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**PROGRAMME BUDGET 2022–2023: BUDGET PERFORMANCE
(INTERIM REPORT)**

This document presents the status of the Programme Budget 2022–2023 for the Western Pacific Region as of 30 June 2023. The details include a summary of funding and utilization by strategic priority and outcomes, budget centre, category of expenditure and status comparison with the previous biennium at the same period (18 months from the start of the biennium).

The Region's overall utilization of funds from all sources as of 30 June 2023 was US\$ 237.5 million, or 65.5% of the total available resources (US\$ 362.7 million).

Information is also provided on progress made by the Regional Office for the Western Pacific towards achievement of outputs for which the Secretariat is accountable (as defined in the Programme Budget 2022–2023). This information is based on a midterm assessment covering the period of 1 January to 31 December 2022.

The Regional Committee for the Western Pacific is requested to review and note the [interim report](#) on performance and utilization of the Programme Budget 2022–2023.

1. FINANCIAL UTILIZATION OF PROGRAMME BUDGET 2022–2023

This document presents the interim report on utilization of the Programme Budget by the World Health Organization (WHO) Western Pacific Region for the 2022–2023 biennium by strategic priority and outcomes, budget centre and category of expenditure as of 30 June 2023.

1.1 Budget structure of 2022–2023

The Programme Budget 2022–2023 was approved at the Seventy-fourth World Health Assembly in May 2021. It is the second biennial budget formulated under the *Thirteenth General Programme of Work* (GPW13), which covers the period from 2019 to 2025, and the WHO Triple Billion targets strategy/approach. The Programme Budget 2022–2023 was further revised to incorporate lessons learnt from the COVID-19 pandemic and tackle emergent issues that were not known at the time of the initial budget approval in May 2021. The revision was approved at the Seventy-fifth World Health Assembly in May 2022.

In line with GPW13, Programme Budget 2022–2023 focuses on results. The Triple Billion targets form the primary axis of the WHO results framework. Each of the Triple Billion targets is underpinned by three outcomes that cut across programmes and systems for a more integrated approach. The fourth pillar of the results framework – a more effective and efficient WHO providing better support to countries – supports the attainment of the Triple Billion targets.

As the implementation plan for GPW13 in the Western Pacific Region, *For the Future: Towards the Healthiest and Safest Region* sets out a vision for the work of WHO with Member States and partners in the Region. The vision calls for action today to address the challenges of tomorrow, with the goal of making the Western Pacific the world's healthiest and safest region.

1.2 Level of programme budget

The approved Programme Budget 2022–2023 for the Western Pacific Region was US\$ 421.6 million. During the biennium, there was a net increase in the Region's budget ceiling of US\$ 98.4 million (a 23.3% increase over the approved budget). Thus, the working allocation for the Region as of 30 June 2023 was US\$ 520.0 million (Table 1). The increase was mainly to account for funding received for COVID-19 response activities under the outbreak crisis and response segment, which had an approved budget of US\$ 18.0 million but had a working allocation of US\$ 116.3 million.

Table 1
Programme Budget allocation: 2022–2023
(US\$ millions)

Programme Budget 2022–2023 as at 30 June 2023			Programme Budget 2020–2021 as at 30 June 2021		
Approved budget	Current working allocation	% increase	Approved budget	Current working allocation	% increase
421.6	520.0	23.3%	335.7	467.3	39.2%

Table 2 summarizes the gaps in financing between the approved programme budget and available funds for the 2022–2023 biennium.

Table 2
Gaps in financing for 2022–2023 by strategic priority/category – all funds
(US\$ millions)

Strategic priority / Category	Programme Budget 2022–2023 as at 30 June 2023			Programme Budget 2020–2021 as at 30 June 2021		
	Approved budget	Available resources	Gap	Approved budget	Available resources	Gap
1 - One billion more people benefiting from universal health coverage	157.0	133.1	(23.9)	128.0	124.9	(3.1)
1.1. Improved access to quality essential health services irrespective of gender, age or disability status	125.9	115.8	(10.1)	101.0	105.2	4.2
1.2. Reduced number of people suffering financial hardship	10.4	4.8	(5.6)	8.1	7.3	(0.8)
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	20.7	12.5	(8.2)	18.9	12.4	(6.5)
2 - One billion more people better protected from health emergencies	98.3	38.2	(60.1)	57.0	31.9	(25.1)
2.1. Countries prepared for health emergencies	45.5	20.0	(25.5)	25.1	16.9	(8.2)
2.2. Epidemics and pandemics prevented	16.5	3.7	(12.8)	12.5	5.0	(7.5)
2.3. Health emergencies rapidly detected and responded to	36.3	14.5	(21.8)	19.4	10.0	(9.4)
3 - One billion more people enjoying better health and well-being	61.5	36.4	(25.1)	52.2	35.3	(16.9)
3.1. Safe and equitable societies through addressing health determinants	13.5	7.9	(5.6)	21.2	16.0	(5.2)
3.2. Supportive and empowering societies through addressing health risk factors	22.0	13.1	(8.9)	21.2	14.9	(6.3)
3.3. Healthy environments to promote health and sustainable societies	26.0	15.4	(10.6)	9.8	4.4	(5.4)
4 - More effective and efficient WHO providing better support to countries	86.4	74.3	(12.1)	72.0	61.2	(10.8)
4.1. Strengthened country capacity in data and innovation	27.1	11.6	(15.5)	18.0	9.1	(8.9)
4.2. Strengthened leadership, governance and advocacy for health	40.2	40.9	0.7	34.9	32.7	(2.2)
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	19.1	21.8	2.7	19.1	19.4	0.3
Total Base Programme	403.2	282.0	(121.2)	309.2	253.3	(55.9)
Emergencies						
Polio eradication	0.4		(0.4)	8.5	7.2	(1.3)
Outbreak and crisis response	18.0	80.7	62.7	18.0	125.4	107.4
Total Emergencies	18.4	80.7	62.3	26.5	132.6	106.1
Grand Total	421.6	362.7	(58.9)	335.7	385.9	50.2

The total approved budget increased by US\$ 85.9 million, or 25.6%, from US\$ 335.7 million in 2020–2021 to US\$ 421.6 million in 2022–2023.

The total funds available from all sources decreased by US\$ 23.2 million, from US\$ 385.9 million in 2020–2021 to US\$ 362.7 million in 2022–2023. The decrease in funding is primarily due to the event-driven outbreak crisis and response budget segment, as with easing of the COVID-19 pandemic this segment received US\$ 44.7 million less in 2022–2023, compared to the 2020–2021 biennium. The base programme funding, however, increased by US\$ 28.7 million in 2022–2023.

1.3 Funds utilization

The total utilization of funds amounted to US\$ 237.5 million, or 65.5% of the available resources. With the COVID-19 pandemic easing in 2022–2023, the Region prioritized the implementation of base programme activities, accelerating progress towards the Triple Billion targets and those of the Sustainable Development Goals, and building resilience by strengthening primary health care and bolstering response capacities to health emergencies. The utilization by source and by level of funding as of 30 June 2023 is shown in Tables 3a and 3b, including status comparisons with the previous biennium.

Table 3a
Utilization of all funds
(US\$ millions)

Programme Budget 2022–2023 as at 30 June 2023					Programme Budget 2020–2021 as at 30 June 2021				
Current working allocation	Available resources	Utilization of funds	Utilization against current working allocation (%)	Utilization against available resources (%)	Current working allocation	Available resources	Utilization of funds	Utilization against current working allocation (%)	Utilization against available resources (%)
520.0	362.7	237.5	45.7	65.5	467.3	385.9	273.4	58.5	70.8

Table 3b
Funds utilization by country offices and Regional Office
(US\$ millions)

Programme Budget 2022–2023 as at 30 June 2023			Programme Budget 2020–2021 as at 30 June 2021	
Level	Utilization of funds	%	Utilization of funds	%
Country	157.1	66.1	181.4	66.3
Regional	80.4	33.9	92.0	33.7
Total	237.5	100.0	273.4	100.0

The Region continues to place a strong emphasis on the allocation of funds to country offices. As was the case for the 2020–2021 biennium, two thirds of funds in 2022–2023 have been utilized at the country office level. This is despite the fact that in 2020–2021 several Member State requests for personal protective equipment, biomedical equipment and laboratory supplies were for distribution to countries, contributing to higher implementation of funds at the country office level. In 2022–2023, the Region has focused on its normalized functions, with the Regional Office and country offices working together on the implementation of several regional action frameworks. Table 4a details the Region's utilization of funds (all sources) by strategic priority and outcomes, and Table 4b by budget centre.

Table 4a
Funds utilization by strategic priority/category
(US\$ millions)

Strategic priority / Category	Programme Budget 2022–2023 as at 30 June 2023					Programme Budget 2020–2021 as at 30 June 2021		
	Current working allocation	Available resources	Utilization of funds	Utilization of current working allocation (%)	Utilization of available resources (%)	Utilization of funds	Utilization of current working allocation (%)	Utilization of available resources (%)
1 - One billion more people benefiting from universal health coverage	156.9	133.1	81.0	51.6	60.9	83.7	65.4	67.0
1.1. Improved access to quality essential health services irrespective of gender, age or disability status	126.0	115.8	70.0	55.6	60.4	71.3	68.4	67.8
1.2. Reduced number of people suffering financial hardship	10.4	4.8	3.4	32.7	70.8	4.9	58.3	67.1
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	20.5	12.5	7.6	37.1	60.8	7.5	48.7	60.5
2 - One billion more people better protected from health emergencies	98.4	38.2	22.6	23.0	59.2	22.4	39.4	70.2
2.1. Countries prepared for health emergencies	45.5	20.0	11.7	25.7	58.5	12.1	45.3	71.6
2.2. Epidemics and pandemics prevented	16.5	3.7	1.6	9.7	43.2	3.3	30.6	66.0
2.3. Health emergencies rapidly detected and responded to	36.4	14.5	9.3	25.5	64.1	7.0	36.1	70.0
3 - One billion more people enjoying better health and well-being	61.6	36.4	23.1	37.5	63.5	21.7	41.6	61.5
3.1. Safe and equitable societies through addressing health determinants	13.2	7.9	4.5	34.1	57.0	9.3	37.8	58.1
3.2. Supportive and empowering societies through addressing health risk factors	22.0	13.1	10.1	45.9	77.1	8.9	45.2	59.7
3.3. Healthy environments to promote health and sustainable societies	26.4	15.4	8.5	32.2	55.2	3.5	44.3	79.5
4 - More effective and efficient WHO providing better support to countries	86.4	74.3	48.3	55.9	65.0	43.8	60.7	71.6
4.1. Strengthened country capacity in data and innovation	26.5	11.6	6.4	24.2	55.2	6.7	38.1	73.6
4.2. Strengthened leadership, governance and advocacy for health	41.7	40.9	27.6	66.2	67.5	22.1	62.4	67.6
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	18.2	21.8	14.3	78.6	65.6	15.0	78.5	77.3
Total Base Programme	403.3	282.0	175	43.4	62.1	171.6	55.5	67.7
Emergencies								
Polio eradication	0.4		-	0.0	0.0	5.9	69.4	81.9
Outbreak and crisis response	116.3	80.7	62.5	53.7	77.4	95.9	64.1	76.5
Total Emergencies	116.7	80.7	62.5	53.6	77.4	101.8	64.4	76.8
Grand Total	520.0	362.7	237.5	45.7	65.5	273.4	58.5	70.8

Table 4b
Funds utilization by budget centre
(US\$ millions)

Budget centre	Programme Budget 2022–2023 as at 30 June 2023			Programme Budget 2020–2021 as at 30 June 2021	
	Available resources	Utilization of funds	Utilization of available resources (%)	Utilization of funds	Utilization of available resources (%)
American Samoa	0.1	-	-	-	-
Cambodia	23.1	16.6	71.9	17.5	68.9
China	12.7	9.5	74.8	12.6	76.4
Cook Islands	0.5	0.3	60.0	0.2	50.0
Federated States of Micronesia	1.8	1.3	72.2	1.1	64.7
Fiji	1.0	0.5	50.0	0.5	45.5
Kiribati	1.7	1.1	64.7	0.7	53.8
Lao People's Democratic Republic	27.9	20.8	74.6	20.7	72.4
Malaysia	5.9	4.8	81.4	4.5	64.3
Marshall Islands	0.4	0.1	25.0	0.3	100.0
Mongolia	11.5	8.9	77.4	12.0	69.4
Nauru	0.1	0.1	100.0	-	-
Niue	0.1	0.1	100.0	-	-
Pacific island countries and areas	47.3	32.5	68.7	34.1	72.2
Palau	0.2	0.1	50.0	-	-
Papua New Guinea	32.0	17.7	55.3	18.8	66.7
Philippines	27.4	18.4	67.2	23.4	73.8
Samoa	2.8	2.3	82.1	2.1	61.8
Solomon Islands	8.1	5.8	71.6	8.4	83.2
Tokelau	0.1	-	-	-	-
Tonga	1.5	1.1	73.3	0.7	58.3
Tuvalu	0.1	0.1	100.0	-	-
Vanuatu	5.9	3.3	55.9	3.2	68.1
Viet Nam	18.6	11.7	62.9	20.5	77.4
Others*	0.1	-	-	0.1	50.0
Total countries and areas	230.9	157.1	68.0	181.4	71.6
Office of the Regional Director	11.1	8.2	73.9	5.7	72.2
Division, Administration and Finance	14.4	6.9	47.9	7.2	73.5
Division, Programmes for Disease Control	23.0	16.3	70.9	13.8	63.3
Division, Health Security and Emergencies/WHO Health Emergencies Programme	26.5	15.1	57.0	35.2	77.0
Division, Health Systems and Services	17.9	11.9	66.5	10.1	69.2
Division, Healthy Environments and Populations	10.9	7.7	70.6	5.4	58.7
Division, Programme Management	9.7	6.0	61.9	4.4	57.1
WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region	3.5	1.8	51.4	1.7	43.6
WHO Data, Strategy and Innovation group	9.4	6.5	69.1	8.5	-
Regional Reserve	5.4	-	-	-	-
Total Regional Office	131.8	80.4	61.0	92.0	69.4
Grand Total	362.7	237.5	65.5	273.4	70.8

*Others includes the total for budget centres with available resources less than US\$ 50 000, namely Brunei Darussalam, French Polynesia, Guam, the Commonwealth of the Northern Mariana Islands, and Singapore.

Table 5 shows the utilization of total available resources by expenditure category.

Table 5
Funds utilization by category of expenditure
(US\$ millions)

Category	Programme Budget 2022–2023 as at 30 June 2023		Programme Budget 2020–2021 as at 30 June 2021		Change in utilization
	Utilization of funds	%	Utilization of funds	%	
Staff costs	84.2	35.5	86.6	31.7	(2.4)
Contractual services	79.5	33.5	71.0	26.0	8.5
Transfers and grants to counterparts	35.6	15.0	39.2	14.3	(3.6)
Travel	13.4	5.6	5.8	2.1	7.6
Medical supplies and literature	12.2	5.1	56.9	20.8	(44.7)
General operating costs	11.0	4.6	11.3	4.1	(0.3)
Equipment, vehicle and furniture	1.6	0.7	2.6	1.0	(1.0)
Total	237.5	100.0	273.4	100.0	(35.9)

In line with past biennial expenditure patterns, the largest percentage of expenditure was attributed to staff costs (35.5%). Some changes have been observed in the expenditure patterns of other categories, mainly due to the impact of COVID-19 on the Organization's operations and business model since the start of 2020.

The financial utilization for the category of contractual services increased by US\$ 8.5 million (11.9%) and consists of costs incurred in engaging experts and service providers to help implement programmatic activities. Travel costs include the cost of travel for WHO staff, non-staff participation in meetings, consultants and representatives of Member States paid by the Organization. Travel costs totalled US\$ 13.4 million, more than double the US\$ 5.8 million spent in 2020–2021. Travel costs increased as countries reopened and lifted travel restrictions, allowing in-person meetings. There was also a significant increase in travel ticket prices due to inflation and increased energy costs in some cases. The Secretariat continues to take measures to closely monitor travel and deliver activities with cost-savings and improved efficiencies by leveraging new ways of working, such as virtual meetings, online collaboration tools, etc., where appropriate.

Transfers and grants to counterparts of US\$ 35.6 million represented 15% of total utilization costs in 2022–2023, a decrease of US \$3.6 million compared with 2020–2021. Transfers and grants to counterparts includes direct financial cooperation (DFC) agreements with government counterparts or equipment procured for and transferred to third parties. For DFC activities, the Region put substantial focus on strengthening the assurance mechanisms and enhanced efficiency through improved collaboration with government counterparts.

The sharp decrease in funds utilized for medical supplies and literature (from US\$ 56.9 million to US\$ 12.2 million) was due to the easing of the COVID-19 pandemic and reduction in Member State requests for the procurement of laboratory supplies and reagents, testing kits and other items.

The general operating costs in the range of US\$ 11.0 million, and with a marginal decrease of US\$ 0.3 million as compared to the previous biennium, affirms the Secretariat's commitment to continually look for cost-saving measures and value for money in this area.

Table 5a summarizes the utilization of available resources by category of expenditure for country offices with available resources exceeding US\$ 10 million.

Table 5a
Funds utilization by category of expenditure
for country offices with available resources exceeding US\$ 10 million
(US\$ millions)

Category	Pacific island countries and areas	Lao People's Democratic Republic	Philippines	Papua New Guinea	Cambodia	Viet Nam	China	Mongolia	2022–2023 Total	2020–2021 Total
Staff costs	6.3	5.6	4.2	6.4	5.6	5.1	5.0	1.6	39.8	44.0
Contractual services	10.0	7.0	11.1	7.3	3.9	2.6	0.8	1.6	44.3	34.6
Transfers and grants to counterparts	7.9	3.4	0.4	1.4	5.8	3.0	2.8	4.2	28.9	34.6
Travel	2.0	0.8	0.6	1.1	0.4	0.3	0.1	0.1	5.4	3.5
General operating costs	1.5	1.4	0.7	0.9	0.8	0.5	0.7	0.4	6.9	5.8
Medical supplies and literature	4.7	2.5	0.8	0.5	0.1	0.2	-	1.0	9.8	36.0
Equipment, vehicle and furniture	0.1	0.1	0.6	0.1	-	-	0.1	-	1.0	1.1
Grand Total	32.5	20.8	18.4	17.7	16.6	11.7	9.5	8.9	136.1	159.6

For the eight country/representative offices with available resources greater than US\$ 10.0 million per office in 2022–2023, total utilization of available resources amounted to US\$ 136.1 million (US\$ 159.6 million in 2020–2021). The two offices with highest utilization for 2022–2023 are those for Pacific island countries and areas and the Lao People's Democratic Republic at US\$ 32.5 million and US\$ 20.8 million, respectively. The overall decreased utilization of US\$ 23.5 million (from US\$ 159.6 million in 2022–2023 to US\$ 136.1 million in 2020–2021) can mainly be explained by the similar decrease of US\$ 26.2 million under the category medical supplies and literature. With the easing of the COVID-19 pandemic in 2022–2023, fewer Member State requests were received for the delivery of medical supplies.

1.4 Audit activities

As of this date, all external audit recommendations have been implemented and the audit reports officially closed, including the latest financial and compliance audits of the WHO Regional Office for the Western Pacific and WHO Representative Office for Cambodia respectively carried out in late 2021.

For the internal audit, the recommendation from the 2022 audit report concerning the development, publishing and dissemination of the WHO country cooperation strategy (CCS) for Papua New Guinea remains outstanding. The WHO country office has been actively working with the Government to finalize the strategy. To that end, several steps have been taken: an evaluation of the previous CCS; strong analysis of the current country context; and consultations with several partners, including the Ministry of Health, other United Nations agencies, major donors, provincial health authorities and nongovernmental organizations working for health and development. The new strategy – being prepared for publication and launch – will be valid from 2024 to 2028.

As part of the 2023 workplan for internal audits, an operational audit was carried out for the WHO Representative Office for the South Pacific and Division of Pacific Technical Support in Suva, Fiji, including the four country liaison offices it oversees. The final audit report is forthcoming.

All the internal and external audit recommendations are being implemented in the Region in a timely manner, reflecting the Secretariat's strong commitment in this area. The lessons learnt from the audit exercise are promulgated across the Region using functional networks and discussions in Cabinet meetings to continually strengthen operations. The Secretariat continues to welcome auditors to the Region to assess the overall control environment and to identify areas for improvement.

1.5 Compliance and controls

In addition, the Secretariat continues to improve controls through strengthened management, training, improved internal and external communications, and monitoring of high-risk transaction areas in the Region, specifically DFC contracts, goods and service procurement activities, and assets and inventory management. Several measures have significantly contributed to improved accountability to Member States, donors and partners: the introduction of the Contributor Engagement Management System for managing resource mobilization and award management processes; the introduction of the automated reminder notifications system to monitor overdue and upcoming donor reports; monthly monitoring of programme budget funding and utilization through Programme Committee meetings; and recurring Programme Management Officers and Regional Administrative Network meetings to review progress and address compliance issues. The introduction of online validations during transaction processing and enhanced workflow approvals in the Global Management System and other workflow tools such as e-workflows – especially after the pandemic – supported by periodic reports, have led to better monitoring and strengthened controls.

As part of the assurance process, the Region prioritized DFC management, and controls have led to enhanced collaboration with DFC counterparts and improved productivity. Since September 2015, the Region maintained zero overdue DFCs, except for a few instances in specific

countries and areas after the COVID-19 pandemic, where timely closure of DFC reports could not take place due to travel restrictions, lockdowns or repurposing of responsible personnel. All DFC-proposed contracts effective May 2020 undergo a centralized quality review process in the Region before payments are issued to implementing partners in the countries. DFC assurance activities are performed quarterly in country offices in coordination with ministry of health counterparts, and assurance for DFCs worth US\$ 2.7 million was successfully conducted in 10 country/representative offices in 2022. The Region has now introduced assurance missions in some countries to be led by Regional Office finance staff to further enhance the independence and objectivity of these missions and use this opportunity for capacity-building of ministry of health staff on DFC procedures. Further, the status of all cash and bank account reconciliations has been reported with an “A” rating, signifying that no reconciliation items are pending longer than 90 days.

Gender balance and geographical distribution of staff continue to be high priorities. Significant progress in gender parity has been made through recruitment policy adjustments and increased awareness-raising among staff. The share of female international staff in the Region has risen to 60% as of the end of June 2023.

The geographical distribution of staff is strong in the Region, with the 189 international professional staff representing 46 countries as of June 2023. The Region is among the top WHO regions in terms of the most professional staff coming from outside the Region (48.9%). In addition, WHO is reaching out with activities for under-represented countries in the Region and implementing programmes to attract and recruit talented people.

Significant outreach and training efforts have been invested to apprise the entire workforce in the Region of the rollout and implementation of the corporate policy on prevention and response to sexual exploitation, abuse and harassment. For the mandatory training on the “Prevention of Sexual Exploitation and Abuse” launched in late 2021 and on “United to Respect: Preventing sexual harassment and other prohibited conduct for managers” launched in 2022, the Region attained a completion rate of 99% and 97% for staff members, respectively. The knowledge gained will support efforts to prevent and combat sexual exploitation and abuse.

Strong control measures have been put in place in the Region to ensure that only staff who have undertaken procurement training through the online learning platform are given the access to raise procurement requests.

The first cohort of master trainers received face-to-face training on the “Anti-Fraud and Anti-Corruption Policy” at WHO headquarters through the training-of-trainers programme for the effective rollout and operationalization of the policy in the Region, and to strengthen mechanisms for

the prevention, detection and response to fraud and corruption. Efforts are now underway to further raise awareness and cascade the training received to country offices.

To strengthen compliance and risk management, the Compliance and Risk Management Officer reports directly to the Regional Director and helps to coordinate risk and compliance work across the Region. A regional Accountability Advisory Group was established to identify action areas and monitor progress. Potential risks are identified, evaluated, monitored and mitigated during the full cycle of the Programme Budget planning, implementation, monitoring and reporting process. To further cultivate these practices, several risk management review exercises continue to be carried out to define the risk appetite, and individual budget centre risk registers were updated. Advocacy and training modules for this purpose were improved and implemented throughout the year.

The annual Internal Control Framework self-assessment checklist was completed by all budget centre managers. The overall regional summary score for the self-assessment by budget centres reported for the end of 2022 was 96.0% (3.84 out of 4.0). This self-assessment work is complemented by quarterly monitoring and reporting of the budget centres' performance in six key performance indicator areas through the Region's accountability advisory group. Overall, these reflect the strong operational and functional controls in the Region.

1.6 Outputs and results

Annex 1 contains achievements against the first year of the biennium Programme Budget 2022–2023, which has four strategic priorities: three are based on the GPW13 Triple Billion targets to increase the number of people who benefit from universal health coverage (UHC), are better protected from health emergencies, and enjoy better health and well-being. The fourth priority covers making WHO more effective and efficient in order to provide better support to countries.

In the 2022–2023 midterm review, the Region assessed 40 outputs and reported on progress of planned deliverables for the biennium. Annex 1 focuses on the outputs for which the Secretariat is accountable as defined in the Programme Budget and is structured according to the goals of WHO in the Western Pacific Region. Country stories are placed throughout to illustrate the ways in which the GPW13 was advanced using the principles and priorities of the Region's *For the Future* vision.

The COVID-19 pandemic revealed critical gaps in health security and slowed or reversed progress towards UHC; however, the pandemic also spurred new thinking and innovation. This phase is helping create better systems and approaches across the WHO Western Pacific Region.

Operational shifts are being put in place using innovations, including novel approaches to engage communities in planning healthy futures, behavioural sciences to tailor communications and reduce disinformation, and One Health principles to integrate human, animal and environmental health for a more holistic health system.

2. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to review and note the interim report on Programme Budget 2022–2023: Budget Performance.