
Draft Proposed Programme Budget 2026-2027 (RC version)

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Draft Programme Budget 2026-2027: what is new?

In line with commitments to continuously improve transparency and accountability as per Secretariat's Implementation Plan on reform

Incorporates lessons
learned from GPW 13

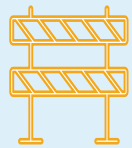
Key Improvements:
GPW14 results,
prioritization, budget
alignment

**Building Trust and
Confidence:**
robust monitoring,
transparent resource
allocation

3 levels of the
organization consulted

How will Secretariat support achievement and measure results?

Progress towards completion of results framework for WHA 78



Work in Progress



Completed



- Outcome baseline and targets
- Output indicators
- Output baseline and targets

- Output statements
- Output scopes
- Output indicators

- Outcome Statements
- Outcome Indicators

Annex 1: Presents work in progress for results framework

Member States expected to participate in joint assessment of results

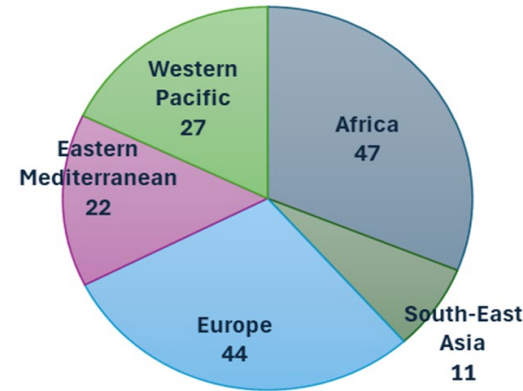
Establishing country priorities for the duration of GPW 14

- Start at country level
- Informed by country and regional processes
- To inform budget costing, and overall WHO implementation
- Preliminary results are similar 2024–2025
- Can be further refined/revised
- Still ongoing

Initial prioritization results of joint outcomes from 5 Major Offices

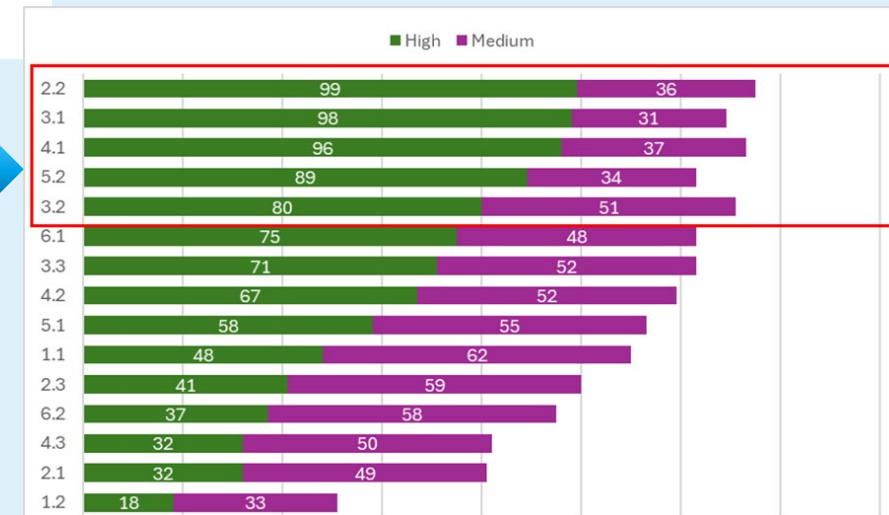
24 September 2024

N=151



← Number of countries per regional office that have finalized their priority-setting

Initial global ranking of outcomes →



Main outcomes prioritized globally:

Joint outcome 2.2. Priority risk factors for NCDs and CDs, violence and injury, and poor nutrition

Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage

Joint outcome 4.1. Equity in access to quality services improved for NCDs, mental health conditions and CDs, and AMR

Joint outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced

Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved

WPRO: initial prioritization results

27

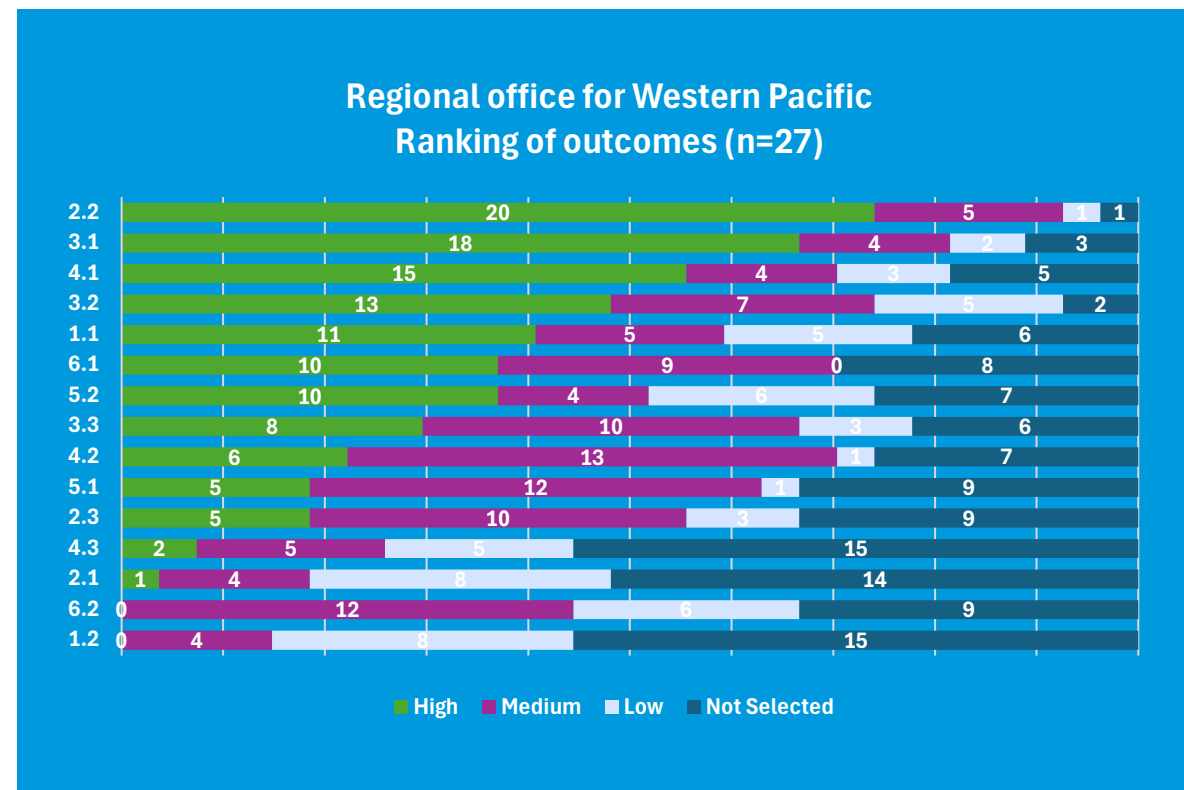
Countries with outcome prioritization results

56%+

Prioritized outcomes 2.2, 3.1, 4.1, as high priority

31%

Of all outcomes prioritized as “High”



Joint outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches

Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage

Joint outcome 4.1. Equity in access to quality services improved for NCDs, mental health conditions and CDs, and AMR

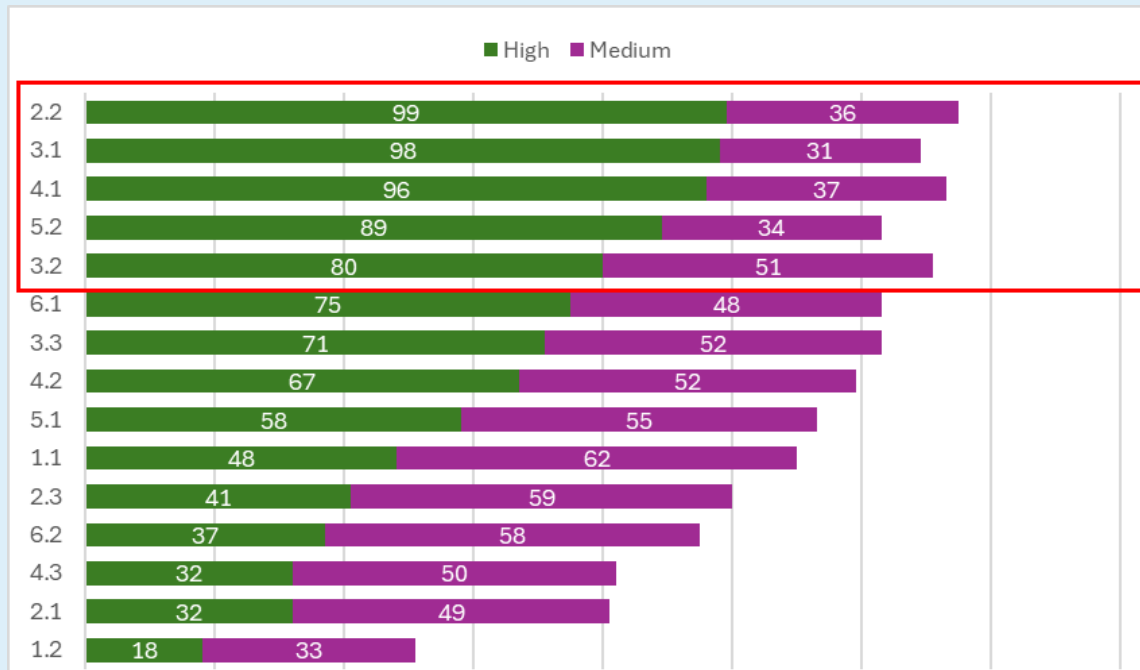
Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved

Joint outcome 1.1. More climate-resilient health systems are addressing health risks and impacts

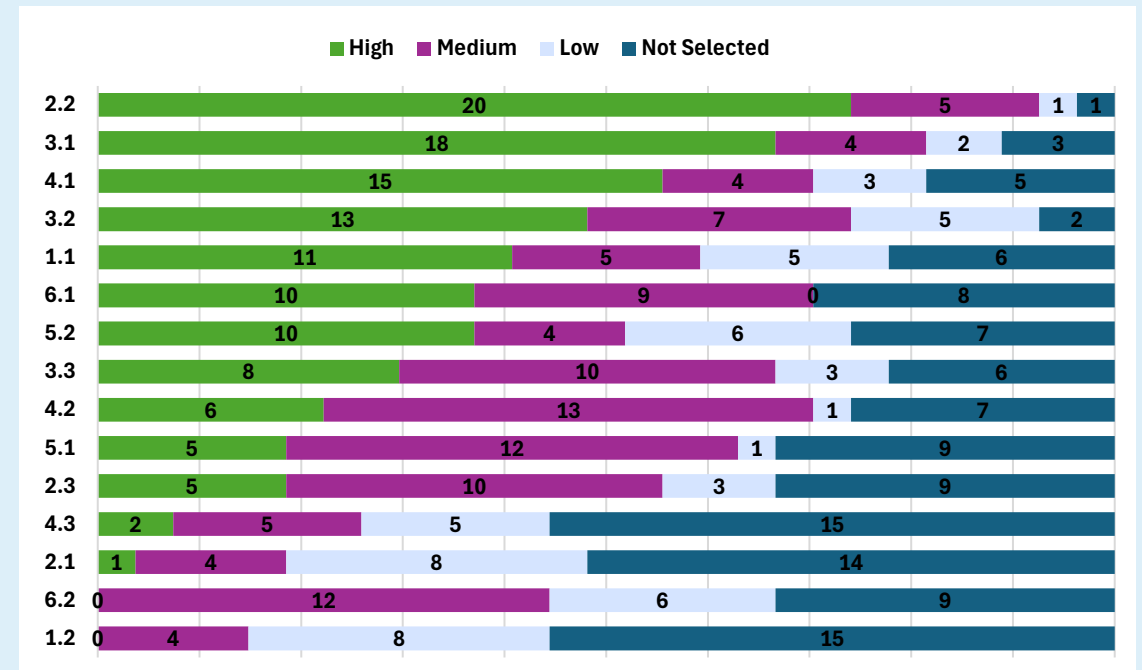
WPRO: initial prioritization results

Outcome prioritization has a good alignment with global prioritization (4 of the top 5 prioritized outcomes coincide) with regional specificities, particularly related to climate change (1.1 ranked among top 5)

Prioritization results: all Major Offices
n=151



Prioritization results: WPRO
n=27



Budget increase for Base programmes: in line with what was presented in GPW14

GPW14 document

Table 2. Indicative financial envelope for GPW 14 base segment (US\$ million)

	2025	2026	2027	2028	Total
Programme budget 2024–2025: base	2 484	2 484	2 484	2 484	9 936
Country strengthening		193.5	193.5	193.5	581
Strengthening accountability		50	50	50	150
Polio transition			157.5	157.5	315
Strengthening data and innovation			75	75	150
GPW 14 Envelope					11 132
Assessed Contributions (AC)	(574.2)	(775.1)	(775.1)	(933.1)	(3 057)
Programme Support Costs (PSC)					(938)
Base budget need (net of PSC)					7 137

Draft Proposed programme budget 2026-2027

Items	Approved Programme Budget 2024–2025	Proposed programme budget 2026–2027
Baseline	4 968.2	4 968.2
Country strengthening	–	387.0
Strengthening data and innovation	–	75.0
Strengthening accountability	–	100.0
Total	4 968.2	5 530.2

- The Proposed programme budget 2026-2027 departs from the budget estimate for GPW14
- Based on the latest information from GPEI, polio transition for Pakistan and Afghanistan not included in 2026-2027
- The proposed base budget of USD 5 530.2 million is allocated by Major office based on GPG decision
- Possible further adjustments

Budget Summary: four budget segments

Budget segment	Approved programme budget 2024–2025	Proposed programme budget 2026–2027 Scenario 1	Proposed programme budget 2026–2027 Scenario 2
Base programmes	4,968.2	5,530.2	5,530.2
Polio eradication	694.3	976.3	976.3
Special programmes	171.7	162.4	162.4
Emergency operations and appeals (2 scenarios)	1,000.0	1,000.0	2,846.7
Grand Total	6,834.21	7,668.9	9,515.7

Base programmes

- Core mandate of WHO
- Largest part of the budget
- Reflects global health priorities
- Based on GPW14 overall budget estimate

Emergency operations and appeals

- Operations in emergency and humanitarian settings
- Two budget scenarios:
 - Same as GPW13
 - Match Global Health Emergency Appeal

Polio eradication

- WHO's share for the Global Polio Eradication Initiative

Special programmes

- Additional governance mechanisms and budget considerations

Budget Summary: Base Programmes

- Core Mandate of WHO
- Proposed Budget Increase: 11%
- To be shaped by country, regional, and global strategic priority-setting
- Base for Major offices to start their costing

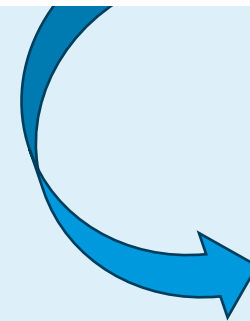
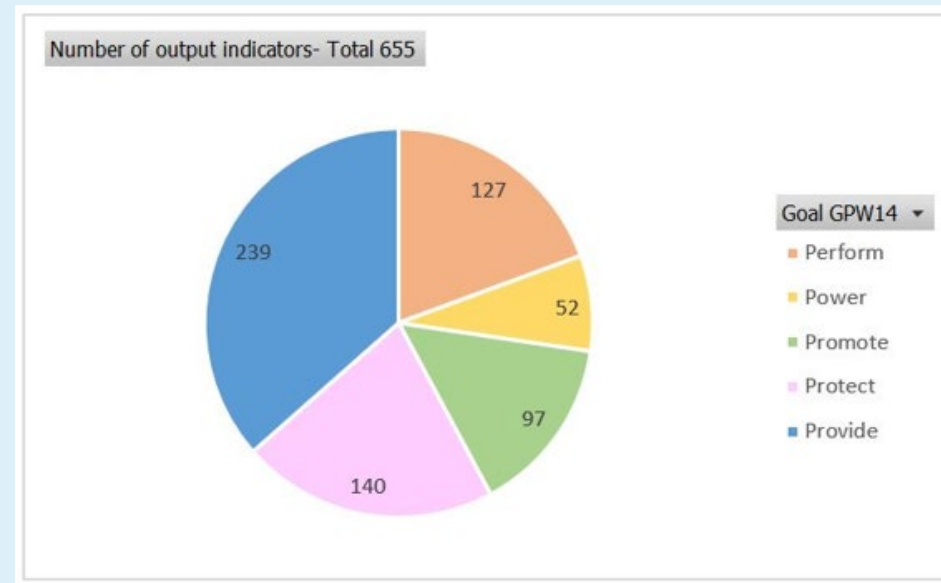
Proposed programme budget 2026–2027: Base segment by Major Office

Major Offices	Approved Programme budget 2024–2025 (US\$ million)	Proposed Programme budget 2026–2027 (US\$ million)	Difference between approved and Proposed programme budget 2024-2025(%)
Africa	1,326.6	1,509.5	+14%
The Americas	295.6	349.0	+18%
South-East Asia	487.3	537.2	+10%
Europe	363.5	419.7	+15%
Eastern Mediterranean	618.4	743.3	+20%
Western Pacific	408.1	463.0	+13%
Headquarters	1,468.6	1,508.6	+3%
Grand Total	4,968.2	5,530.2	+11%

Work on output/leading indicators

Refined selection criteria to arrive at reduced number of candidates

1. Does the output indicator reflect performance and accountability of the WHO Secretariat in countries?
2. Is there a direct and clear linkage of output indicator as a measure of the plausible contribution of the output to the health outcome?
3. Is the output indicator measurable?
4. Is the metadata of the output indicator clearly defined?
5. Will the indicator value change each year (exceptionally once every two years)?



NB: Protect, Provide (3s) and additional Power final recommendation will be incorporated into this chart shortly

WG on Sustainable Financing

- Landmark decision [WHA75\(8\)](#) to put WHO on a sustainable financing path
- WHA75 (8) set:
 - End goal: increase the AC by the end of the decade to reach reach 50% of the 2022/23 base budget
 - First AC increase for 2024/25 (@20%)
- But did not specify the road to get there:
 - The pace of the next increases
 - Left for the subsequent PB resolutions to define it



Germany UN Geneva 🇩🇪 🇪🇺 🇺🇦 on Twitter

"The WG on Sustainable Financing successfully concluded with a clear aspiration to increase @WHO assessed contributions to 50% of the base budget, following up on key recommendation of the @TheIndPanel. 🙌 Thanks to all member states!"

twitter.com

Proposed increase in Assessed Contributions (AC)

Assessed contributions (AC) increase between 2022 and 2031

As introduced in report on sustainable financing (A75/9) submitted
to the Seventy-fifth Health Assembly

Biennium	Total assessed contributions (US\$ million)	Increase over current level of assessment (%)	Increase per biennium (US\$ million)	% of base budget 2022–2023
2022–2023	956.9	–	–	22
2024–2025	1 148.3	20	191.4	26
2026–2027	1 377.9	20	229.6	32
2028–2029	1 722.4	25	344.5	39
2030–2031	2 182.0	27	459.6	50

Initial assumptions:

(a) use of resolution WHA75.8 (2023) approved scale of assessment for 2024–2025;

(b) target AC increase set at 50% of the 2022–2023 approved budget for the base segment, at US\$ 2182 million, to be reached by 2030–2031;

(c) Amount of US\$ 2182 million should not change, even if future programme budgets increase more than the approved Programme budget 2022–2023; and

(d) the increase in assessed contributions is phased, starting from 2024–2025

The first increase in assessed contributions **took place** for 2024–2025 (US\$191.4 million)

For consideration and discussion by Member States

- Are Member States in agreement with the draft budget figures presented?
- Which of the scenarios of the Emergency operations and appeals (2 scenarios) shall be considered to go forward?
- How would Member States like to move forward the discussion of the increase in Assessed Contributions for 2026-2027 in preparation for WHA78?

Thank you!



GPW14 outcomes and number of draft outputs within

Outcome text	# Out puts
Joint outcome 1.1. More climate-resilient health systems are addressing health risks and impacts	1
Joint outcome 1.2. Lower-carbon health systems and societies are contributing to health and well-being	1
Joint outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health	2
Joint outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches	2
Joint outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making	1
Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage	3
Joint outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved	3
Joint outcome 3.3. Health information systems strengthened, and digital transformation implemented	1
Joint outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance	4
Joint outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved	2
Joint outcome 4.3. Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable	1
Joint outcome 5.1. Risks of health emergencies from all hazards reduced and impact mitigated	2
Joint outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced	3
Joint outcome 6.1. Detection of and response to acute public health threats is rapid and effective	2
Joint outcome 6.2. Access to essential health services during emergencies is sustained and equitable	2
Corporate outcome 1: Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind	2
Corporate outcome 2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level	3
Corporate outcome 3 : A sustainably financed and efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the draft GPW 14 outcomes	7

Establishing country priorities for the duration of GPW 14

- **151** countries have so far completed prioritization of joint outcomes

- Main prioritized outcomes globally:

Joint outcome 2.2. Priority risk factors for NCDs and CDs, violence and injury, and poor nutrition

Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage

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Prioritization results of joint outcomes (initial results from 5 Major Offices) n=151, 24 September 2024

