.5	150.1	-23%
3.3 Healthy environments to promote health and sustainable societies*	94.3	175.2	168.8	79%
4.1 Strengthened country capacity in data and innovation	287.5	400.4	345.6	20%
4.2 Strengthened leadership, governance and advocacy for health	443.6	533.7	535.4	21%
4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	358.9	399.0	469.0	31%
Grand total	3 768.7	4 968.4	4 968.2	32%

* Due to changes in the result structure of strategic priority 3 that occurred between the bienniums 2020–2021 and 2022–2023, for this strategic priority the percentage change indicated in the last column is calculated relative to 2022–2023.

125. In addition to the highlights set out above, the global aggregation of the costing that is developed through a decentralized process may still show some misalignment between the highest priorities and their respective costing. In response to the comments received by Member States during the thirty-seventh meeting of the Programme, Budget and Administration Committee and the 152nd session of the Executive Board, the Secretariat performed a detailed analysis by major office of the alignment between prioritization and the respective bottom-up costing of each major office. The following considerations were highlighted as a result of those discussions.

- (a) To optimize actions and upcoming funding and in line with an integrated primary health care approach, some deliverables from strategic priority 3 have been integrated into strategic priority 1 (particularly those referring to health services for diseases and conditions).
- (b) The cost of interventions may differ significantly across strategic priorities.
- (c) The size of country budgets and the costing of outputs across all six major offices also differs significantly. While priorities have the same weight for all country offices, regardless of country office or

budget size, the budget size of the largest country offices tends to skew the aggregation by major office and as a consequence the global budget.

(d) The budget revision approved by the Seventy-fifth World Health Assembly focused on strategic priority 2 and to a lesser extent on strategic priorities 1 and 3. The review considered the lessons learned from the pandemic that needed to be incorporated, regardless of the prioritization level that had been assigned to Programme budget 2022–2023 outcomes. To keep the budgets realistic, some adjustments were made for the Proposed programme budget 2024–2025.

(e) Financing does affect the size of the budget for certain outcomes. As discussed with Member States, the misalignment between ambition and financing will be resolved by improving the sustainable financing of the Organization, which will allow the Secretariat to enhance the financing of highly prioritized outcomes that are underfinanced.

126. The Secretariat stays committed to improving the alignment between the highly prioritized outcomes and their respective budget allocation at global level. At country level, it commits to ensure the proper alignment between high-priority outputs and a respective stable or positive budget trend.

127. The detailed results of the proposed budget of the base programmes across the three levels of the Organization and by outcome, as well as the results for all budget segments by major office, the three levels of the Organization and outcome, are presented in Tables 7 and 8, respectively.

128. Fig. 13 summarizes the trend of the budget by strategic priority across the bienniums of the GPW 13, while also highlighting the main outcomes that drive the budget size and/or increase for each priority. The following trends are notable.

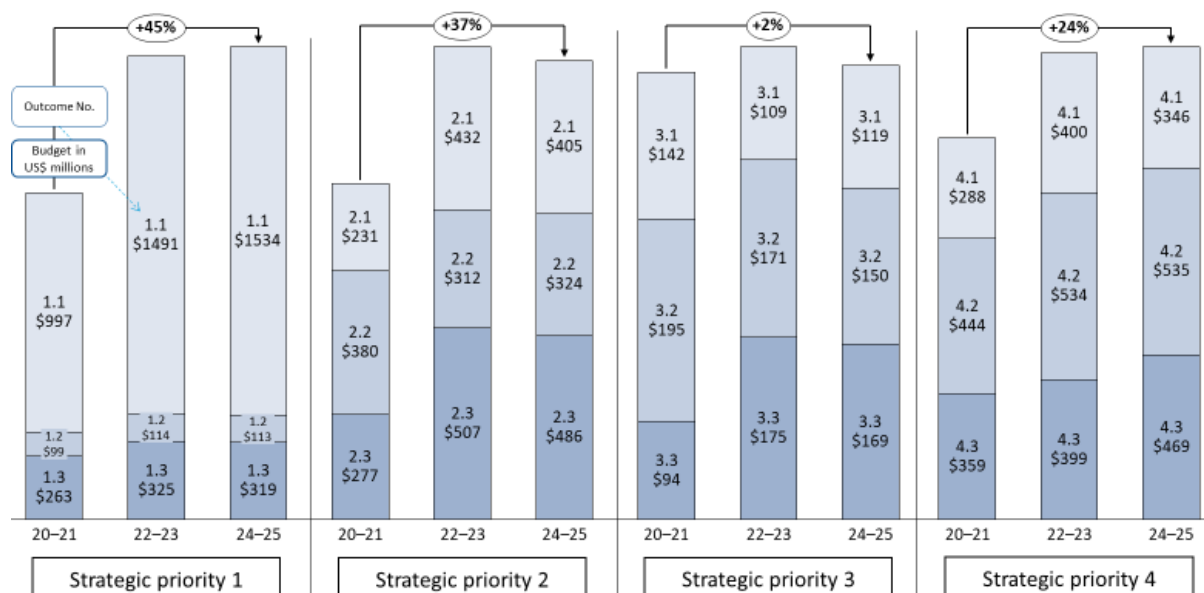
(a) From the start of the GPW 13, the budget of strategic priority 1 has grown 45%, with the main increase between 2020–2021 and 2022–2023; as noted above, outcome 1.1 constitutes the major driver of the budget for this strategic priority.

(b) In the case of strategic priority 2, outcomes 2.1 and 2.3 were both largely revised as a result of the budget revision for the 2022–2023 biennium, giving a total proposed increase of 37% for the budget of this strategic priority over the course of the three bienniums.

(c) For strategic priority 3, results by outcome are not comparable due to the changes in the results structure that affected all three outcomes of this priority; budget increases in this priority are traditionally conservative due to the different cost of interventions compared with those of strategic priorities 1 and 2 and the historical challenges of resource mobilization.

(d) Lastly, for strategic priority 4 three separate main revisions have occurred. The first, which is related to the adoption of the global digital health strategy and the strengthening of science and research functions, directly affected the budget envelope of outcome 4.1 for the Programme budget 2022–2023. Second, for the Programme budget 2022–2023 and its revision, Member States requested WHO to strengthen the accountability, compliance and risk management functions of WHO, with a special focus on strengthening PRSEAH, which had an impact on outcome 4.2. Third, there was an increase in outcome 4.3 for the Proposed programme budget 2024–2025 in order to further strengthen the accountability, compliance and risk management functions. In addition, some further adjustments were made by the African and the Eastern Mediterranean regions to outcome 4.3, partly to reflect the increased mandatory operational and security requirements following the increase in Billion 2 as well as a planned expansion of the project aiming to establish digital payment systems in more countries of the Eastern Mediterranean Region to mitigate fraud vulnerabilities. Funding technical priority outputs – especially in country offices – will continue to be the priority. Therefore, financing these increases in outcome 4.3 will be subject to the availability of flexible funding. Annex 2 presents detailed information on the approved levels of GPW 13 budgets versus the Proposed programme budget 2024–2025, by major office and outcome.

Fig. 13. Evolution of budget by strategic priority, from 2020–2021 to Proposed programme budget 2024–2025 (US\$ millions)



ENABLING FUNCTIONS

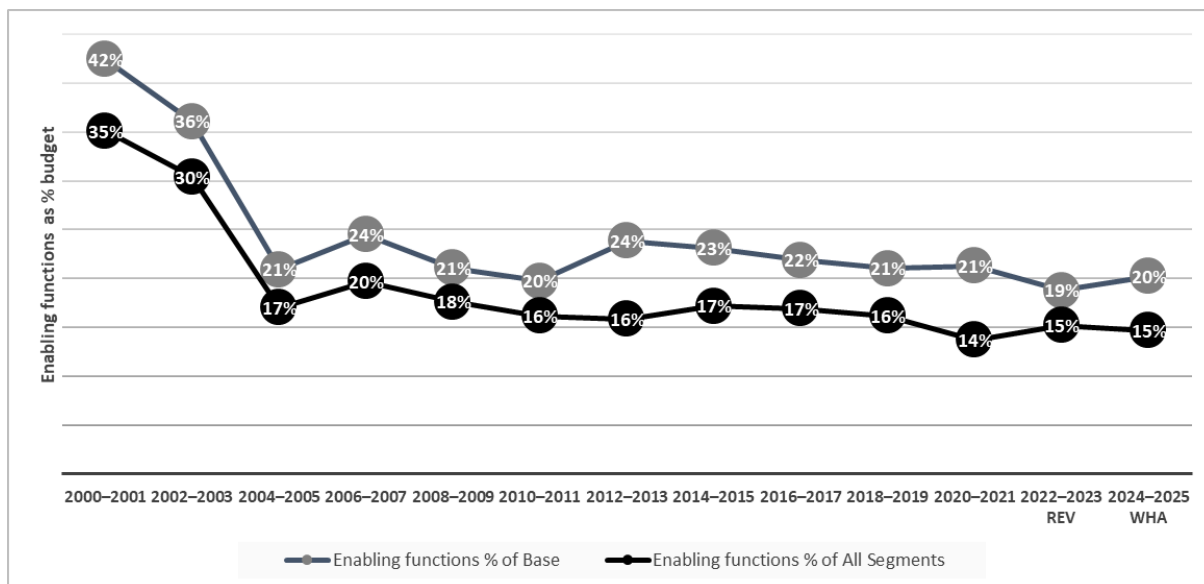
129. Member States have increased their call for a stronger, transparent, accountable, more efficient Organization. At their core, the discussions of the AMSTG centred on recommendations for long-term improvements, based on the analysis of the challenges facing the Secretariat in the areas of governance for transparency, efficiency, accountability and compliance.

130. Member States also recognize that those long-term improvements require investment in WHO, in particular in the Secretariat's enabling functions. At the same time, the Secretariat has been tasked to find ways to conduct its business more efficiently and, where possible, to contain or reduce costs, while still offering maximum value-for-money through its work and without putting at risk its due accountability towards its Member States.

131. The Proposed programme budget 2024–2025 will continue the work already started in 2022–2023 in terms of strengthening the accountability, compliance and risk management functions of WHO, with a special focus on strengthening PRSEAH. The Proposed programme budget 2024–2025 will focus on further consolidating these investments and continuing the work started in 2022–2023. The approved US\$ 50 million budget investment into strengthening the accountability, compliance and risk management functions of WHO for 2022–2023 will be prioritized in 2024–2025 and matched with a similar budget allocation for the coming biennium in order to ensure continuity of actions.

132. Together, enabling functions total US\$ 1004.4 million, representing 20% of base programmes and 15% of the total proposed budget 2024–2025 (Fig. 14). It is important to note that an increase in budget levels for enabling functions will likely need to be financed through flexible funds, given that most donors traditionally do not finance enabling functions.

Fig. 14. Enabling functions: evolution of budget as share of base programmes and as share of total programme budget (%), bienniums 2000–2001 to 2024–2025

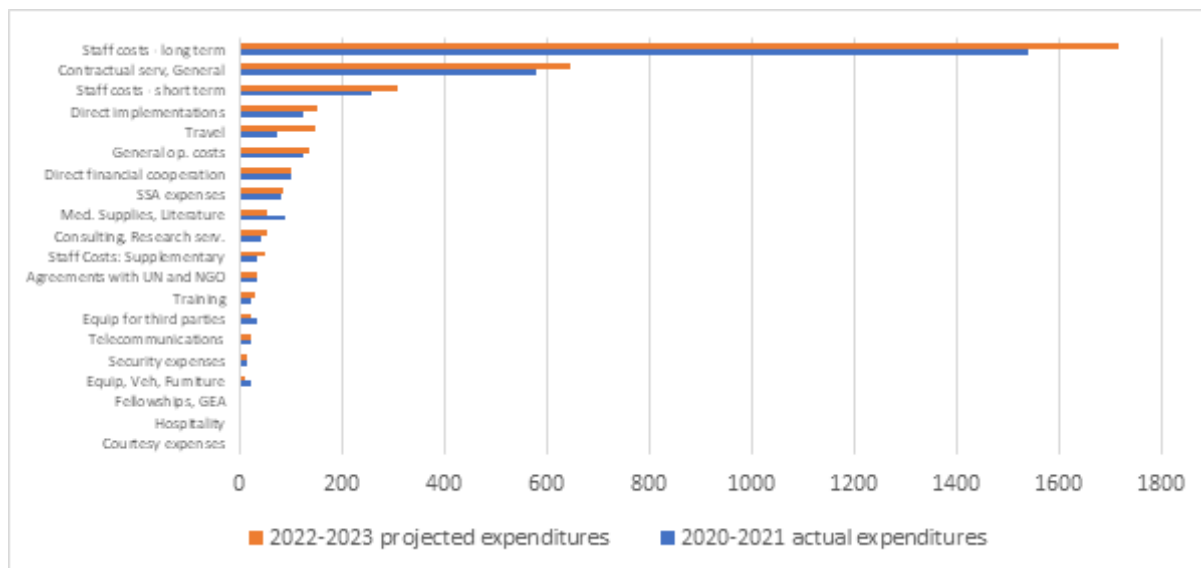


Projection of expenditures within base programmes

133. To cost the programme budget, the Secretariat remains committed to the main principles of results-based management, according to which the expected results will justify the resource requirements, which are derived from and linked to the outputs required to achieve such results. In that regard, the focus on costing is based on the major deliverables required to achieve results and not on the specifics of the expected expenditures. Therefore, the costing of the programme budget is done at the higher level of the main deliverables to achieve output and the human resources required. Lower-level information, such as the expected detail of expenditures, is not available at this early costing stage and will become the focus of the operationalization of the budget once approved.

134. However, unless there is a major event that affects the work of the Organization in a highly unexpected way (such as the COVID-19 pandemic), it is not expected that the major categories of expenses will vary greatly from one biennium to the other. Fig. 15 shows the main types of expenditure for the biennium 2020–2021 and the projected expenditures for the biennium 2022–2023. It is to be expected that the level of expenditure by expenditure type will remain similar in the coming biennium, including staff costs and contractual services, which together represent close to 75% of the entirety of the costs incurred by the Organization. This is consistent with the normative, standard-setting and technical support type of work of the Organization.

Fig. 15. Expenditure levels by expenditure type for the base segment of the budget, 2020–2021 actual expenditures, and 2022–2023 projected expenditures by type (US\$ millions)



Contribution of base programmes to the Sustainable Development Goals

135. For illustrative purposes only, Fig. 16 shows how the Proposed programme budget 2024–2025 will be allocated to the main targets of the Sustainable Development Goals. Given the inter-programmatic nature of the WHO programme budget, it is not expected that the results structure of the programme budget will maintain a one-to-one relationship with the Sustainable Development Goals. Instead, under certain assumptions the Secretariat produced a basic mapping of the programme budget results to the Sustainable Development Goals and attributed their respective budget to specific Sustainable Development Goal targets. This will provide Member States with a very generic idea of the approximate resources that the Secretariat devotes to contributing to the achievement of the Sustainable Development Goal targets that are more intrinsically related to WHO's work.

Fig. 16. Base segment of the Proposed programme budget 2024–2025 and its estimated contribution to the targets of the Sustainable Development Goals (US\$ millions)

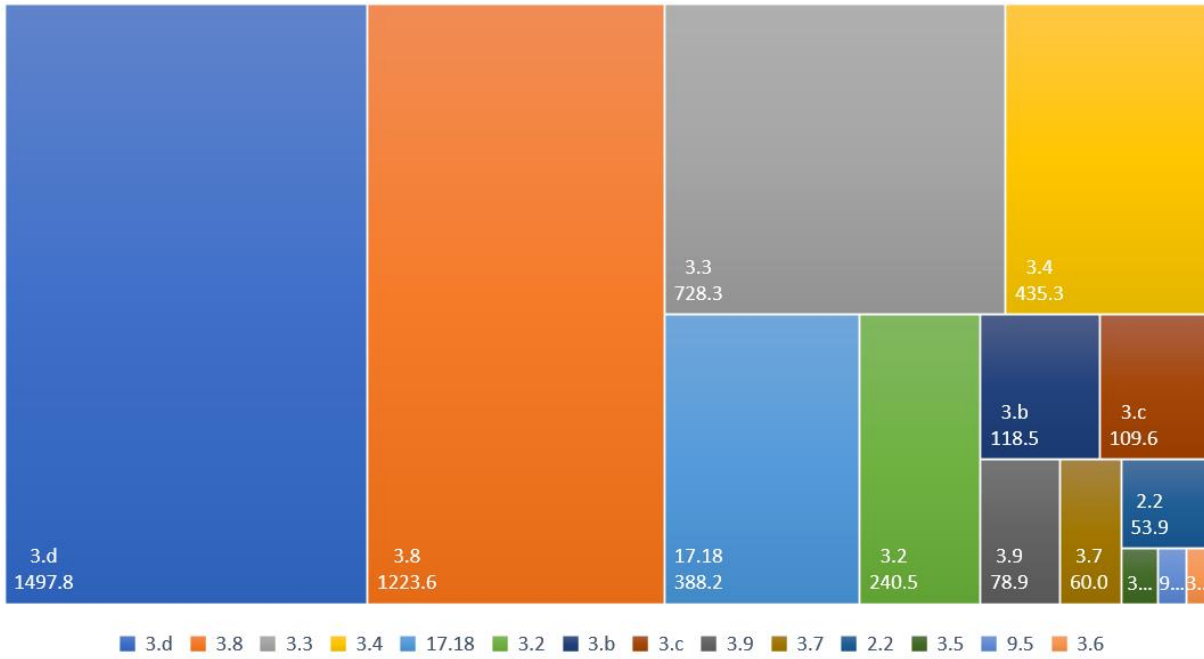


Table 7. Base programmes: approved levels of GPW 13 Programme budgets and levels for the Proposed programme budget 2024–2025, by outcome and the three levels of the Organization (US\$ millions)

Outcomes	Country offices			Regional offices			Headquarters			Total			
	2020–2021 Approved Programme budget	2022–2023 Revised approved Programme budget	2024–2025 Proposed programme budget	2020–2021 Approved Programme budget	2022–2023 Revised approved Programme budget	2024–2025 Proposed programme budget	2020–2021 Approved Programme budget	2022–2023 Revised approved Programme budget	2024–2025 Proposed programme budget	2020–2021 Approved Programme budget	2022–2023 Revised approved Programme budget	2024–2025 Proposed programme budget	Change (compared with 2020– 2021)
1.1 Improved access to quality essential health services	492.5	802.5	913.6	248.6	340.2	286.5	255.9	348.4	334.6	997.0	1 491.1	1 534.7	54%
1.2 Reduced number of people suffering financial hardship	56.2	68.7	76.6	17.0	21.2	13.0	25.6	24.1	23.1	98.9	113.9	112.7	14%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	89.8	122.2	131.6	43.8	57.9	48.6	129.3	144.4	138.8	262.9	324.5	319.0	21%
2.1 Countries prepared for health emergencies	112.7	240.0	208.2	60.8	86.2	94.7	57.5	105.6	101.5	231.1	431.8	404.5	75%
2.2 Epidemics and pandemics prevented	219.5	151.0	187.2	67.6	71.6	51.0	93.3	89.0	85.6	380.4	311.7	323.8	-15%
2.3 Health emergencies rapidly detected and responded to	131.1	244.6	209.0	74.0	104.7	125.0	72.3	157.8	151.7	277.3	507.0	485.7	75%
3.1 Safe and equitable societies through addressing health determinants	59.4	48.9	64.8	38.3	31.0	26.4	44.3	28.6	27.5	141.9	108.6	118.8	
3.2 Supportive and empowering societies through addressing health risk factors	91.7	94.7	77.1	47.6	38.8	36.5	55.6	38.0	36.5	194.9	171.5	150.1	
3.3 Healthy environments to promote health and sustainable societies	42.9	71.6	71.6	26.3	48.2	44.0	25.1	55.3	53.2	94.3	175.2	168.8	
4.1 Strengthened country capacity in data and innovation	88.3	124.3	102.2	61.3	92.4	66.9	137.9	183.7	176.6	287.6	400.4	345.6	20%
4.2 Strengthened leadership, governance and advocacy for health	153.1	191.6	186.9	136.2	159.3	165.7	154.2	182.9	182.9	443.6	533.7	535.4	21%
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	119.8	141.6	211.1	96.6	100.9	101.4	142.5	156.5	156.5	358.9	399.0	469.0	31%
Total base programmes	1 657.1	2 301.8	2 439.8	917.9	1 152.3	1 059.7	1 193.7	1 514.3	1 468.6	3 768.7	4 968.4	4 968.2	32%

Budget segment of emergency operations and appeals

136. This segment of the Proposed programme budget 2024–2025 includes WHO's operations in emergency and humanitarian settings, including protracted crises, as well as WHO's response to acute events. These increasingly protracted, complex and multidimensional crises demand multifaceted responses and greater resources than ever before.

137. For WHO's response operations during protracted crises, the financial requirements are planned for a 12-month period, aligning with the cycle of the humanitarian response plans of the United Nations Office for the Coordination of Humanitarian Affairs. For acute events, financial requirements are by nature event-driven and the level of the budget in this segment is therefore an estimate that is subject to increase as necessary.

138. Historically, the level of the emergency operations and appeals budget is baselined against that of the previous biennium. The level of the emergency operations and appeals budget in the bienniums 2020–2021 and 2022–2023 to date has been unprecedented as a result of the response to the COVID-19 pandemic, as well as the overall increase of people in need of health assistance as a result of emergencies and humanitarian crises.

139. With the onset of the COVID-19 pandemic, WHO moved towards an annual appeal for this budget segment. In 2020, WHO appealed for US\$ 1.74 billion under the Emergency operations and appeals segment in order to respond to the COVID-19 pandemic. In 2021, WHO appealed for another US\$ 1.96 billion for the COVID-19 pandemic response alone. As a result, the actual budget and implementation level for the emergencies operations and appeals segment of the Programme budget 2020–2021 exceeded by far the approved planned budget of US\$ 1 billion. The final implementation level in 2020–2021 was 2.5 times the approved budget level.

140. In 2022, WHO moved towards a full-fledged annual operational planning process, involving all six regions, for the emergency operations and appeal segment of the programme budget and launched the Organization's first-ever consolidated Global Health Emergency Appeal, seeking US\$ 2.7 billion for its work in responding to ongoing emergencies, including for the COVID-19 pandemic response in 2022.¹ For upcoming years, the Global Health Emergency Appeal will be published as a corporate product early in the year on an annual basis with regular updates for acute onset emergencies and/or the scale-up of existing responses.

141. As WHO plans for the emergency operations and appeals segment for 2023 and as the acute phase of the COVID-19 pandemic response draws to a close, 2023 will have its own set of challenges. The number of people and populations in need of health assistance is increasing, as a result of climate change, poverty and conflict, coupled with stretched and strained health systems worldwide, particularly in countries and regions that are dealing with emergencies and humanitarian crises. At the end of 2022, WHO was responding to 53 graded emergencies, including 13 grade-3 emergencies.

142. Similar to other bienniums, the total amount has been set as US\$ 1 billion and will be increased upwards, depending on the degree and severity of events that occur in 2024–2025.

143. While the Secretariat response to scaled-up emergencies and public health events is provided with support and collaboration from across the entire spectrum of the programme budget, this budget segment is most intrinsically related to results grouped in strategic priority 2, in particular outcome 2.3 (*Health emergencies rapidly detected and responded to*) and its outputs 2.3.1, 2.3.2 and 2.3.3.

¹ WHO's Global Health Emergency Appeal, 2022. Geneva: World Health Organization; 2022 ([https://www.who.int/publications/m/item/who-global-health-emergency-appeal-2022#:~:text=Download%20\(14.8%20MB\)-,Overview,%2C%20including%20COVID%2D19%20response,accessed 5 August 2022](https://www.who.int/publications/m/item/who-global-health-emergency-appeal-2022#:~:text=Download%20(14.8%20MB)-,Overview,%2C%20including%20COVID%2D19%20response,accessed%205%20August%202022)).

Budget segment of polio eradication

144. The budget increase in this segment explains the totality of the increase in the Proposed programme budget 2024–2025, as all remaining budget segments remain unchanged with respect to their approved budget levels of 2022–2023.

145. The Polio Eradication Strategy 2022–2026¹ lays out a road map to securing a lasting polio-free world, by the end of 2026.

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

147. At the same time, efforts will continue to transition the polio programme infrastructure and assets into broader public health systems. The first phase of transition will be completed during 2022–2023, involving the more than 50 countries that are currently supported through WHO’s base programmes. The next phase of transition will focus on shifting core capacities for polio – such as surveillance, immunization, research and containment – to other programmes in order to sustain them beyond eradication. This will be outlined in the revised post-certification strategy that will be submitted to the Health Assembly in the biennium 2024–2025. Implementation of the post-certification strategy will begin in 2026, once poliovirus transmission has been stopped in the endemic and outbreak countries. Countries that began transitioning core functions into base programmes in the biennium 2022–2023 will continue to do so; however, few if any additional countries will transition in the biennium 2024–2025, as the premature withdrawal of GPEI support from the most vulnerable countries would pose unacceptable risks to eradication. WHO will continue to disseminate best practices and lessons learned in the course of eradicating poliomyelitis, which will help countries to develop future health policies, goals and interventions.

148. The proposed budget level for the polio segment of US\$ 694 million for the biennium 2024–2025 will consist largely of the cost of undertaking supplemental immunization activities in Afghanistan and Pakistan in order to keep population immunity high through certification, as well as a substantial placeholder budget to enable surge support to countries wherever and whenever there are virus detections or outbreaks. The polio programme will also continue to make investments in gender mainstreaming and activities to encourage and enable integration.

149. The Secretariat of the GPEI will continue to report to Member States, through the WHO’s regular governing bodies’ mechanisms, on the progress made towards achieving a lasting polio-free world.

150. Polio eradication activities in this budget segment are interlinked with outputs 1.1.3 (*Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course*), 2.2.4 (*Polio eradication plans implemented in partnership with the GPEI*) and 2.3.1 (*Potential health emergencies rapidly detected, and risks assessed and communicated*).

¹ See document A74/19.

Budget segment of special programmes

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

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

153. For the **UNICEF/UNDP/World Bank/World Bank/WHO Special Programme for Research and Training in Tropical Diseases**, the biennium 2024–2025 is the start of a new six-year strategy, which is aligned with the Sustainable Development Goals and contributes to the cosponsors' objectives, including the GPW 13 triple billion targets. The Special Programme will continue to address the same three strategic priority areas: research for implementation, capacity strengthening for health research, and engaging with global and local stakeholders for increased impact and sustainability.

154. The 2024–2025 budget for the Special Programme will support its vision of using research and innovation to improve the health of those burdened by infectious diseases of poverty. The Special Programme will continue to focus on identifying and overcoming barriers to effective health interventions. The Special Programme's approach is to respond to local and regional needs and priorities, while at the same time pursuing long-term flagship initiatives that can change the health landscape. The pandemic has proved the value of the Tropical Disease Research approach, which has established an in-country institutional and individual research capacity that is able to both support the COVID-19 pandemic response and build resilience in disease-control programmes in countries that are burdened by infectious diseases of poverty.

155. The proposed budget for the Special Programme in the biennium 2024–2025 was discussed and agreed by its Standing Committee and the Joint Coordination Board in 2022. It is aligned with the Special Programme's governing bodies review cycle, which ensures their full engagement in the budget development, approval and revision processes. The consultation process that will lead to the development and prioritization of the final workplan of the Special Programme will give consideration to adding the cross-cutting themes recommended by the Seventh External Review of the Special Programme (2022), such as research on multisectoral approaches and One Health, evidence of increased resilience to climate change, and promoting gender equity. This will also benefit from a broad consultation on the Special Programme's future strategy, which will include its cosponsors; WHO regional focal points; disease control departments; the Scientific and Technical Advisory Committee; external scientific working groups; and the disease-endemic countries appointed by the six regional offices, contributor constituencies and partner organizations, which are all represented on the Joint Coordination Board.

156. The proposed budget of US\$ 50 million for the Special Programme for the biennium 2024–2025 was approved by the Joint Coordination Board in June 2022.

157. The implementation of **the Pandemic Influenza Preparedness Framework** in 2024–2025 will focus on strengthening influenza pandemic preparedness through a whole-of-society approach that ensures a more equitable response by building stronger and resilient country capacities. The Framework's priorities will be set in accordance with the high-level implementation plan for 2024–2030. An iterative process will be conducted in 2023 to develop country, regional and global activities of work that deliver against the results expected for the biennium 2024–2025, while ensuring alignment with national priorities and Member States' commitment. The

work will build on implementation since 2014, during which gains have been made on strengthening laboratory and surveillance capacities, focusing on the WHO Global Influenza Surveillance and Response System; a better understanding of influenza's health and economic burden; and enhanced planning and readiness for an influenza pandemic through regulatory preparedness, risk communication and community engagement systems, product deployment and exercising contingency plans.

158. The proposed budget level for 2024–2025 is US\$ 49.7 million, with 70% of partnership contributions directed towards preparedness work at regional and country levels. Between 2020 and 2022, there was an underutilization of funds due to the COVID-19 pandemic, resulting in an increase in available funds that can be used for implementation of the Proposed programme budget 2024–2025. These funds will be used to accelerate the work on pandemic influenza preparedness capacity-building, in line with the high-level implementation plan for 2024–2030.

159. Activities for the special programmes are linked to the results in the Proposed programme budget 2024–2025 as follows. Research and Training in Tropical Diseases is linked to work in 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*); and output 1.1.2. (*Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results*). Research Training in Human Reproduction is also linked to output 4.1.3 noted above. The Pandemic Influenza Preparedness Framework is linked to output 2.2.3. (*Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness*).

Table 8. Total Proposed programme budget 2024–2025, by major office, functional level, segment and outcome (US\$ millions)

Outcome	Africa			The Americas			South-East Asia			Europe			Eastern Mediterranean			Western Pacific			Head quarters	Total
	Country offices	Regional offices	Total	Country offices	Regional offices	Total	Country offices	Regional offices	Total	Country offices	Regional offices	Total	Country offices	Regional offices	Total	Country offices	Regional offices	Total		
1.1 Improved access to quality essential health services	342.0	72.7	414.7	49.4	40.4	89.8	212.9	41.5	254.4	59.4	50.5	109.9	165.2	30.2	195.4	84.7	51.3	135.9	334.6	1 534.7
1.2 Reduced number of people suffering financial hardship	38.9	3.2	42.1	2.9	2.4	5.3	5.5	1.5	7.0	9.8	2.3	12.2	11.5	0.9	12.4	7.9	2.7	10.6	23.1	112.7
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	62.4	12.8	75.2	11.7	9.6	21.3	16.5	6.5	23.0	8.0	8.1	16.1	18.6	5.7	24.3	14.4	5.9	20.3	138.8	319.0
2.1 Countries prepared for health emergencies	83.3	29.0	112.3	17.6	14.4	32.0	20.9	6.3	27.2	15.4	17.7	33.0	40.1	13.4	53.5	30.9	14.1	45.0	101.5	404.5
2.2 Epidemics and pandemics prevented	130.5	8.5	139.0	16.2	13.3	29.5	5.8	3.9	9.8	4.3	8.5	12.7	22.8	10.0	32.8	7.6	6.9	14.4	85.6	323.8
2.3 Health emergencies rapidly detected and responded to	98.1	43.7	141.8	8.4	6.9	15.3	17.8	6.7	24.4	9.4	15.8	25.2	61.5	33.3	94.8	13.8	18.7	32.5	151.7	485.7
3.1 Safe and equitable societies through addressing health determinants	31.0	9.2	40.2	3.5	2.9	6.4	8.2	1.9	10.1	5.5	5.0	10.5	11.9	3.5	15.3	4.7	4.0	8.7	27.5	118.8
3.2 Supportive and empowering societies through addressing health risk factors	16.0	5.7	21.7	11.8	9.6	21.4	12.8	2.9	15.7	8.6	9.7	18.3	9.6	3.6	13.2	18.3	5.0	23.3	36.5	150.1
3.3 Healthy environments to promote health and sustainable societies	12.4	6.8	19.2	8.6	7.0	15.6	7.1	4.6	11.7	8.9	14.6	23.5	11.5	2.7	14.2	23.0	8.4	31.4	53.2	168.8
4.1 Strengthened country capacity in data and innovation	32.6	15.7	48.3	8.0	6.6	14.6	14.6	8.7	23.2	9.6	6.8	16.5	20.0	21.1	41.2	17.3	8.0	25.3	176.6	345.6
4.2 Strengthened leadership, governance and advocacy for health	82.9	52.8	135.6	10.7	8.8	19.5	21.6	18.4	40.0	22.5	39.1	61.7	31.9	23.4	55.3	17.3	23.2	40.4	182.9	535.4
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	105.9	30.5	136.5	13.8	11.3	25.1	21.4	19.3	40.7	14.4	9.7	24.0	43.2	22.8	66.0	12.3	7.8	20.1	156.5	469.0
Subtotal base programmes	1 036.1	290.5	1 326.6	162.6	133.0	295.6	365.2	122.1	487.3	175.9	187.7	363.6	447.9	170.5	618.4	252.1	155.9	408.1	1 468.6	4 968.2
Polio eradication	-	20.2	20.2	-	-	-	-	-	-	-	-	-	-	342.8	342.8	-	-	-	331.2	694.3
Special programmes	-	4.3	4.3	-	5.1	5.1	-	4.6	4.6	-	4.8	4.8	-	4.6	4.6	-	4.2	4.2	144.3	171.7
Emergency operations and appeals	-	274.0	274.0	-	13.0	13.0	-	46.0	46.0	-	105.0	105.0	-	334.0	334.0	-	18.0	18.0	210.0	1 000.0
Total Proposed programme budget 2024–2025	1 036.1	589.0	1 625.1	162.6	151.1	313.7	365.2	172.7	537.9	175.9	297.5	473.4	447.9	851.9	1 299.8	252.1	178.1	430.2	2 154.1	6 834.1

FINANCING OUTLOOK OF THE PROPOSED PROGRAMME BUDGET 2024–2025

160. “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 GPW 13. 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.

161. Specific financing objectives for GPW 13 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.

162. In this regard, the Secretariat welcomes the 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.

163. 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 2029. 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

164. 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.

165. 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 9).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.

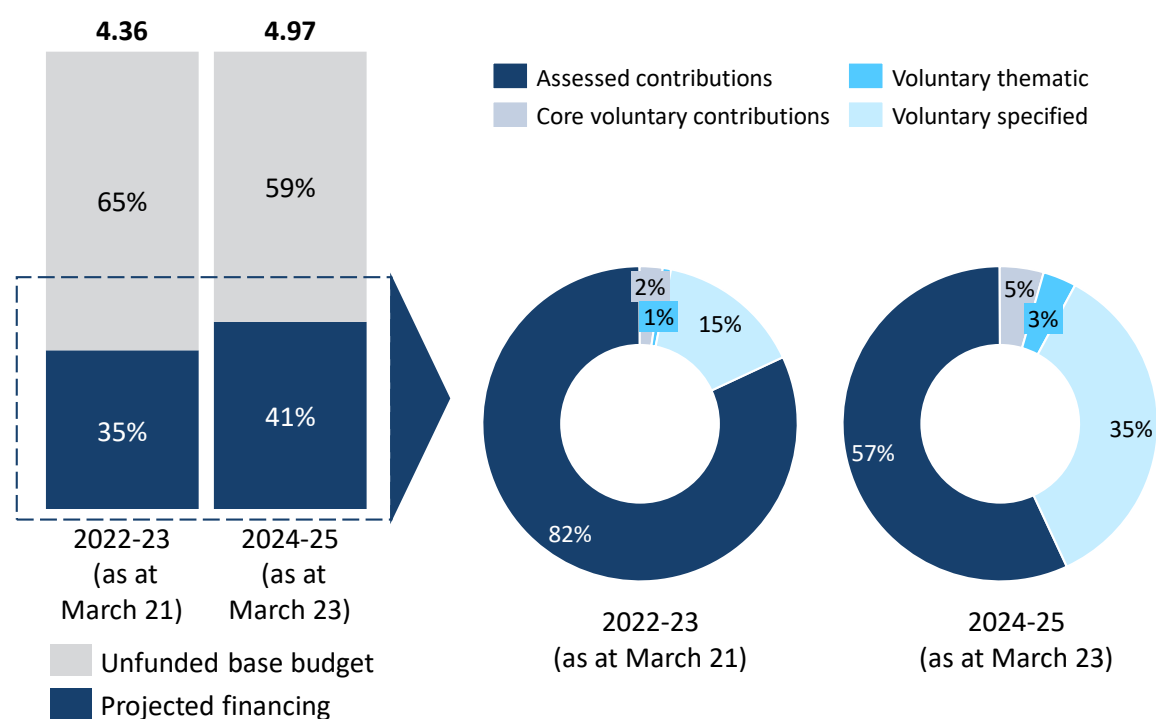
¹ See A healthy return: Investment case for a sustainably financed WHO. Geneva: World Health Organization; 2022 (<https://www.who.int/about/funding/invest-in-who/investment-case-2.0>, accessed on 16 December 2022).

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 9. 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\$ million)			
		Assessed contributions	Voluntary contributions, including programme support cost	Total	Gap
Base	4 968	1 145	868	2 013	2 955 (59%)
Emergency operations 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%)

Fig. 17. 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

166. 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. 17). 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.

167. The share of the projected specified voluntary contributions from the total projected financing for the base programmes of 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 GPW 13, which has now been extended till 2025. Negotiations are ongoing to extend or renew these multiannual agreements in order to increase the flexibility and predictability of the funding.

168. Increased flexible financing is required to ensure WHO's independence and impartiality in fulfilling its normative and technical roles, fill existing financing gaps and reduce the high transaction costs associated with multiple specified/earmarked funds. Other sources of flexible funds are core voluntary contributions and programme support costs.

169. Financing the Emergency operations and appeals segment is dependent entirely 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.

170. 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.

171. 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 up until the Seventy-sixth World Health Assembly on the Programme budget digital platform 2024–2025.¹

172. The Secretariat looks forward to continuing to engage with donors 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.

¹ Programme budget 2024–2025 digital platform :Executive Summary (<https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024–2025/executive-summary>, accessed 26 April 2023).

PROPOSED PROGRAMME BUDGET 2024–2025: PRESENTATION AND DIGITAL PLATFORM

173. Three main objectives have motivated the redesigned presentation of the Proposed programme budget 2024–2025:

- improve transparency, clarity and accountability towards Member States;
- provide both high-level strategic information and specific costing and prioritization details in order to equip Member States to fully and efficiently exercise their strategic oversight; and
- facilitate the reading and understanding of the Proposed programme budget 2024–2025 and its underlying development process.

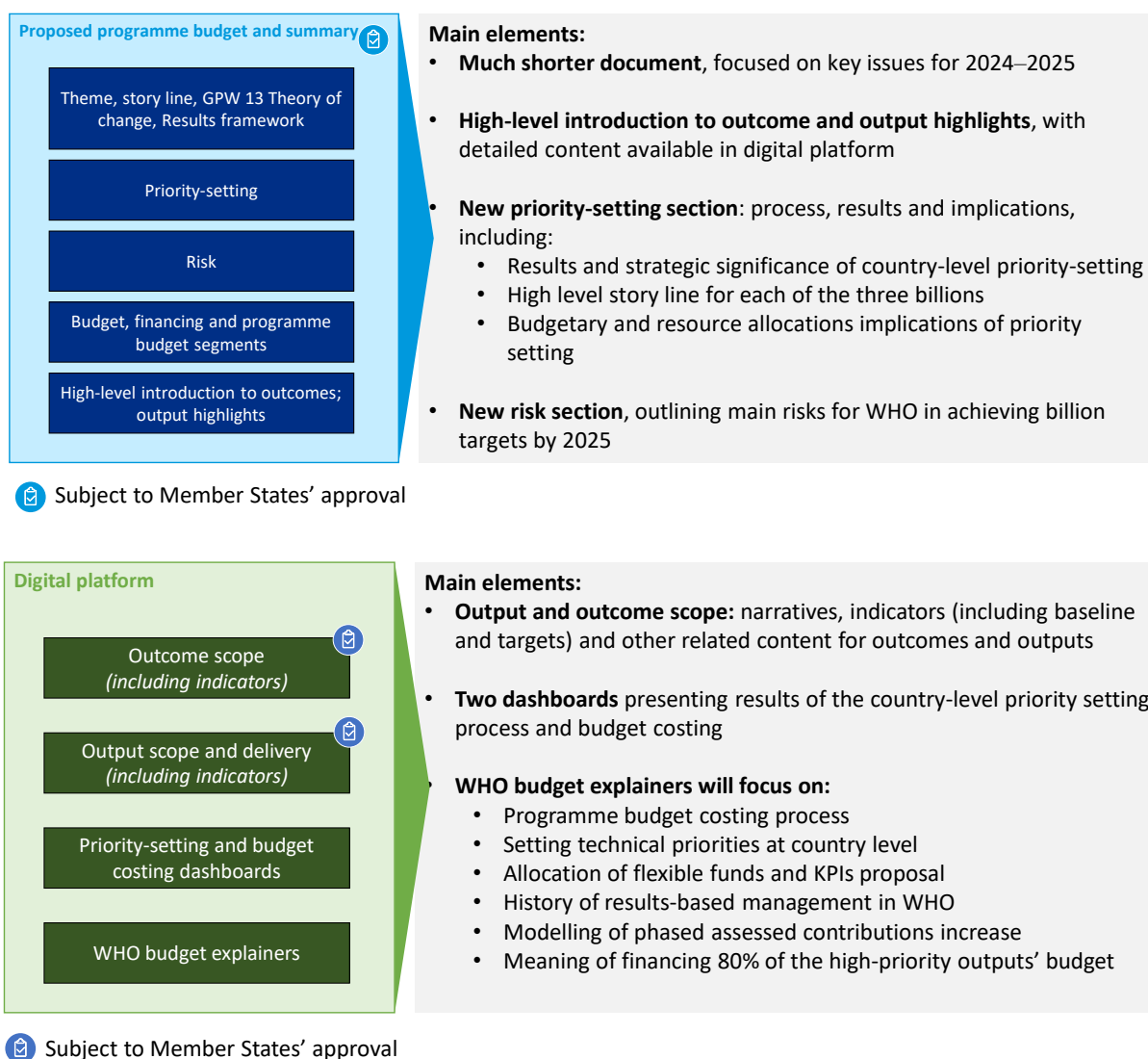
174. The three objectives are closely interlinked and respond to the concerns of Member States that they do not find the budget in its current format sufficiently clear and adequate for them to provide effective oversight. Member States have also requested a better overview and a shorter and more comprehensible document, but with enhanced detail in some areas. The new structure of the Proposed programme budget was designed on the basis of those Member States' concerns, while also reviewing the programme budgets of other United Nations agencies and organizations to build on best practices.

175. In terms of the presentation format of the Proposed programme budget 2024–2025, the following improvements and enhancements were implemented.

- **More adequate information for strategic oversight.** The Proposed programme budget 2024–2025 is bringing forward more explicitly several elements that have been considered key by Member States. Among them, the document describes in more detail the results and strategic significance of priority-setting, and the expected implications that the prioritization would have on resource allocations. Similarly, it touches upon the relationship between costing and the budget. All of this is to provide Member States with quality information that permits them to better understand how the Proposed programme budget 2024–2025 is costed and developed under the overall principles of results-based management.
- **Structural and design-related improvements.** The Proposed programme budget 2024–2025 has a modular structure, with sections that can be read independently (such as an executive summary and outcome-level and output-level narratives). The Proposed programme budget 2024–2025 has been structured in two main dimensions:
 - The programme budget document, which contains the major aspects that are subject to Member States approval, with the exception of the detail of the outcomes (upper panel of Fig. 18). The overall storyline will follow a “funnel” approach, starting at a high level, and then becoming more detailed and focused on the base budget only.
 - The digital platform includes traditional as well as new components (see Fig. 18, lower panel).
 - Outcomes and outputs sections on the digital platform include a newer, reformatted view, consisting of narratives with their respective scope of work and indicators, and in the case of the outputs, the main Secretariat's deliverables to achieve the results proposed. Complementing this information, each outcome and output will also include useful information such as previous biennium budget, financing, performance and the future biennium's main results of the prioritization and costing.
 - Two new digital dashboards complement and provide further detail on the results of the prioritization and costing by major office.

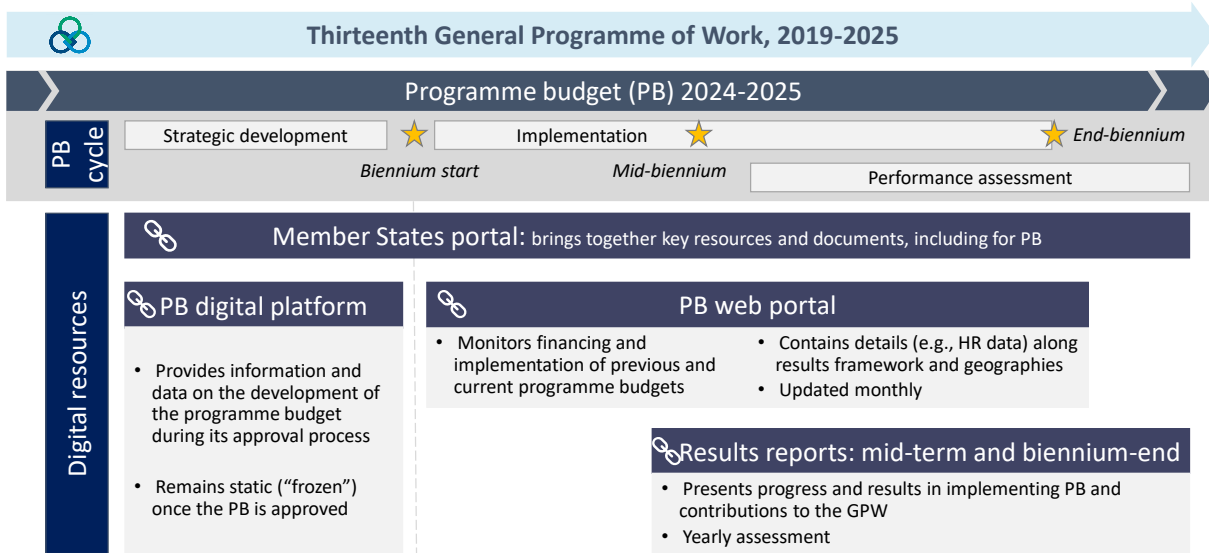
- Supporting documents (“explainers”) were developed to aid comprehension. These explainers describe underlying budgetary principles, the prioritization processes and other elements in order to ensure an aligned and common understanding.

Fig. 18. Proposed programme budget 2024–2025: main components of the framework and summary document and of the digital platform



176. Fig. 19 summarizes the available digital resources in support of the Member States' strategic oversight of programme budget development, implementation, monitoring and reporting. It also explains the relationship between the available digital resources in a given programme budget cycle.

Fig. 19. Digital resources in support of Member States' strategic oversight



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