A financial estimate for the draft thirteenth general programme of work 2019–2023

Report by the Director-General

1. In its draft thirteenth general programme of work 2019–2023 (GPW 13), WHO is setting forth an ambitious agenda with clear goals and measurable targets, and a strategy to bring the world on track to achieve the health-related Sustainable Development Goals.

2. The world is already falling behind in reaching many of the SDG targets – universal health coverage (UHC) is a notable case in point. Achieving success in respect of the SDGs will be very difficult, but the Secretariat will do all it can to support countries in this undertaking. This is what GPW 13 is about. The financial estimate presented here is scalable in terms of the degree of support provided by the Secretariat to Member States.

3. In response to Member States’ requests for information, the Secretariat has prepared a high-level financial estimate for the draft GPW 13, which amounts to US$ 10.8 billion over the five-year period for the base segment of the budget. Based on the approved Programme budget 2018–2019, this represents a US$ 2 billion increase over the five-year period, or an increase of about US$ 400 million per year.

4. By way of historical precedent, the Twelfth General Programme of Work 2014–2019 was the first general programme of work in the Organization’s history to include a financial envelope for the duration of the period concerned.\(^1\) It did not, however, provide any further details beyond an indicative figure.

5. The financial estimate for GPW 13 is primarily driven by the effort to strengthen WHO at the country level and includes a 5% target for efficiency and economy savings. The Secretariat has already begun work to implement these improvements.

6. In parallel, the Secretariat is also revamping resource mobilization efforts and is expecting to see results over the coming year.

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\(^1\) “The general programme of work envisages a broadly constant financial envelope over the period of the general programme of work as a whole in the order of US$ 12 billion. This envelope will be distributed more or less equally among each of the three bienniums; meaning that roughly US$ 4 billion will be available for each biennium.” (Twelfth General Programme of Work 2014–2019. Not merely the absence of disease. Geneva: World Health Organization; 2014. p. 59 (http://www.who.int/about/resources_planning/twelfth-gpw/en/, accessed 12 January 2018)).
7. This present document provides a high-level estimate of the financial requirements of GPW 13 over the five-year period, which was developed through a top-down approach. Since most of the additional investment will take place at the country level, as a next step country offices will be consulted in order to validate and further refine this estimate and obtain a more accurate assessment of the capacities required.

8. The Secretariat has already indicated that it is not seeking an adjustment to the Programme budget 2018–2019, which has been approved and is being implemented; any adjustments will be made within the Director-General’s existing authority. Development of the draft programme budget 2020–2021 will begin now; it will be discussed at the regional committee meetings in 2018, the 144th session of the Executive Board in January 2019 and the Seventy-second World Health Assembly in May 2019.

**FINANCIAL ESTIMATE FOR GPW 13**

9. For the Programme budget 2020–2021 onwards, a programme budget with two segments is proposed, namely: a base segment and scalable operations. The scalable operations segment would include emergency response, the remaining activities of the Global Polio Eradication Initiative and special projects. Special projects are typically unforeseen negotiated projects at the country level, which are essential in implementing the strategic priorities of GPW 13.¹ As the scalable segment is primarily event-driven, the present document focuses on the base segment.

10. The financial requirements over the five years of GPW 13 are shown in the Figure, structured into three categories: baseline, required additional investments, and savings and reallocations.

**Fig. GPW 13 financial estimate for the base segment: US$ 10.8 billion over the five-year period**

¹ The scalable segment is event-driven. The initial budget assumed is therefore only indicative.
11. The following assumptions were applied in developing the financial estimate for GPW 13.

(a) **Current base budget:** this was taken to be the base budget of the biennium 2018–2019.\(^1\) That gives a **yearly baseline budget of US$ 1759 million, or US$ 8795 million over the five-year period.**

(b) **Implementing the new strategic priorities and shifts of GPW 13:** in order to achieve the ambitious goals of GPW 13 and to maintain the capacity formerly budgeted and funded by the Global Polio Eradication Initiative,\(^2\) additional investments are needed in the two areas set out below: strengthening country capacity and normative functions.

(i) **A new country model.** A country model was constructed based on potential UHC uptake, a country prioritization exercise for 2018–2019, mainstreaming key components of the Global Polio Eradication Initiative and discussions with heads of country offices,\(^3\) identifying gaps in GPW 13 priorities: UHC focused on health systems strengthening, health emergencies focused on emergency preparedness, and healthier populations focused on core surveillance and immunization functions, noncommunicable diseases, antimicrobial resistance, human capital and climate change. The country component represents the vast majority of the additional investments.

(ii) **Increase in selected normative and global leadership functions.** Although the focus is on strengthening country capacity, certain areas of the normative and health advocacy work at headquarters, regional offices and key country offices are also proposed to be increased, namely: leadership and advocacy; data; communications and resource mobilization.

(c) **Additional investments required:** on the basis of the modelling, the **total additional investments needed over the five-year period amount to US$ 2485 million** for the areas referred to above. This sum also includes a modest proportionate increase for management and administration costs associated with the additional tasks. It is assumed that implementation of the investments will be gradual over the five years (a reasonable inflation rate was also taken into account), reaching the required full capacity by 2023.

(d) **Savings through economy and efficiency:** some of the required net additional investment will be offset, by as much as 5%, by means of internal savings arising from substantial efficiencies and economies which would yield **as much as US$ 440 million.**

(e) **Net investment:** the net investment required is the baseline (US$ 8795 million) plus the additional investment required (US$ 2485 million) minus the efficiency and economy savings (US$ 440 million), giving a total of US$ 10.8 billion.

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\(^1\) The budgets of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Disease and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction were added to the baseline sum.

\(^2\) In the case of polio eradication activities, staff performing core public health functions and who are currently budgeted outside of the base segment of the programme budget, should be planned under the base component from 2020 onwards.

\(^3\) As pointed out in paragraph 7, this model would have to be validated and further refined during a bottom-up process on a country by country basis.
12. Pandemics and the many other health threats that WHO is tackling cost the world substantial amounts – potentially trillions of dollars. These amounts, which are bound to be incurred if these health threats are not prevented, cost the world far more than the additional investments argued for in this document. Thus, GPW 13 presents a unique return on investment.