



**NINTH SESSION OF THE SUBCOMMITTEE  
ON PROGRAM, BUDGET, AND ADMINISTRATION  
OF THE EXECUTIVE COMMITTEE**

*Washington, D.C., USA, 18-20 March 2015*

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*Provisional Agenda Item 5.1*

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**WHO DRAFT PROPOSED PROGRAMME BUDGET 2016-2017**

**Background**

1. The draft Proposed Programme Budget 2016-2017 of the World Health Organization (WHO) is presented to the Subcommittee on Program, Budget, and Administration (SPBA) for information. This version of the WHO draft Proposed Programme Budget 2016-2017 incorporates comments from the Regional Committees, including the 53rd Directing Council of the Pan American Health Organization (66th Session of the Regional Committee of WHO for the Americas), as well as recent discussions that took place through the category and program area networks. At the time of this writing, the version of the draft Proposed Programme Budget 2016-2017 to be presented to the World Health Assembly in May 2015 is being finalized to take into consideration recommendations from the Executive Board in January 2015.
  2. The draft Proposed Programme Budget 2016-2017 is the second such document to be developed under the Twelfth General Programme of Work, 2014-2019, which sets WHO's strategic direction and the referenced results structure used for planning and budgeting. Priorities and biennial outputs were identified through a robust, bottom-up approach for planning and budgeting recommended by Member States. Country-level priorities were aligned with regional and global commitments and were consolidated into Organization-wide outputs that are presented in the draft Proposed Programme Budget. Every WHO level was involved in the programme budget development, from the beginning of the process up to the final refinement of outputs and indicators with baselines and biennial targets. The revised programme budget document incorporates the cross-cutting issues of gender, equity, human rights, and social determinants of health, all of which are also cross-cutting themes in PAHO.
  3. The programmatic emphasis remains mostly as presented in the first draft document, which stressed the need to strengthen emergency preparedness, epidemic surveillance, and response capacities; bolster regulatory capacity and health systems information and evidence; enhance compliance with International Health Regulations requirements; continue to invest in reproductive, maternal, newborn, child, and
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adolescent health; step-up the implementation of the comprehensive global action plan for noncommunicable diseases; and ensure actions are in place to address the threat of antimicrobial resistance. The need for additional resources to address outbreaks of infectious diseases such as the Ebola virus disease outbreak is likely to be reflected in the Programme Budget that will be submitted to the Health Assembly in May 2015.

4. The budget presented to the Executive Board in January 2015 had three scenarios. The first was a budget envelope unchanged (US\$ 4,171 million)<sup>1</sup> for base programs but with shifts within and cuts from emergencies which include polio eradication and outbreak and crisis response. The second scenario represents a 5% increase to compensate for staff costs increases and avoid programmatic reductions. The third scenario considers budget increases proposed by the regions based on comments from regional committees and consultations within category and program area networks; the proposed increase is 8% and applies to selected program areas. The effect of these increases on the Americas Regional Office (AMRO) allocation is not yet known.

5. In scenario 1 of the WHO Programme Budget, which was presented to the Directing Council in 2014, the Region of the Americas' budget allocation for base programs remained unchanged at \$164.9 million. However, the amount of this allocation is likely to change if scenario 2 or 3 is applied, or if the Strategic Budget Space Allocation methodology is implemented (discussed further in Paragraph 7). AMRO's budget for emergencies was cut by \$2.3 million, as part of the overall WHO budget reduction to this component. The only change the Region of the Americas requested was to move \$9.6 million from category 6, Corporate Services/Enabling Functions, into category 2, Noncommunicable Diseases (\$4.1 million), and into category 1, Communicable Diseases (\$5.5 million). The need for this budgetary shift emerged from a 2014 budget analysis that showed a significant budget need in category 1, Communicable Diseases, while category 6, Corporate Services/Enabling Functions had a large funding gap that was unlikely to be filled in this or future biennia. The Table below shows the Region of the Americas' budget allocation for the 2016-2017 biennium.

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

**Proposed Budget Allocation to the Region of the Americas, 2016-2017**  
**under scenario 1 – zero nominal growth**  
**(in millions of US dollars)**

Category	Approved Budget 2014-2015	Proposed Budget 2016-2017	Increase/ (Decrease)
1. Communicable Diseases	19.5	25.0	+5.5
2. Non-communicable Diseases and Risk Factors	21.7	25.8	+4.1
3. Determinants of Health and Promoting Health throughout the Life Course	32.2	32.2	0.0
4. Health Systems	30.7	30.7	0.0
5. Preparedness, Surveillance, and Response	16.2	16.2	0.0
6. Corporate Services/Enabling Functions	44.6	35.0	<b>(9.6)</b>
<b>Total-Base Programs</b>	<b>164.9</b>	<b>164.9</b>	<b>0.0</b>
<b>Emergencies</b>			
Polio Eradication	<b>3.5</b>	<b>1.2</b>	<b>(2.3)</b>
Outbreak and Crisis Response	<b>7.6</b>	<b>7.6</b>	<b>0.0</b>
<b>Total</b>	<b>176.0</b>	<b>173.7</b>	<b>(2.3)</b>

6. At the time of this writing, the Region of the Americas' share of the WHO draft Proposed Programme Budget 2016-2017 for base programs is 5.4%, as it was in biennium 2014-2015. The Region of the Americas' overall share, with polio and outbreak and crisis response included, is 4.2%. Changes to the overall budget amount and allocations by office will be drafted after discussions among the global category networks and the Global Policy Group. The outcome of those discussions may be known at the time of the SPBA in late March 2015.

7. The 136th Session of the Executive Board approved the recommendations of the working group on Strategic Budget Space Allocation with regards to operational segments 2 (provision of global and regional goods), 3 (management and administration), and 4 (response to emergency events, such as outbreak and crisis response), starting from the Programme Budget 2016-2017. Segment 1 (technical cooperation at country level) remains open for further consideration by the working group, whose membership will be expanded (to two countries per region from one), while it continues to refine the criteria to use in the allocation formula. As the working group is not expected to have a new methodology ready to apply to PB 2016-2017, the Director General was asked by the Executive Board to apply an interim methodology in consultation with the Regional

Directors. This may also be decided by the Global Policy Group when it meets in March 2015, and any decision will be reported to the SPBA.

**Action by the Subcommittee on Program, Budget, and Administration**

8. The Subcommittee is invited to take note of the WHO draft Proposed Programme Budget 2016-2017 and make any comments for consideration before the budget is submitted to the Health Assembly for approval.

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