Regular budget allocations to regions

The Executive Board,

Having considered the report of the Executive Board special group for the review of the Constitution on regional allocations,

RECOMMENDS to the Fifty-first World Health Assembly the adoption of the following resolution:

The Fifty-first World Health Assembly,

Recalling resolution EB99.R24 on regional arrangements within the context of WHO reform;

Noting that allocations from the regular budget to regions have not been based on objective criteria but rather on the basis of history and previous practice;

Concerned that, as a result, each region’s share of such allocations has remained largely unchanged since the Organization’s inception;

Recalling that two basic principles governing the work of WHO are those of equity and support to countries in greatest need; and stressing the need for the Organization to apply principles which Member States have adopted collectively;

Noting the very uneven economic development in different regions of WHO, in particular over the last decade, and concerned at the dramatic deterioration in socioeconomic conditions in Africa and in many of the countries in the eastern part of the European Region;

Noting that other organizations of the United Nations system, particularly UNICEF, have already adopted models based on objective criteria to ensure a more equitable distribution of programme resources to countries,

1. THANKS the Executive Board and its special group for the review of the Constitution for the comprehensive study of allocations from the regular budget to regions;

2. DECIDES that, globally, the regional, intercountry and country allocation in future programme budgets approved by the Health Assembly should for the most part be guided by a model that:

   (a) draws upon UNDP’s Human Development Index, possibly adjusted for immunization coverage;
(b) incorporates population statistics of countries calculated according to commonly accepted methods, such as “logarithmic smoothing”;

(c) can be implemented gradually over three bienniums, as from the financial period 2000-2001, and that has been reviewed, and refined by a group of experts on modelling applied to health systems, in a report to be presented to the Executive Board at its 102nd session;

3. DECIDES FURTHER that the model should be applied in a flexible, rather than a mechanical manner so as to minimize, to the extent possible, any adverse effects on countries whose budgetary allocations will be reduced;

4. REQUESTS the Director-General to report to the 103rd session of the Executive Board and to the Fifty-second World Health Assembly on the details of the model and the regional, intercountry and country allocations to be applied to the 2000-2001 biennium;

5. FURTHER REQUESTS the Director-General to report to the 103rd session of the Executive Board and to the Fifty-second World Health Assembly within the context of the request in paragraph 4 above, on the use of extrabudgetary allocations in regional, intercountry and country programmes in the previous three bienniums.

Twelfth meeting, 24 January 1998
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