



Regional Committee version

Original: English

Programme Budget 2022–2023: approach and process

The COVID-19 pandemic has starkly demonstrated the need for additional investments in pandemic preparedness, health systems and global health. Considering the profound changes triggered by the pandemic, careful strategic thinking will be required before submission of a new proposed draft Programme Budget 2022–2023 (PB2022–2023). The budget development process needs to be resumed within this new context and a pragmatic approach adopted. WHO will work to ensure that the changing health needs of Member States and the important institutional lessons learnt from the response to the pandemic are reflected in the new budget document. Timelines and Member State engagement in the process will need to be adjusted accordingly.

This document presents:

- an overview of the proposed approach to developing the high-level PB2022–2023;
- the initial results of the prioritization process conducted at country level as per the WHO Thirteenth General Programme of Work, 2019–2023 (GPW 13) technical outcomes;
- a proposed timeline for PB2022–2023 development; and
- an outline of the next steps and actions for PB2022–2023 development, including further consultations and opportunities for deliberations on the programme of work and budget.

This document is being submitted to the Regional Committee to obtain guidance from Member States on the priorities and strategic directions of the Region for PB2022–2023 and on the proposed approach and timelines for its development. The full version of the proposed PB2022–2023 will then be developed taking into consideration the advice received from the Regional Committee and will be presented to the Executive Board (EB) in January 2021. A final version will then be submitted for approval by the World Health Assembly (WHA) in May 2021, with the clear expectation that a revised budget will be presented to the WHA in May 2022.

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Introduction

1. The COVID-19 pandemic continues to cause unprecedented disruption worldwide, across all regions and countries. This crisis has impacted the development of the programme budget which under normal circumstances results in a full first draft, developed through a rigorous and inclusive bottom-up planning process, being presented to the Regional Committee. However, the opportunities for extensive consultations at country level have been limited, and adhering to the normal process of budget development has not been possible.
2. As well as remaining sharply focused on helping the world battle the pandemic, WHO is also continuing its work to address the many ongoing and emerging issues which impact the overall health and well-being of people. Similarly, the programme budget development process needs to be resumed within the new context, and a pragmatic approach adopted. WHO will work to ensure that the changing health needs of Member States and the important institutional lessons learnt from the response to the pandemic are reflected in the new budget document. Timelines and Member State engagement in the process will need to be adjusted accordingly.
3. It is inevitable that the COVID-19 pandemic will provide a strong impetus for change which the Organization needs to capture in its programme budget. The development of the programme budget is currently in a transitional period between continuing to fight the ongoing pandemic and envisaging the post-COVID-19 world so that WHO is better equipped to help the world prevent a health crisis of this magnitude from occurring again.
4. The development of the programme budget will continue to be needs based and results driven. Also, there will be a sharpened focus on aligning with emerging country needs and on achieving results at the country level.
5. This document presents:
 - an overview of the proposed approach to developing the high-level PB2022–2023;
 - the initial results of the prioritization process conducted at country level as per the WHO Thirteenth General Programme of Work, 2019–2023 (GPW 13) technical outcomes;
 - a proposed timeline for PB2022–2023 development; and
 - an outline of the next steps and actions for PB2022–2023 development, including further consultations and opportunities for deliberations on the programme of work and budget.
6. The document also provides more-detailed information on the regional context to inform the collective discussion of regional-level priorities. Such discussion will provide crucial information for the development of country support plans and draft proposed PB2022–2023 to be submitted for consideration by the EB at its 148th session in January 2021.

Proposed approach to programme budget development

7. The need to reflect ongoing and important changes in PB2022–2023 while at the same time awaiting the outcomes of the evaluation by the Independent Panel for Pandemic Preparedness and Response (IPPR) presents a dilemma for the budget development process.
8. To address this dilemma, the WHO Secretariat proposes to present an initial PB2022–2023 with the clear expectation that a revised budget will be presented to the WHA in May 2022. By using this approach, the WHO Secretariat signals its readiness to implement required changes immediately and to respond quickly to the emerging needs of Member States resulting from the current COVID-19 crisis, while also recognizing the crucial role of the IPPR evaluation in helping Member States make the decisions that will shape the future work of WHO through the programme budget process.

9. In this way, sufficient flexibility is provided to endorse changes 6 months into the biennium thus allowing the Organization to consider the results of the COVID-19 evaluation, collect more in-depth information on changing needs and priorities in countries, and identify the investments required to enable programme budget implementation.

Prioritization in the WHO Eastern Mediterranean Region

10. In September 2020, the WHO Regional Office for the Eastern Mediterranean launched a consultative process with countries in the Region to confirm or update country priorities based on the priorities previously identified for the 2020–2021 biennium, taking into consideration the impact of the COVID-19 pandemic. Countries were asked to review their priorities in relation to the 10 technical outcomes of GPW 13 to ensure a consistent approach, and to reprioritize these outcomes again according to a standard scoring system based on three levels of priority – high, medium and low.

11. Most countries of the Region have now completed the confirmation/updating exercise. Discussions with those countries yet to complete the exercise are ongoing and their priorities will be confirmed or updated at a later stage of the planning cycle. For the purposes of this document, the existing 2020–2021 priorities of such countries will be considered until final confirmation or updating has been received. Fig. 1 shows the prioritization of the 10 outcomes in descending order from high to low according to country confirmed prioritization. A more-detailed breakdown of prioritization by country is provided in Annex 1.

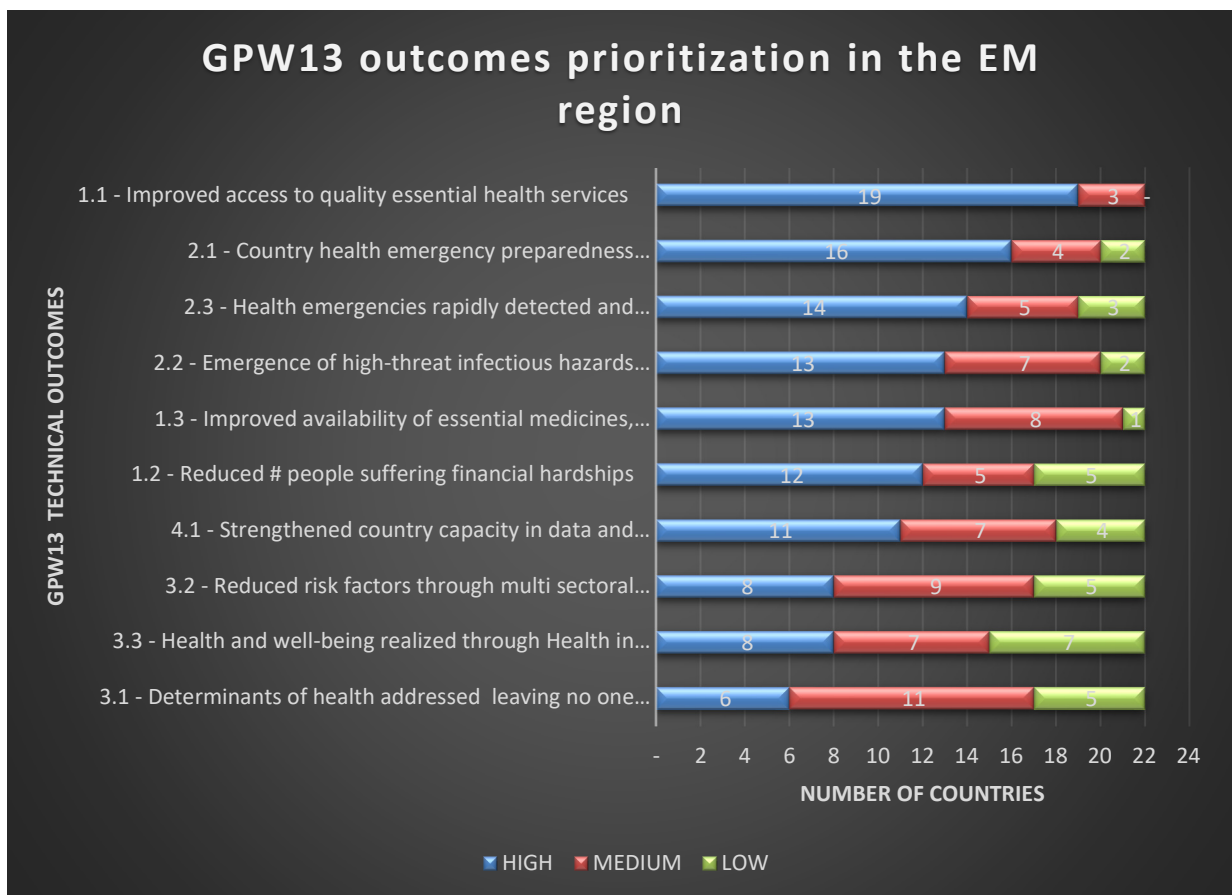


Fig. 1. Confirmed prioritization of outcomes by countries of the Eastern Mediterranean Region

12. The highest priorities identified by countries were:

- Outcome 1.1 – Improved access to quality essential health services (19 out of 22 countries);
- Outcome 2.1 – Country health emergency preparedness strengthened (16 out of 22 countries);
- Outcome 2.3 – Health emergencies rapidly detected and responded to (14 out of 22 countries).

13. All countries affected by emergencies prioritized both Outcome 1.1 and Outcome 2.1, reflecting the current situation in the Region in which countries have seen their health systems weakened by emergencies, conflict and displacement while facing increasing demands for access to quality essential health services, treatment of diseases and mental health disorders, and maternal and child health care.

14. Eleven out of 22 countries prioritized the strengthening of country capacity in the area of data and innovation. Countries recognize the need to strengthen health information and data systems and to strengthen human capacity for data processing, including at subnational level, and to use the information collected to inform policy-making.

15. Comparison of the priorities identified in 2020–2021 with those in 2022–2023 (Fig. 2) revealed that countries have increased the prioritization of emergency preparedness in light of the COVID-19 pandemic, along with access to health services.

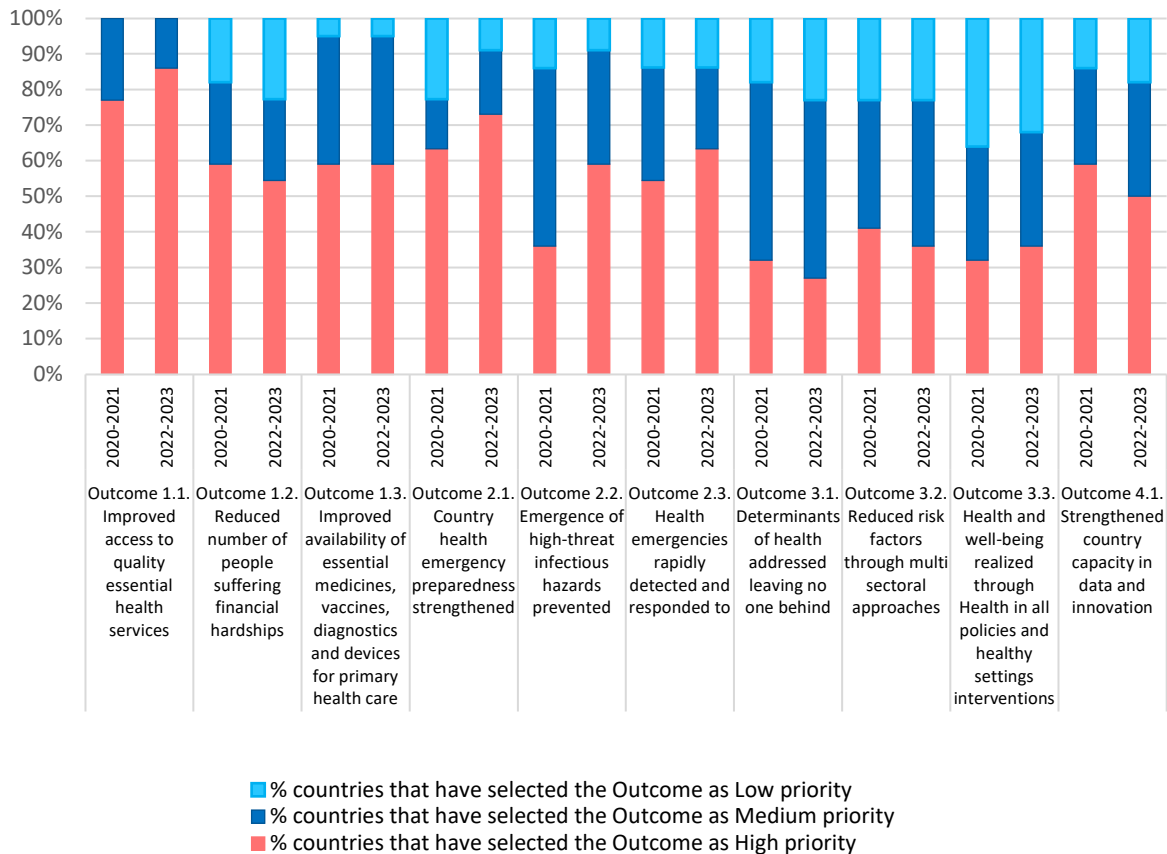


Fig. 2 Changes in country priorities for PB2022–2023 in light of the COVID-19 pandemic

16. In the current context of fighting the pandemic, countries are strengthening their capacity to deal with health emergencies. The number of countries that selected the outcomes relating to health emergencies (outcomes 2.1, 2.2 and 2.3) as High or Medium priority has increased as follows:

- The proportion of countries selecting Outcome 2.1 as “HIGH” priority increased from 64% for biennium 2020–2021 to 73% for 2022–2023, and those selecting it as “HIGH or MEDIUM” increased from 78% for biennium 2020–2021 to 91% for 2022–2023.
- The proportion of countries selecting Outcome 2.2 as “HIGH” priority increased from 36% for biennium 2020–2021 to 59% for 2022–2023, and those selecting it as “HIGH or MEDIUM” increased from 86% for biennium 2020–2021 to 91% for 2022–2023.
- The proportion of countries selecting Outcome 2.3 as “HIGH” priority increased from 55% for biennium 2020–2021 to 64% for 2022–2023, and those selecting it as “HIGH or MEDIUM” remained the same (91%) over both periods.

17. The COVID-19 pandemic has demonstrated the direct and close link that exists between improving access to quality health services and improving health emergency preparedness and rapid emergency detection and response capacities.

Budgetary envelope for Programme Budget 2022–2023

18. An important reference for the proposed draft PB2022–2023 is the financial estimate included in GPW 13 for the period 2019–2023. This estimate foresaw a Base Budget for 2022–2023 of US\$ 4254 million – a 7.8% increase compared with 2020–2021 (Fig. 3).

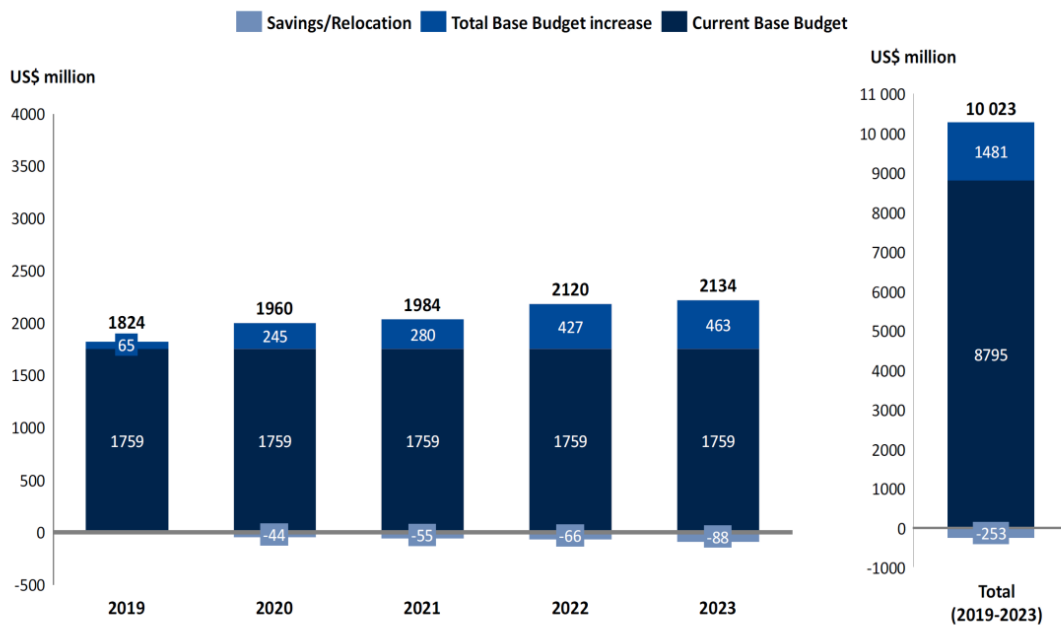


Fig. 3 GPW 13 budget increase per year for the period 2019–2023

19. As part of the programme budget development process there are at least three streams of additional budgetary elements that may require an increase in PB2022–2023; these are:

- **COVID-19** – both emerging and already-known changes triggered by the COVID-19 response (for example, emerging global public health goods, elements of the ACT accelerator which will be integrated back into the Base Budget, strengthening of essential public health and WHO preparedness functions, and emerging changes to country support plans). After the first 6 months of 2020, the WHO Secretariat took stock of the adjustments required for the 2020–2021 biennium and beyond as a result of the COVID-19 crisis. It identified the critical needs of WHO in sustaining and expanding its activities in both crisis and non-crisis situations; these adjustments will inform this budgetary element.
- **WHO transformation initiatives** – during the past 3 years, several initiatives resulting from the WHO transformation process have required additional resources over and above the approved GPW 13 financial envelope. These include the supply chain platform, the WHO Academy and the sustainable development goals (SDGs) Global Action Plan. Many of these initiatives had already been approved and costed in resolutions and decisions of the EB and WHA either partially or in full (depending on the initiative) and their implementation is expected during 2022–2023. The events of the past year already point to a need for greater emphasis to be placed on research and innovation, as well as on further strengthening the normative functions and cross-cutting inter-programmatic work of WHO.
- **Polio transition** – the WHO Secretariat has launched a process to cost the integration of essential public health functions in all, or at least most, countries currently supported by the Global Polio Eradication Initiative (GPEI). This costing will constitute the WHO budget for “polio transition” in 2022–2023, which may differ from the one foreseen at the time of adoption of GPW 13. The final number of countries will depend on the GPEI medium-term strategy, which is currently being reviewed by the GPEI Board in light of current financial challenges, increased requirements and costs, and programmatic issues in relation to COVID-19.

20. These additional elements will be carefully considered, together with the originally planned increases, and then prioritized, costed and an assessment conducted to determine if they can be accommodated within the planned 7.8% budget increase. The Strategic Budget Space Allocation (SPSA) decisions already made for technical cooperation at the country level will also be considered and respected.

Financing of Programme Budget 2022–2023

21. Resolution WHA73.1 on the COVID-19 response calls for “sustainable funding to WHO to ensure that the Organization can respond fully to public health needs”.¹

22. The COVID-19 pandemic has clearly shown that the economic impact of a health crisis can be potentially catastrophic, with projected losses to the global GDP running into trillions of US\$.

23. Resolution WHA73.1 was specifically costed only in terms of the Organization’s needs in responding to the COVID-19 crisis under the Outbreak and Crisis Response segment of the programme budget. Nonetheless, the call for sustainable funding fully recognized the need to ensure that future funding would be sufficiently sustainable for the Base segment to support preparations for future crises, and the building of resilient health systems.

24. In order to achieve this objective, a separate paper will be developed and presented to the 148th session of the EB in January 2021 that will set out expanded options for more sustainable financing of the programme budget. Since the programme budget is only approved as a budget without the financing in place at the time of approval, this remains an ongoing pressing concern.

¹ COVID-19 response. Seventy-third World Health Assembly, 19 May 2020. Resolution WHA73.1 (https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf, accessed 6 October 2020).

25. WHO's first investment case, which accompanied GPW 13, will be revised to inform the development of PB2022–2023 and to ensure that financing will match the scale of the budget required by WHO in light of the concerns identified.

Extension of GPW 13 from 2023 to 2025

26. GPW 13 allows for the possibility of extending the programme of work to 2025 to align it with United Nations planning cycles.¹ The advent of the COVID-19 pandemic presents further reason for Member States to consider this extension. As noted in the High-Level Political Forum in 2020, the “Decade of Action” on the SDGs has become a “decade of recovery”.

27. The WHO triple billion targets and their underlying indices have served as important and useful goal posts for the operationalization of the SDGs by WHO. The triple billion targets were established and approved by Member States in GPW 13 and implemented through PB2020–2021. However, even prior to the emergence of COVID-19, the world was not on track to meet the triple billion targets and underlying SDGs, and the pandemic has made the situation much worse.

28. The strategic direction of GPW 13 will become even more relevant in the post COVID-19 world as countries seek to get back on track for the 2030 SDGs. However, more time will now be needed for countries to meet GPW 13 and underlying SDG targets, and for the WHO Secretariat to intensify the transformative initiatives currently under way to support countries in doing so. Although current projections for 2025 in relation to these targets are still not ideal, WHO Member States, supported by the WHO Secretariat, are more likely to get back on track by then. Given the devastation caused by COVID-19, a five-year window will give Member States, the WHO Secretariat and partners a more realistic time frame in which to work together and rise to the challenge.

29. It is therefore proposed that GPW 13 be extended by 2 years to 2025.

Engagement of Member States in the development of the programme budget

30. It is recognized that the COVID-19 crisis will redefine needs and priorities in all countries, affect what the world requires from WHO and alter the ways in which WHO will be enabled to respond to those needs. Member States are currently engaged in discussion focused on these ends. WHO will need to establish the priorities that will shape its programme budget – a process which normally begins at the country level. At the same time, Member States must drive the development of the programme budget at the level of Governing Bodies, ensuring that collective needs and priorities are being addressed.

31. There will also be a need for multiple engagements between Member States and the WHO Secretariat to ensure that future programme budgets are relevant and match the scale of the expectations placed on the Organization.

32. Such consultations will be also important for identifying the changing priorities that will help to shape the programme budgets. Normally, the programme budget emerges after a thorough bottom-up process which considers needs and priorities in every country. However, in the current COVID-19 situation, an appropriate regional modality will need to be applied to ensure that country needs and priorities remain the key drivers of the programme budget.

¹ WHO is committed to supporting the United Nations Secretary-General's proposal to work as “one UN” to improve the efficiency and effectiveness of operational activities at the country level to support countries towards achievement of the SDGs. WHO will engage as part of United Nations country teams within the Resident Coordinator system and strengthen their health capacity, while recognizing its constitutional mandate to act as the directing and coordinating authority on international health work. WHO recognizes the option in 2023, subject to satisfactory progress, of extending GPW 13 to 2025, thereby aligning WHO's strategic planning cycle with that of the wider United Nations family. In: Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 6 October 2020).

33. The 67th session of the Regional Committee provides an opportunity for Member States to oversee the development of PB2022–2023 as part of their governance responsibilities and the current document is intended to stimulate discussion. Moreover, the WHO Secretariat will make use of different opportunities and platforms for further engagement at various points during the budget development process. A more-detailed outline of the proposed steps and timeline for Member State engagement is provided in Annex 2 below.

34. The platforms for further engagement of Member States are:

- Programme Budget Administration Committee meeting (21–23 October 2020) and the WHA resumed session (November 2020). During these meetings or meetings organized on the margins, the WHO Secretariat will present the progress made in the development of PB2022–2023 and outline the major issues affecting its content. These discussions will allow Member States to assess how the WHO Secretariat has incorporated the feedback received from the Regional Committee and to provide further comments on PB2022–2023 prior to its finalization for presentation to the EB.
- Informal Member State briefings using different consultation platforms – additional platforms employed during the development of previous programme budgets have included briefings with Member States in the regions and in Geneva. Member State briefings using virtual platforms (for example, on a monthly basis) could be used to ensure that Member States are sufficiently engaged and can monitor the progress of discussions on the development of the programme budget.

Action by the Regional Committee

35. The Regional Committee is invited to provide guidance on:

- the proposed approach and timelines for developing PB2022–2023;
- the mid-term review of PB2022–2023 in May 2022 based on the outcomes of the IPPR evaluation; and
- the extension of GPW 13 by a period of 2 years to 2025.

Annex 1. Prioritization of GPW 13 outcomes by country

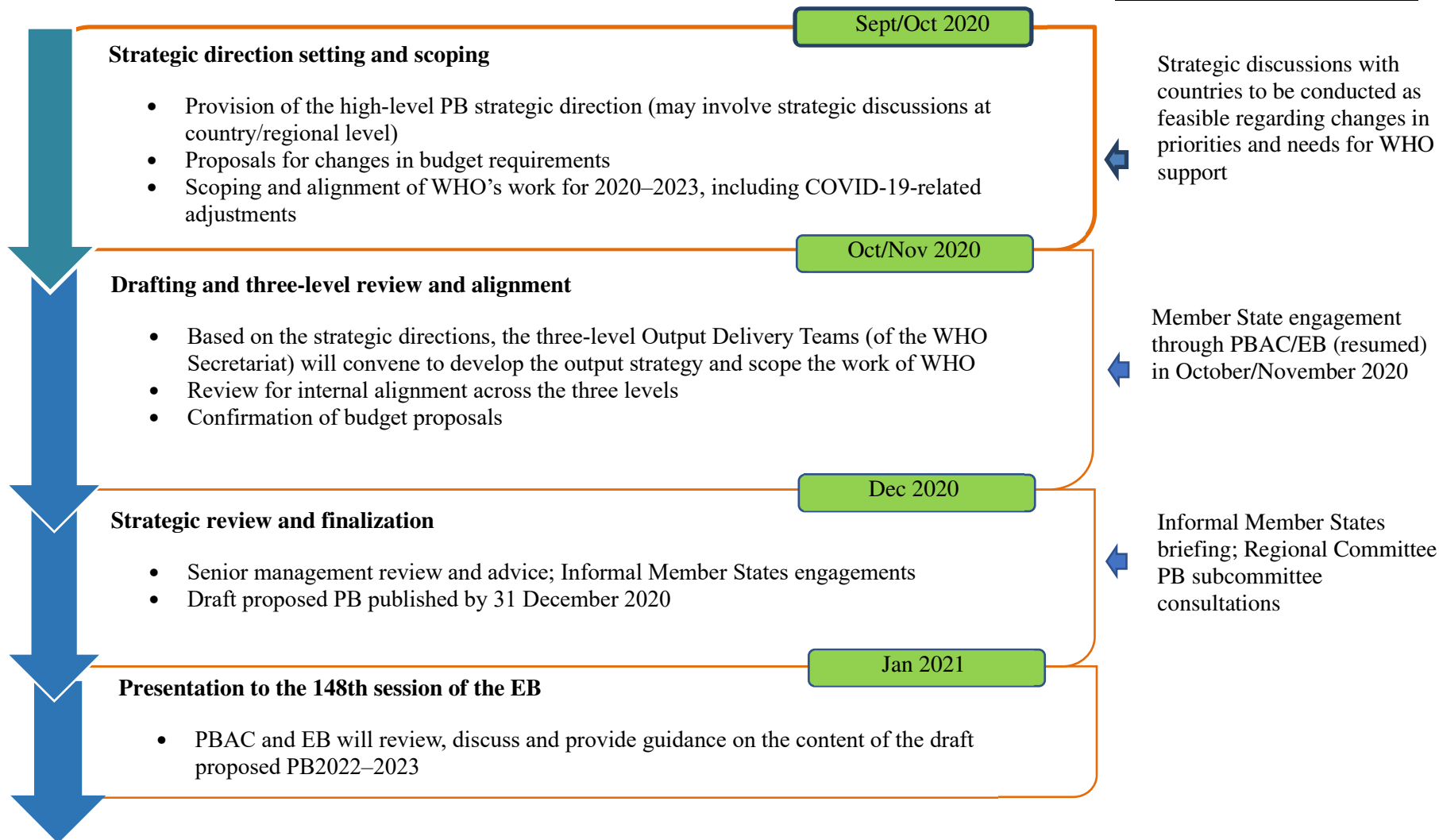
GPW13 OUTCOMES	AFG	BAA	DJI	EGY*	IRA	IRQ	JOR*	KUW*	LEB	LIY	MOR*	OMA*	PAK	PSE	QAT	SAA*	SOM*	SUD*	SYR*	TUN	UAE	YEM	HIGH	MEDIUM	LOW	
1 billion more people with coverage of essential health services																										
1.1 - Improved access to quality essential health services	H	H	H	H	H	H	H	M	H	H	H	M	H	H	M	H	H	H	H	H	H	H	H	19	3	-
1.2 - Reduced # people suffering financial hardships	H	M	H	H	H	H	H	L	H	M	H	H	L	M	L	H	M	H	L	L	M	H	12	5	5	
1.3 - Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care	H	M	H	M	M	H	H	M	H	H	H	H	H	M	H	H	M	L	M	H	M	H	13	8	1	
1 billion more people better protected from health emergencies																										
2.1 - Country health emergency preparedness strengthened	M	M	H	H	H	H	M	L	M	H	H	H	H	H	H	L	H	H	H	H	H	H	16	4	2	
2.2 - Emergence of high-threat infectious hazards prevented	H	H	H	L	H	H	L	M	M	H	M	M	H	H	H	M	H	M	M	M	H	H	13	7	2	
2.3 - Health emergencies rapidly detected and responded to	H	M	H	L	L	H	H	H	H	H	L	M	H	H	H	H	H	M	H	M	M	H	14	5	3	
1 billion more people enjoying better health and well-being																										
3.1 - Determinants of health addressed leaving no one behind	M	H	L	H	M	L	M	H	M	M	M	L	M	M	H	H	L	H	M	L	M	M	6	11	5	
3.2 - Reduced risk factors through multi sectoral approaches	H	H	L	H	M	M	H	H	M	M	M	H	M	L	M	H	M	L	L	H	H	M	8	9	5	
3.3 - Health and well-being realized through Health in all policies and healthy settings interventions	L	H	M	M	M	L	M	H	M	L	L	H	L	L	H	H	L	H	H	M	H	M	8	7	7	
Data and Innovation																										
4.1 - Strengthened country capacity in data and innovation	M	M	M	M	H	H	L	H	L	H	H	L	H	M	H	H	H	M	H	M	H	M	11	7	4	
HIGH	5	5	6	5	5	7	5	5	4	6	5	5	6	4	7	8	5	5	5	5	6	6				
MEDIUM	2	5	2	3	4	1	3	3	5	3	3	3	2	4	2	1	3	3	3	3	4	4				
LOW	3	-	2	2	1	2	2	2	1	1	2	2	2	2	1	1	2	2	2	2	-	-				

(* countries highlighted in yellow did not yet send their outcomes prioritization for PB22-23, so the table still reflects priorities for 2020-2021)

Annex 2. High-level steps and timeline

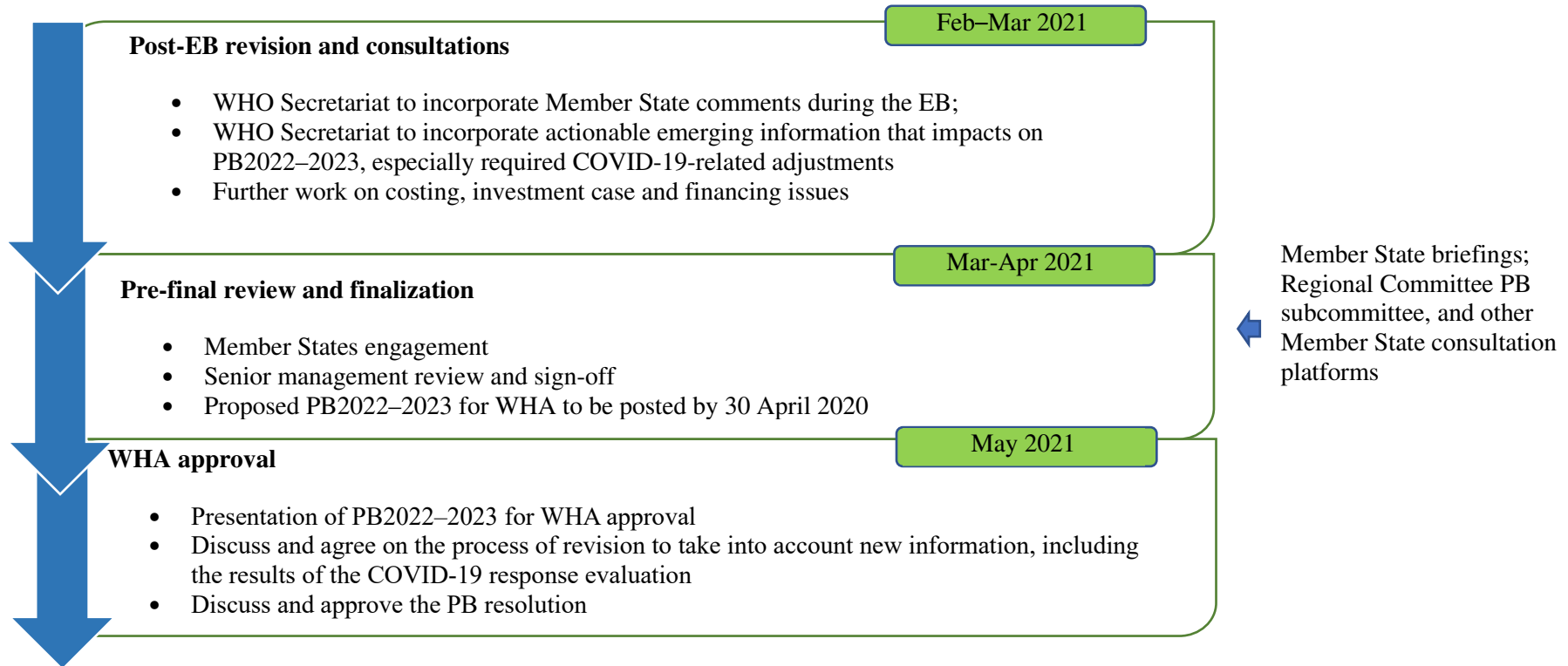
Draft proposed Programme Budget 2022–2023 for the 148th session of the EB (January 2021)

Member State engagement



Proposed Programme Budget 2022–2023 for approval by the WHA (May 2021)

10



Proposed mid-term review of PB2022–2023 (May 2022)

