## SEVENTY-THIRD WORLD HEALTH ASSEMBLY Agenda item 18.2

A73/17 14 October 2020

# Financing and implementation of the Programme budget 2020–2021

### Report by the Director-General

- 1. In May 2019, the Seventy-second World Health Assembly adopted resolution WHA72.1, approving a total Programme budget of US\$ 5840.4 million for the financial period 2020–2021, comprising a base programme segment (US\$ 3768.7 million), a polio eradication segment (US\$ 863.0 million), a special programmes segment (namely the Special Programme for Research and Training in Tropical Diseases, the Special Programme of Research, Development and Research Training in Human Reproduction, and the Pandemic Influenza Preparedness Framework) (US\$ 208.7 million), and an emergency operations and appeals segment (US\$ 1000.0 million).
- 2. The segment for emergency operations and appeals (US\$ 1000.0 million), which are event-driven in nature, is an estimated budget requirement informed by the previous biennium experience and can be increased as necessary. At the time of writing this report (April 2020), over US\$ 1500 million has been allocated to this budget segment US\$ 500 million over the approved level, to accommodate the emergency operations launched in response to the pandemic of coronavirus disease (COVID-19).
- 3. The budget segment for base programmes is financed by assessed contributions of US\$ 956.9 million and voluntary contributions of US\$ 2811.8 million. Budget segments for polio eradication, emergency operations and appeals, and the special programmes are being financed from voluntary contributions.
- 4. Pursuant to the request in resolution WHA72.1, this report describes the overall status of the financing and implementation of the Programme budget 2020–2021 and the progress made in this area during the first quarter of the current biennium. More detailed information on budget levels, financing (including lists of contributors disaggregated by contribution type) and budget implementation can be found on the WHO Programme budget web portal. The portal has been upgraded for the biennium 2020–2021 to include updates to Programme budget figures for the first quarter of 2020–2021.

#### OVERALL FINANCING STATUS IN THE BIENNIUM 2020–2021, AS AT 31 MARCH 2020

5. The level of financing of the Programme budget 2020–2021, as at 31 March 2020, by budget segment, is shown in Table 1, and by base programme strategic priority, in Table 2.

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<sup>&</sup>lt;sup>1</sup> http://open.who.int/2020-21/home, (accessed 12 June 2020).

Table 1. Programme budget 2020–2021 and its financing, including projections and expenditure, by segment, as at 31 March 2020

Segment	Approved Programme budget 2020–2021 (US\$ millions)	Financing (US\$ millions)	Financing as % of approved budget	Financing including projections (US\$ millions)	Financing including projections as % of approved budget	Expenditure (US\$ millions)	Expenditure as % of approved budget
Base programmes	3 768.7	2 763.6	73%	3 040.2	81%	335.6	9%
Polio eradication	863.0	443.0	51%	916.8	106%	85.7	10%
Emergency operations and appeals	1 000.0	865.0	86%	1 085.6	109%	121.7	12%
Special programmes	208.7	211.6	101%	230.4	110%	12.0	6%
Total	5 840.4	4 283.2	73%	5 273.0	90%	555.0	10%

Table 2. Base Programme budget 2020–2021 and its financing, including projections and expenditure, by strategic priority, as at 31 March 2020

Strategic priority	Approved Programme budget 2020–2021 (US\$ millions)	Financing (US\$ millions)	Financing as % of approved budget	Financing including projections (US\$ millions)	Financing including as % of approved budget	Expenditure (US\$ millions)	Expenditure as % of approved budget
1. One billion more people benefiting from universal health coverage	1 358.8	1 069.8	79%	1 190.1	88%	130.5	10%
2. One billion more people better protected from health emergencies	888.8	315.4	35%	355.8	40%	68.0	8%
3. One billion more people enjoying better health and well-being	431.1	191.3	44%	219.6	51%	25.5	6%
4. More effective and efficient WHO providing better support to countries	1 090.0	522.7	48%	540.7	50%	111.6	10%
Undistributed		664.4		734.1			
Total	3 768.7	2 763.6	73%	3 040.2	81%	335.6	9%

<sup>6.</sup> The financing shown in Table 1 includes US\$ 990 million in projected voluntary contributions for all budget segments. The breakdown by segment is as follows: base programmes – US\$ 277 million; polio eradication – US\$ 474 million; emergency operations and appeals – US\$ 220 million; and special programmes – US\$ 19 million. The projections do not include potential funding from the Government

of the United States of America. The overall level of projections remains similar to the first quarter of 2018; however, it should be noted that projected funds have increased for emergencies, mostly due to the COVID-19 pandemic response, and decreased for the base Programme budget. In this document as well as on the WHO Programme budget web portal, the future funding pipeline is defined as proposals, which are at advanced stages of development and/or under negotiation with contributors and WHO to finance the Programme budget. They represent future funding opportunities that are expected to materialize as revenue streams for the Organization over the course of the biennium.

- 7. The base programme segment includes US\$ 277 million of projected resources, which bring this segment to 81% of the required biennial financing. Excluding projections, but accounting for funds currently undistributed to either major office or strategic priority, available funding for the base programmes in 2020–2021 stands at 73%, which is the same level as in the first quarter of 2018–2019. It should be noted, however, that the base budget of 2020–2021 is 11% higher than that of 2018–2019; consequently, the same level of financing in 2020–2021 represents a higher available funding in absolute terms and confirms that the budget increase for 2020–2021 was based on realistic assumptions.
- 8. Among the four budget segments of 2020–2021, the polio eradication segment has the lowest level of financing (51%) considering the funds already available (Table 1). The financing of unplanned activities and expenses for vaccines and outbreaks in 2018–2019 depleted disproportionately the polio eradication programme's flexible funding, which, in turn, resulted in a funding gap for polio eradication activities in 2020–2021. Moreover, the programme is at the end of its funding cycle for 2013–2019, and at the beginning of a new cycle running through to 2023. A successful pledging event in Abu Dhabi in November 2019 generated US\$ 2.6 billion in commitments for polio eradication over the next four years that are only now being monetized, which accounts for the slow start to funding in 2020. The projections indicate that this segment will be fully funded in 2020–2021 (Table 1).
- 9. There is a significant difference in the level of financing between the four strategic priorities (Table 2). Strategic priority 1 (One billion more people benefiting from universal health coverage) is better funded than the other three priorities. This priority comprises most of the disease-specific and health systems programmes, which are traditionally better financed. The WHO Health Emergencies Programme, which forms the major part of strategic priority 2, and many of the life course programmes, which constitute strategic priority 3, are so far quite sparsely funded. This follows the trend of previous bienniums. The Annex presents detailed financing by outcome within each strategic priority.

#### PROGRAMME BUDGET 2020–2021: UPDATE ON IMPLEMENTATION

- 10. As at 31 March 2020, the overall implementation rate for the total approved budget was 10%, and 9% for the base programme segment (Tables 1 and 2), which is lower than the rate expected at this time in the biennium, but slightly higher than that of the same time in the previous biennium, i.e. 8% in 2018–2019. Factoring in both encumbrances and expenditures, the total base Programme budget utilization rate stands at 12% at the end of the first quarter of 2020. Implementation of the approved base Programme budget has increased across all major offices compared to the same period in 2018–2019.
- 11. Table 2 shows that implementation is lower than average for strategic priorities 2 and 3. In the case of strategic priority 2, which largely represents the WHO Health Emergencies Programme, the implementation of the base budget is delayed due to the large-scale emergency operations in response to the COVID-19 pandemic, as reflected in the emergency operations and appeals segment. Compared

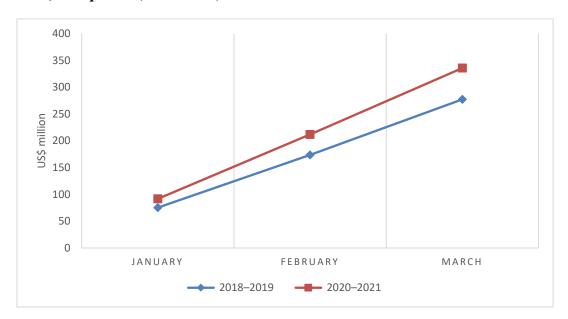
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<sup>&</sup>lt;sup>1</sup> http://open.who.int/2020-21/home, (accessed 12 June 2020).

to the first quarter of 2018, the implementation of emergency operations increased threefold in the first three months of 2020. Such an increase in operations inevitably draws on the human resources of the base programmes in addition to the emergency operations and appeals segment of the budget.

12. The impact of the large-scale emergency operations in response to the COVID-19 pandemic as well as the current travel and meeting restrictions, which will affect the planned implementation of the base programmes, are not yet reflected in the level of budget implementation. Fig. 1 shows that the Organization had a stronger start in 2020 compared to 2018, and that implementation surpassed 2018 levels for the first three months of the biennium. However, most COVID-19 related restrictions and country lockdowns were introduced after March 2020. Implementation levels in April and May 2020 will be monitored for possible impacts and signs of a slowdown and the next report on the financing and implementation of the Programme budget 2020–2021 will include the relevant analyses for Member States' consideration.

Fig. 1. Comparison of cumulative implementation of the base Programme budgets 2018–2019 and 2020–2021, first quarter (US\$ million)



#### ACTION BY THE WORLD HEALTH ASSEMBLY

13. The Health Assembly is invited to note the report.

ANNEX

BASE PROGRAMME BUDGET 2020–2021 AND ITS FINANCING, INCLUDING PROJECTIONS AND EXPENDITURE,
BY OUTCOMES, AS AT 31 MARCH 2020

Strategic priority/outcome	Approved Programme budget 2020–2021 (US\$ millions)	Financing (US\$ millions)	Financing as % of approved budget	Financing including projections (US\$ millions)	Financing including projections as % of approved budget	Expenditure (US\$ millions)	Expenditure as % of approved budget
		1. One billion more p	people benefiting f	rom universal health	ı coverage		
1.1. Improved access to quality essential health services	997.0	645.7	65%	755.4	76%	99.8	10%
1.2. Reduced number of people suffering financial hardships	98.9	46.7	47%	50.3	51%	6.7	7%
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	262.9	171.2	65%	177.7	68%	24.0	9%
Undistributed		206.2		206.7			
Subtotal 1	1 358.8	1 069.8	79%	1 190.1	88%	130.5	10%
		2. One billion more	people better prote	ected from health en	nergencies		
2.1. Countries prepared for health emergencies	231.1	77.6	34%	86.3	37%	20.7	9%
2.2. Epidemics and pandemics prevented	380.4	122.8	32%	126.5	33%	27.7	7%
2.3. Health emergencies rapidly detected and responded to	277.3	85.4	31%	93.2	34%	19.5	7%
Undistributed		29.7		49.8			
Subtotal 2	888.8	315.4	35%	355.8	40%	68.0	8%

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		3. One billion mo	ore people enjoying	better health and w	ell-being		
3.1. Determinants of health addressed	141.9	92.4	65%	112.0	79%	11.5	8%
3.2. Risk factors reduced through multisectoral action	194.9	65.6	34%	70.0	36%	9.5	5%
3.3. Healthy settings and Health in All Policies promoted	94.3	16.4	17%	19.6	21%	4.5	5%
Undistributed		16.9		17.9			
Subtotal 3	431.1	191.3	44%	219.6	51%	25.5	6%
		4. More effective and	efficient WHO pro	viding better suppor	rt to countries		
4.1. Strengthened country capacity in data and innovation	287.6	135.4	47%	146.1	51%	22.8	8%
4.2. Strengthened leadership, governance and advocacy for health	443.6	203.0	46%	207.6	47%	46.8	11%
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	358.9	183.5	51%	183.5	51%	42.0	12%
Undistributed		0.8		3.5			
Subtotal 4	1 090.0	522.7	48%	540.7	50%	111.6	10%
Undistributed		664.4		734.1			
Total	3 768.7	2 763.6	73%	3 040.2	81%	335.6	9%