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Member State consultations on Programme Budget 2024 – 2025

Draft Proposed programme budget 2024–2025 – concept note

INTRODUCTION

1. Deaths from coronavirus disease (COVID-19) are decreasing, but this pandemic is not over. At the same time, the world is facing war, famine and the growing threat of climate change. These concurrent crises are disrupting health systems, weakening populations and creating fertile ground for new disease outbreaks. In addition, progress on achieving the Sustainable Development Goals is faltering.
2. Yet, there is a very real risk that the lessons of this pandemic will go unlearned and the cycle of panic and neglect will be repeated. Many other crises are already dominating the attention of governments and the world's media and once again health is regarded as a cost item, not as an investment.
3. Refocusing attention on health, achieving universal health coverage and meeting the triple billion targets is the task of the draft Proposed programme budget 2024–2025. A recently published investment case should be borne in mind: it estimates that for every US\$ 1 invested in WHO, there is a US\$ 35 resulting return.¹
4. The extension of the duration of the Thirteenth General Programme of Work, 2019–2023 (GPW 13) to 2025² reconfirmed its goals and strategic directions for 2024–2025. The draft Proposed programme budget 2024–2025 will fully align with the directions proposed in the GPW 13 extension³ and, therefore, the overall theme of the draft Proposed programme budget 2024–2025 is to consolidate gains, focus investments in countries, strengthen country capacity in order to accelerate progress towards the triple billion targets and health-related Sustainable Development Goals.
5. In recent governing bodies meetings,⁴ Member States requested more transparency and a more participatory approach in the development of the draft Proposed programme budget in general and, more specifically, in the prioritization process. In response, the Secretariat has introduced important changes in the process to develop the draft Proposed programme budget 2024–2025, described later in the present document.

¹ A healthy return: investment case for a sustainably financed WHO. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/354372>, accessed 25 July 2022).

² See document A75/8 and resolution WHA75.6 (2022).

³ See the document submitted to the 2022 meetings of the regional committees entitled *Programme budget 2022–2023: revision. Extending the Thirteenth General Programme of Work, 2019–2023 to 2025*.

⁴ Meetings of the Working Group on Sustainable Financing, meetings of the Programme, Budget and Administration Committee of the Executive Board, and sessions of the Executive Board and the Health Assembly.

6. At the Seventy-fifth World Health Assembly in May 2022, Member States made a landmark decision and commitment to gradually increase assessed contributions by the biennium 2030–2031, starting with a 20% increase for the biennium 2024–2025.¹ The focus of the draft Proposed programme budget 2024–2025 will also guide the intended use of the expected increase in assessed contributions.

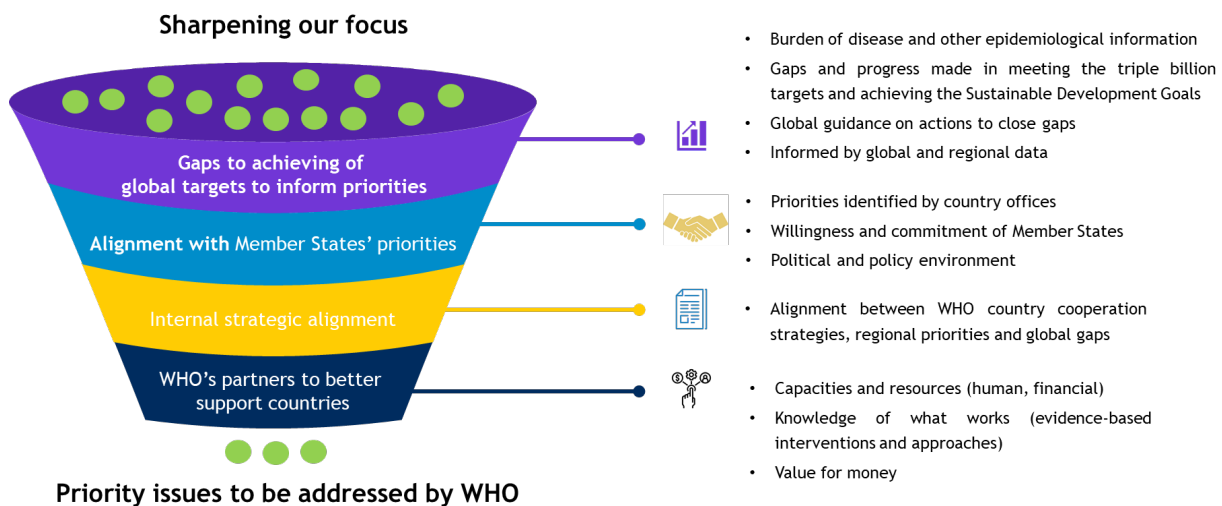
7. A key principle in the prioritization process is that the whole Organization should invest its limited capacities and resources in areas where they will maximize their impact, especially in countries. To reinforce this, the prioritization process in countries should be guided by coherent strategic directions based on the most credible actionable data and evidence, and an understanding of where WHO adds the most value.

8. The draft Proposed programme budget 2024–2025 also reflects the Secretariat’s commitment to greater accountability, transparency and efficiency. These go hand in hand with progress on sustainable financing. The Secretariat is committed to continuing reform – building on progress so far, to be more accountable, results focused and efficient.

A new approach to priority setting for the draft Proposed programme budget 2024–2025

9. A strengthened approach to priority setting is an integral part of the development of the draft Proposed programme budget 2024–2025. An iterative approach will be applied, starting at the country office level to ensure maximum alignment with country situations and priorities. It will be guided by the global and regional strategic directions, as well as available credible data, evidence and trends, especially at the country level, and it will focus on those areas where WHO’s added value is recognized (Fig.1).

Fig. 1. Approach to priority setting for the draft Proposed programme budget 2024–2025



¹ Decision WHA75(8) (2022).

10. Leadership in WHO country offices will be responsible for convening prioritization consultations at country level (second level of Fig. 1), engaging key government counterparts and relevant partners. Each region will apply an approach appropriate to their region, but will use a common set of minimum criteria, as set out below.

(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.

11. The consultations at the country level will consider various inputs, including an analysis of available credible country-specific data and evidence. For the first time, every country will receive more structured and specific data and evidence on health issues that, together with the country cooperation strategies and national health policies, strategies and plans, will inform the countries' priorities.

12. As for previous approved programme budgets, the draft Proposed programme budget 2024–2025 will be presented at the outcome level to Member States. As the intention is that priorities will define the draft Proposed programme budget 2024–2025 and will guide the costing of the budget, the following steps are envisaged.

- (a) Member States will review their programmatic priorities at the outcome level in the current GPW 13 results framework,¹ which will drive WHO's public health agenda in 2024–2025 in their own country.

¹ The results framework of the GPW 13 is outlined in document A74/5 Rev.1, p. 12.

(b) Member States will then guide the Secretariat in identifying which programmatic outputs must be prioritized, to make it explicit how the Secretariat can provide support to Member States in achieving the outcomes. This will also ensure a closer linkage with what the Secretariat is accountable for delivering and therefore defining investment priorities of the Secretariat's time, capacities and resources. The information will be used for costing of the budget, resource allocation and financing decisions and will be linked to monitoring of and reporting on implementation of the programme budget.

13. As stated earlier, each region will apply an approach appropriate to its region and the process of prioritization might vary between regions. However, the resulting prioritization of programme budget outcomes and outputs will be comparable and available for all regions.

14. The priorities set at the country level will be reviewed at the regional level. Regions will convene a follow-up session after the 2022 meetings of their regional committee to review these priorities and consolidate them for their region. This should then guide the priorities of regional offices and also contribute to the prioritization of work at the global level, particularly in terms of investments in country support and normative work.

15. The draft Proposed programme budget 2024–2025 that will be submitted to the Executive Board at its 152nd session in January 2023 for its consideration through the Thirty-seventh meeting of the Programme, Budget and Administration Committee of the Executive Board should already reflect the result of the iterative process of prioritization, its costing and narrative.

Gaps identified in the health-related Sustainable Development Goals and GPW 13 triple billion targets from global data to inform the draft Proposed programme budget 2024–2025

16. The world is progressing at only one quarter of the pace needed to achieve the health-related Sustainable Development Goals. The COVID-19 pandemic has caused setbacks that have put the world off course.¹ The GPW 13 focuses on measurable impact on people's health in all countries. Its triple billion targets provide a unified approach to accelerating progress towards the achievement of the health-related Sustainable Development Goals.

17. Recent estimates indicate that the top five causes of death globally in 2019 were ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lower respiratory infections and neonatal conditions, together resulting in 22 million deaths. The top five risk factors, contributing to a combined 40 million deaths, were high blood pressure, tobacco use, dietary risks, air pollution and high fasting plasma glucose level. Analysis of these data alongside indicators within the triple billion framework highlights a number of areas of concentration, on which to focus efforts aimed at accelerating progress.

18. The target of the healthier populations billion is expected to be reached, with progress made thus far reflecting improvements in access to clean household fuels, safe water, sanitation and hygiene, and tobacco control. However, many indicators used to track this billion are either lagging behind or progress is being reversed, and meeting the target of this billion target would be insufficient to put the world on track towards achieving the health-related Sustainable Development Goals. There are glaring inequities across and within countries needing attention. Concentrating on accelerating progress in tackling obesity and climate- and environment-related health issues and in tobacco and alcohol control has the greatest potential for health gains.

¹ See document A75/8.

19. The target of the universal health coverage billion and target 3.4 of the Sustainable Development Goals (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being) are not expected to be reached without active efforts to accelerate progress. Catastrophic health spending is increasing in a large number of countries and gains made in health service coverage since the beginning of the period of the Sustainable Development Goals have been disrupted by the COVID-19 pandemic. The indicators for tracking this billion with the largest potential gaps, and therefore where focus should be concentrated to meet the billion target and target 3.4 of the Goals, are financial protection, health workforce and access to essential services, particularly for control of hypertension. The pandemic has further compromised progress towards target 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases), highlighting the need for accelerated efforts.

20. Regarding the health emergencies protection billion, the COVID-19 pandemic has demonstrated the harsh reality that no country was fully prepared for a pandemic of that scale. The Prevent indicator, which measures vaccine coverage for priority pathogens, has been the most impacted by pandemic-related service disruptions. There is an urgent need to apply lessons learned and recommendations from pandemic response reviews, identify better measures to understand preparedness and prevention and to shorten the time to detect, notify and respond.

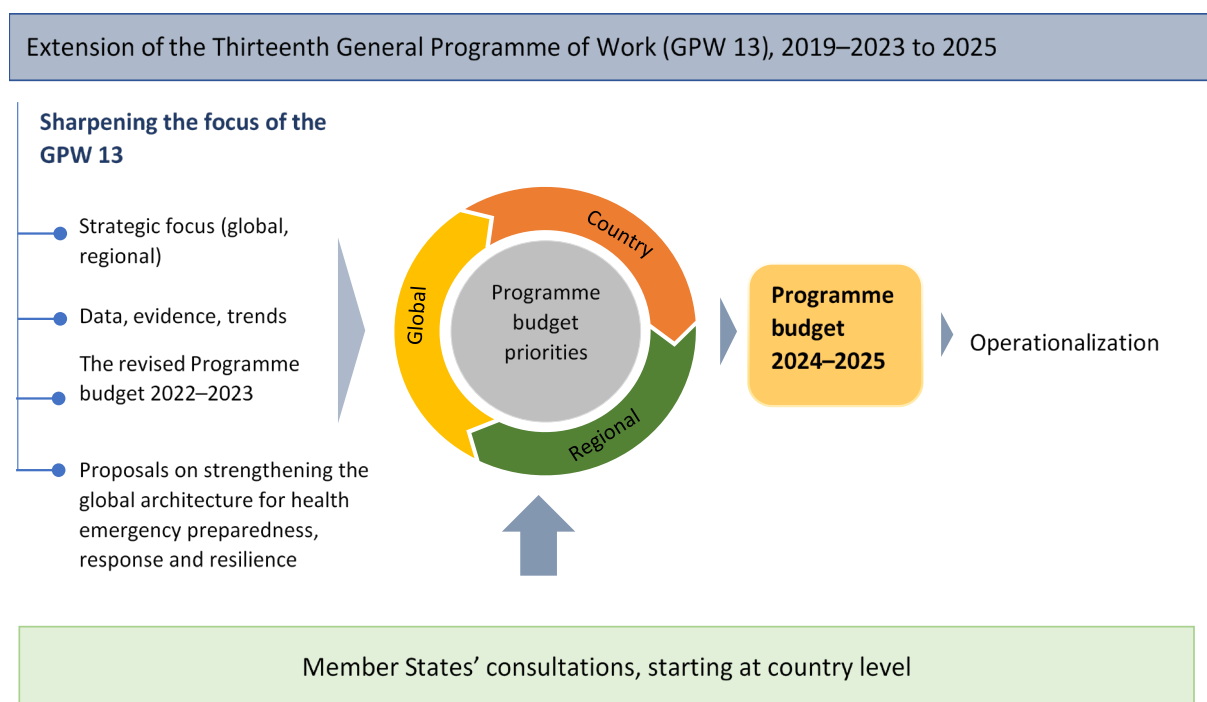
21. The above, together with global strategic directions set by Member States through the GPW 13 and other instruments that sharpen its focus, will guide the development of the draft Proposed programme budget 2024–2025 (Fig. 2). Various consultations on the operationalization and prioritization of work based on several initiatives, including proposals on strengthening the global architecture for health emergency preparedness, response and resilience,¹ and the agile Member States task group on strengthening WHO's budgetary, programmatic and financing governance, and consultations on priorities in every country, will define the programme budget that will be proposed for 2024–2025.

22. When it comes to addressing the identified areas of concentration, to the extent possible, focus will remain on cross-cutting levers and integrated platforms such as: primary health care for universal health coverage; sustainable health financing including financial protection; health systems including the health and care workforce; access to essential diagnostics, medicines and supplies; digital technologies (telehealth and telemedicine); as well as ready-to-scale innovations and multisectoral policy interventions to address topic-specific health issues and accelerate progress toward health outcomes.

23. The final list of areas of concentration, including integrated solutions where WHO has particular added value in supporting implementation in Member States, will be informed by and agreed to following country and regional prioritization processes.

¹ See document A75/20.

Fig. 2. Global strategic directions guiding the development and operationalization of the draft Proposed programme budget 2024–2025



Eastern Mediterranean Region-specific data drivers and evidence

24. These data and evidence are intended to complement existing review processes at the regional level – including regional and country data and intelligence on areas requiring greater attention and commitment, political priorities and focus areas of the WHO Country Cooperation Strategies – to identify the areas of concentration for the draft Proposed programme budget 2024–2025.

Life expectancy, burden of disease and leading risk factors

25. Over the past 20 years, improvements have been seen in life expectancy at birth (69.7 years as at 2019) and healthy life expectancy (HALE) at birth (60.4 years as at 2019), but the progress has not been as fast as that seen globally.

26. Given the Region's current status of demographic and epidemiological transition, the disease burden is mixed. In 2019, the top five causes of death (ischaemic heart disease, stroke, neonatal conditions, lower respiratory infections and cirrhosis of the liver) contributed to two million deaths.

27. Deaths and disability-adjusted life years (DALYs) from diabetes in 2019 were more than double those in 2000, the greatest percentage increase in deaths and DALYs due to the disease compared with global levels. On the other hand, the greatest decrease in the Region among the top 10 causes of death over the period 2000–2019 has been for diarrhoeal diseases, for which deaths have fallen by 38%. In line with the global increase in disability and death due to road traffic injuries, there has been a similar but slightly smaller increase (at around 40%) for the Region. Six out of 10 leading causes of death are linked to noncommunicable diseases (NCDs). The top five risk factors causing the highest numbers of deaths in 2019 in the Region were high blood pressure, air pollution, dietary risks, high fasting plasma

glucose and high body mass index. Together they contributed to up to three million deaths in the Region in 2019.

Gaps in the triple billion targets and health-related Sustainable Development Goals: Universal health coverage

28. In the past decade, the Region has made some progress in service coverage, improving from an index of 48 to 57 between 2010 and 2019. However, catastrophic health spending has also increased at the same time from 9.7% in 2010 to 12.5% in 2017 with several countries having experienced worsening or stagnant financial hardship trends since 2000. Within the service coverage index, as at 2019, GPW 13 baseline values for the subindexes on infectious diseases (52%), service capacity and access (56%) and NCDs (58%) remain relatively low in the Region compared with global levels. As at 2021, the density of doctors, nurses and midwives per 10 000 population remained below the global median of 48.6 health workers per 10 000 population in 14 of the 21 countries in the Region, including some countries facing the most pressing health workforce challenges related to universal health coverage.

Gaps in the triple billion targets and health-related Sustainable Development Goals: Health emergencies

29. As at 2021, the IHR core capacity score ranged between 33% and 96% in the 21 IHR States Parties that reported data from the Region. On the basis of an analysis of the latest data from e-SPAR (Electronic State Parties Self-Assessment Annual Reporting Tool), the following IHR core capacities have the most room for improvement: policy, legal and normative instruments to implement the Regulations (regional average at 55%); food safety (regional average at 57%); and chemical events and radiation emergencies (regional average at 57%). Overall, many countries in the Region are still at risk for health emergencies and are restricted by lack of resources.

Gaps in the triple billion targets and health-related Sustainable Development Goals: Healthier populations

30. Between 2012 and 2016, there was negligible change in the probability of dying between the age of 30 and 70 years from any of the four main NCDs (cardiovascular disease, cancer, diabetes or chronic respiratory disease) in most countries in the Region. Further analysis revealed that indicators related to adult and child obesity were worsening in all countries, indicators related to ambient air quality were worsening or remained stagnant in 16 of the 21 countries of the Region, road traffic mortality was worsening or remained stagnant in 10 of the 21 countries, and as at 2019, prevalence of current tobacco use among young people and adults ranged between 7.9% to 38.4%.

Summary

31. On the basis of burden of disease information and analysis of gaps in the triple billion targets, the following key areas need greater attention under the universal health coverage strategic priority: strategies targeting NCDs (hypertension and diabetes), infectious diseases (in particular, the prevention, control and elimination of tuberculosis, HIV, hepatitis, neglected tropical diseases and vector-borne diseases), health financing (financial protection) and human resources for health. Addressing health emergencies through health systems strengthening remains vital for improving health and health equity in the Region. Since the onset of the COVID-19 pandemic, many countries have strengthened critical public health functions such as surveillance: these gains and investments need to be sustained and expanded to cover an increasing number of risks. Additionally, routine vaccinations and other essential health services that were affected by the pandemic need greater attention, particularly in fragile and

conflict-affected Member States in the Region. Within the healthier populations strategic priority, strategies targeting NCDs (adult and child obesity, and tobacco use), road safety, climate change and environmental health are the areas that need greater focus. Furthermore, it is important to support the One Health approach, through multisectoral coordination, to address a variety of public health priorities, including emerging zoonoses, neglected tropical diseases, antimicrobial resistance and environmental health. It should also be underscored that historically, the healthier populations strategic priority, which has been the least funded of the triple billion targets, is now listed as one of the five high priorities in the GPW 13 extension.¹

Programme budget considerations and financing outlook

Budget considerations

32. As in the approved Programme budgets of the past bienniums, the draft Proposed programme budget 2024–2025 will be presented in four segments:

- (a) base programmes
- (b) emergency operations and appeals
- (c) polio eradication
- (d) special programmes.

33. **Base programmes:** this segment is the core mandate of WHO and will constitute the largest part of the draft Proposed programme budget 2024–2025 in terms of strategic priority-setting, detail and budget figures. This segment will reflect overall health priorities and show budget distribution by outcome across the major offices.

34. **Emergency operations and appeals:** this segment's activities are event-driven and the level of its budget can only be an estimate, which is subject to increase as necessary.

35. **Polio eradication:** this segment represents WHO's share of the Global Polio Eradication Initiative strategy budget.

36. **Special programmes:** this 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 distinct budget segment for these programmes provides the necessary flexibility to accommodate the requirements of their respective oversight bodies, while at the same time enhancing the transparency of their contribution to the results of the draft Proposed programme budget 2024–2025.

Budget considerations: base programmes segment

37. The Seventy-fifth World Health Assembly approved an increase contained in the revised programme budget for 2022–2023 of US\$ 604.4 million in the base budget segment (an increase of

¹ See document A75/8.

14%).¹ For the draft Proposed programme budget 2024–2025, it is intended to retain the same level of the base budget segment as that of the revised Programme budget 2022–2023 (US\$ 4968.4 million).

38. For the revised Programme budget 2022–2023, Member States approved additional investments in areas such as new or emerging lessons learned from the COVID-19 pandemic, which cut across all strategic priorities, and strengthening the accountability, compliance and risk management functions in WHO with a special focus on strengthening prevention of and response to sexual exploitation, abuse and harassment. The draft Proposed programme budget 2024–2025 will focus on further consolidating these investments and continuing work started in 2022–2023. The approved US\$ 50 million budget investment into strengthening the accountability, compliance and risk management functions in WHO for 2022–2023 will be prioritized in 2024–2025 and matched with the similar budget allocation for the upcoming biennium to ensure continuity of actions.

39. In the revised base segment of the Programme budget 2022–2023, country-level allocations represent 46% of the total, which is a 2% increase compared with the approved Programme budget 2022–2023² and a 7% increase since the biennium 2018–2019 (Table 1). A further increase in the share of the budget allocated to country offices is foreseen in the base segment of the draft Proposed programme budget 2024–2025.

¹ See resolution WHA75.5 (2022).

² See resolution WHA74.3 (2021).

Table 1. Approved base budget segment across the three levels of the Organization, 2018–2019 to 2022–2023, US\$ millions^a

Major office	Country offices				Regional offices				Headquarters			
	2018–2019	2020–2021	Revised 2022–2023	% change 2018–2019 to 2022–2023	2018–2019	2020–2021	Revised 2022–2023	% change 2018–2019 to 2022–2023	2018–2019	2020–2021	Revised 2022–2023	% change 2018–2019 to 2022–2023
Africa	551.7	688.0	946.4	72%	282.4	304.4	361.5	28%	–	–	–	–
The Americas	118.0	127.9	178.1	51%	72.1	87.9	114.0	58%	–	–	–	–
South-East Asia	186.5	277.9	354.4	90%	102.3	110.6	125.9	23%	–	–	–	–
Europe	94.0	111.2	145.5	55%	162.4	166.7	215.2	33%	–	–	–	–
Eastern Mediterranean	223.8	267.0	434.1	94%	112.2	124.2	175.7	57%	–	–	–	–
Western Pacific	163.7	185.2	243.4	49%	117.6	124.0	159.9	36%	–	–	–	–
Headquarters	–	–	–	–	–	–	–	–	1213.6	1193.7	1514.3	25%
Grand total	1337.7	1657.2	2301.8	72%	849	917.8	1152.3	36%	1213.6	1193.7	1514.3	–25%
Allocation by level (% of total)	39.3%	44.0%	46.3%	7.0%	25.0%	24.4%	23.2%	–1.8%	35.7%	31.7%	30.5%	–5.2%

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

40. To continue this trend, a target of 51% of the total base budget to be allocated to country offices is suggested. This increase should be incremental, to be achieved over several bienniums. As the first step towards this target, an increase of about 1.6% in the share of country-level budget has been included in the draft Proposed programme budget 2024–2025, (Table 2).

Table 2. Base segment of the draft proposed programme budget 2024–2025 across the three levels of the Organization compared with that of the revised Programme budget 2022–2023, US\$ millions^a

Major office	Revised Programme budget 2022–2023				Draft Proposed programme budget 2024–2025			
	Country offices	Regional offices	Headquarters	Total	Country offices	Regional offices	Headquarters	Total
Africa	946.4	361.5	–	1307.9	975.9	350.7	–	1326.6
The Americas	178.1	114.0	–	292.1	185.0	110.6	–	295.6
South-East Asia	354.4	125.9	–	480.3	365.2	122.2	–	487.3
Europe	145.5	215.2	–	360.7	154.9	208.8	–	363.6
Eastern Mediterranean	434.1	175.7	–	609.8	447.9	170.5	–	618.4
Western Pacific	243.4	159.9	–	403.2	253.0	155.1	–	408.0
Headquarters	–	–	1514.3	1514.3	–	–	1468.9	1468.9
Grand total	2301.8	1152.3	1514.3	4968.4	2381.8	1117.8	1468.9	4968.4
Allocation by level (% of total)	46.3%	23.2%	30.5%	–	47.9%	22.5%	29.6%	–

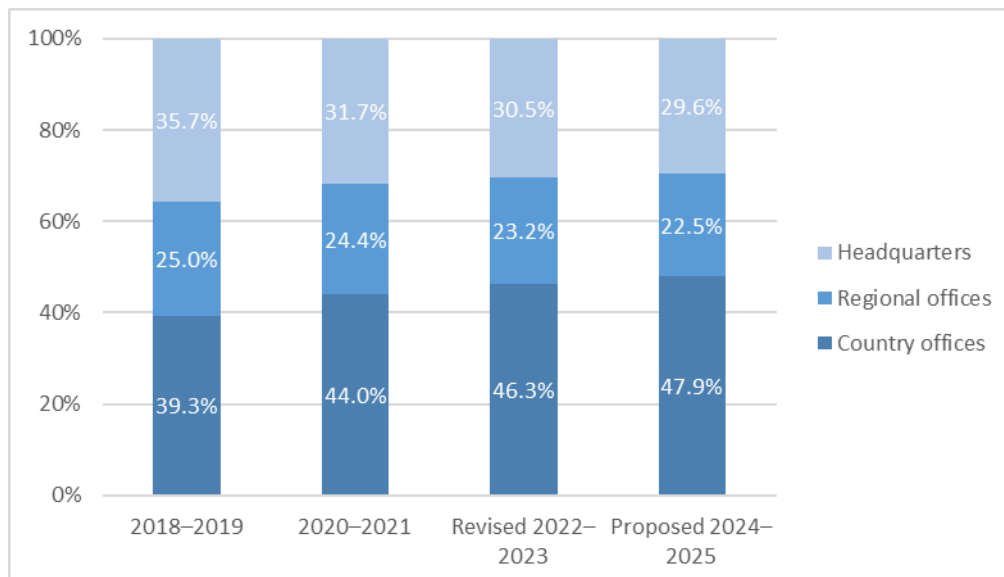
^a The row and column totals may not always add up, due to rounding.

41. Within a zero-budget increase, the initial proposal to achieve this 1.6% increase in the share of country-level budget is to shift 3% of the budgets of headquarters and regional offices to country offices in the draft Proposed programme budget 2024–2025. For headquarters, this would mean a net decrease in the budget; for the regions, this would represent a budget shift between levels, and a budget increase resulting from a budgetary shift from headquarters.

42. However, final budget allocation within major offices has to be driven by priority setting. Therefore, further budget adjustments between levels (country and region), among strategic priorities and outcomes, as well as a budgetary shift from headquarters, will follow the prioritization exercise. One of the implications of the prioritization should be an increase in budget allocation for high-priority outcomes.

43. If Member States find the above proposal agreeable, country-level allocation would increase from 46.3% to 47.9% in the draft Proposed programme budget 2024–2025 compared with the revised Programme budget 2022–2023 (Fig. 3).

Fig. 3. Share of the base segment across the three levels of the Organization in the approved Programme budgets 2018–2019 to 2022–2023 (revised) and the draft Proposed programme budget 2024–2025^a



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

44. Another implication of the prioritization process will be a new proposed approach of allocation of flexible resources, especially assessed contributions, which will be strategically directed towards high-priority outputs. The aim of this approach is twofold:

- (a) to ensure that high-priority outputs, and therefore outcomes, are delivered without delays and impediments related to earmarking of voluntary contributions and their potential unpredictability in terms of timing of arrival and amounts; and
- (b) to provide clear 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.

Budget considerations: emergency operations and appeals segment

45. This segment’s activities are event-driven and the level of its budget can only be an estimate, which is subject to increase as necessary. 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. Implementation exceeded the approved budget after only the first two quarters of 2020 and the final implementation level in 2020–2021 was 2.5 times the approved budget level.

46. It is clear that 2022 is shaping up to be the most challenging year yet. COVID-19 cases continue to surge, fuelled by newly emerging severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) variants and persistent vaccine inequity, in addition to continuing and new armed conflicts. This severely impacts health systems worldwide, particularly in countries or regions dealing with humanitarian crises.

47. These increasingly multidimensional crises demand more complex responses and greater resources. For the first time in the WHO's history, a single consolidated global health emergency appeal was launched in 2022, seeking US\$ 2.7 billion for 2022.¹

48. Internal discussions within the Secretariat on the level of proposed budget for this segment for 2024–2025 are still continuing and the proposal will be included for Member States' consideration in the next iteration of the draft Proposed programme budget 2024–2025. In the present document, the approved level of 2022–2023 is used as a placeholder, as the proposed level for 2024–2025 is unlikely to be lower than the current approved level of US\$ 1 billion.

Budget consideration: polio eradication segment

49. The Polio Eradication Strategy 2022–2026² lays out a road map to securing a lasting polio-free world, by the end of 2026.

50. While global epidemiology cannot be predicted with certainty, the WHO Polio programme as part of the Global Polio Eradication Initiative – consisting of WHO, Rotary International, the United States Centers for Disease Control and Prevention, UNICEF, the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance – is working towards having 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 certification of poliovirus eradication by 2025, as well as initial preparations for the eventual cessation of use of all oral polio vaccine from routine immunization programmes (to be implemented following global certification) and ensure global laboratory containment of polioviruses is fully implemented in line with resolution WHA71.16 (2018).

51. 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, with over 50 countries that are now 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. 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.

52. The proposed budget level for the polio segment of US\$ 700 million for 2024–2025 will consist largely of the cost of supplemental immunization activities in Afghanistan and Pakistan to keep population immunity high through certification, and 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.

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,](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).

² Presented as part of document A74/19 at the Seventy-Fourth World Health Assembly.

53. The secretariat of the Global Polio Eradication Initiative, through WHO, will continue to report on the progress towards achieving a lasting polio-free world to Member States, through regular governing bodies mechanisms.

Budget considerations: special programmes segment

54. **UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction** is the main instrument within 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 efficient use of its research outputs. Support for 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.

55. The 2024–2025 proposed budget level for the Programme 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.

56. For **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 of the Programme, which aligns with the Sustainable Development Goals and contributes to the cosponsors' objectives, including the GPW 13 triple billion targets. The 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.

57. The 2024–2025 budget for the Programme will support the Programme's vision of using research and innovation to improve the health of those burdened by infectious diseases of poverty. The Programme will continue to focus on identifying and overcoming barriers to effective health interventions. The 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 2024–2025 proposed budget level for the Programme is US\$ 50 million.

58. **Pandemic Influenza Preparedness Framework** implementation 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 priorities will be set in accordance with the six-year 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 the implementation since 2014 where gains were made in the following areas: 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.

59. Major changes on the proposed budget for the Framework are not expected. The proposed budget level for 2024–2025 is US\$ 37.3 million, with 70% of partnership contributions directed towards preparedness work at regional and country levels. This level has been stable over the years.

Budget considerations: all four segments

60. The total proposed budget for 2024–2025 for all four segments by major office is summarized in Table 3. As indicated above, for the segments of emergency operations and appeals, polio eradication and special programmes, the proposed budget is subject to further fine tuning.

Table 3. Total draft Proposed programme budget 2024–2025 by budget segments by major office, US\$ millions^a

	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Base programmes	1326.6	295.6	487.3	363.6	618.4	408.0	1468.9	4968.4
Emergency operations and appeals	274.0	13.0	46.0	105.0	334.0	18.0	210.0	1000.0
Polio eradication	20.2	–	–	–	342.8	–	333.2	696.3
Special programmes	3.3	3.9	3.5	3.7	3.5	3.2	138.2	159.3
Grand total	1624.1	312.5	536.8	472.3	1298.7	429.2	2150.3	6824.0

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

Financing outlook

61. Achieving the goals in the draft Proposed programme budget 2024–2025, including the increase in country share of the budget, will not be possible without an adequate increase in sustainable financing. The budget increase at country level would need to be accompanied by flexible resources to adequately finance the priorities established by Member States. The decision on sustainable financing adopted by the Seventy-fifth World Health Assembly¹ aims to improve the Organization’s ability to make an impact where it is most needed, at the country and regional levels.

62. Although this is still early in the process, the Secretariat monitors future available financing as part of the development of the programme budget for 2024–25. The analysis presented below will be updated throughout the process of budget development.

63. As of July 2022, available financing for the draft Proposed programme budget 2024–2025 stood at US\$ 1206 million, US\$ 1201 million of which is for the base segment. This represents 24.3% of the base segment of the draft Proposed programme budget 2024–2025. Financing largely consists of assessed contributions from Member States (US\$ 1148 million), which includes a 20% increase (Table 4). The projected financing includes projected voluntary contributions (US\$ 58 million), of which US\$ 21 million is projected to be fully flexible (core voluntary contributions) and US\$ 4 million designated (thematic funding), with remaining being specified voluntary contributions. The projections will evolve throughout the remainder of the current biennium and will be updated accordingly.

¹ Decision WHA75(8).

Table 4. Projected financing for the draft Proposed programme budget 2024–2025, US\$ millions

Type of contribution	Total programme budget	Base segment
Assessed contributions ^a	1148.3	1148.3
Projected voluntary contributions (specified, flexible and thematic)	58.1	52.5
Total projected financing	1206.4	1200.8

^a Assuming a 20% increase over the current level of assessed contributions.

Eastern Mediterranean Region-specific programme budget considerations and financing outlook

64. Overall, the total draft Proposed programme budget 2024–2025 for the Region amounts to US\$ 1.3 billion, of which US\$ 618.4 million is for base programmes, US\$ 334.0 million is for emergency operations and appeals, US\$ 342.8 million is for polio eradication and US\$ 3.5 million is for special programmes. The total draft Proposed programme budget 2024–2025 represents a 14% increase of the revised Programme budget 2022–2023.

65. Regarding the base programmes, the draft Proposed programme budget 2024–2025 at US\$ 618.4 million is almost at the same level as in the revised Programme budget 2022–2023 (US\$ 609.8 million), representing a 1% increase, and an increase of 58% from the approved programme budget in 2020–2021.

66. The allocation of the proposed base budget will be informed by the prioritization process, which is conducted in close consultation with Member States. With the priority-setting facilitated and identified at both output and outcome levels, the allocation of the budget is envisaged to effectively demonstrate result-based budgeting, optimizing the budget according to the areas that need greater attention.

67. In the previous biennium (2020–2021), 85% of the allocated programme budget in the Region was financed, of which 17% was covered by assessed contributions, while 83% was sourced from voluntary contributions. Although this overall level of financing for the Region seems to be at a reasonable level, it is important to underscore that at the outcome and outputs levels, chronically underfunded areas and inequitable distribution of funding are evident due to financing limitations, especially in terms of specified voluntary contributions, which have minimal or no flexibility in the programme areas, geographical areas and expenditure types to be funded.

68. This regional financing situation resonates with the global financing state, thus reinforcing the need to strengthen the funding base of WHO. Member States' continued support and further action is being sought to deliver on the decision made by the Seventy-fifth World Health Assembly in May 2022, in which it adopted the recommendations of the Working Group on Sustainable Financing, such as on increasing assessed contributions, with the aim of reaching 50% of WHO's 2022–2023 base budget by the biennium 2030–2031 at the latest, the need to increase the flexibility of voluntary contributions for the financing of WHO's base programme segment, and the need to explore the feasibility of a replenishment mechanism to broaden further the financing base.¹

¹ Decision WHA75(8).

Presentation format of the draft Proposed programme budget 2024–2025

69. In terms of the presentation format of the draft Proposed programme budget 2024–2025, a set of improvements and enhancements is being considered, which can be divided into the following two categories.

(a) **Structural and design-related improvements.** The draft Proposed programme budget 2024–2025 will have a modular structure, with sections that can be read independently (such as an executive summary and outcome-level and output-level narratives). In addition, the overall storyline will follow a “funnel” approach, starting at a high level, covering all segments of the budget, and then becoming gradually more detailed and focused on the base budget only. A general redesign of the document is also being considered, to allow relevant parts to be displayed on the same page (for example, text with corresponding tables and graphics).

(b) **Adding supporting documentation (“explainers”) and a digital dimension.** Supporting documentation will accompany the draft Proposed programme budget 2024–2025, to aid comprehension. These explainers will describe underlying budgetary principles, the prioritization processes and other elements, to ensure an aligned and common understanding. The supporting documentation will be available on interactive dashboards, which will also display budgetary figures and country prioritizations.

Consultations with Member States

70. There will be a phased approach to engaging Member States in the development of the draft Proposed programme budget 2024–2025. Multiple existing channels, listed below, will be used for consultations with Member States, particularly regarding setting priorities that should eventually inform decisions on budget and financing.

(a) **Country-level consultations.** Engagement in every country to set priorities using a structured approach allows each country to give input to the overall programme budget. Using a common set of criteria and a standard approach with regional specificities and flexibilities, priorities will be set in a consistent and comparable way, which could then be used for financing commitments by the Organization.

(b) **Regional committees.** At their meetings in 2022, the regional committees are expected to provide strategic directions for their respective region and countries, to inform a more detailed prioritization of work in the regional and country offices in order to accelerate progress towards the GPW 13 triple billion targets and health-related Sustainable Development Goals. The regional committees could propose shifts in existing budgets and give directions on which areas should be given greater emphasis and areas that do not require immediate attention in 2024–2025. For the Eastern Mediterranean Region, it is expected that the results of the country prioritization exercise will be presented at the Regional Committee in October for feedback from Member States.

(c) **Consultations after the 2022 meetings of the regional committees.** This is an important new step in the consultation process that should be conducted with Member States in every region after the prioritization exercise. For the Eastern Mediterranean Region, considering the timing of the Regional Committee, in October 2022, this would be through an internal process to incorporate feedback from the Regional Committee and consolidation before the draft Proposed programme budget 2024–2025 is prepared for submission to the Executive Board at its 152nd session through the Thirty-seventh meeting of the Programme, Budget and Administration Committee.

(d) **Consultations before the Thirty-seventh meeting of the Programme, Budget and Administration Committee and the 152nd session of the Executive Board.** Once budget proposals, including prioritization results and budget costing, have been received from the regions, the draft Proposed programme budget 2024–2025 will be aggregated at the global level. Consultations with Member States will then start, in a form of dedicated Member States briefings and deep dives.

(e) **152nd session of the Executive Board.** The full draft Proposed programme budget 2024–2025 will be submitted for consideration by the Board, through its Programme, Budget and Administration Committee, which will decide whether to recommend its approval by the Seventy-sixth World Health Assembly.

(f) **Consultations after the 152nd session of the Executive Board.** If needed, further consultations with Member States following the 152nd session of the Board will be held to seek Member States' steer to further refine the draft Proposed programme budget 2024–2025 before its submission to the Health Assembly.

(g) **Seventy-sixth World Health Assembly.** The final Proposed programme budget 2024–2025 will be presented to the Health Assembly for its consideration.

Timeline

71. The timing of the consultations with Member States described above is shown in Table 5.

Table 5. Timing of Member States consultations on the development of the draft Proposed programme budget 2024–2025

Member States consultations	Date	Responsible
Country level	August to October 2022	Region
Regional Committee for the Eastern Mediterranean	10–13 October 2022	Region
Pre 152nd session of the Executive Board	To be determined	Global
152nd session of the Executive Board through the Thirty-seventh meeting of its Programme, Budget and Administration Committee	January 2023	Global
Post 152nd session of the Executive Board ^a	To be determined	Region/global
Seventy-sixth World Health Assembly	May 2023	Global

^a As needed.

72. For the Eastern Mediterranean Region, the priority-setting process started in August 2022 and will continue until the end of October 2022. It has four key steps:

- (a) review of technical outputs for relevance for the country;
- (b) assessment of relevant outputs, based a standard set of criteria and WHO's added value, to determine high-, medium- and low-priority programme budget outputs and outcomes for 2024–2025;
- (c) agreement with Member States on a priority list of outputs and outcomes; and
- (d) reporting.

ACTION BY THE REGIONAL COMMITTEE

73. The Regional Committee is invited to provide input on the development of the draft Proposed programme budget 2024–2025. On the basis of the available data and the preliminary results of the country prioritization exercise, it is proposed that the discussions should be structured around the following questions.

(a) To which priorities should the Eastern Mediterranean Region direct increased capacities and resources in the draft Proposed programme budget 2024–2025? Do you agree with the ones identified so far?

(b) To which of the already existing priorities of the GPW 13 should the Secretariat give less emphasis when investing capacities and resources?

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