

## INTRODUCTION

WHO's Proposed programme budget 2010–2011 presents the expected results and budget requirements for the biennium 2010–2011 within the broader context of the Organization's Medium-term strategic plan, which covers the six-year period 2008–2013. The strategic plan defines the strategic objectives for WHO, and details the Organization-wide expected results for the Secretariat for the period. The overarching priorities for health are described in the Eleventh General Programme of Work 2006–2015, which also reflects WHO's comparative advantages, its core functions, the main challenges it faces and its opportunities for the future.

The Organization-wide expected results for 2010–2011 have largely the same orientation as those for the biennium 2008–2009. However, the Programme budget 2010–2011 includes some shifts in emphasis, reflecting the evolving global health situation and the corresponding changes needed in WHO's work. For example, there is a new Organization-wide expected result on climate change and its impact on public health in strategic objective 8, in line with the need for WHO to expand its work in this increasingly important area. The plans described in this strategic objective were informed by discussions on this topic at the Sixty-first World Health Assembly.<sup>1</sup> Another new Organization-wide expected result, found in strategic objective 10, concerns patient safety, an issue that has been discussed at meetings of WHO's governing bodies and that is recognized as an area needing greater attention in all parts of the world.

The result of an external review of the indicators of the Medium-term strategic plan has also shown that there is a need for improvement in the effort to make the indicators more measurable and meaningful. The work to refine the indicators and targets is incremental and further changes are expected.

Up to and including the biennium 2008–2009 the programme budgets have been presented in a way that has not clearly reflected the different characteristics and evolution of the different parts of the budget. There has been a tendency to over-budget some parts of the budget and under-budget others. Further, some areas of the budget are managed in collaboration with external partners, while others are driven largely by external events. This situation has posed challenges for budget management and implementation and reduced the transparency of the programme budget and associated reporting.

In order to facilitate budget management and provide greater transparency, therefore, the Proposed programme budget 2010–2011 is presented in three segments:

- *Base programmes*: WHO has exclusive strategic and operational control over the magnitude of the activities concerned, and over the choice of means, location and timing for their implementation. The Organization can ensure both a balanced growth across the different strategic objectives, reflecting overall health priorities, and an even distribution across major offices. This budget segment is proposed at US\$ 3368 million.
- *Special programmes and collaborative arrangements*<sup>2</sup> activities that are fully within WHO's results hierarchy and for which WHO has executive authority. However, the activities in this segment are undertaken in collaboration with others and thus the magnitude of associated operations is determined by the special nature of the activity and the joint strategic decisions

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<sup>1</sup> Document WHA61/2008/REC/3, summary record of the sixth meeting of Committee A, section 2.

<sup>2</sup> The title of this segment has been changed from "Partnerships and collaborative arrangements", which was used in the draft Proposed programme budget 2010–2011, as considered by the Executive Board at its 124th session in January 2009. This alteration is designed to make clearer the distinction between these arrangements and partnerships outside the programme budget that have separate governance structures and that do not fully support the results structure of the Organization-wide expected results.

of the collaborators. The budget for this segment has been estimated at US\$ 822 million, taking account of the growth noted over recent bienniums. For a full list of the special programmes and collaborative arrangements and their budgets, see Summary table 4.

- *Outbreak and crisis response* relates to activities governed by acute external events. The resource requirements are normally significant and difficult to predict; for this reason, budgeting can only be done with great uncertainty and the requirement for the biennium 2010–2011 been estimated at US\$ 100 million for acute outbreak control and US\$ 250 million for crisis response.

In order to provide greater transparency and improve WHO's monitoring, management and implementation of the programme budget, activities in the outbreak and crisis response and special programmes and collaborative arrangements segments will be tracked and reported on separately. This will begin in the biennium 2008–2009, and will take full effect from the biennium 2010–2011.

This segmentation has implications of varying complexity for the different technical strategic objectives. Three strategic objectives (numbers 3, 7 and 11) are composed only of base programmes and have no components involving special programmes and collaborative arrangements; nor are these strategic objectives affected by activities in the outbreak and crisis response segment. Conversely, strategic objectives 1 and 5 contain all three budget segments.

### Level of the Proposed programme budget 2010–2011

**Table 1. Expenditure for 2006–2007, 2008–2009 and Proposed programme budget 2010–2011 in budget segments (US\$ million)**

Budget segments	2006–2007 Expenditures	2008–2009		2010–2011 Proposed budget
		Approved budget	Projected expenditures <sup>1</sup>	
Base programmes	2 103	3 742	2 485	3 368
Special programmes and collaborative arrangements	705	370	750	822
Outbreak and crisis response	290	116	251	350
<b>Grand total</b>	<b>3 098</b>	<b>4 227</b>	<b>3 485</b>	<b>4 540</b>

<sup>1</sup> The expenditure figures for the biennium 2008–2009 have been projected by doubling the actual implementation for 2008.

The programme budgets of WHO have been increasing consistently over the past four bienniums, rising from US\$ 1800 million in the biennium 2002–2003 to US\$ 4227 million in the biennium 2008–2009. The budget for 2010–2011 was initially proposed at US\$ 5383 million including US\$ 3888 million for the base programme segment. However, there is a growing recognition that the Organization needs to consolidate its growth and strengthen its implementation capacity, while at the same time ensuring there is a continuing focus on priorities.

The preparation of the Programme budget 2010–2011 started in mid-2008 in order to enable views to be obtained from the regional committees later that year. When the proposed programme budget was considered by the Executive Board at its 124th session in January 2009, the Organization had a better appreciation of implementation after the first 12 months of the biennium 2008–2009. Having taken

account of the Board's comments,<sup>1</sup> and having analysed the overall Organization-wide implementation of the first year of the biennium, the Director General decided to adjust the Programme budget 2010–2011. Although the resulting proposed budget for base programmes for 2010–2011 now represents a 10% reduction compared to that of the biennium 2008–2009, there is still considerable room for growth compared with the projected expenditures for 2008–2009.

**Table 2. Proposed programme budget 2010–2011 by strategic objective (broken down by budget segment and compared with the approved Programme budget 2008–2009).**

Strategic objective	Baselines (all budget segments)			Proposed programme budget 2010-2011 (by budget segments)					
	Expenditures 2006-2007 <sup>a</sup>	Approved Programme budget 2008-2009		Base programmes	% change from Programme budget 2008-2009	Special programmes and collaborative arrangements	Outbreak and crisis response	Total	% of Grand total
		Total (all segments)	Base programmes						
1	863	894	625	542	-13.3	626	100	1 268	27.9
2	488	707	635	556	-12.4	78	0	634	14.0
3	70	158	158	146	-7.7	0	0	146	3.2
4	132	360	319	292	-8.5	41	0	333	7.3
5	295	218	134	109	-18.7	5	250	364	8.0
6	65	162	162	149	-8.3	13	0	162	3.6
7	19	66	66	63	-4.9	0	0	63	1.4
8	56	130	130	113	-13.2	1	0	114	2.5
9	36	127	127	116	-8.2	4	0	120	2.7
10	280	514	495	420	-15.0	54	0	474	10.4
11	124	134	134	115	-14.1	0	0	115	2.5
<b>Subtotal: 1-11</b>	<b>2 428</b>	<b>3 471</b>	<b>2 985</b>	<b>2 621</b>	<b>-12.2</b>	<b>822</b>	<b>350</b>	<b>3 793</b>	<b>83.6</b>
12	193	214	214	223	3.9			223	4.9
13	477	542	542	524	-3.4			524	11.5
<b>Subtotal: 12-13</b>	<b>670</b>	<b>757</b>	<b>757</b>	<b>747</b>	<b>-1.3</b>			<b>747</b>	<b>16.4</b>
<b>Grand total</b>	<b>3 098</b>	<b>4 227</b>	<b>3 742</b>	<b>3 368</b>	<b>-10.0</b>	<b>822</b>	<b>350</b>	<b>4 540</b>	<b>100.0</b>

<sup>a</sup> The structure of the budget for the biennium 2006-2007 was different. Expenditures have therefore been estimated in accordance with the current budget structure.

## Base programmes

In achieving the overall 10% reduction in the budget for the **base programmes segment** compared with the approved Programme budget 2008–2009, the overall guidance of the Executive Board with respect to increased emphasis on certain strategic objectives as well as regional variances was taken into account. Thus the following five technical strategic objectives were reduced less than the average 10%:

- Strategic objectives 3 and 6 in view of the endorsement by the Sixty-first World Health Assembly of the action plan for the global strategy for the prevention and control of noncommunicable diseases<sup>2</sup>
- Strategic objectives 4 and 9 in order to accelerate efforts to meet the Millennium Development Goals for child and maternal health
- Strategic objective 7 in response to the recommendations of the Commission on Social Determinants of Health.<sup>3</sup>

The above-average reduction in budget for the remaining six technical strategic objectives does not indicate that these are of diminishing importance. In almost every case, the budget envelopes for the

<sup>1</sup> See document EB124/2009/REC/2, summary record of the sixth meeting, section 1.

<sup>2</sup> Resolution WHA61.14.

<sup>3</sup> Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health*. Geneva, World Health Organization, 2008.

biennium 2010–2011 represent an increase compared with the current level of operation. Particular emphases *within* strategic objectives are:

- for strategic objective 8, on accommodating the increased focus on health and climate change;
- for strategic objective 10, on supporting WHO's effort to revitalize primary health care, which is the focus of the *The world health report 2008*;
- for strategic objective 11, on supporting prequalification and quality control of medicines and the work on public health, innovation and intellectual property.

It should also be noted that strategic objectives 12 and 13 support and facilitate the implementation of all the budget segments, i.e., not only base programmes. The combined reduction of US\$ 10 million in these strategic objectives represents a real reduction compared with the current level of operations. A further reduction would seriously affect the Organization's capacity to implement its technical programmes.

### Special programmes and collaborative arrangements

Recent discussions at meetings of WHO's governing bodies have highlighted the importance, and also the complexity, of the interrelation between the different actors in global public health, and the need to consider coordination and harmonization among the various parties involved. In the Programme budget 2008–2009, a number of partnerships were noted but their contribution to the delivery of the Organization-wide expected results was not defined. As many partnerships have independent governance mechanisms, it was also unclear how changes in the budget levels of such partnerships affected the overall WHO programme budget.

With a view to increasing transparency within the governance of WHO, an analysis was undertaken of all the Organization's collaborative arrangements. The results pointed up the heterogeneous nature of the arrangements concerned, which range from large partnerships administratively hosted by WHO but with fully independent governance, to other entities having the characteristics of internal expert groups or advocacy arrangements. Within the full grouping there is an identifiable subset involving major collaborations that can be broadly divided in two groups:

- (i) those that contribute directly to the achievement of the Organization-wide expected results and follow the results hierarchy of the WHO programme budget, and which are therefore considered entirely inside the programme budget envelope under the budget segment *Special programmes and collaborative arrangements*; and
- (ii) those, referred to as partnerships for the purposes of the current document, that have separate governance and that are not fully aligned with the results hierarchy, but which nonetheless have a strong link with WHO. Although the importance of these partnerships is recognized for the achievement of the strategic objectives of the Medium-term strategic plan, their budgets have been moved outside the WHO programme budget envelope for the biennium 2010–2011.

The details of movements outside the programme budget envelope are provided in Summary table 5.

The **special programmes and collaborative arrangements segment** within the programme budget has a projected expenditures of US\$ 750 million for the biennium 2008–2009 and is estimated to constitute US\$ 822 million to the programme budget for the biennium 2010–2011. Special programmes and collaborative arrangements contribute more significantly to the achievement of some strategic objectives than others. For example, within strategic objective 1 more than half of the total budget is constituted by special programmes and collaborative arrangements, the largest single

component concerns the Global Polio Eradication Initiative with a budget of US\$ 389 million (see also Summary table 4 for information on special programmes and collaborative arrangements).

### Outbreak and crisis response

WHO has been playing an increasingly important role in outbreak and crisis response, and the activities concerned and their budgetary implications are by their very nature unpredictable. This has again led to budgetary increases that have not been fully distinguishable from other types of increases.

The **outbreak and crisis response segment** has increased against the level for the biennium 2008–2009. The budget figure for this segment has been estimated at US\$ 350 million, but this can only serve as an indication in view of the unpredictability of the needs concerned. More generally, the governing bodies will, at regular intervals, be kept abreast of developments concerning the budget of the outbreak and crisis response segment.

It should be noted that for strategic objectives 1 and 5, there also continue to be budgets, under base programmes, for those activities that are related to norms and standards, and capacity building for national outbreak response and emergency preparedness.

### Distribution across major offices

In pursuance of the Organization's strategy to strengthen the first-line support provided to countries with adequate back-up at regional and global levels, the major part of the programme budget will be spent in regions and countries while maintaining headquarters functions. The "70%–30%" principle continues to guide the overall distribution of resources between regions/countries and headquarters, with the understanding that there will be variations between the strategic objectives and their underlying programmes depending on the nature of the programmes concerned.

The budget distribution between the individual regions is unchanged from the biennium 2008–2009 for the WHO base programmes segment and reflects regional needs in line with the ranges from the validation mechanism for strategic resource allocation reviewed by the Executive Board<sup>1</sup> (see Table 3).

**Table 3. Proposed programme budget 2010–2011: major office by budget segment**

Location	Baselines (all budget segments)			Proposed budget 2010-2011 (by budget segments)					
	Expenditures 2006-2007	Approved Programme budget 2008-2009		Base programmes	% of total Base programmes	Special programmes and collaborative arrangement s	Outbreak and crisis response	Total	% of Grand total
		Total (all segments)	Base programmes						
<b>Africa</b>	767	1 194	1 029	926	27.5	256	81	1 263	27.8
<b>The Americas</b>	115	279	272	245	7.3	4	8	256	5.6
<b>South-East</b>									
<b>Asia</b>	318	492	438	394	11.7	98	53	545	12.0
<b>Europe</b>	180	275	264	239	7.1	15	8	262	5.8
<b>Eastern</b>									
<b>Mediterranean</b>	435	465	433	391	11.6	45	79	515	11.3
<b>Western Pacific</b>	176	348	325	293	8.7	11	7	310	6.8
<b>Headquarters</b>	1 106	1 176	979	881	26.2	394	114	1 389	30.6
<b>Grand total</b>	<b>3 098</b>	<b>4 227</b>	<b>3 742</b>	<b>3 368</b>	<b>100.0</b>	<b>822</b>	<b>350</b>	<b>4 540</b>	<b>100.0</b>

The proportion of the total Proposed programme budget that relates to special programmes and collaborative arrangements and to outbreak and crisis response varies significantly between regions as

<sup>1</sup> See document EBSS–EB118/2006/REC/1, summary record of the fourth meeting, section 4.

can be seen in Table 3 above. This reflects varying needs together with, for example, the geographical location and area of operation of special programmes and collaborative arrangements.

### **Financing the Proposed programme budget 2010–2011**

The Proposed programme budget 2010–2011 is financed from both assessed and voluntary contributions, with voluntary contributions constituting an increasing share of the total funding.

Voluntary contributions received by the Organization vary greatly in the degree to which they are earmarked for specific activities, in their predictability and in the time of their receipt. The voluntary contributions with both the least earmarking and the highest level of predictability are obviously the easiest for WHO to align to its priorities and financing needs. The greater the earmarking, the more difficult it is for the Organization to fully finance all aspects of its work and some strategic objectives run the risk of not receiving sufficient or timely funding.

It is encouraging that the number of donors providing fully flexible and highly flexible contributions has increased since 2006. It is hoped that this trend will continue as the management of these funds becomes more refined and as donor confidence in WHO's results-based management approach increases. Based on experience gained since 2006, a number of steps have been taken to improve the alignment of voluntary contributions to the approved programme budget. An advisory group on financial resources has been established within the Secretariat to exercise oversight and provide recommendations to the Director-General on corporate financing. The group is chaired by the Deputy Director-General, and charged with the monitoring of financial and technical implementation, and of resource availability and funding gaps across all strategic objectives and locations. The Global Management System has already enhanced the advisory group's ability to monitor implementation and financial needs. The Organization-wide implementation of the System planned for the biennium 2010–2011 will continue this improvement.

### **Core voluntary contributions**

An important financing and management mechanism has been established, namely, the **core voluntary contributions account**. This account manages those core voluntary contributions that are either fully flexible or highly flexible (earmarked at strategic objective level). The account helps to ensure that funds are available to implement the programme budget so that the integrity of the strategic objectives and Organization-wide expected results is maintained. This mechanism will also ensure that there is a better programmatic delivery of the totality of the base programmes segment of the budget across strategic objectives 1 to 11 and locations. Funds in the core voluntary contributions account are not utilized for financing administrative costs within strategic objectives 12 and 13. The oversight of the core voluntary contributions account lies with the advisory group on financial resources. Discussions with major donors and partners have indicated growing support for this mechanism and the aim is to ensure approximately US\$ 300 million of such fully flexible or highly flexible funds for the biennium 2010–2011.

Core voluntary contributions that are earmarked to the level of Organization-wide expected results/major office/theme are referred to as “**designated core voluntary contributions**”. Such funds are managed through the Organization-wide technical programmes and networks in order to ensure efficient and timely delivery of the expected results and might be applied to any of the three budget segment and the 13 strategic objectives depending on the designation. Designated core voluntary contributions are estimated at about US\$ 400 million for the biennium 2010–2011.

## Other voluntary contributions

In addition to the total of US\$ 700 million of core voluntary contributions, US\$ 2896 million is expected to be raised in the form of specified contributions (Table 4). The expectation that the Organization will be able to mobilize the proposed level of voluntary contributions is considered justified at this point in time, but the situation will be carefully monitored throughout the biennium.

## Assessed contributions

It is proposed that the level of assessed contributions should remain unchanged from the biennium 2008–2009 at US\$ 928.8 million. **Miscellaneous income** will continue to provide support to the budget in line with assessed contributions. Miscellaneous income is derived mainly from interest earnings on assessed contributions, collection of arrears of assessed contributions, and unspent assessed contributions at the end of a biennium. In the current global financial situation there is considerable uncertainty regarding the level of the income generated from miscellaneous income and the current best estimate is that miscellaneous income will amount to US\$ 15 million for the biennium. Should more resources be generated, these funds will be subject to separate appropriation by Member States, based on the actual income available.

**Table 4. Proposed programme budget 2010–2011 financing compared with actual expenditures in the biennium 2006–2007 and the approved Programme budget 2008–2009**

Source of income	Actual expenditures 2006–2007		Approved Programme budget 2008–2009		Proposed programme budget 2010–2011	
	US\$ million	%	US\$ million	%	US\$ million	%
	Assessed contributions	863.3		928.8		928.8
Miscellaneous income	35.3		30.0		15.0	
<b>Total assessed contributions</b>	<b>898.6</b>	29.0	<b>958.8</b>	22.7	<b>943.8</b>	20.8
Fully and highly flexible voluntary contributions	150.0		200.0		300.0	
Designated core voluntary contributions	220.0		400.0		400.0	
Specified voluntary contributions	1 829.6		2 668.7		2 896.1	-
<b>Total voluntary contributions</b>	<b>2 199.6</b>	71.0	<b>3 268.7</b>	77.3	<b>3 596.1</b>	79.2
<b>Total financing</b>	<b>3 098.2</b>	100.0	<b>4 227.5</b>	100.0	<b>4 539.9</b>	100.0

The Programme budget is presented and managed in United States dollars. However, only about 40%–45% of the budget is expected to be financed by United States dollar income sources (i.e. assessed contributions and voluntary contributions in United States dollars). In addition, as WHO incurs expenditures in many currencies, it is vulnerable to exchange rate fluctuations as have been experienced in the past few years. Although, as in the past, financial market instruments will be used to hedge against exchange rate fluctuations as appropriate, these cannot fully eliminate the risks. Such fluctuations, should they materialize, will therefore will have to be absorbed within the budget, as will the impact of any inflation on expenditures.

## Programme support

Successful implementation of WHO's programme budget requires adequate governance, financial, programmatic, infrastructure, monitoring, and accountability mechanisms. The growth in the Organization and its budget in recent years has placed increased demands on these **management and administrative support functions**. In order to meet these demands some cost efficiencies have been

made and further efforts are planned for the biennium 2010–2011. However, if the budget and resources available for these functions are not sufficient the Organization's ability to deliver its technical programmes will be adversely affected.

The total costs of providing the management and administrative support functions are estimated at US\$ 806.8 million for the biennium 2010–2011. Of this amount, US\$ 224.7 million relate to **Strategic objective 12**, largely consisting of fixed indirect costs and US\$ 582.1 million to **Strategic objective 13**, largely consisting of variable indirect costs and corresponding to the level of operations in the biennium 2008–2009. These costs are presented in Summary table 6 in two portions: costs included in the programme budget directly under strategic objectives 12 and 13 and costs for global services that are financed through a separate mechanism. Both portions are presented against the Organization-wide expected results they serve to support.

These global services consist primarily of corporate costs, such as the functioning of the Global Service Centre, staff development, and WHO's contributions to United Nations common costs (e.g. security). Such global services have since 2008 been financed through charges made against staff cost provisions across the Organization and across all strategic objectives, as well as through other types of transfers or through self-financing. The charges for these costs are already included in the programme budget against all the strategic objectives (as salaries are charged against all of them); they are not, therefore, budgeted in strategic objectives 12 and 13 in order to prevent double-counting.

The growth in WHO's operations that started accelerating in the biennium 2002–2003, combined with technological development and increased security challenges, has faced the Organization with a widening gap between the cost of providing programme support and the resources generated to finance these costs. Policies have been changed in support of continued financing. These have included the moment at which programme support costs can be drawn upon and the use of reserves.

However, these options have now been exhausted and a financing gap for the biennium 2010–2011 can be foreseen. A number of measures are being taken to address the situation, including the following:

- The Director-General has put a cap on the nominal budget growth of strategic objectives 12 and 13 for the biennium 2010–2011. With inflation and increasing costs, this means a substantive negative real growth in these two strategic objectives, which will have to be met by further cost-efficiency savings.
- An increased proportion of the assessed contributions will be applied to strategic objectives 12 and 13. At all locations, almost 60% of the budget of these two strategic objectives will be financed from assessed contributions.
- The above-mentioned mechanism for pay-roll charges might have to be exploited further, for example by increasing the initial common charge of 2.5% on staff costs.
- An Organization-wide working group has been established to analyse sustainable options for common budget standards, cost-containment, increasing resources, and allocating resources for the management and administrative support functions. The group will make recommendations to the Director-General during 2009.

In addition, WHO continues to participate actively in the work of the United Nations system consultations on cost recovery.



The capital/security budget for 2010–2011,<sup>1</sup> which is very substantially underfunded, is estimated at US\$ 89 million across the seven major offices. This amount includes building-related investments, namely, those specifically undertaken for safety- and security-related projects, major building renovation, the construction of some new buildings (including WHO's share of costs for common United Nations premises as part of the "One United Nations" approach at country level, where applicable); it also includes non-building-related safety and security investments (HF and VHF radios, satellite phones, and armoured four-wheel drive vehicles) required for compliance with United Nations' minimum operating standards for staff security. Within strategic objective 13, only WHO's share of the cost-shared United Nations system security expenditures will be financed, together with a provision of approximately US\$ 10 million for critical safety and security projects; all the other aforementioned requirements, remain unfunded.

### **Monitoring the programme budget**

Performance monitoring and assessment are essential for the proper management of the programme budget and for informing the revision of policies and strategies. Monitoring, review and assessment of the programme budget are conducted at the 12-month period (the mid-term review) and upon completion of the biennium (the programme budget performance assessment).

The mid-term review serves to track and appraise progress towards the achievement of the expected results. It facilitates corrective action, and the reprogramming and reallocation of resources during implementation. For each strategic objective, colour ratings are assigned (red, yellow or green) in order to indicate the nature of progress made in achieving the expected results at the mid-term. The review also identifies and analyses the impediments and risks encountered, together with the actions required to ensure that the expected results are achieved.

The end-of-biennium programme budget performance assessment is a comprehensive appraisal of the performance of each organizational level and of the Organization as a whole, including the achievement of the targets set for the expected result indicators. The assessment focuses on achievements as compared with planned results, and on lessons learnt, in order to inform planning for the next biennium. The relevant findings provide essential information for subsequent programme budgets and for possible revisions to the Medium-term strategic plan. The performance assessment for the biennium 2006–2007 has noted the lessons learnt and these have informed the formulation of the Proposed programme budget 2010–2011.

The set of indicators for all Organization-wide expected results in the Medium-term strategic plan 2008–2013 has been carefully and systematically reviewed with the aim of improving clarity and facilitating measurement and reporting. Most of the indicators have been refined; some have been replaced when it was considered that they were unable to provide an adequate measurement of the stated result. The refinement and tracking of indicators and targets across all levels of the Organization represents an incremental process and work undertaken in the current biennium will also lead to improvements in processes and tools for the biennium 2010–2011.

The mid-term review and the programme budget performance assessment processes each generate a report; both documents are submitted to the governing bodies for their consideration. A new timeline for production of these documents is already envisaged for the biennium 2008–2009: the review will be made available for the first Health Assembly following the first year of the biennium; the assessment will be submitted to the same body at its first session following the second year of the biennium.

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<sup>1</sup> Further information is contained in document A62/4 Add.1.