

Regional Committee version

Original: English

**Executive summary of the draft proposed programme budget,
2026–2027**

Executive summary of the draft Proposed programme budget 2026–2027

Regional Committee version (September 2024)

1. The draft Proposed programme budget 2026–2027 is the first to be fully developed based on the Fourteenth General Programme of Work, 2025–2028 (GPW 14), which prioritizes advancing health equity and strengthening health systems resilience. It translates the vision of GPW 14 into action, ensuring that resources will be directed to where they are needed most and can make the greatest difference. It also presents the advances in the Member State prioritization process, driven by evidence and aligned with the strategic objectives of GPW 14.

2. The document is divided into six main sections plus three annexes that expand on certain areas of interest. **The results framework** (Fig. 1) section outlines WHO’s systematic and structured approach to define, organize and assess the expected impacts, outcomes and outputs of health initiatives. It provides a clear and logical connection between inputs, activities and the resultant health improvements, ensuring that every action contributes to the overarching goals of the Organization.

Fig. 1. WHO results framework

FOURTEENTH GENERAL PROGRAMME OF WORK, 2025–2028 RESULTS FRAMEWORK

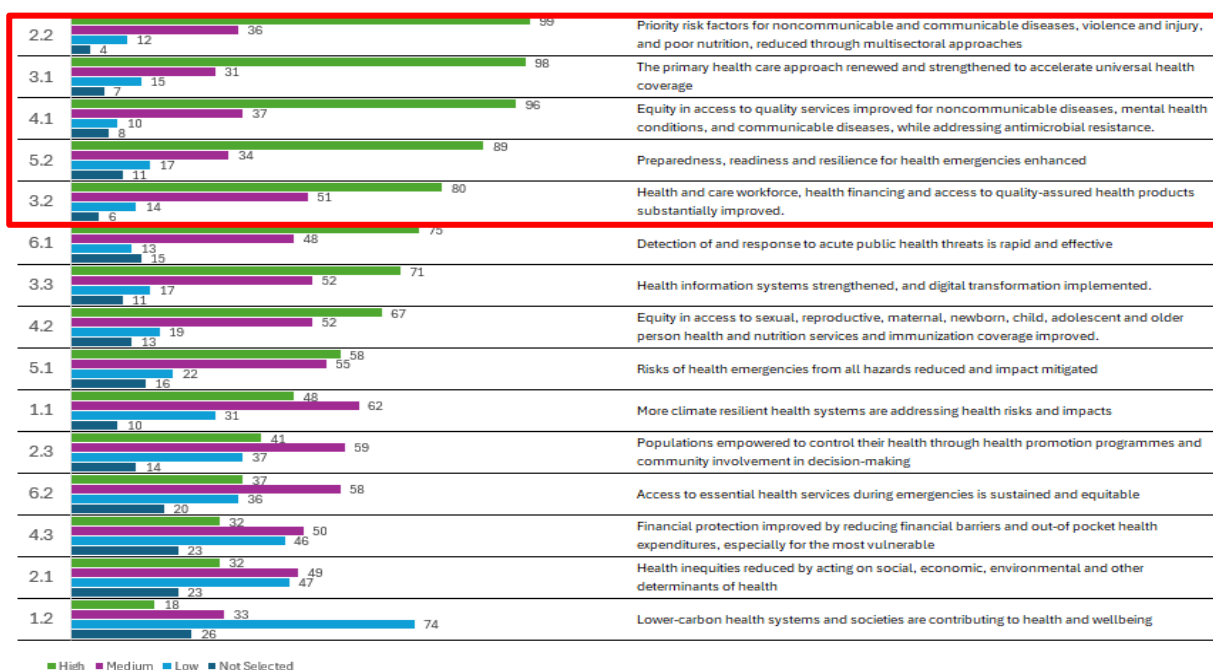


3. The development of the results framework for GPW 14 is grounded within the principles of results-based management; builds on the lessons learned from the Thirteenth General Programme of Work, 2019–2025; and follows the recommendations from independent evaluations, focusing on areas requiring improvement and essential changes while maintaining the integrity of the results chain. As a result, Member States are presented with **18 GPW 14 outcomes** (15 joint outcomes, 3 corporate outcomes), and **42 draft outputs** that constitute the main results of GPW 14 and the core of the draft Proposed programme budget 2026–2027. Table 1 of this summary presents the list of outcomes and outputs of the draft Proposed programme budget 2026–2027. **Annex 1** to the draft Proposed programme budget 2026–2027 provides details such as outcome and output scopes and outcome indicators.

4. The draft Proposed programme budget 2026–2027 builds upon and incorporates several key recommendations of the recent independent evaluations. One major recommendation was the need for effective **prioritization**. The draft Proposed programme budget 2026–2027 builds on the previous experiences of priority-setting and reflects a transparent **prioritization process of WHO outcomes**, driven by evidence and aligned with the strategic objectives of GPW 14. This approach aims to enhance transparency, accountability and effectiveness in operations, ultimately driving better health outcomes for populations worldwide and ensuring that the Organization’s efforts are consistently aligned with the most pressing health needs and the Sustainable Development Goals. It also ensures that the programme, the budget and subsequent resource allocation are based on priorities set collectively by the Secretariat and Member States, and that WHO priorities start at the country level to ensure maximum alignment with country situations and priorities. The results presented in the draft Proposed programme budget 2026–2027 constitute the consolidation of initial prioritization results from the countries that have advanced in this process. All Member States in four regional offices (Africa, South-East Asia, Eastern Mediterranean Region and Western Pacific) and the majority of Member States in the European Region have identified their priorities. To respect the previous commitment to Member States to perform the prioritization exercise only once for the Pan American Health Organization and WHO results, the Region of the Americas will launch the programmatic priority-setting process by November 2024 once outcomes for the new strategic plan of the Pan American Health Organization for the period 2026–2031 have been defined. The prioritization results will be updated accordingly and presented transparently on WHO’s programme budget digital platform.

5. The preliminary results of country prioritization show that, based on the outcomes, which were ranked as high or medium priority (Fig. 2), the majority of countries prioritize WHO’s technical cooperation in five top areas that are oriented to outcomes 2.2 (Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches), 3.1 (The primary health care approach renewed and strengthened to accelerate universal health coverage), 4.1 (Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance), 5.2 (Preparedness, readiness and resilience for health emergencies enhanced), and 3.2 (Health and care workforce, health financing and access to quality-assured health products substantially improved).

Fig. 2. Ranking of the GPW 14 outcomes based on priority-level scoring (number of countries)



6. The **budget section** of the draft Proposed programme budget 2026–2027 is presented in **four segments: base programmes, emergency operations and appeals, polio eradication and special programmes**. The **base programmes segment** represents the core mandate of WHO and constitutes the largest part of the budget. It is proposed to be set at US\$ 5530.2 million, compared with US\$ 4968.2 million for the Programme budget 2024–2025. The proposed increase in the base segment is to benefit mostly country and regional offices, with budget growth from 10% in the South-East Asia Region to 20% in the Eastern Mediterranean Region. The increase is mainly driven by three areas: technical country capacity strengthening, data and innovation, and enhanced accountability.

7. The **emergency operations and appeals segment** includes WHO's operations in emergency and humanitarian settings, as well as its response to acute events. The Secretariat is putting forward two scenarios for this segment: scenario 1 is the budget set at the same level as in previous bienniums (US\$ 1 billion), and scenario 2 is a more realistic budget estimate (US\$ 2.8 billion). The rationale for these proposals is detailed in the document.

8. The **polio eradication segment** represents WHO's share of the implementation of the Global Polio Eradication Initiative strategy budget. The segment is estimated at US\$ 976.3 million for the biennium 2026–2027, based on the extension of the strategy through 2029.

9. The **special programmes segment** includes special programmes that have additional governance mechanisms and budget cycles that inform their annual and biennial budgets, namely the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction; the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; and the Pandemic Influenza Preparedness Framework. The proposed budget level for this segment is US\$ 162.4 million for the biennium 2026–2027.

10. The **total proposed budget for 2026–2027 is US\$ 7.7 billion under scenario 1 for the emergency operations and appeals segment, and US\$ 9.5 billion under scenario 2** (see Table 2).

11. The section on **monitoring, performance assessment and evaluation** of the draft Proposed programme budget 2026–2027 outlines the systematic approach to track and evaluate the progress and impact of health initiatives. By further improving a robust monitoring system with outcome and output indicators, and integrating lessons learned from previous cycles, the aim is to provide a more accurate and comprehensive picture of progress and challenges. It emphasizes the importance of a robust monitoring system with clear indicators and benchmarks to measure success. Building further on these principles, the joint assessment of the Secretariat's output with national authorities and other stakeholders will be rolled out further in 2026–2027. This also aims to build trust and confidence with Member States and partners.

12. The document also addresses **WHO's commitment to leaving no one behind**, as well as strategies and measures that will be implemented to manage risks and ensure the successful achievement of the billion targets. The document also highlights the need for continuous monitoring and evaluation, as well as the integration of these elements into all aspects of WHO's work.

13. The last section of the document summarizes the **financing outlook of the draft Proposed programme budget 2026–2027**, including how the expected increase in assessed contributions is a key assumption for the sustainable financing and implementation of results as laid out in the document. The draft Proposed programme budget 2026–2027 is being developed under the expectation that the second gradual increase in assessed contributions (US\$ 229.6 million, or 20%) will be approved – as foreseen in decision WHA75(8) (2022). Regional committees represent an important forum for Member States and the Secretariat to start discussions on the increase in assessed contributions by 20% to fund the draft

Proposed programme budget 2026–2027. Also linked to improving transparency and accountability, **Annexes 2 and 3** present the efforts of the Secretariat to improve resource allocation, as well as the main terms of reference of the Resource Allocation Committee, which is expected to play a major role in the allocation of thematic resources to be received via the WHO investment round.

Table 1. Joint and corporate outcomes and outputs

Outcome text	Output code	Output description
Joint outcome 1.1. More climate-resilient health systems are addressing health risks and impacts		
	1.1.1	WHO supports countries in developing health vulnerability and adaptation assessments, and national adaptation plans, and provides guidance, capacity-building and piloting of interventions to enhance the climate resilience of health systems through a One Health approach
Joint outcome 1.2. Lower-carbon health systems and societies are contributing to health and well-being		
	1.2.1	WHO develops norms, standards, policy guidance and builds capacity in countries to reduce carbon emissions from the health sector, and engage other sectors (such as food, transport and energy) that have an impact on health to reduce their emissions
Joint outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health		
	2.1.1	WHO supports countries in designing policies and regulations, shaping resource allocation and investment, and in establishing partnerships within and beyond the health sector to address determinants and reduce health inequities, particularly for populations in situations of vulnerability
	2.1.2	WHO supports countries in developing evidence-informed policies across sectors at all levels of government and adapts public health measures to meet the health needs of populations such as migrants and displaced people
Joint outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches		
	2.2.1	WHO develops norms, standards and technical packages that address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and protect food safety, and supports countries in their implementation, including in the monitoring and development of legislation and regulations
	2.2.2	WHO supports countries to ensure comprehensive access to promotion and preventive health services to populations (such as tobacco cessation services, diet and physical activity, and breastfeeding), including for those in situations of vulnerability, and to monitor their implementation
Joint outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making		
	2.3.1	WHO develops guidance and supports countries to strengthen their capacity to engage with and empower individuals and communities, and all levels of government across sectors to increase health literacy, enable healthier behaviours, advance co-benefits, and improve governance and implementation of settings-based approaches and health promotion policies
Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage		
	3.1.1	WHO strengthens country capacity and provides guidance to reorient and improve the delivery of quality, people-centred comprehensive, integrated individual and population-based services
	3.1.2	WHO strengthens the capacity of national public health institutions to deliver essential public health functions and improve the resilience of health systems
	3.1.3	WHO facilitates dialogue and provides guidance to strengthen health governance capacity within and across sectors, including the private sector, and to empower and engage with communities

Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved		
	3.2.1	WHO provides technical guidance and operational support to optimize and expand the health and care workforce for integrated service delivery, essential public health functions and improved health and well-being
	3.2.2	WHO generates evidence, guides design and supports the implementation of sustainable health financing and health-related macroeconomic policies to improve equitable access to efficiently delivered individual and population services and products
	3.2.3	WHO supports countries to implement measures for better access to, and use of, safe, effective and quality-assured health products
Joint outcome 3.3. Health information systems strengthened, and digital transformation implemented		
	3.3.1	WHO builds country capacity and develops tools and platforms to support countries in developing and improving their health information systems to facilitate informed decision-making and harness digital transformation, to expand coverage and equity to accelerate impact
Joint outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance		
	4.1.1	WHO develops evidence-based policies and supports the implementation, scale-up and measurement of best buys and other actions to strengthen prevention, control and management of noncommunicable diseases to improve person-centred health care coverage
	4.1.2	WHO supports the design, scale-up, implementation and measurement of the coverage of people-centred, rights-based services for key mental health, neurological and substance use conditions
	4.1.3	WHO provides leadership, develops evidence-based guidance and standards, and supports Member States to build capacity for delivery of targeted, innovative and integrated people-centred services to reduce incidence, morbidity and mortality and, where applicable, control, eliminate or eradicate communicable diseases
	4.1.4	WHO develops and disseminates evidence-based guidance and standards, builds capacity and supports implementation of a people-centred public health approach and core intervention package to prevent, monitor and respond to antimicrobial resistance
Joint outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved		
	4.2.1	WHO sets norms and standards, provides guidance and builds country capacity to improve sexual, reproductive, maternal, newborn, child, adolescent, adult and older person health across the life course
	4.2.2	WHO sets norms and standards, provides guidance and builds country capacity to strengthen and sustain quality immunization services across the life course, including poliomyelitis, paying particular attention to unvaccinated and under-vaccinated persons and communities
Joint outcome 4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable		
	4.3.1	WHO provides guidance, strengthens capacity and supports countries to collect, track and analyse health expenditure data, including health accounts, and disaggregated data on out-of-pocket expenditures, financial hardship and financial barriers to identify inequities and inform decision-making for financial and social health protection
Joint outcome 5.1. Risks of health emergencies from all hazards reduced and impact mitigated		
	5.1.1	WHO collaborates with partners to communicate risks and engage with communities to co-create public health prevention and response interventions for all hazards
	5.1.2	WHO provides technical expertise and operational support to strengthen and scale preventive population and environmental public health interventions for all hazards, utilizing a One Health approach
Joint outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced		
	5.2.1	WHO conducts risk and capacity assessments and supports the development and implementation of national preparedness and readiness plans, including tailored prevention and mitigation strategies for specific hazards

	5.2.2	WHO establishes and manages collaborative networks for fast-track research and development, scalable manufacturing and resilient supply chain systems to enable timely and equitable access to medical countermeasures during health emergencies
	5.2.3	WHO provides technical expertise and operational support to strengthen and scale clinical care for emergencies, including infection prevention and control measures to protect health workers and patients
Joint outcome 6.1. Detection of and response to acute public health threats is rapid and effective		
	6.1.1	WHO strengthens surveillance and alert systems, including diagnostics and laboratory capacities, for the effective monitoring of public health threats and the rapid detection, verification, risk assessment and grading of public health events
	6.1.2	WHO coordinates rapid and effective responses to acute public health threats, including deploying multisectoral response capacities, surging emergency supplies and logistics support, providing contingency financing, and implementing strategic and operational response plans
Joint outcome 6.2. Access to essential health services during emergencies is sustained and equitable		
	6.2.1	WHO coordinates and leads the health cluster and partners to assess health needs and develop, fund and monitor humanitarian health emergency response plans in protracted emergencies
	6.2.2	WHO ensures the provision of life-saving care and maintains essential health services and systems in emergencies and vulnerable settings, addressing barriers to access and inequity
Corporate outcome 1: Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind		
	7.1.1	Convening, advocating and engaging with Member States and key constituencies in support of health governance and to advance health priorities
	7.1.2	Effectively strategizing, planning, advocating and communicating to promote evidence-informed planning for decision-making for interventions and healthy behaviours in countries (<i>currently under discussion of clarifying and improving this output</i>)
Corporate outcome 2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level		
	7.2.1	Evidence-based and quality-assured normative products developed and disseminated and used by countries for health impact
	7.2.2	Scaling science, digital transformation innovation, research, development and the manufacturing capacities of countries to accelerate equitable progress on health
	7.2.3	WHO supports Member States in strengthening health information collection, aggregation, analysis and interpretation to monitor trends and progress towards indicators and targets of the Sustainable Development Goals, including inequality monitoring
Corporate outcome 3: A sustainably financed and efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the draft GPW 14 outcomes		
	8.1.1	Policies, rules and regulations in place to attract, recruit and retain a motivated, diverse, empowered and fit-for-purpose workforce, operating in a respectful, ethical, safe and inclusive workplace with organizational change fully institutionalized
	8.1.2	Core capacities of WHO country and regional offices strengthened to drive measurable impact at country level
	8.1.3	Accountability functions enhanced in a transparent, compliant and risk management-driven manner to facilitate Member State oversight as well as to ensure organizational learning, effective internal justice, safety and impact at country level
	8.1.4	Effective end-to-end results-based management realized through a programme budget aligned with evidence-informed country priorities and supported by sustainable financing, transparent resource allocation and sound monitoring and evaluation practices (<i>currently under discussion of this output's proper placement</i>)
	8.1.5	Fit-for-purpose, accountable, cost-effective, innovative and secure corporate digital platforms and services aligned with the needs of users, corporate functions and technical programmes
	8.1.6	Working environments, infrastructure, support services, supply chains and asset management are fit for purpose, accountable, cost-effective, innovative and secure for optimized operations
	8.1.7	Sound financial practices managed through an efficient and effective internal control framework

Table 2. Total draft Proposed programme budget 2026–2027 compared with the approved Programme budget 2024–2025, by major office and segment (US\$ million)¹

Major office/Segment	Approved Programme budget 2024–2025	Draft Proposed programme budget 2026–2027 Emergency operations and appeals – scenario 1	Draft Proposed programme budget 2026–2027 Emergency operations and appeals – scenario 2
Africa	1 625.1	1 776.2	2 182.3
Base	1 326.6	1 509.5	1 509.5
Polio eradication	20.2	43.2	43.2
Special programmes	4.3	3.6	3.6
Emergency operations and appeals	274.0	219.9	626.1
The Americas	313.7	445.8	616.7
Base	295.6	349.0	349.0
Polio eradication	–	–	–
Special programmes	5.1	4.3	4.3
Emergency operations and appeals	13.0	92.5	263.4
South-East Asia	537.9	575.9	640.2
Base	487.3	537.2	537.2
Polio eradication	–	–	–
Special programmes	4.6	3.9	3.9
Emergency operations and appeals	46.0	34.8	99.1
Europe	473.4	552.6	790.8
Base	363.6	419.7	419.7
Polio eradication	–	–	–
Special programmes	4.8	4.0	4.0
Emergency operations and appeals	105.0	128.9	367.1
Eastern Mediterranean	1 299.8	1 538.4	2 454.1
Base	618.4	743.3	743.3
Polio eradication	342.8	295.3	295.3
Special programmes	4.6	3.9	3.9
Emergency operations and appeals	334.0	495.8	1 411.5
Western Pacific	430.2	477.2	497.0
Base	408.1	463.0	463.0
Polio eradication	–	–	–
Special programmes	4.2	3.5	3.5
Emergency operations and appeals	18.0	10.7	30.5
Headquarters	2 154.1	2 302.8	2 334.6
Base	1 468.6	1 508.6	1 508.6
Polio eradication	331.2	637.7	637.7
Special programmes	144.3	139.2	139.2
Emergency operations and appeals	210.0	17.2	49.0
Total	6 834.1	7 668.9	9 515.7

¹ Owing to rounding, the totals might differ from the sum of the figures above.

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