
Financing and implementation of the Programme budget 2020–2021 and outlook on financing of the Programme budget 2022–2023

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 programmes segment (US\$ 3768.7 million), a polio eradication segment (US\$ 863.0 million), a special programmes segment (Special Programme for Research and Training in Tropical Diseases; Special Programme of Research, Development and Research Training in Human Reproduction; and 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 and can be increased as necessary. As at September 2021, more than US\$ 3172 million has been allocated to this budget segment – US\$ 2172 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 to be financed by assessed contributions of US\$ 956.9 million and voluntary contributions of US\$ 2811.8 million. The budget segments for polio eradication, emergency operations and appeals, and special programmes are being financed from voluntary contributions.

4. Pursuant to the request contained 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 three quarters of the second year of the 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 (<http://open.who.int>). The portal has been updated to reflect Programme budget figures for the third quarter of 2021.

OVERALL FINANCING STATUS IN THE BIENNIUM 2020–2021, AS AT 30 SEPTEMBER 2021

5. The level of financing of the Programme budget 2020–2021, as at 30 September 2021, by budget segment, is shown in Table 1, and by base programme strategic priority, in Table 2.

Table 1. Programme budget 2020–2021 and its financing, including projections and expenditure, by segment, as at 30 September 2021

Budget 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	Utilization (US\$ millions)	Utilization as % of approved budget
Base programmes	3768.7	4244.5	113%	4315.5	115%	2583.9	69%	2862.2	76%
Polio Eradication	863	1136.8	132%	1182.0	137%	587.1	68%	827.9	96%
Emergency operations and appeals	1000	3171.2	317%	3418.7	342%	2090.1	209%	2428.7	243%
Special programmes	208.7	276.0	132%	282.7	135%	102.1	49%	115.8	55%
Total	5840.4	8828.5	151%	9198.8	158%	5363.2	92%	6234.6	107%

Table 2. Base Programme budget 2020–2021 and its financing, including projections and expenditure, by strategic priority, as at 30 September 2021

Strategic priority	Approved Programme budget 2020–2021 (US\$ millions)	Financing (US\$ millions) ¹	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	Utilization (US\$ millions)	Utilization as % of approved budget
1. One billion more people benefiting from universal health coverage	1358.8	1914.9	141%	1940.3	143%	1049.6	77%	1180.7	87%
2. One billion more people better protected from health emergencies	888.8	810.0	91%	810.7	91%	516.4	58%	584.4	66%
3. One billion more people enjoying better health and well-being	431.1	353.3	82%	364.0	84%	215.2	50%	240.8	56%
4. More effective and efficient WHO providing better support to countries	1090	1082.2	99%	1082.9	99%	802.7	74%	856.3	79%
Total	3768.7	4160.4	110%	4197.8	111%	2583.9	69%	2862.2	76%

¹ Financing in this table does not include undistributed funds, which cannot be reliably assigned to a strategic priority. This explains the difference in financing between Tables 1 and 2.

6. The financing shown in Table 1 includes US\$ 370 million in projected voluntary contributions for all budget segments. In this document as well as on the WHO Programme budget web portal, the funding projections are defined as proposals that are at advanced stages of negotiations between contributors and WHO to finance the Programme budget, which are expected to materialize as revenue streams for the Organization over the course of the biennium with a great degree of certainty.

7. The base programme segment includes US\$ 71 million of projected resources, which bring this segment to 115% of the required biennial financing. Projected funds decreased for the base Programme budget as we approach the end of the biennium. Excluding projections but accounting for funds currently undistributed to either a major office or a strategic priority, the available funding for base programmes in 2020–2021 stands at 113%. At the end of the biennium, the excess funding will be carried forward to finance the Programme budget 2022–2023, whenever possible and as allowed by the donor agreements, in order to increase the 2022–2023 initial funding.

8. There is a noticeable difference in the level of financing between strategic priority 1 (One billion more people benefiting from universal health coverage; see Table 2) and strategic priorities 2 to 4. Strategic priority 1 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, as well as many of the life course programmes, which constitute strategic priority 3, have significantly increased their funding levels over the course of the biennium. This gradual financing over the course of the biennium has affected implementation rates as an important volume of contributions have been recorded during the third quarter of 2021 (about 14% between the second and third quarters). Despite this promising trend, strategic priority 3 (One billion more people enjoying better health and well-being) continues to be the least funded strategic priority and the least attractive to donors. Annex 1 presents detailed financing by outcome within each strategic priority.

9. Annex 2 presents the detailed financing and utilization levels of the approved Programme budget by major office. The four budget segments show the scale of the ongoing operations of major offices, with the Regional Office for Africa, the Regional Office for the Eastern Mediterranean and headquarters having the largest operations. As a result of the COVID-19 pandemic response, all major offices show unprecedented financing and utilization levels for emergency operations and appeals, significantly exceeding the amounts estimated under the approved budget.

10. The financing of the approved base budget is not equally distributed across major offices, with headquarters, the Regional Office for the Eastern Mediterranean and the Regional Office for Europe showing a much higher level of financing than all other offices. However, the average level of financing has increased compared with the same period of the previous biennium.¹ At the time of preparation of this report, the Regional Office for Europe, the Regional Office for the Eastern Mediterranean and headquarters have already reached 100% financing of their base budget, while the regional offices for Africa, South-East Asia and the Western Pacific are close or have reached 90% financing of base.

11. More interest in thematic funding and higher projections for the core voluntary contributions account from donors has helped improve the financing of underfunded areas. However, as shown in the “heat map” of the financing of the approved Programme budget by major office and outcome (Annex 3), the level of flexible and thematic resources is still not sufficient to ensure the equitable financing of all outcomes, major offices and strategic priorities. Even with 113% of the base budget funded, there are still many underfunded areas – more than 40% of outcomes by major office have less than 80% of

¹ According to document EB146/30, the financing of base programmes in major offices has increased from 5% for the Western Pacific Region to 34% in the Eastern Mediterranean Region; see Table 2 of that report for further detail.

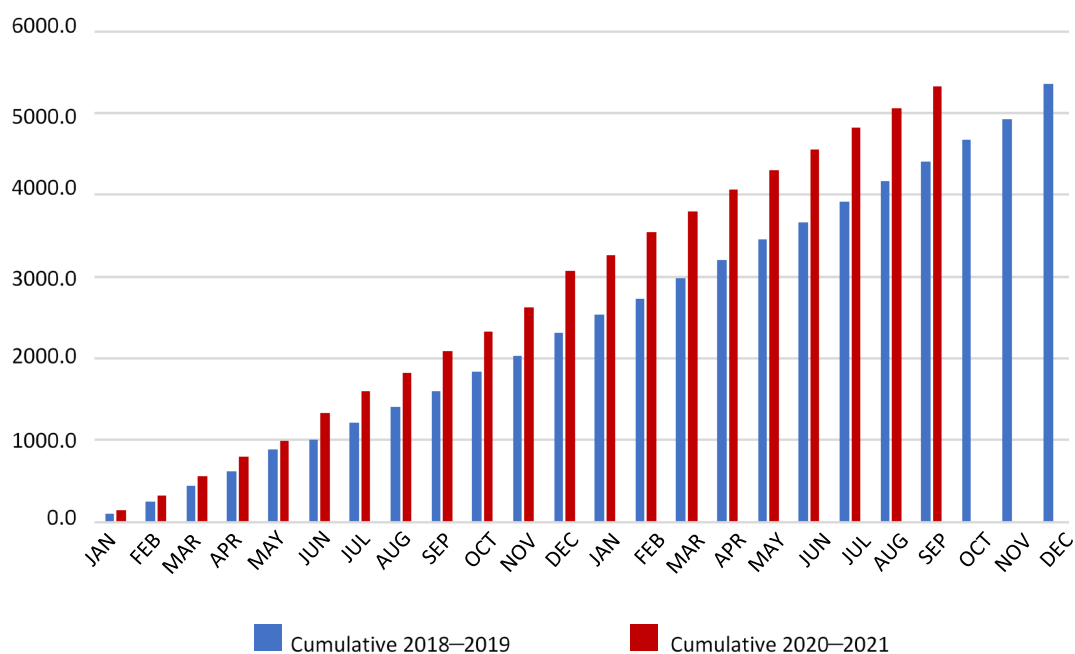
financing with one quarter of the biennium remaining. At the same time, although 30% of outcomes by major office are more than 100% financed, redistribution between over- and under-financed areas is not possible due to earmarking of contributions.

12. In 2020–2021, existing processes are being strengthened and several new processes have been put in place to improve the equitable and timely allocation of resources across the three levels of the Organization and across programmatic results. These processes include the full roll-out of the Contributor Engagement Management system, which provides transparency and timely information on funding opportunities, and strengthening the review of donor proposals and agreements to ensure alignment with the Thirteenth General Programme of Work, 2019–2023 and its funding gaps. The Global Resource Allocation Committee was established to decide the global allocation of applicable resources across Programme budget outputs, thus enabling equitable financing and timely implementation of the approved Programme budget, but as long as the level of flexible and thematic financing remains low, the improvement of underfunded areas can only be achieved to a limited degree.

PROGRAMME BUDGET 2020–2021: UPDATE ON IMPLEMENTATION

13. As at 30 September 2021, the overall implementation rate for the total approved budget was 92% and for the base segment was 69% (Tables 1 and 2), which is lower than the rate expected at this time in the biennium. While implementation (expenditures) represents the accounting metric for audited statements, utilization (which includes encumbrances) is more indicative when assessing the Organization's operational level. Encumbrances are expenditures that have not materialized yet but will be recorded during the biennium (e.g. contracts for goods and services that have yet to be delivered). Hence, utilization is more likely to present a better overview of the programme operations under way and serves as an important planning and monitoring tool for projecting the level of programmatic implementation for the biennium. Factoring in both encumbrances and expenditures, the total base Programme budget utilization rate stands at 76% at the end of the third quarter of 2021. As shown in Figure 1, the absolute levels of implementation of the approved Programme budget increased by more than 20% in 2020–2021 compared with the same period in 2018–2019.

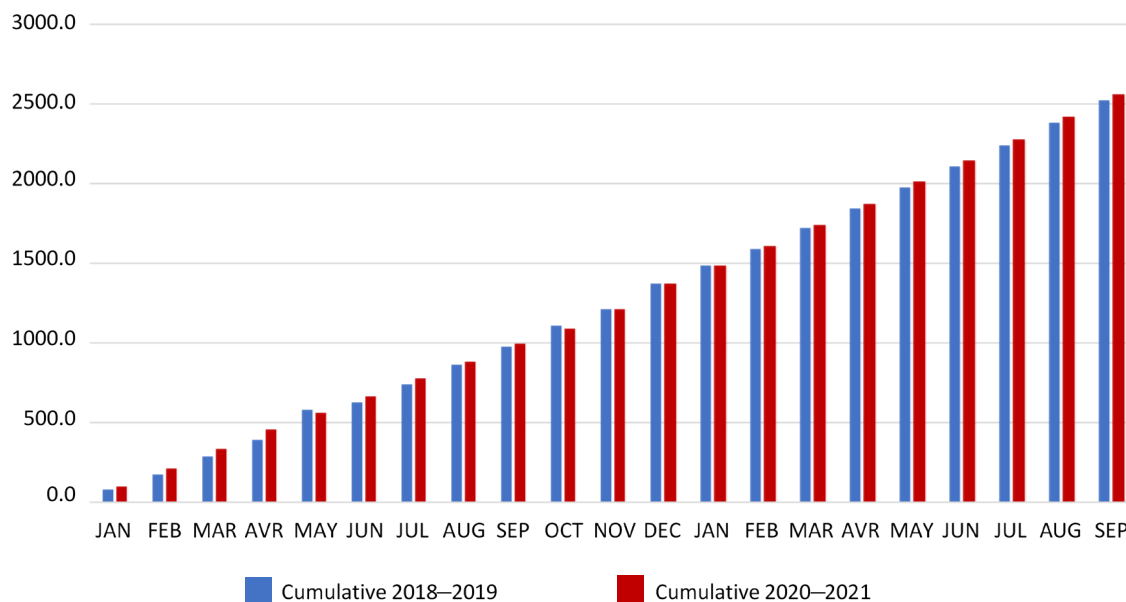
Fig. 1. Cumulative implementation of the approved Programme budget, all segments as at 30 September 2021 (US\$ millions)



14. Table 2 shows that implementation is lower for strategic priorities 2 and 3, which as noted above are lower funded than strategic priorities 1 and 4 and have been partially affected by the late arrival of funds to finance their programmes. In the case of strategic priority 2, which largely represents the WHO Health Emergencies Programme, the implementation of the base budget has also been slightly delayed due to the large-scale emergency operations mounted in response to the COVID-19 pandemic, as reflected in the emergency operations and appeals segment.

15. Despite the impact of the large-scale emergency operations mounted in response to the COVID-19 pandemic, WHO continues to focus on fulfilling the commitments of the approved Programme budget as far as possible and across all segments. Figure 2 demonstrates that in absolute terms, the implementation of the base budget remains strong despite being somewhat reduced compared with the start of the biennium, before the COVID-19 pandemic was declared.

Fig. 2. Cumulative implementation of the approved Programme budget, base segment as at 30 September 2021 (US\$ millions)



16. According to an Organization-wide review performed in June 2020, when the number of mitigation measures were agreed and put in place to pursue strong implementation of the approved base budget, it was estimated that approximately 85% of budgeted plans would be implemented by the end of the biennium. As at 30 September 2021, the projected utilization indicates that the biennial base budget implementation should reach a minimum of 85%, which is in line with the plan.

17. In conclusion, the financing of the Programme budget 2020–2021 continues to be strong, reaching a much higher absolute level compared with the equivalent period under the Programme budget 2018–2019.

UTILIZATION OF THE ASSESSED AND CORE VOLUNTARY CONTRIBUTIONS

18. Document EB146/30 reviews the status of implementation of flexible funds and the corporate principles for their strategic allocation across major offices. The present report focuses on the utilization of assessed contributions and core voluntary contributions, as requested by Member States on several occasions and especially as part of the work of the Sustainable Financing Working Group.

19. Assessed contributions and core voluntary contributions constitute part of the biennial flexible funds envelopes, which are determined by Global Policy Group (including Regional Directors and Director-General) and communicated to all major offices before the start of the biennium in order to:

- ensure more predictable and sustainable planning of staff and activities;
- support better priority-setting in finalizing human resource plans;
- improve and streamline the management of flexible funds during the biennium; and
- promote the transparent allocation of resources across all major offices.

20. At the regional level, the strategic allocation of flexible funds between the regional and country levels is managed by Regional Directors. At headquarters, the Director-General decides the allocation among divisions.

21. The results of applying the principle of the strategic allocation of resources is demonstrated in Figure 3, which shows that the relative total share of assessed contributions and core voluntary contributions is the highest in strategic priorities 2 and 3, which have less funding from specified voluntary contributions. The least funded strategic priority 3 (Table 2) benefits from a larger share of its budget being financed by assessed contributions (26% of total budget) and core voluntary contributions (10%). However, as noted above, the level of the assessed and core voluntary contributions and of the thematic funds is not sufficient to ensure full or equal financing of all programme budget outcomes.

22. Figure 4 shows the level of financial support provided by assessed and core voluntary contributions for all technical outcomes. In absolute terms, Programme budget outcomes 1.1 (Improved access to quality essential health services), 2.3 (Health emergencies rapidly detected and responded to) and 4.1 (Strengthened country capacity in data and innovation) receive the largest amount of these funds. Leadership and enabling outcomes 4.2 and 4.3 are explicitly excluded from this figure; it is important to note that to date, 84% of expenditures in these two outcomes are drawn from flexible funds.

23. The share of the assessed and core voluntary contributions implemented at the three levels of the Organization is similar for the country level and headquarters (37%) and lower for the regional level (27%) (Figure 5).

24. Detailed information of assessed and core contributions expenditure by output can be found in Annex 4.

Fig. 3. Funds distribution by Strategic priority by share of fund type, as at 30 September 2021 (%)

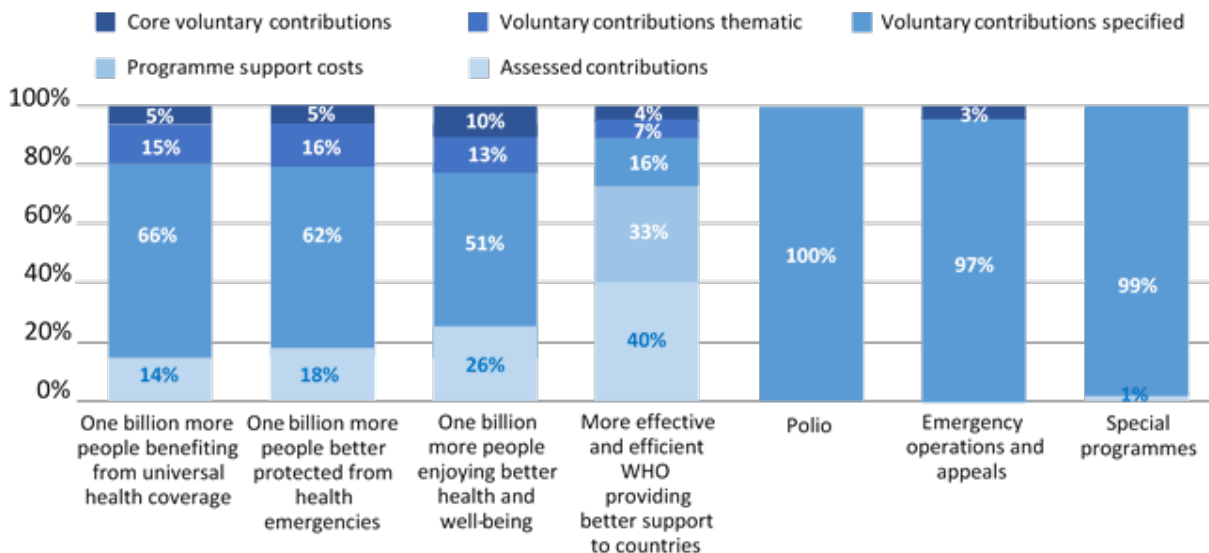
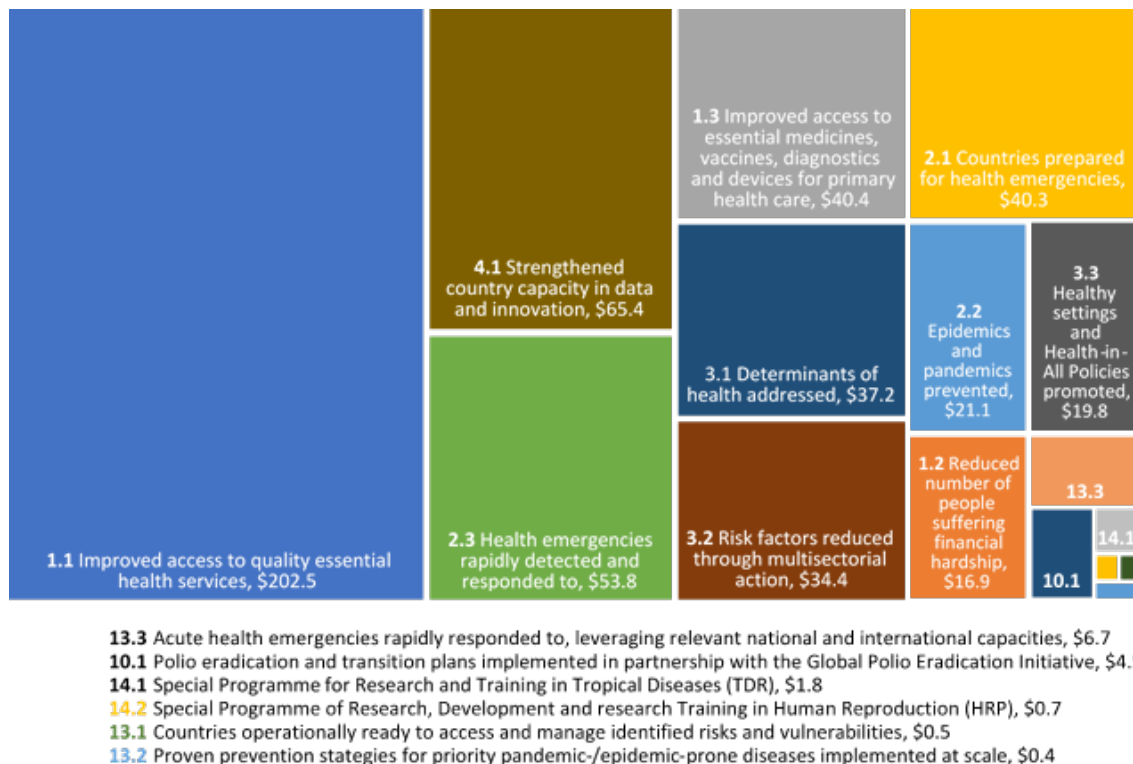
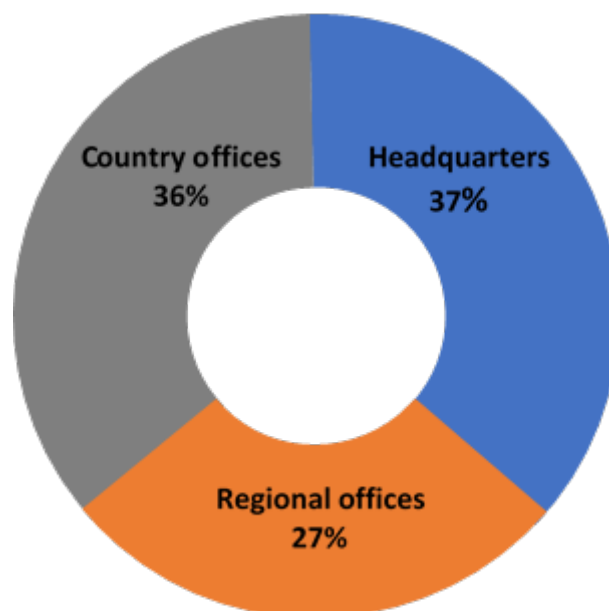


Fig. 4. Assessed contributions and core voluntary contributions expenditures by Programme budget outcome, as at 30 September 2021 (US\$ million)¹



¹ Outcomes 4.2, “Strengthened leadership, governance and advocacy for health” and 4.3, “Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner” are not being considered in Figure 4 because of their enabling functions nature. They rely 84% on flexible funds.

Fig. 5. Distribution of assessed contributions and core voluntary contributions expenditures by organizational level, as at 30 September 2021

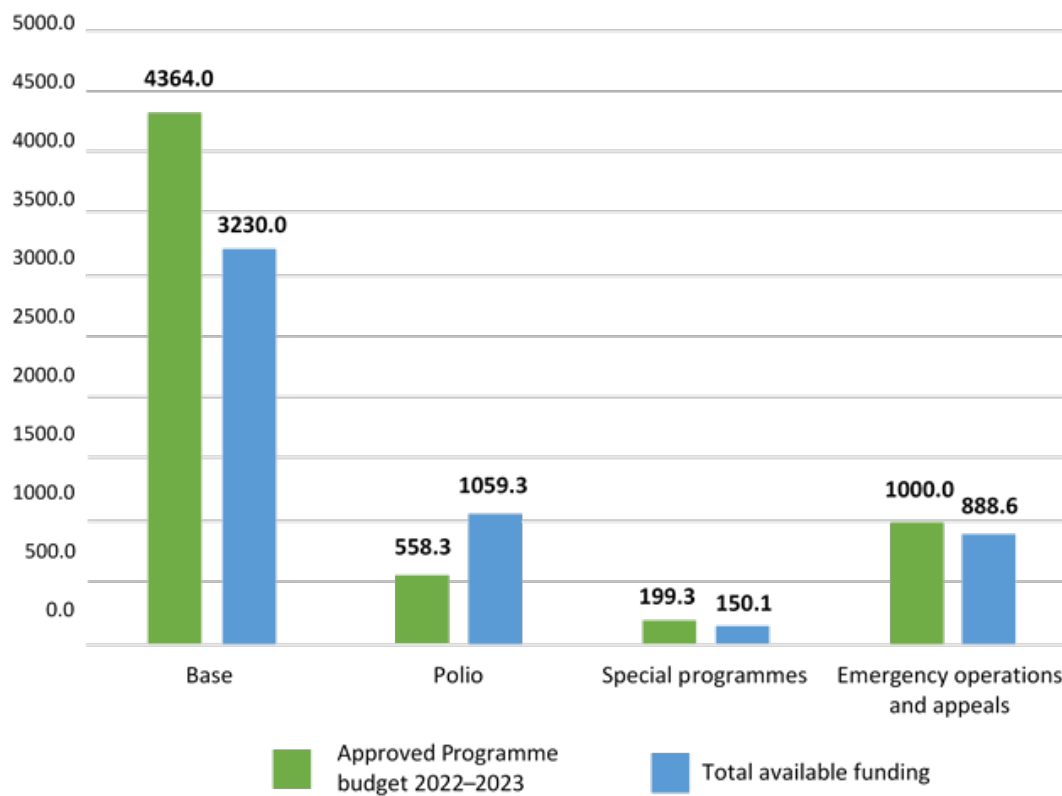


OUTLOOK ON FINANCING OF THE PROGRAMME BUDGET 2022–2023

25. In May 2021, the Seventy-fourth World Health Assembly approved a budget of US\$ 6121.7 million for the financial period 2022–2023, comprised of a base segment of US\$ 4364.0 million (a 16% increase compared with the Programme budget 2020–2021) to be financed by assessed contributions of US\$ 956.9 million and voluntary contributions of US\$ 3407.1 million. The amounts of US\$ 558.3 million budgeted for polio eradication and US\$ 199.3 million for the pandemic influenza preparedness framework, tropical disease research and research in human reproduction are to be financed solely by voluntary contributions, as well as the emergency operations and appeals segment.

26. As shown in Figure 6 based on the information available at the time of preparation of this report, 74% of the approved base budget 2022–2023 is projected to be financed. As represented by the blue bar, the projected available funding includes projected specified, thematic and core voluntary contributions, assessed contributions and projected earnings on programme support costs. Also included are the early projections of funds that can be carried forward from 2020–2021 to the next biennium; it is expected that the share of such funds will further increase as this biennium draws to an end.

Fig. 6. Total projected available funding by budget segments for the Programme budget 2022–2023, as at 17 November 2021 (US\$ million)



27. The final, end-of-biennium report on the implementation of the Programme budget 2020–2021 will be submitted to the Seventh-fifth World Health Assembly and will be based on the final audited financial information.

ACTION BY THE EXECUTIVE BOARD

28. The Executive Board is invited to note the report.

ANNEX 1

BASE PROGRAMME BUDGET 2020–2021 AND ITS FINANCING, INCLUDING PROJECTIONS AND EXPENDITURE, BY OUTCOMES, AS AT 30 SEPTEMBER 2021

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	Utilization (US\$ millions)	Utilization as % of approved budget
1. One billion more people benefiting from universal health coverage									
1.1. Improved access to quality essential health services	997	1446.9	145%	1465.7	147%	829.0	83%	934.7	94%
1.2. Reduced number of people suffering financial hardships	98.9	84.9	86%	85.0	86%	49.6	50%	54.3	55%
1.3. Improved access to essential medicines vaccines diagnostics and devices for primary health care	262.9	313.2	119%	313.2	119%	171.0	65%	191.6	73%
Undistributed		69.9		76.3					
Subtotal 1	1358.8	1914.9	141%	1940.3	143%	1049.6	77%	1180.7	87%
2. One billion more people better protected from health emergencies									
2.1. Countries prepared for health emergencies	231.1	181.5	79%	181.5	79%	134.8	58%	143.4	62%
2.2. Epidemics and pandemics prevented	380.4	370.5	97%	370.5	97%	220.8	58%	259.6	68%
2.3. Health emergencies rapidly detected and responded to	277.3	249.5	90%	250.2	90%	160.8	58%	181.3	65%
Undistributed		8.5		8.5		-			
Subtotal 2	888.8	810.0	91%	810.7	91%	516.4	58%	584.4	66%
3. One billion more people enjoying better health and well-being									
3.1. Determinants of health addressed	141.9	169.7	120%	178.1	126%	96.5	68%	108.4	76%
3.2. Risk factors reduced through multisectoral action	194.9	134.3	69%	134.3	69%	84.2	43%	94.7	49%
3.3. Healthy settings and Health in All Policies promoted	94.3	47.6	50%	47.6	50%	34.6	37%	37.8	40%
Undistributed		1.7		4.0					
Subtotal 3	431.1	353.3	82%	364.0	84%	215.2	50%	240.8	56%
4. More effective and efficient WHO providing better support to countries									
4.1. Strengthened country capacity in data and innovation	287.6	267.4	93%	268.1	93%	161.6	56%	178.1	62%
4.2. Strengthened leadership governance and advocacy for health	443.6	435.8	98%	435.8	98%	340.9	77%	354.0	80%
4.3. Financial human and administrative resources managed in an efficient effective results-oriented and transparent manner	358.9	377.7	105%	377.7	105%	300.2	84%	324.2	90%
Undistributed		1.3		1.3					
Subtotal 4	1090.1	1082.2	99%	1082.9	99%	802.7	74%	856.3	79%
Total	3768.8	4160.4	110%	4197.8	111%	2583.9	69%	2862.2	76%

ANNEX 2

**PROGRAMME BUDGET 2020–2021 AND ITS FINANCING INCLUDING PROJECTIONS AND EXPENDITURE
BY MAJOR OFFICE AND BUDGET SEGMENT, AS AT 30 SEPTEMBER 2021**

Major offices	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	Utilization US\$ millions)	Utilization as % of approved budget
Africa	1522.5	1879.5	124%	1892.2	125%	1271.0	84%	1384.3	91%
Base	992.4	879.5	89%	885.3	89%	576.8	58%	622.6	63%
Emergency operations and appeals	274.0	637.6	233%	644.6	235%	457.4	167%	504.1	184%
Polio eradication	252.8	349.7	138%	349.7	138%	229.8	91%	250.0	99%
Special Programmes	3.3	12.6		12.6		7.1		7.7	
The Americas	232.8	311.2	136%	311.2	136%	231.3	101%	267.9	117%
Base	215.8	169.2	78%	169.2	78%	123.9	57%	137.4	64%
Emergency operations and appeals	13.0	138.8	1068%	138.8	1068%	105.5	811%	128.1	986%
Polio eradication	0.1	0.4	788%	0.4	788%	0.1	145%	0.1	233%
Special programmes	4.0	2.8		2.8		1.8		2.2	
South-East Asia	450.1	563.6	126%	580.4	130%	395.0	88%	459.2	103%
Base	388.5	349.7	90%	356.2	92%	243.5	63%	283.5	73%
Emergency operations and appeals	46.0	194.1	422%	204.4	444%	138.8	302%	159.6	347%
Polio eradication	12.1	11.3	93%	11.3	93%	7.5	62%	9.6	79%
Special programmes	3.6	8.5		8.5		5.2		6.5	
Europe	388.5	558.8	145%	562.8	146%	388.8	101%	425.1	111%
Base	277.9	285.8	103%	288.6	104%	183.6	66%	198.9	72%
Emergency operations and appeals	105.0	266.4	254%	267.5	255%	200.2	191%	220.7	210%
Polio eradication	1.8	3.6	194%	3.6	194%	3.1	169%	3.4	187%
Special programmes	3.8	3.1		3.1		1.9		2.1	

Major offices	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	Utilization US\$ millions)	Utilization as % of approved budget
Eastern Mediterranean	1054.2	1942.9	185%	2051.5	195%	1277.2	122%	1527.0	145%
Base	391.2	440.3	113%	442.8	113%	256.4	66%	319.7	82%
Emergency operations and appeals	334.0	1125.9	337%	1217.0	364%	769.3	230%	922.7	276%
Polio eradication	325.5	370.0	114%	385.0	118%	247.1	76%	279.2	86%
Special programmes	3.5	6.6		6.6		4.4		5.3	
Western Pacific	338.9	413.2	123%	438.4	131%	285.4	85%	326.6	97%
Base	309.2	269.4	87%	271.3	88%	184.1	60%	208.1	67%
Emergency operations and appeals	18.0	134.8	749%	158.1	878%	93.6	520%	110.6	614%
Polio eradication	8.5	6.4	76%	6.4	76%	5.9	69%	5.9	70%
Special programmes	3.2	2.6		2.6		1.8		2.0	
Headquarters	1853.4	2744.8	146%	2901.2	155%	1514.5	81%	1844.4	98%
Base	1193.7	1696.6	142%	1742.7	146%	1015.6	85%	1092.0	91%
Emergency operations and appeals	210.0	549.9	262%	653.4	311%	325.4	155%	382.8	182%
Polio eradication	262.2	301.0	115%	301.0	115%	93.7	36%	279.6	107%
Special programmes	187.5	197.4	95%	204.1	98%	79.9	38%	89.9	43%
Undistributed funds	-	414.6		461.2				0.0	
Base	-	154.0		159.4					
Emergency operations and appeals	-	123.7		134.9					
Polio eradication	-	94.4		124.5					
Special programmes	-	42.4		42.4					
Total	5840.4	8828.5	151%	9198.8	158%	5363.2	92%	6234.6	107%

ANNEX 3

**HEAT MAP OF THE FINANCING OF THE APPROVED PROGRAMME BUDGET 2020–2021
BY MAJOR OFFICE AND OUTCOME, AS AT 30 SEPTEMBER 2021**

Global outcomes	Africa	Americas	South-East Asia	Eastern Mediterranean	Europe	Western Pacific	Headquarters	Grand Total
1.1 Improved access to quality essential health services	110%	99%	107%	178%	142%	107%	224%	147%
1.2 Reduced number of people suffering financial hardship	60%	88%	75%	37%	97%	92%	138%	86%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	109%	80%	66%	57%	86%	66%	156%	119%
2.1 Countries prepared for health emergencies	79%	123%	47%	64%	85%	68%	94%	79%
2.2 Epidemics and pandemics prevented	92%	111%	73%	185%	63%	38%	70%	92%
2.3 Health emergencies rapidly detected and responded to	103%	20%	132%	108%	66%	82%	96%	90%
3.1 Determinants of health addressed	82%	90%	149%	65%	76%	80%	202%	123%
3.2 Risk factors reduced through multisectoral action	22%	47%	92%	75%	101%	77%	103%	69%
3.3 Healthy settings and Health-in-All Policies promoted	20%	15%	87%	39%	81%	42%	92%	50%
4.1 Strengthened country capacity in data and innovation	87%	52%	82%	39%	72%	58%	120%	93%
4.2 Strengthened leadership, governance and advocacy for health	57%	141%	69%	74%	108%	95%	135%	98%
4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	121%	86%	92%	90%	105%	102%	110%	105%
Grand Total	89%	77%	90%	112%	103%	86%	142%	108%

ANNEX 4

**IV ASSESSED CONTRIBUTIONS AND CORE VOLUNTARY CONTRIBUTIONS EXPENDITURES
BY OUTPUT IN US\$ MILLIONS, AS AT 30 SEPTEMBER 2021, ALL BUDGET SEGMENTS**

Programme budget output	Expenditures
1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	71.7
1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	72.5
1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	30.8
1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities	10.1
1.1.5 Countries enabled to strengthen their health workforce	17.4
1.2.1 Countries enabled to develop and implement more equitable health financing strategies and reforms to sustain progress towards universal health coverage	9.5
1.2.2 Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making	5.3
1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy	2.1
1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists	15.9
1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	3.7
1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved	7.2
1.3.4 Research and development agenda defined and research coordinated in line with public health priorities	1.2
1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	12.4
2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported	13.6
2.1.2 Capacities for emergency preparedness strengthened in all countries	18.3
2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities	8.4
2.2.1 Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards	4.7
2.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale	6.6
2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens	6.2
2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	3.6
2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated	22.1
2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	19.4
2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	12.2
3.1.1 Countries enabled to address social determinants of health across the life course	18.9
3.1.2 Countries enabled to address environmental determinants of health, including climate change	18.3
3.2.1 Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	26.5
3.2.2 Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society	7.9
3.3.1 Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces	15.7
3.3.2 Global and regional governance mechanisms used to address health determinants and multisectoral risks	4.2
4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.	20.2
4.1.2 GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored	9.6
4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries.	35.6
4.2.1 Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform	181.8
4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner including through organizational learning and a culture of evaluation	31.8

Programme budget output	Expenditures
4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships	16.4
4.2.4 Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13	17.5
4.2.5 Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications	5.2
4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored	2.1
4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework	18.5
4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery	8.3
4.3.3 Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations	9.6
4.3.4 Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care	23.6
10.1.1 ¹ Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	4.5
13.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities	0.5
13.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale	0.4
13.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	6.7
14.1.1 TDR – Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries	1.8
14.2.1 HRP – Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries	0.7
Grand Total	861.4

¹ Outputs starting from 10.1.1 are for the following budget segments: 10.1.1 Polio eradication, 13.1.2-13.3.2 Emergency operations and appeals, 14.1.1 and 14.2.1 Special programmes. They contribute to the relevant programme budget outputs of strategic priorities 1–4.