

## 56th DIRECTING COUNCIL

### 70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 23-27 September 2018

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*Provisional Agenda Item 8.4*

CD56/INF/4  
10 August 2018  
Original: English

#### PROPOSED WHO PROGRAMME BUDGET 2020–2021

##### Introduction

1. The proposed World Health Organization high-level programme budget 2020–2021 (WHO PB20-21) is the first within the period of the 13th General Program of Work (GPW13), adopted at the Seventy-first World Health Assembly in May 2018 (see Resolution WHA71.1). The WHO PB20-21 aims at translating the vision of the GPW13 into specific plans to achieve WHO’s “triple billion” goals.
2. The WHO PB20-21 will define how WHO will contribute to the 2030 Agenda for Sustainable Development in the next biennia, through a clear linkage of WHO’s work with the health-related targets of the Sustainable Development Goals. The WHO PB20-21 will also use the GPW-associated planning and impact frameworks as shared with Member States previously. It will reflect country-level prioritization, as well as bottom-up costing, in future iterations.
3. The WHO PB20-21 includes budgets by major office and by level (HQ-Regions-Countries). It includes an overall 6% budget increase of US\$ 266.3 million<sup>1</sup> over the WHO PB18-19 level of \$4,421.5 million. It also includes a 15.2% increase of \$28.9 million in budget allocation to the WHO Regional Office of the Americas.
4. The proposed World Health Organization high-level programme budget 2020-2021 for regional committee consultations is presented in the Annex for consideration by Member States.

##### Action by the Directing Council

5. The Directing Council is requested to take note of this report and provide any comments it deems pertinent.

##### Annex

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

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## Annex

### **Proposed World Health Organization high-level programme budget 2020–2021 for Regional Committee consultations**

#### **I. INTRODUCTION**

1. With the Thirteenth General Programme of Work 2019–2023 (GPW13) having been adopted by the Seventy-first World Health Assembly in 2018,<sup>1</sup> work is now focused on translating the bold vision of the GPW13 into a plan, action and results.
2. The programme budget is the primary instrument to translate the GPW13 into specific plans for implementation. The first programme budget that fully articulates the implementation of the GPW13 will be the one for 2020–2021.
3. The GPW13 was adopted by the Health Assembly one year in advance to provide time for transition in 2019 and to use this to steer the World Health Organization (WHO) towards full alignment with GPW13 in the biennium 2020–2021.
4. GPW13 outlines a clear vision to achieve the “triple billion” goals through three strategic priorities:
  - a) 1 billion more people benefitting from universal health coverage;
  - b) 1 billion more people better protected from health emergencies;
  - c) 1 billion more people enjoying better health and well-being.
5. These goals provide a measurable target, giving a clear and single direction for WHO to ensure that its work is geared towards fulfilling its mission: promote health, keep the world safe and serve the vulnerable.
6. The GPW13 endeavours to show how WHO will lead a transformative agenda that supports countries in reaching all health-related Sustainable Development Goals (SDGs).
7. The development of the proposed high-level programme budget 2020–2021 will be guided by the following principles outlined in the GPW13:
  - a) WHO will focus on the SDGs;
  - b) WHO will measure impact on improving people’s health;
  - c) WHO will prioritize its work to drive public health impact in every country.

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<sup>1</sup> See resolution WHA71.1 (2018).

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8. The proposed high-level programme budget 2020–2021 will define what it means for WHO:

- a) to step up leadership at all levels;
- b) to drive public health impact in every country;
- c) to strengthen its normative work;
- d) to transform its approach to resource mobilization;
- e) to act with a sense of urgency, scale and quality.

9. With an opportunity for a transition period, where the programme budget is being developed for the first time subsequent to, and not alongside, the adoption of the GPW13, WHO has a better chance to translate the vision and strategy into plans, turn plans into action, and consolidate actions into results.

10. The development of the programme budget will continue to be needs based and results driven. This time, there will be a sharpened focus on aligning with country needs and driving towards achieving results at the country level.

11. This document includes the following:

- a) an overview of the process for preparing the proposed high-level programme budget 2020–2021, including the consultations with Member States on the strategic directions and priorities of each region;
- b) an overall budget indication by major office and by level, consistent with the strategic budget space allocation (decision WHA69(16) [2016]);
- c) an outline of the next steps, including further consultations and opportunities for deliberations on the programme of work and budgets.

12. The document also provides information for the regional context. This will provide crucial information for the development of country support plans and the development of the full draft of the proposed programme budget 2020–2021 which will be submitted for consideration by the Executive Board at its 144th session in January 2019.

## **II. SETTING PRIORITIES AND DRIVING PUBLIC HEALTH IMPACT IN EVERY COUNTRY**

13. The proposed high-level programme budget 2020–2021 is the first of the two biennial budgets of the GPW13. Its development has been based on a prioritization process that starts at the country level. The prioritization process has been enhanced and sequenced properly to ensure that country priorities drive the work at all levels of WHO and that the capacity, expertise and resources of WHO are coordinated to deliver public health impact

at the country level. This is in line with GPW13 strategic shifts, where the focus is to identify priority results with measurable targets in every country.

14. To facilitate both strategic and operational development of the programme budget, a GPW13 planning framework was developed and shared with Member States (see Annex). The framework provides an organizing structure and common basis for prioritization of results. The triple billion goals and a set of outcomes<sup>2</sup> were central to the planning.

15. An important step is a structured consultation on programmatic priorities at country level within the GPW13 results framework. While each WHO Region has approached this exercise in its own fashion, the overall result will be establishment of global priorities for the duration of the GPW13. In countries with WHO country presence, the Regional Offices are guiding heads of WHO country offices to conduct the exercise at country level. Those countries and territories without WHO country presence are being engaged through the coordination of Regional or Subregional Offices.

16. Priority results are being determined at the country level. The degree of prioritization will guide WHO's relative emphasis in terms of capacity, effort and resources to achieve those outcomes in every country. This is done to ensure that the work of WHO is driven by country priorities, thereby ensuring that WHO will be getting the most important impacts in each of the countries, including those that are aligned to their priority SDGs.

17. The GPW13 planning framework (see Annex), with its backbone results framework, provides the organizing frame and the elements for prioritization and planning. It illustrates how WHO's contributions lead to eventual impact at the country level, especially in line with the three strategic priorities and the triple billion goals associated with them.

18. The priorities, which are clearly defined impacts and outcomes, especially at the country level, are agreed between stakeholders at the country level based on inputs from existing evidence, strategies, plans and foresight that will be sourced from different expertise and experience through the GPW13 platforms (i.e., human capital across the life course, noncommunicable diseases, communicable diseases, climate and environment, and antimicrobial resistance).

19. The end result of the prioritization process is an agreed level of emphasis of the outcomes based on the country situation, with due consideration of the perspectives of the GPW13 platforms. Assessments on whether an outcome is of high, medium or low priority are based on a set of criteria.

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<sup>2</sup> The outcomes are set of results that underpin each of the triple billion goals. These outcomes articulate the shared results to which Member States, partners and the Secretariat should work towards achieving. This set of outcomes provides a more integrated view of the results that is consistent with the GPW13 strategic shifts. For a common understanding of the outcomes, the scope of work has been defined for each, giving a range of approaches and areas of action that would contribute to achieving the outcomes.

20. Equity, gender equality and human rights integration are also strong considerations in the prioritization process as these agendas are embedded in all approaches and interventions contributing to the outcome. Further details on how these important aspects are mainstreamed in the work of WHO will be provided later in the planning process.

21. The WHO country cooperation strategy, which normally takes into account, or is aligned with, the SDGs and national health plans, is an important reference, to ensure that the prioritization process is capturing the most relevant needs and the strategic directions of the country.

22. The results of country prioritization, especially the agreed country priorities, will be the foundation and starting point for the development of the programme budget for 2020–2021 and subsequent planning and implementation. This will ensure that the country impact focus – which is at the heart of GPW13’s strategic shift – can be made a reality.

### **III. THE REGIONAL PERSPECTIVE**

23. The Pan American Health Organization (PAHO) is in the process of developing its Strategic Plan 2020-2025 (see Document CD56/INF/2). As with the current PAHO Strategic Plan 2014-2019, the Pan American Sanitary Bureau will strive to maintain programmatic alignment between its Strategic Plan, and the recently approved GPW13, as well as with the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) and the SDGs.

24. PAHO is developing its Strategic Plan 2020-2025 (SP20-25) using a consultation process with its Member States through the Strategic Plan Advisory Group (SPAG) which began its work with its first face-to-face meeting at the beginning of August this year. The SP20-25 will contain impact and outcome level results in the Americas Region, and objectively measurable indicators of achievement for these highest levels of the results chain. The 21 PAHO Member States in the Americas Region SPAG have agreed to conduct the prioritization exercise in the Region during the fourth trimester of 2018, based on agreed regional health outcomes. The results of this exercise will inform both the development of the PAHO SP20-25 and the January 2019 Executive Board version of the WHO programme budget 2020-2021.

25. The forthcoming national prioritization exercises in the Region of the Americas will be conducted using the Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan through the use of the PAHO-adapted Hanlon method (Resolution CD55.R2). This method is regarded as a systematic, objective, and robust approach to identify areas where PAHO clearly adds value to health development at the national level.

#### IV. BUDGET OVERVIEW

26. The total proposed high-level WHO programme budget 2020–2021 amounts to \$4687.8 million (Table 1). Of this, \$3987.8 million represents the base programmes and \$700 million is for the polio eradication programme. A budget for humanitarian response plans and appeals is now shown as a separate budget line. This was not presented in the previous biennium given the difficulty of providing estimates for an event-driven budget line. This estimate for the biennium 2020–2021 is based on spending patterns in previous biennia and a provisional needs assessment to ensure that WHO has capacity to respond in this area.

**Table 1. Comparison of the Programme budget 2018–2019 with the proposed high-level programme budget 2020–2021 (US\$ millions)**

Segment	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021	Increased or (decreased) amount
Base	3 518.7	3 987.8	469.1
Polio	902.8	700.0	(202.8)
<b>Total</b>	<b>4 421.5</b>	<b>4 687.8</b>	<b>266.3</b>
Humanitarian response plans and appeals	–	1 000.0	–

27. The proposed high-level WHO programme budget 2020–2021 provides an overall direction of the investments needed to implement the transformative agenda of the GPW13. Implementing the strategic and organizational shifts requires that the programme budget:

- a) refocuses its investments to implement the strategic priorities, which are in line with the SDGs;
- b) increases resources in countries to drive public health impacts in every country;
- c) gives more emphasis to stepping up leadership, therefore investing in more diplomacy and capacity to achieve greater political commitment on health issues;
- d) makes investments in normative work to drive change and achieve greater impact in countries;
- e) recognizes the need to maximize partnerships to leverage all resources available to support countries; and
- f) drives efficiency through making investment and allocation decisions based on delivering value for money.

28. The proposed high-level programme budget 2020–2021 represents a change driven by the above principles. The overall proposed budget reflects an increase, but it is also important to note the reallocation and shifts between levels, between the core budget and special programmes, and changes that strengthen certain functions of WHO to deliver impact (that is, global public goods, data and innovation, and technical assistance) in countries.

29. These changes are explained in detail below.

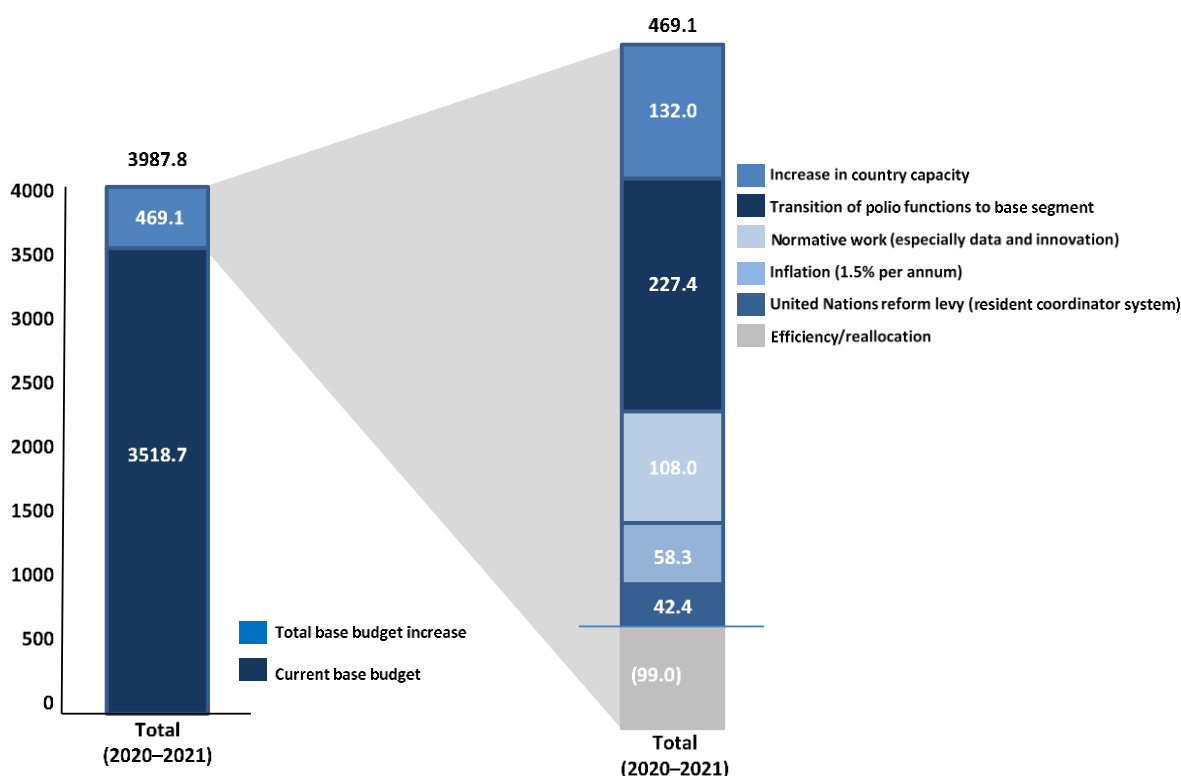
- a) The proposed high-level programme budget 2020–2021 for consideration by the regional committees provides further breakdown on the programme budget envelopes by major office and by level.
- b) These budget envelopes are set within the current scope of the GPW13. Furthermore, this proposed high-level programme budget aims to significantly strengthen operations, especially at the country level. In order for this increased budget to be realistic, WHO will also push to secure significant commitments up front to generate certainty about programme viability through enhanced resource-mobilization efforts.

30. The GPW13 has outlined five major areas for increased investment in the base component of the programme budget. The budget shifts between the Programme budget 2018–2019 and the proposed high-level programme budget 2020–2021 are outlined below.

- a) Strengthening of WHO’s capacity to deliver in countries. This is estimated to cost \$132 million. It would allow the country offices to strengthen capacity in line with GPW13 implementation. This infusion of resources at the country level will be needed to reorient and implement a new operating model in countries – one that will respond better to country-support needs.
- b) Significant investment (\$227.4 million) to support routine immunization and health systems that will be affected by the scaling down of polio activities.
- c) Additional investment (\$108 million) to expand WHO’s work supporting data and innovation. The proposed additional investments aim to operationalize the GPW13 strategic shift on focusing global public goods on impact, which includes normative guidance, data, research and innovation. Accurate and timely data are an essential resource for Member States to achieve the SDG targets and goals for universal health coverage, health emergencies and healthier populations. WHO is the steward and custodian of monitoring progress towards the health-related SDGs, and data are needed to measure performance, improve programme decisions and increase accountability. This will require that the Secretariat augments its activities to support capacity-building to strengthen data systems and analytical capacity to track and monitor progress towards universal health coverage and the health-related SDGs, including ensuring equity and data disaggregation, reporting at national and subnational levels, and developing timely high-quality normative guidance that drives impact on the GPW13 priority areas at the three levels of WHO.

- d) United Nations reform levy to support strengthening the resident coordinator system (as per United Nations General Assembly resolution 72/279 [2018]) of \$42.4 million. This amount is an estimate based on that resolution and includes both the increase to support strengthening the resident coordinator system and WHO’s increased cost sharing arrangement for the United Nations Development Group.
  - e) Inflation rates. These have been estimated at 1.5% per annum to maintain WHO’s purchasing power during the biennium, amounting to \$58.3 million. It is a realistic inclusion as the Secretariat works in many places where inflationary pressures are high. Further details by location will be prepared for the next iteration of the programme budget.
  - f) A proposal for an efficiency/reallocation target of \$99 million. This will offset part of the budget increase suggested for 2020–2021.
31. These details are reflected in Figure 1.

**Figure 1. Proposed high-level programme budget 2020–2021 increases explained (US\$ millions)**



32. Table 2 provides details of the increases by major office and by base segment, as noted in paragraph 28. This table highlights the major investment in transition of polio functions to the base segment of the programme budget, especially in the African and South-East Asia regions. The budget increases intended to strengthen country capacity are



clearly demonstrated in all regions. The majority of the increase in the budget for WHO's normative work (especially data and innovation) is at headquarters (40%), with the remaining amount split evenly across the regions. More work is required to detail the specific requirements by region. This will be taken forward based on the discussions during the 2018 sessions of the regional committees.

**Table 2. Proposed high-level programme budget 2020–2021, base segment only, by major office (US\$ millions)**

Base segment	Africa	The Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific	Headquarters	Total
Current base budget	834.1	190.1	336.0	256.4	288.8	281.3	1 332.0	3 518.7
Increase in country capacity	57.1	14.0	18.7	8.2	19.0	15.0	–	132.0
Normative work (especially data and innovation)	10.8	10.8	10.8	10.8	10.8	10.8	43.2	108.0
Transition of polio functions to base segment	90.4	0.9	25.7	2.5	69.9	2.1	35.9	227.4
Inflation, at 1.5% per annum	14.7	3.2	6.8	4.1	5.0	4.6	19.9	58.3
Efficiency/reallocation	–	–	–	–	–	–	(99.0)	(99.0)
United Nations reform levy (resident coordinator system)	–	–	–	–	–	–	–	42.4
<b>Proposed high-level programme budget 2020–2021 base segment</b>	<b>1 007.1</b>	<b>219.0</b>	<b>398.0</b>	<b>282.0</b>	<b>393.5</b>	<b>313.8</b>	<b>1 332.0</b>	<b>3 987.8</b>

33. The efficiency/reallocation target indicated above (\$99 million) is proposed to be absorbed mainly at headquarters. As a result, the overall proposed high-level programme budget 2020–2021 base segment at headquarters remains at the same level as that in the Programme budget 2018–2019 (\$1322 million).

34. This proposed high-level programme budget 2020–2021 demonstrates the essence of the new strategy, where a significant budget increase is suggested for the country level. Table 3 shows a budget increase (base programmes) at the country office level from 38.0% to 42.7% (an increase of 4.7% or \$348.3 million). Regional offices and headquarters budgets are proposed to decrease by 0.6% and 4.1% respectively compared with the 2018–2019 base segment.

**Table 3. Proposed high-level programme budget 2020–2021, base segment only, by level of WHO, (US\$ millions)<sup>a</sup>**

Major office	Country offices		Regional offices		Headquarters		Total	
	Programme budget 2018–2019	Proposed high-level programme Budget 2020–2021	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021
Africa	551.7	698.1	282.4	309.0	–	–	834.1	1 007.1
The Americas	118.0	133.1	72.1	85.9	–	–	190.1	219.0
South-East	186.5	281.3	102.3	112.2	–	–	288.8	393.5
Europe	94.0	119.1	162.4	162.9	–	–	256.4	282.0
Eastern	223.8	271.7	112.2	126.3	–	–	336.0	398.0
Western	163.7	182.8	117.6	131.0	–	–	281.3	313.8
Headquarters					1,332.0 <sup>b</sup>	1 332.0	1 332.0	1 332.0
<b>Total</b>	<b>1 337.7</b>	<b>1 686.1</b>	<b>849.0</b>	<b>927.3</b>	<b>1 332.0</b>	<b>1 332.0</b>	<b>3 518.7</b>	<b>3 945.4</b>
United Nations reform levy (resident coordinator system)	–	–	–	–	–	–	–	42.4
<b>Grand total</b>	–	–	–	–	–	–	–	<b>3 987.8</b>
Allocation by level (%)	38.0	42.7	24.1	23.5	37.9	33.8	100.0	100.0

<sup>a</sup> Unless otherwise specified.

<sup>b</sup> The Programme budget 2018–2019 base segment for headquarters includes the budget for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. Budget for these programmes are integrated into the proposed high-level programme budget 2020–2021.

35. The major increases at the country office level are in the African and South-East Asia regions: \$146.4 million and \$94.8 million respectively. The large increase in the South-East Asia Region is mostly due to the transition of polio functions, especially in India and Bangladesh.

36. The proposed high-level programme budget 2020–2021 reflects the GPW13 strategic shift towards delivering impact at the country level and the continuing trend of increasing resources at the country level.

37. Table 4 shows the growth in US dollar terms of the investment in country offices technical capacity (that is, segment 1, as defined in document EB137/6, which is all of the work in the base segment of the proposed high-level programme budget, less category 6 at the country office level). This growth demonstrates a serious intent to increase country

capacity, with a substantial budget shift towards the country office level. This component of the budget will grow from \$906.9 million in 2014–2015 to \$1431.8 million in 2020–2021. The biggest increase biennium to biennium is from 2018–2019 to 2020–2021, with a proposed increase of \$317.3 million. If this trend is realized, the country level budget would be increased by more than 60% over the three biennia.

**Table 4. Evolution of WHO budgets for technical capacity in country offices (segment 1)<sup>a</sup> (US\$ millions)**

Region	2014–2015 (Model C) <sup>b</sup>	2016–2017 <sup>c</sup>	2016–2017 Revised <sup>d</sup>	2018–2019	Proposed high-level programme budget 2020–2021	Increase from 2018–2019 to 2020–2021
African	368.9	446.6	482.5	469.6	603.1	133.5
Americas	78.3	98.1	98.3	105.4	119.0	13.6
Eastern Mediterranean	133.3	148.2	164.6	175.0	219.2	44.2
Europe	42.0	57.4	62.4	68.2	85.7	17.5
South-East Asia	146.4	157.6	154.3	158.5	252.2	93.7
Western Pacific	138.0	135.6	135.0	137.8	152.6	14.8
<b>Total</b>	<b>906.9</b>	<b>1 043.5</b>	<b>1 097.1</b>	<b>1 114.5</b>	<b>1 431.8</b>	<b>317.3</b>

<sup>a</sup> As outlined in document EB137/6.

<sup>b</sup> Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

<sup>c</sup> Without the WHO Health Emergencies Programme.

<sup>d</sup> Revised in 2016, taking into account the WHO Health Emergencies Programme.

38. The increases aim to bring the needed support to countries in a way that is most effective, efficient, comprehensive and timely. They are intended to ensure that country offices have the right capacity to support achieving the health-related SDGs.

39. Table 5 demonstrates the relative share of the strategic budget space allocation, specifically for segment 1. The relative share of the country-level budget per region is within the trajectory of the agreed percentage share that should be achieved by 2022–2023, in line with decision WHA69(16).

**Table 5. Evolution of strategic budget space allocation (%) for technical cooperation at country level, segment 1<sup>a</sup>**

Region	2014–2015 (Model C) <sup>b</sup>	2016– 2017 <sup>c</sup>	2016–2017 Revised <sup>d</sup>	2018– 2019	2020– 2021	2022–2023 (Model C) <sup>b</sup>
African	42.3	42.8	44.0	42.1	42.1	43.4
Americas	8.4	9.4	9.0	9.5	8.3	11.3
Eastern Mediterranean	14.3	14.2	15.0	15.7	15.3	14.2
Europe	4.5	5.5	5.7	6.1	6.0	6.4
South-East Asia	15.7	15.1	14.1	14.2	17.6	14.1
Western Pacific	14.8	13.0	12.3	12.4	10.7	10.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<sup>a</sup> As outlined in document EB137/6.

<sup>b</sup> Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

<sup>c</sup> Without the WHO Health Emergencies Programme.

<sup>d</sup> Revised in 2016, taking into account the WHO Health Emergencies Programme.

40. However, the relative size of the budget space in the South-East Asia Region grows substantially compared with that in other regions due to the transfer of the budgets for certain polio functions to the base segment. In the case of the Region of the Americas, the budget for segment I falls in percentage terms; however, it increases in overall US dollar amount.

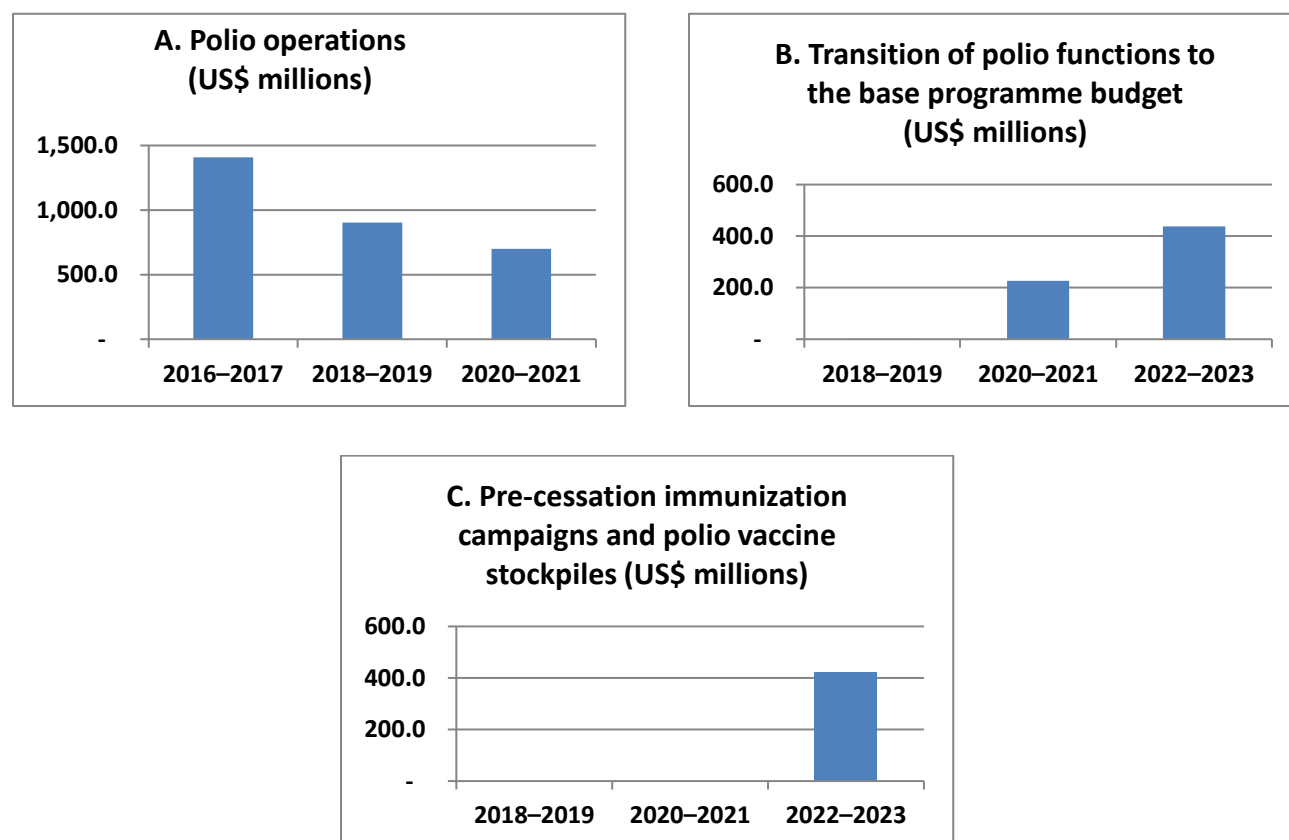
### **Polio capacity and transitioning polio functions to the base segment of the programme budget**

41. The draft strategic action plan on polio transition and post-certification,<sup>3</sup> which has a five-year scope of work, is aligned with the GPW13. The investments on continuing the work on polio and the related implications of the transition can be grouped into three main sections:

- a) continued polio eradication operations;
- b) transition of polio functions to the base segment of the programme budget;
- c) pre-cessation immunization campaigns and polio vaccine stockpiles.

42. The evolution of these budgets is reflected in Figure 2, which shows the phased approach: to reduce polio operations over the course of the GPW13 (Figure 2A); to increase capacity of WHO's ability to strengthen immunization systems, including surveillance for vaccine-preventable diseases and strengthening emergency preparedness, detection and response capacity (Figure 2B), and to sustain a polio-free world after the eradication of polio virus (Figure 2C).

<sup>3</sup> Document A71/9.

**Figure 2. Evolution of WHO polio-related budgets*****Realistic budget and financing***

43. The figures for the WHO polio-related budgets for 2020–2021 and 2022–2023 are provisional until the Polio Oversight Board approves later this year a new multiyear budget from 2019 for the Polio Programme. The approved polio budget may affect the timing and amount of the shift of costs into WHO base programmes. These sums will be used to sustain essential functions such as disease surveillance that had been supported by the Polio Programme.

44. Considering the ambitious goals set by the GPW13, the suggested increase of 12% in the proposed high-level programme budget 2020–2021 is at the lower end of the estimated cost of implementing the GPW13 in 2020–2021. Several considerations have been made, including realistic financing, to get to the high-level budget for implementing the GPW13. Further increases in investments to fully implement the GPW13 and scale up efforts to achieve the health-related SDGs will be needed in subsequent biennia.

45. Finance levels for the Programme budget 2018–2019 (as at 30 June 2018) are currently 92% for the base programme budget or \$3120.7 million. This is an improvement

in financing of \$270.7 million compared with the level at the same time in 2016. However, more efforts are required to broaden the donor base and to increase flexibility in funding, which will enable a more efficient use of funds and ensure a more balanced resource allocation for all priorities of the GPW13.

46. WHO is therefore working to transform its interaction with donors, including requesting that unearmarked funds and soft-earmarked funds be more closely aligned with the higher-level strategic priorities of the triple billion goals.

47. Ambitious goals require bold investments. The proposed high-level programme budget 2020–2021 represents a strong move towards increasing resources at the country level, coupled with a strategic investment in much needed global public goods that are synergistic in delivering results in countries. The ambitious goals and bold strategy will need to be matched by strong commitment and new approaches for resource mobilization and financing. These are all being implemented as part of the WHO transformation plan. The envisaged financing of the proposed high-level programme budget 2020–2021 is reflected in Table 6. All of the increases in the budget are expected to be met from ambitious targets set for voluntary contributions. As a result, there will be no request to increase assessed contributions for this proposed high-level programme budget.

**Table 6. Financing of the proposed high-level programme budget 2020–2021 (US\$ millions)**

Funding	Proposed high-level programme budget 2020–2021
Assessed contributions	956.9
Core voluntary contributions	300.0
Voluntary contributions specified	2 730.9
<b>Total</b>	<b>3 987.8</b>

## V. NEXT STEPS

48. The change in the approach in the consultations and presentation of the proposed high-level programme budget 2020–2021 will allow WHO to take into account the results of two critical steps in the process: country prioritization and country support plans. These steps will ensure that the proposed high-level programme budget takes full account of country priorities, the programmatic work that is needed at each level to support those priorities and drive impact at the country level, as envisaged by the GPW13. Both steps (described in the next two paragraphs) will take place during the fourth trimester of 2018, when the Regional Offices will lead consultations with Member States. The results of these steps will provide critical inputs into the development of the draft Proposed WHO programme budget 2020–2021 to be submitted to the Executive Board at its 144th session.

49. The development of country support plans will be a key new element in the planning process. The country support plan aims to ensure that the needs for the country to achieve priority results are captured and planned for across the three levels of WHO and that the entire capacity and expertise of all levels are leveraged to support the country priorities. This step in the process determines not only the support that should be delivered, but also how best to deliver it, where it should be delivered and how the levels of WHO should work together. It will also determine the cost for WHO to achieve the greatest impact.

50. The results of the two steps described above, together with the priority setting for delivering global public goods, will provide critical inputs into the development of the full budget for presentation to the Executive Board in January 2019.

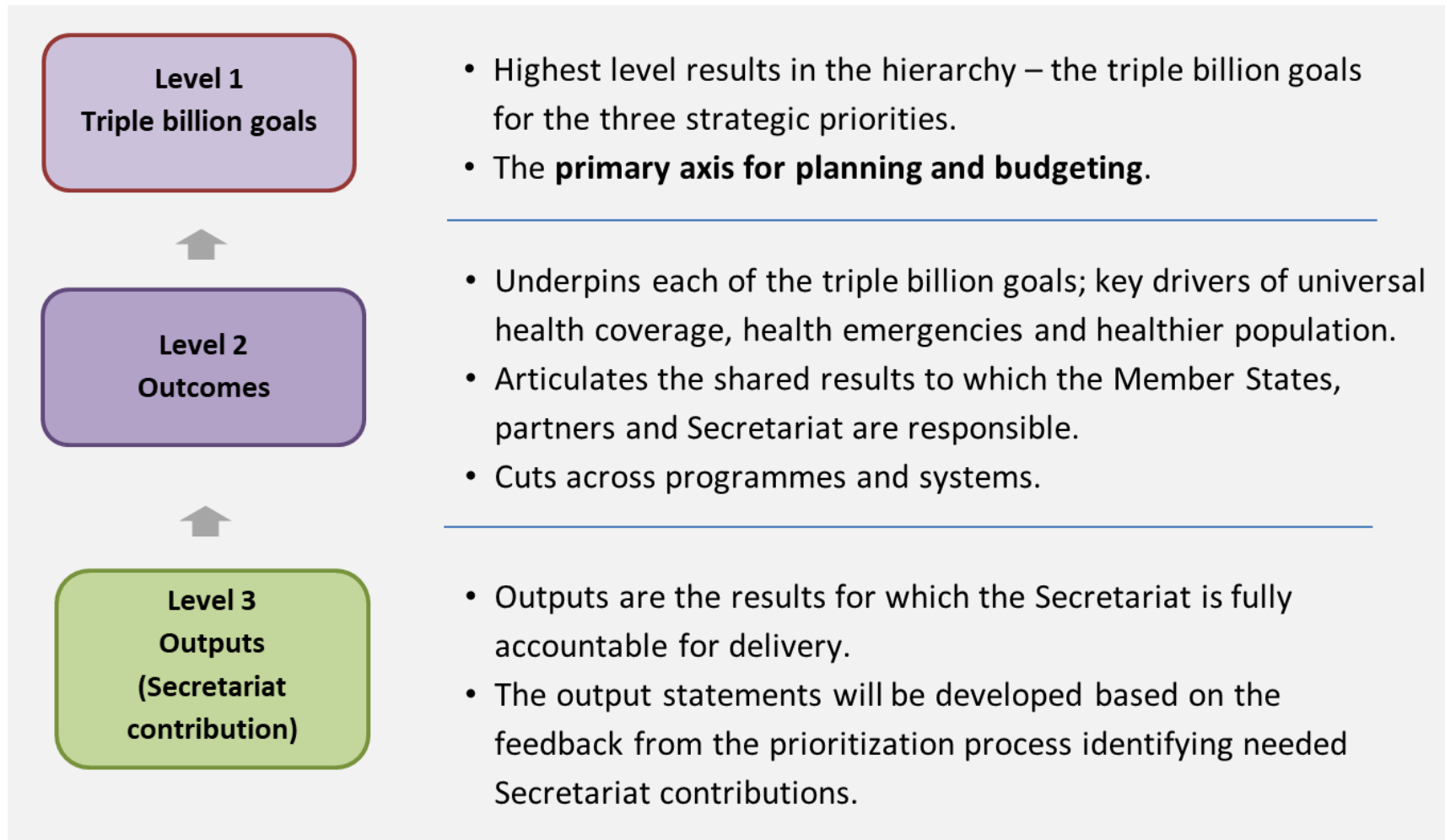
51. Additional country-level consultations and mission briefings are envisaged during the development of the draft proposed programme budget for 2020–2021, to prepare the Executive Board version. It is expected that the budget estimates will be adjusted further, to take into account the advice of Member States during the consultations and a more thorough costing during the development of the country support planning.

## **VI. ACTION BY THE REGIONAL COMMITTEE**

52. The Regional Committee is invited to note this consultation document and provide any comments it deems pertinent.

## Annex

### GPW13: Planning and budgeting framework





## GPW13: Outcomes

