

REGIONAL COMMITTEE

Provisional Agenda item 7.2

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**Programme Budget matters:
Programme Budget Performance Assessment 2014–2015**

The Organization-wide report on the 2014–2015 Programme Budget Performance Assessment (PBPA) was submitted to the Sixty-ninth World Health Assembly in May 2016 (SEA/RC69/6 Inf. Doc. 1 – Document A69/45) after it was initially reviewed at the Twenty-fourth Meeting of the Programme Budget and Administration Committee (PBAC) of the Executive Board. The PBAC, in its report to the World Health Assembly (SEA/RC69/6 Inf. Doc. 2 – Document A69/62) welcomed the Unified 2014–2015 PBPA Report contained in document A69/62. The first part of the report provides the overview of the major health challenges that emerged during the biennium, including WHO's response to them. The second part sets out the financial report for the biennium, including the audited financial statements for 2015.

The Committee noted the achievements made by the Organization, and also took note of the uncertainty of the long-term financing of WHO's Budget, the financing of staffing for the Global Polio Eradication Initiative after 2019, the long-term liability for after-service health-care costs, and the long-term infrastructure needs.

The attached document provides a summary of the findings of the 2014–2015 Programme Budget Performance Assessment exercise as conducted in the WHO South-East Asia Region.

The Ninth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) reviewed the document and made the following recommendations:

Action by Member States

- (1) Continue the discussions on and advocacy for increasing the Assessed and non-earmarked Voluntary Contributions.

Actions by WHO

- (1) Continue to implement the Twelfth General Programme of Work and attempt to align the biennial indicators with the SDG targets.
- (2) Support Member States that are unable to utilize resources and speed up utilization.
- (3) Include in technical meetings at least one session where donors can be encouraged to provide more resources for priority programmes.

The background document and recommendations of the SPPDM is submitted to the Sixty-ninth Session of the Regional Committee for its consideration and decision.

Background

1. The Programme Budget Performance Assessment 2014–2015, a self-assessment exercise, is the first Organization-wide end-of-biennium review implemented within the Twelfth General Programme of Work (GPW) 2014–2019.
2. The first part of the report provides an overview of the major health challenges that emerged during the biennium, including WHO's response to the same. The second part sets out the financial report for the biennium, including the Audited Financial Statement for 2015.
3. The Twelfth General Programme of Work has 10 global impact targets to which WHO's work contributes. Half of the 10 global targets were aligned with the 2015 targets set for the Millennium Development Goals. Of these, the target of a 25% reduction in deaths from AIDS has been achieved, but the 50% and 75% reductions in deaths from tuberculosis and malaria respectively have not yet been met. Child mortality has decreased by 53% since the statistical baseline year of 1990 and maternal mortality by 44% over the same period.
4. The 2015 impact targets will be updated so that they are aligned with the Sustainable Development Goal targets when the monitoring framework is agreed upon.
5. At the outcome level, the picture is more mixed. For example, in the HIV/AIDS programme, one initial outcome target of placing 15 million people on treatment with antiretroviral medication has already been achieved. The outcome targets for HIV/AIDS in the Programme Budget 2016–2017 have, therefore, been revised. In many other Programme areas, it is too early to assess the outcome achievement. Thus, for each Programme area, Part 1 of the report summarizes the achievement of outputs to the extent possible and illustrates how outputs contribute to the achievement of these outcomes.
6. At the end of the 2014–2015 biennium, the financing available was US\$ 4882 million, and hence this exceeded the World Health Assembly-approved budget of US\$ 3997 million. The higher funds were due to the two emergency segments: the Global Polio Eradication Initiative and the Outbreak and Crisis Response segment, which between them had US\$ 1943 million of funds available. The base Programme Budget segment, with a budget of US\$ 3049 million, was financed to a level of US\$ 2939 million (96%).
7. Member States continue to be the largest source of Voluntary Contributions, contributing 53% of the total non-assessed (voluntary) contributions.
8. The total expenditure in 2014–2015 was US\$ 4357 million, with a balance of US\$ 525 million when compared with available funds. This surplus is mostly due to specified Voluntary Contributions, which have been carried forward to 2016–2017.
9. The biggest financial risks for WHO are the uncertainty of long-term funding, the discontinuation of a large source of funding for the Global Polio Eradication Initiative beyond 2019, a net deficit of US\$ 914 million under after-service health-care costs, foreign exchange

currency risks, and long-term infrastructure needs for its buildings and information technology (IT) systems.

10. One key trend observed was that WHO's spending at the country level had steadily increased, although attention was drawn to the finding in the report that there was still no systematic process in place for matching country office capacities to changing needs.

11. There is concern about the decrease in Core Voluntary Contribution funding in that biennium. Strategic thinking was required in order to tackle the financial risks identified, including those related to after-service health insurance.

12. One of the lessons learnt from the Programme Budget Performance Assessment process was that a future could be envisaged where reporting on the full range of different indicators to which WHO had committed was harmonized, leading to a reduction in specific reporting requirements and substantial concomitant gains in efficiency and transparency.

Programmatic and Financial Assessment Review of the WHO South-East Asia Region

13. While considerable health-related diplomacy takes place at the global level, regional agreements are becoming increasingly important. The recent agreement reached jointly by the Regional Offices for South-East Asia and the Western Pacific with the Association of Southeast Asian Nations (for the period 2014–2017) commits both parties to collaborate on a range of areas linked to WHO leadership priorities including: emerging infectious diseases, healthy borders, antimicrobial resistance, access to medicines and technologies, and social determinants of health.

14. With regard to the seven Flagship Priority Areas identified for the Region, the achievements have been encouraging. These include the following:

- a. The Region has fully delivered on intensifying implementation and monitoring of measles and rubella elimination, and hepatitis B control strategies.
- b. The output on developing national multisectoral policies and plans for implementing interventions to prevent and control noncommunicable diseases was fully achieved.
- c. The Region has fully delivered on the output related to generating evidence and designing key interventions in reproductive, maternal, newborn, child and adolescent health, and other conditions.
- d. The Region fully delivered vis-à-vis adapting and implementing WHO's Global Strategy on Human Resources for Health and the WHO Global Code of Practice on the International Recruitment of Health Personnel, and in strengthening national regulatory authorities in improving access to medicines and health technologies.
- e. The Region fully delivered on the implementation and monitoring of the WHO roadmap for neglected tropical diseases.
- f. In line with the Global Action Plan on Antimicrobial Resistance, the Region is committed to building the planned national capacity for prevention and combating antimicrobial resistance.

- g. The Region has fully delivered on the capacity to provide evidence-based and timely policy guidance, risk assessment, information management and communications for all acute public health emergencies, and it is also working with Member States in building core capacities required under the International Health Regulations (IHR) 2005.

15. The approved Programme Budget for the WHO South-East Asia Region for the period 2014–2015 was US\$ 340 million. Further to increases to the emergency segments, the total operational and allocated budgets increased to 364.1 million and US\$ 378.6, respectively.

16. The overall financial summary for 2014–2015 is provided in the table below. The table provides the latest implementation status as of 22 August 2016.

Budget Centre	Allocated Programme Budget	Planned Cost	Distributed Resources	Expenditures	Expenditure as % of Resources
SE_BAN WR Office, Bangladesh	26,018,572	25,814,295	24,841,174	23,892,816	96%
SE_BHU WR Office, Bhutan	5,119,603	4,862,282	4,586,819	4,471,493	97%
SE_IND WR Office, India	104,321,137	103,950,588	94,988,030	86,103,521	91%
SE_INO WR Office, Indonesia	26,604,967	26,224,542	24,374,884	21,744,652	89%
SE_KRD WR Office, DPR Korea	23,418,663	22,741,192	21,423,580	20,747,397	97%
SE_MAV WR Office, Maldives	4,832,496	4,643,419	4,498,178	4,438,060	99%
SE_MMR WR Office, Myanmar	36,336,192	32,017,887	27,941,903	26,403,416	94%
SE_NEP WR Office, Nepal	27,192,676	24,637,862	20,830,692	19,688,589	95%
SE_SRL WR Office, Sri Lanka	7,368,619	7,099,359	6,759,806	6,618,056	98%
SE_THA WR Office, Thailand	8,704,579	8,474,002	7,774,769	7,489,247	96%
SE_TLS WR Office, Timor-Leste	8,085,531	7,957,267	7,833,470	7,574,956	97%
SEAR TOC Reserved Budget	2,265,501				
Total CO	280,268,536	268,422,695	245,853,305	229,172,203	93%
Regional Office	98,360,516	95,682,075	87,132,245	83,672,451	96%
Grand Total	378,629,052	364,104,769	332,985,550	312,844,654	94%