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Revision of Proposed Programme Budget 2022–2023

Programme budget 2022–2023

Proposed mid-term revision: concept, scope, process

INTRODUCTION

1. The Programme budget 2022–2023 was approved by the Seventy-fourth World Health Assembly in May 2021,¹ with the provision to present budget revision at the Seventy-fifth World Health Assembly to address the recommendations from various relevant reviews, reports and resolutions. These include the following:

- Reports of the Independent Panel for Pandemic Preparedness and Response.
- Reports of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.
- Reports of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.
- Resolution WHA74.7 (2021) on Strengthening WHO preparedness for and response to health emergencies.
- A world in disorder. Global Preparedness Monitoring Board report annual report 2020.
- 100 days mission to respond to future pandemic threats. Report to the G7 by the pandemic preparedness partnership.

2. The recommendations from the reviews and resolution WHA74.7 were made at the same time that the Programme budget 2022–2023 was approved by the World Health Assembly in May 2021.

3. The Programme budget 2022–2023 incorporates the lessons learned by the Secretariat in the ongoing coronavirus disease (COVID-19) pandemic but does not cover the implications of the recommendations of the reviews and of resolution WHA74.7.

4. Resolution WHA74.3 (2021) on the Programme budget 2022–2023 requested the WHO Secretariat to submit, as deemed necessary, a revised Programme budget 2022–2023 to the Seventy-fifth World Health Assembly to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic, in the light of the findings of the independent reviews presented to the

¹ Resolution WHA74.3.

Seventy-fourth World Health Assembly and the recommendations of the Working Group on Sustainable Financing.

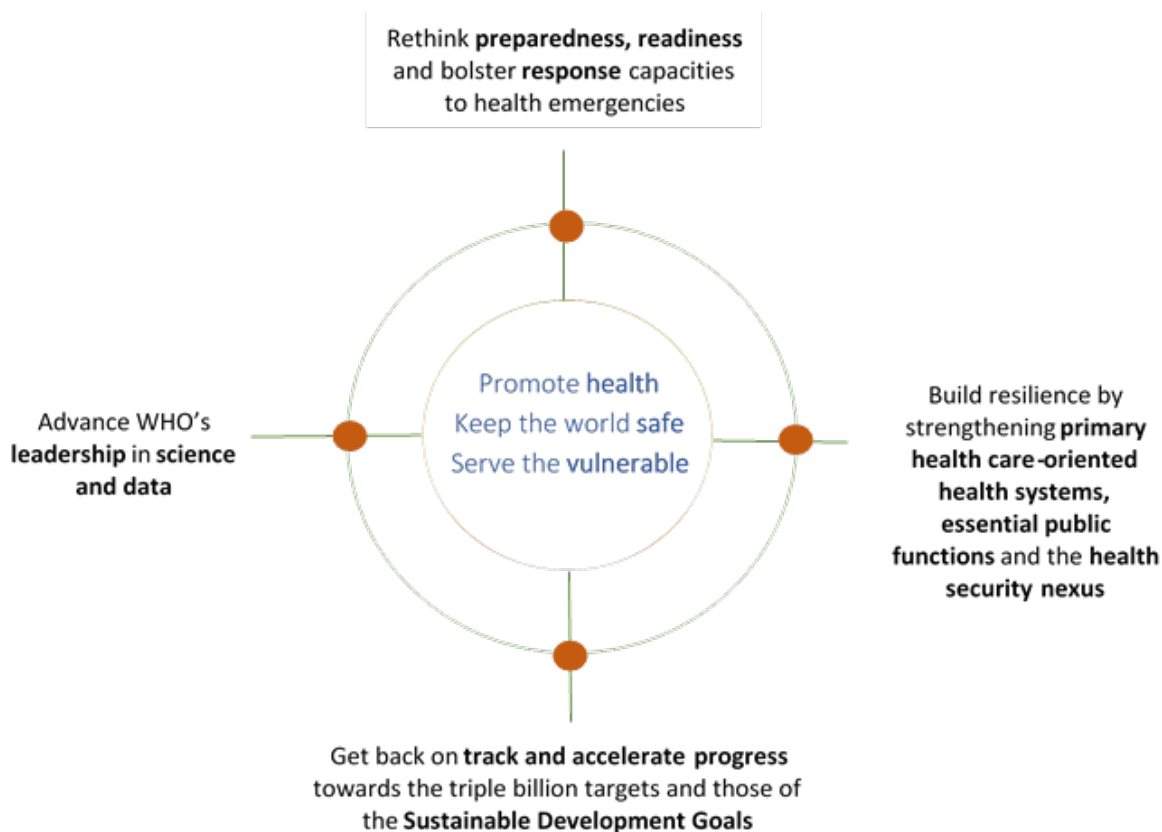
5. This paper proposes a concept, scope and process for the revision, especially with regard to how consultations will be conducted on the revision of the Programme budget 2022–2023 to be presented for approval to the Seventy-fifth World Health Assembly in May 2022. Specific strategies, initiatives and plans addressing the recommendations of the reviews and those of resolution WHA74.7 will be developed in consultation with Member States.

The approved Programme budget 2022–2023

6. The programme budget that was approved by the Health Assembly in May 2021 focused on four areas where changes will be needed to address immediate needs for stopping the ongoing COVID-19 pandemic and to build a foundation for WHO's longer term approach to stopping this pandemic and preventing the next one (Fig. 1). These areas include:

- Rethinking preparedness, readiness and bolstering response capacities to health emergencies.
- Building resilience by strengthening primary health care-oriented health systems, essential public health functions and the health security nexus.
- Getting back on track and accelerating progress towards the triple billion targets and those of the Sustainable Development Goals.
- Advancing WHO's leadership in science and data.

Fig. 1. Four strategic focuses of the Programme budget 2022–2023



7. In the Programme budget 2022–2023, the Health Assembly approved a 16% increase in the base segment of the budget. The increase partly covers the shifts already made in the current 2020–2021 biennium to respond to the COVID-19 pandemic, and addresses initiatives approved by Member States including the integration of essential public health functions currently carried out by the polio eradication programme, and digital health. Table 1 details these additional investments. The assumption at the time that the programme budget was proposed was that the amount covers only a small part of what is required to respond to the recommendations, which was explicitly mentioned in the proposed programme budget document.¹ The full set of recommendations and the requirements for WHO to address them had not been fully determined at the time that the Programme budget 2022–2023 was developed.

¹ Document A74/5 Rev.1.

Table 1. Details of the increases in the approved Programme budget 2022–2023

Increases explained	2020–2021 Approved Programme budget (US\$ million)	2022–2023 Approved Programme budget (US\$ million)	Change
Initial envelope (approved Programme budget 2020–2021)	3 541.3	3 541.3	0%
Polio transition	227.4	322.1	42%
Strengthening country capacity to respond to the four strategic focus areas of the Programme budget 2022–2023	–	344.7	100%
Increase in accountability, transparency and compliance	–	28.5	100%
Delivering on the transformation agenda of the Thirteenth General Programme of Work		127.3	100%
<i>Strengthening science and research functions</i>	–	32.2	100%
<i>Digital health strategy</i>	–	73.4	100%
<i>WHO Academy</i>	–	10.0	100%
<i>WHO Regional Office for Europe transformation</i>	–	11.7	100%
Grand total	3 768.7	4 364.0	16%

Recommendations from various reviews and resolution WHA74.7 on strengthening WHO preparedness for and response to health emergencies

8. Immediately after the Health Assembly in May 2021, the WHO Secretariat began to analyse the recommendations, especially on their implications for the strategic directions, approaches, scope of work and the ways of working of WHO. A databank of all the recommendations was established with the objective of tracking them and analysing how WHO will respond to these recommendations and the mandate given by the Health Assembly in resolution WHA74.7. The reviews came up with more than 215 recommendations. Of these, 98 are directed to the WHO Secretariat under different thematic areas. The Member States' Working Group on Strengthening WHO preparedness for and response to health emergencies (WGPR) also analysed the recommendations from various reviews in relation to the mechanisms or mandates required for their implementation. A separate paper has been prepared by the secretariat of this Working Group.¹ The (ten) most common thematic areas covered by these recommendations are summarized in Table 2.

¹ See document A/WGPR/2/3.

Table 2. Most common thematic areas covered by the review/report recommendations

Themes	Number of recommendations
Strategic direction setting, coordination, planning, target setting	27
International Health Regulations (2005)	17
Policy, norms, technical guidance, technical support including WHO human resources capacity	9
Independent monitoring, evaluation and oversight	8
WHO financing	5
One Health	4
Research and development, regulations, manufacturing of medical countermeasures (pre-emergency, during emergency)	4
Rapid investigation, risk assessment, grading system	4
Sample sharing, genomic sequence, other bio data	4
Public information and risk communication	3

9. Framing these recommendations using the four strategic focuses of the Programme budget 2022–2023, most recommendations directed at WHO fall under Rethinking preparedness, readiness and bolstering response capacities to health emergencies (Table 3). Many recommendations are also related to strengthening enabling functions, including leadership, management and administration, from the Independent Oversight and Advisory Committee of the WHO Health Emergencies Programme.

Table 3. How the review recommendations align with the strategic focuses of the Programme budget 2022–2023

Programme budget 2022–2023 Strategic focus	Number of recommendations
Rethink preparedness, readiness and bolster response capacities to health emergencies	63
Enabling functions for a stronger health emergencies programme	21
Building resilience by strengthening primary health care-oriented health systems, essential public health functions and the health security nexus	7
Advance WHO’s leadership in science and data	5
Get back on track and accelerate progress towards triple billion targets and those of Sustainable Development Goals	2

10. Recommendations related to **Rethinking preparedness, readiness and bolstering response capacities to health emergencies** focus on areas including improving rapid investigations, risk assessment and grading system for a more timely and effective response. A recommendation asked WHO to develop a mechanism or a **new global system for surveillance**, based on full transparency by all parties, using state-of-the-art digital tools for States Parties to automatically share real-time emergency information needed by WHO for risk assessment, including genomic sequencing, as well as information from animal and environmental health surveillance.

11. All but one of the reviews considered the International Health Regulations (2005) (IHR) as fit for purpose, but there were specific recommendations on various aspects of IHR, including guidance and support to countries in their use of national legislation for IHR implementation, improving the process, assessment, monitoring and reporting IHR core capacities and on the independent monitoring, evaluation and oversight and integrating core capacities for emergency preparedness, surveillance and response within the broader health system and essential public health functions.

12. Strengthening One Health has also been an important area of focus, including:

- the review and strengthening or reform existing tripartite reporting mechanisms, such as the Global Early Warning System for Major Animal Diseases (GLEWS);
- improving communication and information exchange across existing surveillance networks across the One Health sector; and
- establishing a common strategy on One Health, including a joint workplan on One Health to improve prevention, monitoring, detection, control and containment of zoonotic disease outbreaks, leveraging on the work of the “One Health High-Level Expert Panel”.

13. Recommendations also called for adequate investments and regulatory mechanisms to support the rapid development of and access to countermeasures. This includes transforming the current Access to COVID-19 Tools Accelerator (ACT-A) into an end-to-end platform for vaccines, diagnostics, therapeutics, and essential supplies, shifting from a model where innovation is left to the market to a model aimed at delivering global public goods, and ensuring technology transfer and commitment to voluntary licensing.

14. **On advancing WHO’s leadership in science and data**, related recommendations focused on strengthening the technical capacity of the WHO Health Emergencies Programme and its normative functions, a critical role of the Organization. The recommendations in this area include for example developing a global framework to generate, monitor, compare and evaluate research and policies on public health and social interventions; and assess their broader impact to harness global knowledge and expertise; and to translate evidence into effective health emergency and preparedness policies. Specific recommendations, such as scoping out how an **international network of clinical trial platforms could be implemented to enable a coordinated and efficient approach to testing diagnostics, therapeutics and vaccines**. A network of clinical trial platforms (hospital- and community-based) that are regionally linked should be set up to run during non-pandemic periods to address ongoing relevant public health questions, for example evaluating interventions for endemic infections such as tuberculosis, malaria, HIV or noncommunicable diseases of public health importance such as common cancer, cardiovascular disease and mental health disorders. Several of these types of specific recommendation have implications for the work of the Secretariat, which were not scoped out in the Programme budget 2022–2023 as approved in May 2021.

15. There are many recommendations centring around strengthening further the leadership, management and administration (**enabling functions**) to support the work of WHO in health emergencies. These include many areas such as the prevention, mitigation and management of all potential risks linked to emergency operations for both staff and communities, such as security of staff and partners; financial mismanagement; and sexual harassment, abuse and exploitation. Addressing security issues and strengthening accountability in emergency response received a high degree of attention in the recommendations.

16. In order to be effective and sustainable, preparedness for and response to health emergencies will need to anchor on many factors; not only on well-functioning **resilient health systems**, but also on environmental, social, economic and gender-related factors. The need for strengthening multisectoral collaboration, **whole-of-society and whole-of-government approach** to health emergencies has been given strong emphasis in the recommendations. More concretely, recommendations urged the WHO Secretariat for the health emergencies programme to leverage the entire Organization's capacity and networks to handle the challenges of a pandemic of a similar scale, complexity and impact to that of the pandemic. WHO was urged to develop further the **Universal Health and Preparedness Review** mechanism, based on the principles of transparency and inclusiveness, and on how it builds on existing IHR monitoring and evaluation framework components with the aim to assess, improve and strengthen accountability, cooperation, trust and solidarity around overall preparedness.

17. The central focus of these recommendations and the resolution is on ensuring a stronger WHO: a WHO that has sufficient capacity at all levels to lead the world to learn and take action to make COVID-19 the last pandemic; a WHO that is able to alert the world to risks in an effective and timely manner; a WHO that is able to help prepare for and respond to multiple emergencies across the globe yet able to help keep essential health services going everywhere and the world moving towards universal health coverage; a WHO that is adequately and sustainably financed to maintain its technical independence; a WHO that has motivated and high-performing staff upholding the highest ethical standards; a WHO that is able to fulfil its mission of equitably promoting health, keeping the world safe and serving the vulnerable.

18. Revisions which will be proposed for the Programme budget 2022–2023 will represent concrete incremental steps as well as investments to be made to build a stronger WHO. The revisions to the Programme budget 2022–2023 will demonstrate WHO's strategic response to these recommendations and to their implications in terms of resource needs and gaps.

19. In the coming months, the analysis and consultations will focus on concrete steps and initiatives to address the short-, medium- and longer-term implications of these recommendations. The Programme budget 2022–2023 revisions will not only address the short-term implications, but they will also lay the foundation for the longer-term implications to be addressed in future programme budgets.

Scope of the revisions of the mid-term revision of the Programme budget 2022–2023

20. The revisions to the programme budget will address the following:

- Short- and medium-term implications of the recommendations and the resolution.
- Necessary foundational actions for the longer-term implications.
- Resolutions from the Seventy-fourth World Health Assembly related to other issues, such as resolutions WHA74.14 (2021) on Protecting, safeguarding and investing in the health and care workforce and WHA74.15 (2021) on Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery.
- Implementation of new initiatives designed to respond to COVID-19 lessons learned.

21. Some of the recommendations that need to be addressed immediately will be covered by the Programme budget 2022–2023 as approved. Examples include many of the specific recommendations on IHR and enabling functions, such as security services and security support, actions on the prevention of sexual exploitation and abuse and standards for producing a digital version of the International

Certificate of Vaccination and Prophylaxis. For many of these recommendations, the WHO Secretariat will implement actions to address them during the biennium without waiting for the Programme budget 2022–2023 revision.

22. Some of the recommendations with short- and medium-term implications will require consultations and additional planning to determine concrete actions and initiatives to address them adequately in the Programme budget. Examples include additional technical capacity on the different aspects of health emergencies and capacity for public information and risk communications.

23. Others will have long-term implications but would require WHO to act now to establish the foundations for more sustainable actions to take root, for example on recommendations pertaining to the **global surveillance system, global genomic sequencing infrastructure, and vaccine manufacturing network utilizing the latest technology to deliver production at scale rapidly in a pandemic.**

24. The initiatives to secure more sustainable financing for WHO and the work of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies should also have implications that should be captured in the revision of the Programme budget 2022–2023.

25. Resolutions adopted in the Seventy-fourth World Health Assembly also require incremental investments starting in the biennium 2022–2023. The resolutions on health and care workers are not only highly relevant to achieving resilient health systems but also for strengthening preparedness for and response to health emergencies, as demonstrated by the COVID-19 pandemic:

Resolution WHA74.14 Protecting, safeguarding and investing in the health and care workforce – clear set of actions, a 2022–2030 agenda and implementation mechanism for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection, building on the joint support of WHO, ILO and OECD and the existing Working for Health Multi-Partner Trust Fund.

Resolution WHA74.15 Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery – implementing the policy priorities of the global strategic directions for nursing and midwifery 2021–2025 related to education, jobs, leadership and service delivery as relevant to national health and socioeconomic development strategies, aiming to achieve the four strategic directions and the enabling monitoring mechanisms.

26. Those resolutions also address the review recommendations on **investing in the worldwide health and care workforce**, by developing competencies through education and training including through the WHO Academy and **investing in community health and in health systems** to achieve resilient, high quality health services, and public health capacities in all countries.

27. Several initiatives newly established to respond to COVID-19 lessons learned, reinforced by the review recommendations will also be included in the revision. New initiatives such as the **WHO Hub¹ on pandemic and epidemic intelligence** require initial set up investments which will be elaborated in the proposed revision of the Programme budget 2022–2023.

¹ The focus of the WHO Hub is to strengthen pandemic and epidemic intelligence specifically for pandemics and epidemics through better data, better analytics, and better decisions across all aspects of managing public health emergencies. It is currently being established in Berlin, Germany by WHO with support from the Government of Germany.

28. Planning for the implementation of these resolutions will be done during the operational planning. Based on this, the costing of the resolutions will be refined and additional investments if needed will be included in the Programme budget 2022–2023 revision.

Foreseen budget increase levels

29. The departure point for the budget revision levels will be the financial and administrative implications for the Secretariat of resolution WHA74.7 on Strengthening WHO preparedness for and response to health emergencies. The increase presented and adopted by the Seventy-fourth World Health Assembly¹ is US\$ 435 million for the biennium 2022–2023. The costing of this resolution covers the estimated costs under Strategic Priority 2 and Strategic Priority 4 which could be determined at the stage of resolution approval with a reasonable level of certainty. Additional costs for Strategic Priority 1 and Strategic Priority 3 are still to be defined and calculated based on the outcome of the internal consultations and work of the Working Group on strengthening WHO preparedness and response to health emergencies.

30. In addition to the costing of the resolution WHA74.7 and further fine-tuning of those for Strategic Priorities 1 and 3, relevant recommendations from various reviews agreed for implementation should be costed as well to arrive at the proposed budget increase figure.

Consultation process

31. Addressing the recommendations and implementing the resolutions fully are hugely important given their significance to the world's security. This will require engaging the different stakeholders within and outside the Organization.

32. Internal consultations within the Organization will involve strategic discussions across the Organization to identify the implications to its normative work, country support and leadership and enabling functions and will use existing internal coordination mechanisms or processes. The internal strategic discussions and planning should result in concrete proposals on additional investments in the Organization in response to recommendations made in the reviews and the implementation of the relevant resolutions. This will be dovetailed with the operational planning that is currently ongoing for 2022–2023.

33. As part of internal consultations, the costing of resolution WHA74.7 will be validated across the three levels of the Organization to arrive at a revised budget figure for consideration by the Seventy-fifth World Health Assembly.

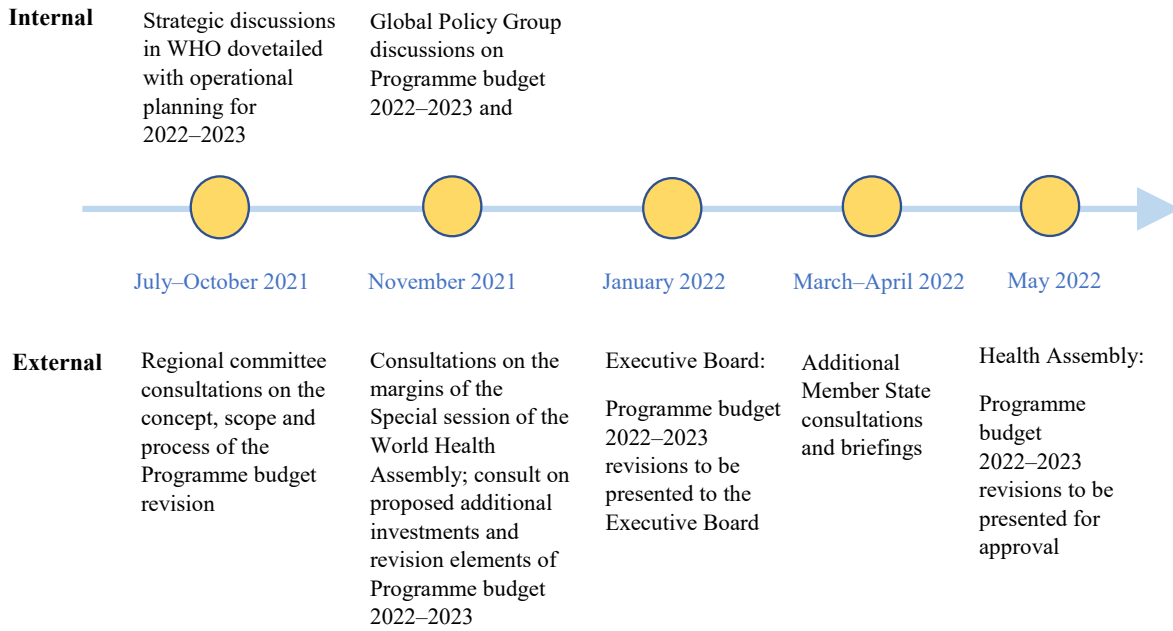
34. Consultations with Member States and partners will involve the regional committees and Member States and partners at the country level, depending on the feasibility of holding structured consultations at the country level at this time given the ongoing COVID-19 pandemic.

35. In addition, virtual consultations will also be conducted around the time of the Special session of the World Health Assembly and additional Member State virtual consultations will be held prior to the presentation to the Executive Board of a revision of the programme budget.

¹ https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_ACONF2Add1-en.pdf.

36. Finally, determining the scope of the additional elements to be included and the eventual revision of the Programme budget 2022–2023 should be linked with the consultations on sustainable financing and reflected in the new investment case for a stronger WHO as it is developed

Timeline



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