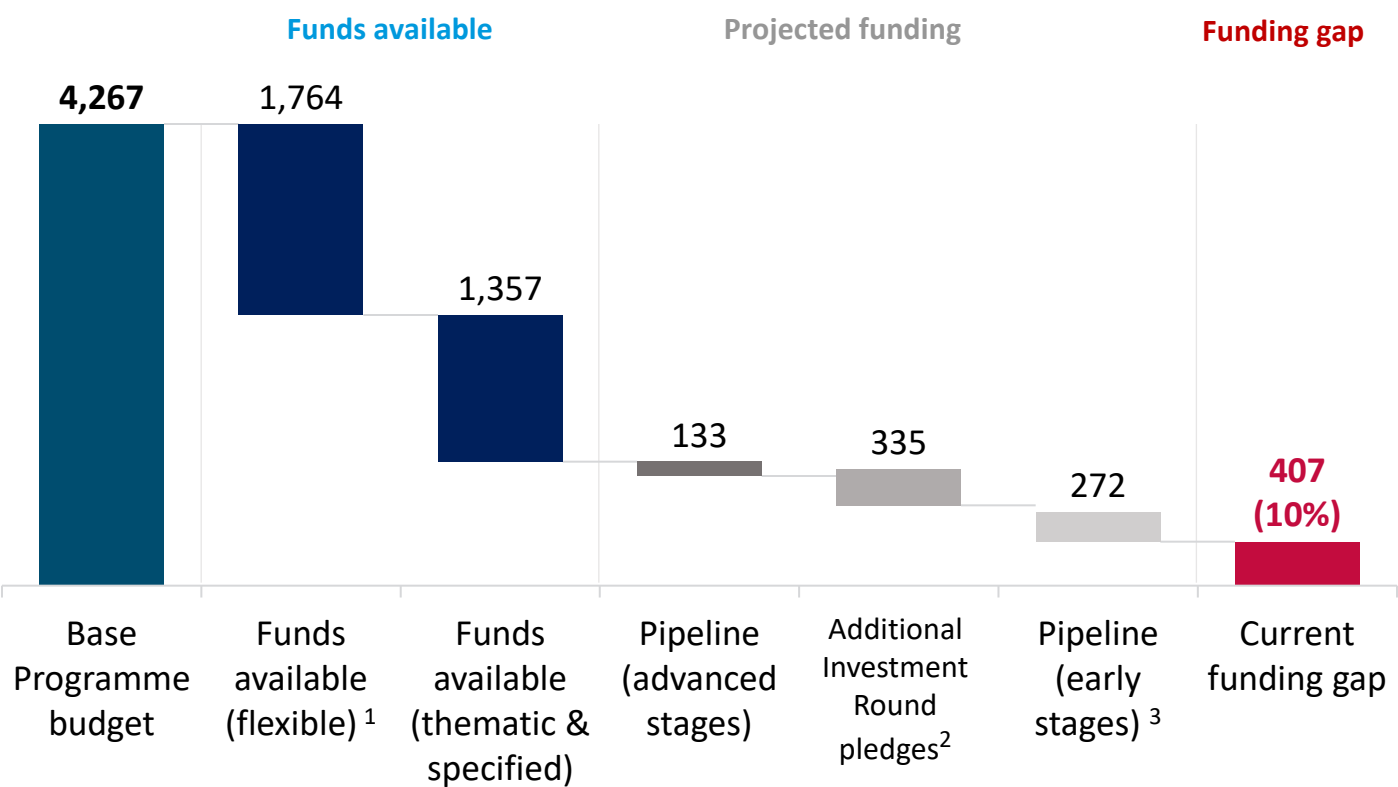

Financial update & WHO Secretariat Partnerships & Financing Strategy (2026–2028)

Member State Information Session
18 June 2026

WHO Base 26-27 Financing

Funding situation as of 31 March 2026



¹ Includes assessed contributions, core voluntary contributions and programme support costs collected in 2024-2025 ² Includes pledges that have not yet been converted into agreements ³ Includes funding at early stages of engagement and negotiation with contributors

- **90%** of Base 2026-27 projected to be funded or US\$ 3.86B.
- **Incl. US\$ 740M** in projected resources, at varying stages of the resource mobilization cycle, which should be interpreted with caution
- **US\$ 407M** remaining to be mobilized and expected to be more challenging than in past biennia
- Timing and alignment risks remain significant.

Base segment is projected to be 90% funded, including US\$ 740 million in projected resources

US\$ 452M

decrease in available specified voluntary contributions compared with 24-25 (-26%)

US\$ 740M

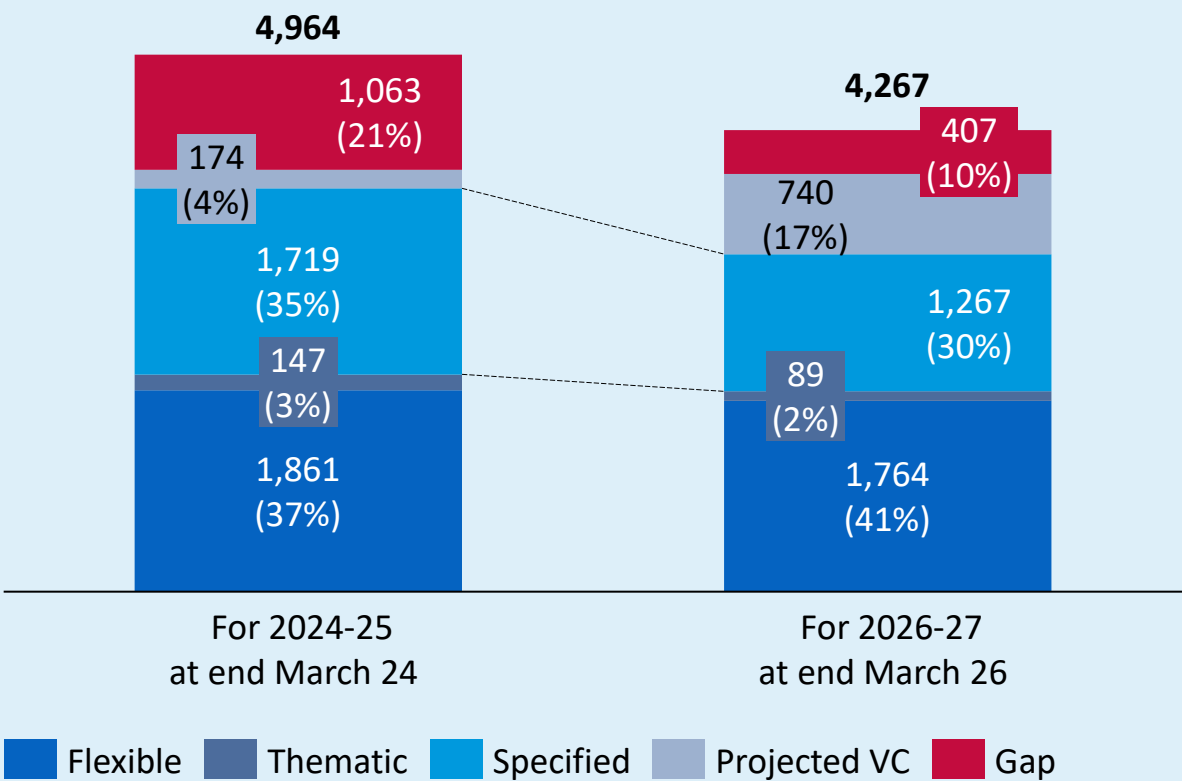
projected voluntary contributions

90%

projected funding (2026–2027)



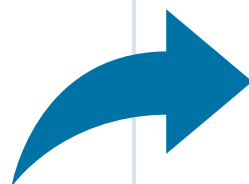
Base budget financing by type of funds as at March 2024 and 2026, incl. projections (US\$ million)



Transformation

FOUNDATION & MILESTONES

- **Transformation Agenda** — WHO anticipated the need to transform its funding model to build resilience, independence, agility, and timely responses
- **Sustainable Financing Decision (2022)** — historic decision to increase Assessed Contributions
- **New Mechanisms** — WHO Foundation, first Investment Round, Civil Society Commission, and Youth Council established



STRATEGIC DIRECTION

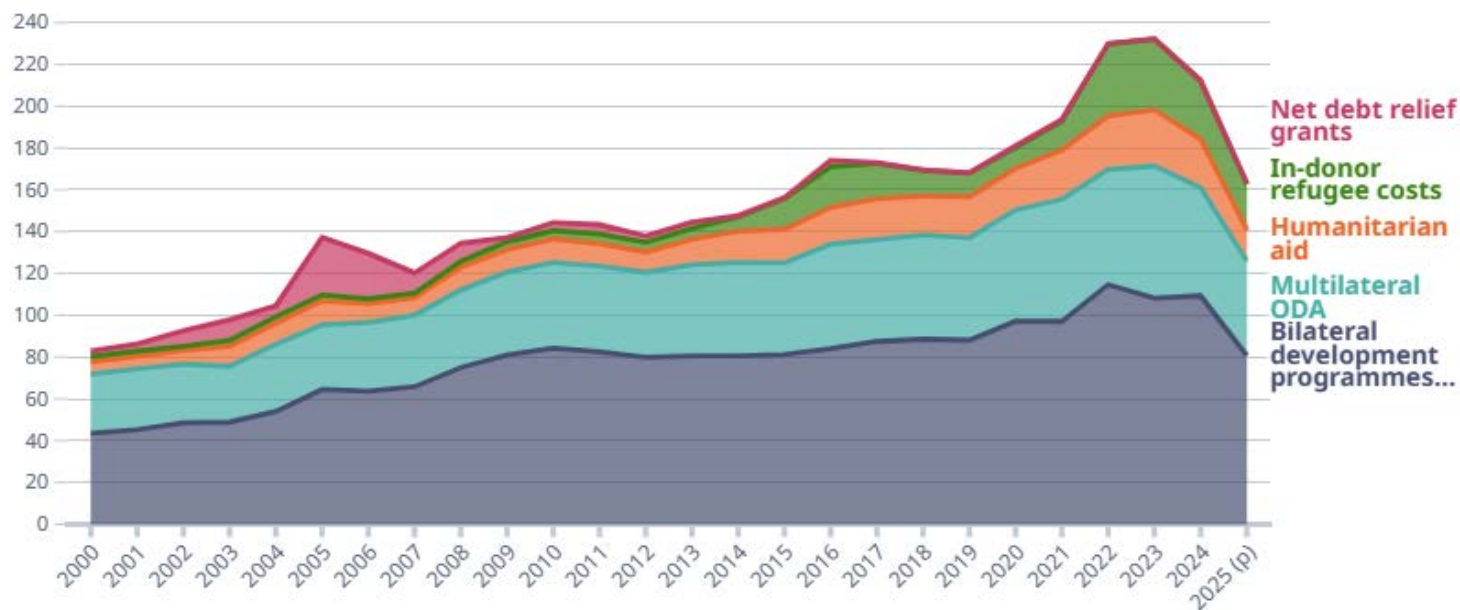
- **Current Imperatives** — WHO is strengthening partnerships and its convening role to implement the agenda defined in the GPW14 and the SDGs
- **Short and medium-term Priority** — broaden and diversify the contributor base across all three levels to fully fund the Programme Budget through well-aligned voluntary contributions
- **Long-term Vision** — flexible financing to strengthen WHO's independence, impartiality, and capacity for long-term planning

Trend analysis

Components of DAC member countries' official development assistance (ODA), 2000-2025

USD billion (constant 2024 prices)

Aggregates: DAC countries



Click items to select/unselect: ☒ Bilateral development projects, programmes and technical co-operation ☒ Multilateral ODA ☒ Humanitarian aid ☒ In-donor refugee costs ☒ Net debt relief grants

Largest annual contraction on record

- **23.1%** ODA decline

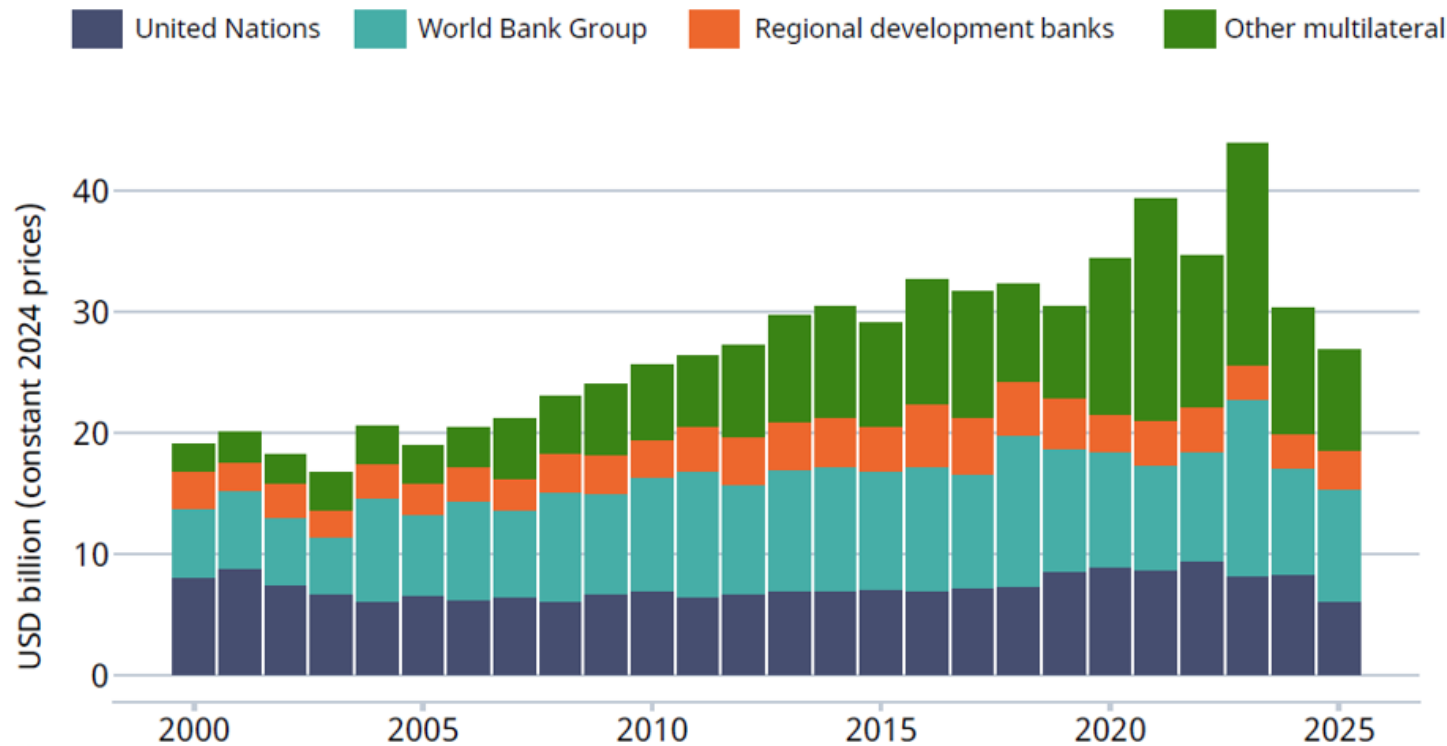
- **27%** in UN core funding

Projections

- **7%** drop in 2026*

Trend analysis

Multilateral ODA by entity, 2000-25



Sources: OECD (2026), Flows by donor (ODA+OOF+Private) [DAC1]

Largest contraction in UN funding

- 12.7% in multilateral ODA

- 35.8% in humanitarian aid

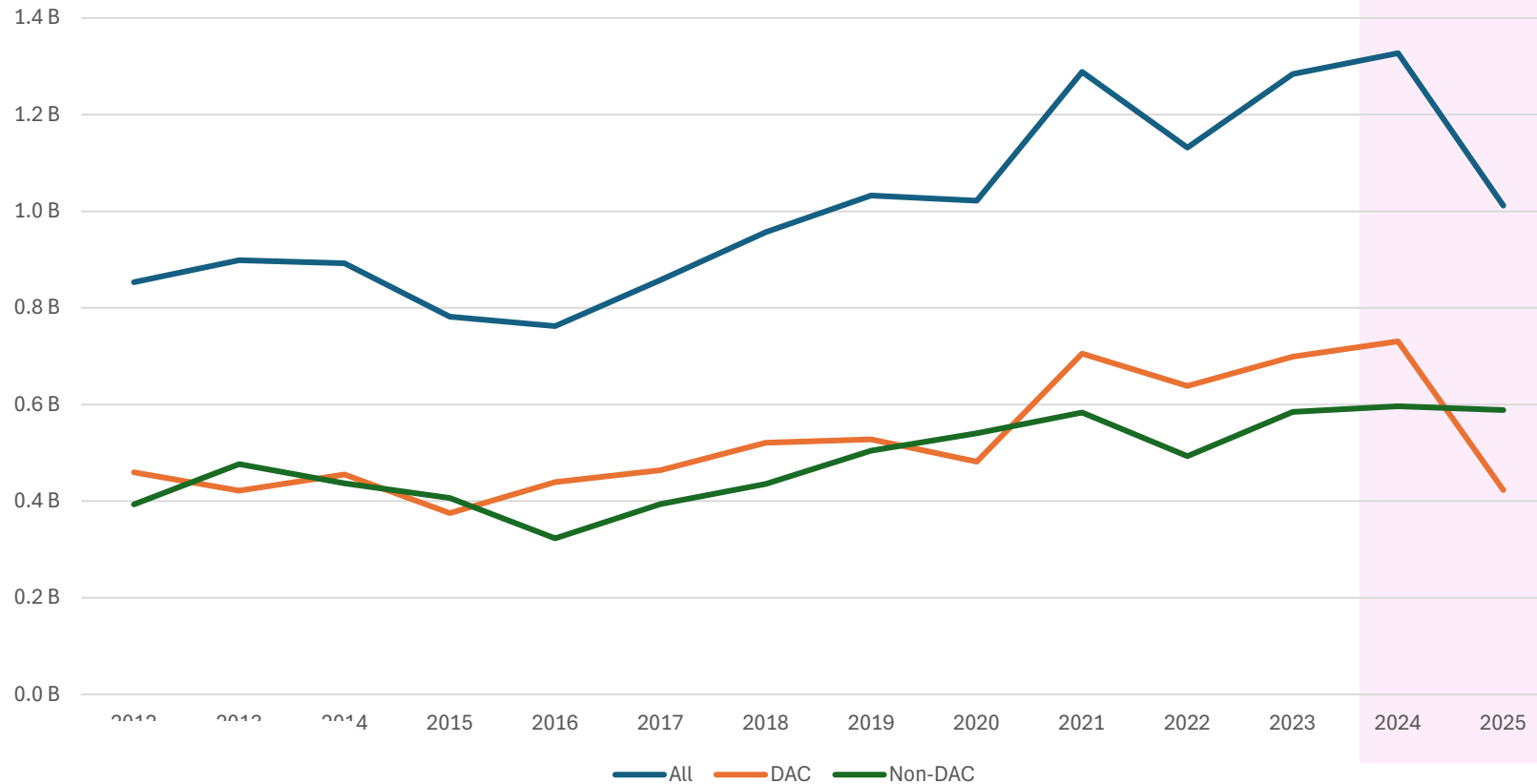
Increase in IFI funding

+6.4% in WB

+12% in Regional development banks

Trend analysis

Evolution of Revenue Voluntary Contribution to BASE, in Billion US\$



New Normal

- Revenue declining in 2025
- Decrease driven by reduced contributions from DAC
- Further decrease in 2026 and beyond expected in context of wider ODA cuts

Trend analysis

Evolution of the number of WHO voluntary contributors - Base

Filter Out	2012/13	2014/15	2016/17	2018/19	2020/21	2022/23	2024/25
Total	382	381	326	272	251	263	274
> 50K	301	300	229	231	222	229	245
> 100K	241	233	194	213	206	206	218
> 200K	184	181	163	176	168	171	181
> 500K	122	121	109	118	123	125	135
> 1M	84	89	78	82	92	95	101
> 2M	62	56	56	63	63	74	71
> 5M	38	40	42	41	44	48	45
< 50K	104	111	109	42	30	36	33
< 100K	161	154	135	61	48	59	61
< 200K	199	201	165	98	86	95	93
< 500K	263	261	217	156	130	138	140
< 1M	301	293	251	191	160	168	174

Shift in WHO's funding profile

- Period of consolidation, w/ WHO engaging in fewer but often larger agreements, particularly after 2018/19
- Growth in larger agreements
- Decline in small-value agreements

N.B Nbr of partners transferred to WHO Foundation which now covers 85 donors

Financial situation

Base segment 2024/2025

Top Voluntary contributors	
Partners	Total VC
GAVI Alliance	466,488,524
United Kingdom	236,354,442
Gates Foundation	231,712,378
European Commission	193,956,802
United States of America	175,753,617
Germany	148,546,825
India	102,062,006
Bloomberg Family Foundation	51,956,434
France	50,490,077
Republic of Korea	45,550,356
Norway	43,700,796
GFATM	40,355,884
Netherlands (Kingdom of the)	35,233,812
Sweden	33,446,500
Wellcome Trust	30,954,344

Top 15 VC:AC			
MS Donor	AC	Total VC	VC:AC
Malawi	22,970	1,113,538	48.48
Luxembourg	793,627	17,784,059	22.41
Niger	34,450	500,000	14.51
Fiji	45,940	500,763	10.90
Monaco	126,320	1,085,398	8.59
India	12,184,432	102,062,006	8.38
Tanzania	114,830	955,646	8.32
Greece	3,793,042	26,281,745	6.93
Norway	7,924,542	43,700,796	5.51
Cambodia	80,390	400,000	4.98
San Marino	22,970	107,527	4.68
UK	51,060,247	236,354,442	4.63
Ireland	5,123,530	21,095,963	4.12
Denmark	6,454,019	26,082,229	4.04
Zambia	91,870	350,658	3.82

Other Major MS Contributors VC:AC			
MS Donor	AC	Total VC	VC:AC
Sweden	10,165,372	33,446,500	3.29
Netherlands	16,070,841	35,233,812	2.19
Germany	71,320,945	148,546,825	2.08
Qatar	3,139,471	6,055,755	1.93
Singapore	5,882,147	9,404,704	1.60
Korea	30,040,933	45,550,356	1.52
Belgium	9,663,523	14,476,138	1.50
Switzerland	13,234,818	18,502,059	1.40
Australia	24,637,299	30,165,661	1.22
Türkiye	9,861,923	9,993,585	1.01
France	50,395,008	50,490,077	1.00
Canada	30,671,158	23,601,514	0.77
USA	264,873,948	175,753,617	0.66
Spain	24,905,735	16,273,072	0.65
Japan	93,752,447	27,226,717	0.29
Italy	37,218,546	6,240,922	0.17
China	178,028,118	5,330,470	0.03

Financial situation

All segments 2024/2025

Top Voluntary contributors	
Partners	Total VC
Gates Foundation	642,595,093
GAVI Alliance	558,193,669
United States of America	437,286,279
European Commission	414,714,803
United Kingdom	316,298,802
Germany	302,067,410
World Bank	291,404,122
European Investment Bank	253,721,140
Rotary International	203,250,528
France	118,572,937
Saudi Arabia	116,979,101
Canada	113,159,586
India	102,207,006
Norway	102,002,026
CERF	98,214,562

Top 15 VC:AC			
MS Donor	AC	Total VC	VC:AC
Malawi	22,970	1,113,538	48.48
Luxembourg	793,627	23,344,266	29.41
Niger	34,450	500,000	14.51
Norway	7,924,542	102,002,026	12.87
Fiji	45,940	500,763	10.90
Monaco	126,320	1,326,489	10.50
United Arab Emirates	7,411,027	76,986,293	10.39
Saudi Arabia	13,818,368	116,979,101	8.47
India	12,184,432	102,207,006	8.39
Tanzania	114,830	955,646	8.32
Seychelles	22,970	181,793	7.91
Greece	3,793,042	27,252,324	7.18
Ireland	5,123,530	31,879,632	6.22
United Kingdom	51,060,247	316,298,802	6.19
Denmark	6,454,019	39,674,050	6.15

Other Major MS Partners VC:AC			
MS Donor	AC	Total VC	VC:AC
Netherlands	16,070,841	76,592,968	4.77
Sweden	10,165,372	45,635,443	4.49
Germany	71,320,945	302,067,410	4.24
Canada	30,671,158	113,159,586	3.69
Switzerland	13,234,818	34,809,722	2.63
France	50,395,008	118,572,937	2.35
Qatar	3,139,471	6,440,648	2.05
Belgium	9,663,523	17,474,680	1.81
Korea	30,040,933	54,142,347	1.80
Australia	24,637,299	41,569,988	1.69
USA	264,873,948	437,286,279	1.65
Singapore	5,882,147	9,404,704	1.60
Austria	7,924,542	9,467,647	1.19
Türkiye	9,861,923	10,053,585	1.02
Japan	93,752,447	73,133,155	0.78
Spain	24,905,735	17,804,500	0.71
Italy	37,218,546	26,138,150	0.70
China	178,028,118	5,440,470	0.03

Financial situation

CVCA segments 2024/2025

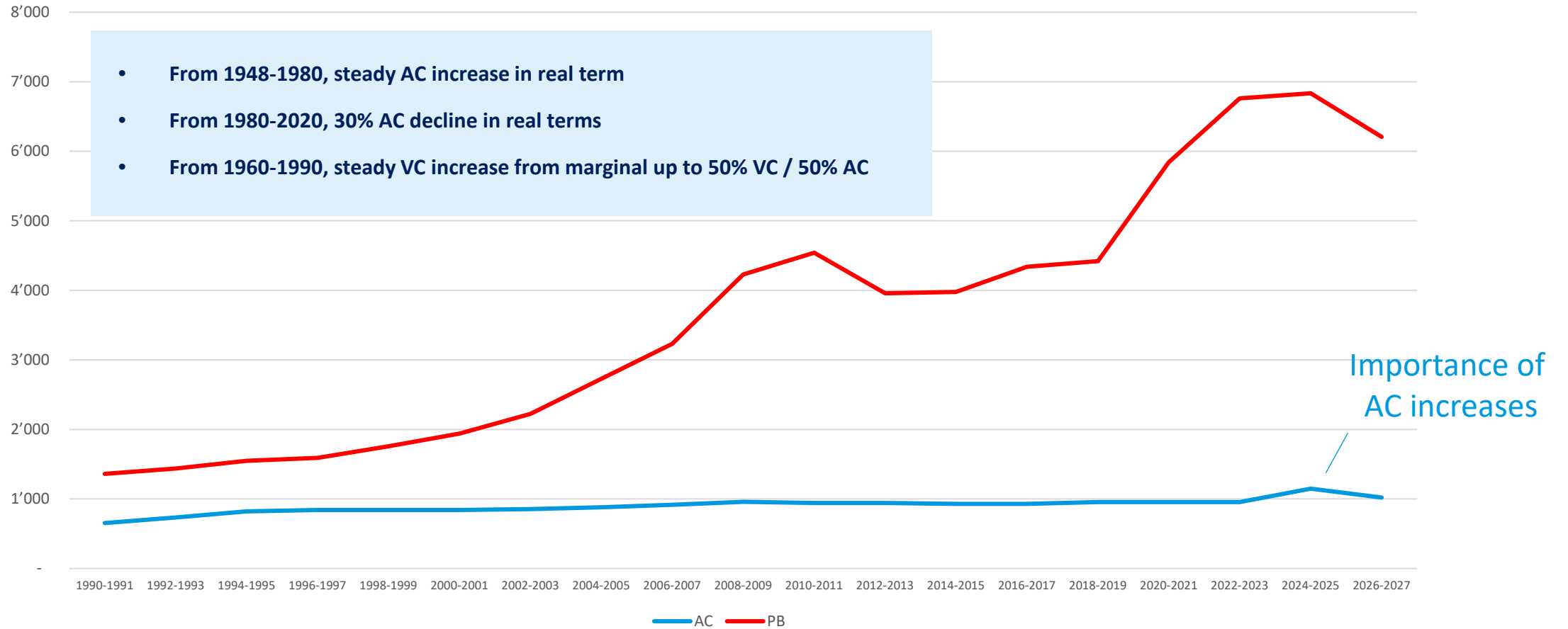
Top CVCA contributors	
Contributors	Total CVCA
United Kingdom	189.3
Germany	48
Sweden	24.1
Netherlands (Kingdom of the)	19.3
Norway	19.1
Australia	19.1
Denmark	17.1
Belgium	9.3
France	8.9
Ireland	6.9
Spain	6.2
Qatar	6
Switzerland	4.6
Luxembourg	2.7
South Africa	1
United Republic of Tanzania	1
WHO Foundation	0.6
Finland	0.5
Niger	0.5
Cambodia	0.4
Malta	0.1
Mongolia	0.1
Hamdard Foundation Pakistan	0.1
Seychelles	0.1
Misc.	0.1



- **384.82M US\$** Total Core Voluntary Contribution (CVCA) for 2024/2025
- **>99% of unearmarked VC** coming from Member States (most other donors' rules do not allow for totally flexible funding, but levels of earmarking can be decreased)

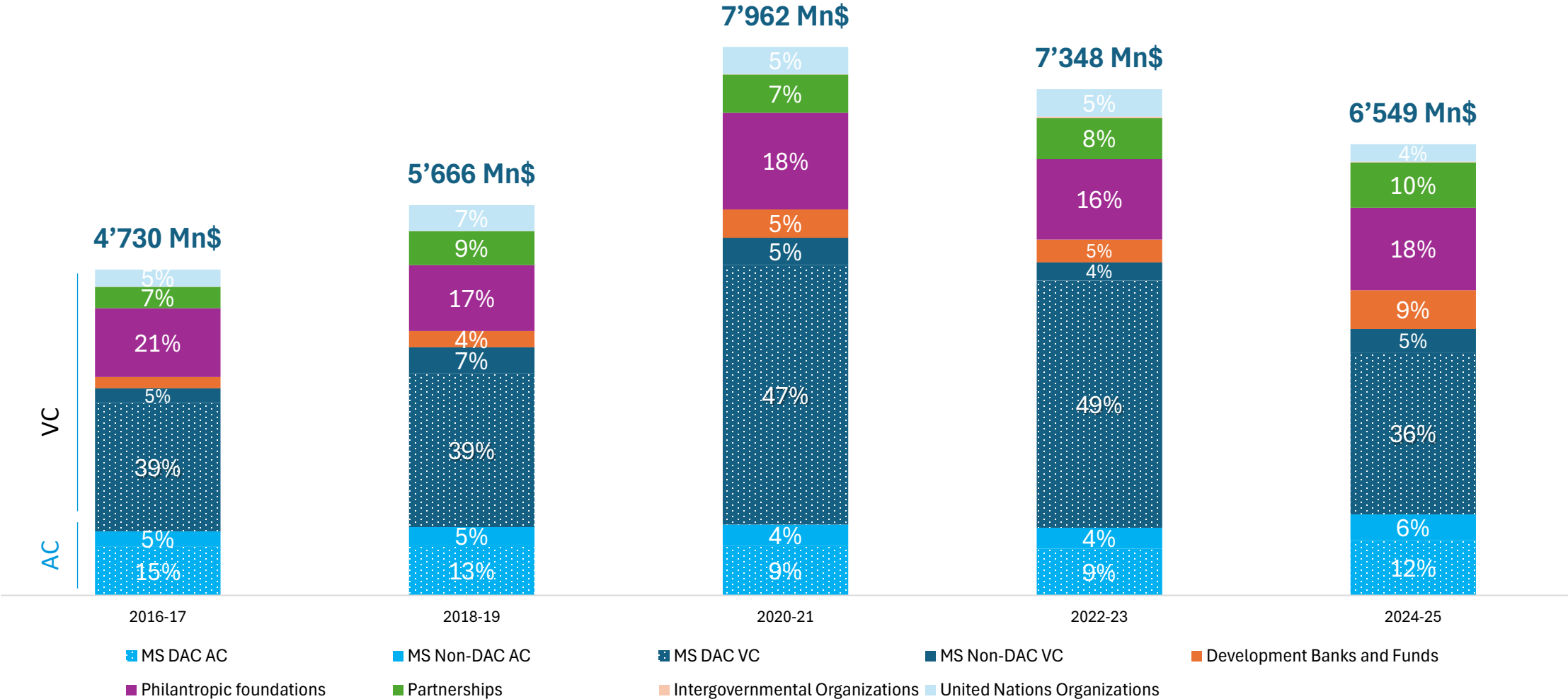
Background of WHO financing reform

WHO Programme Budget 1990-91 to 2026-27 (non adjusted for inflation)



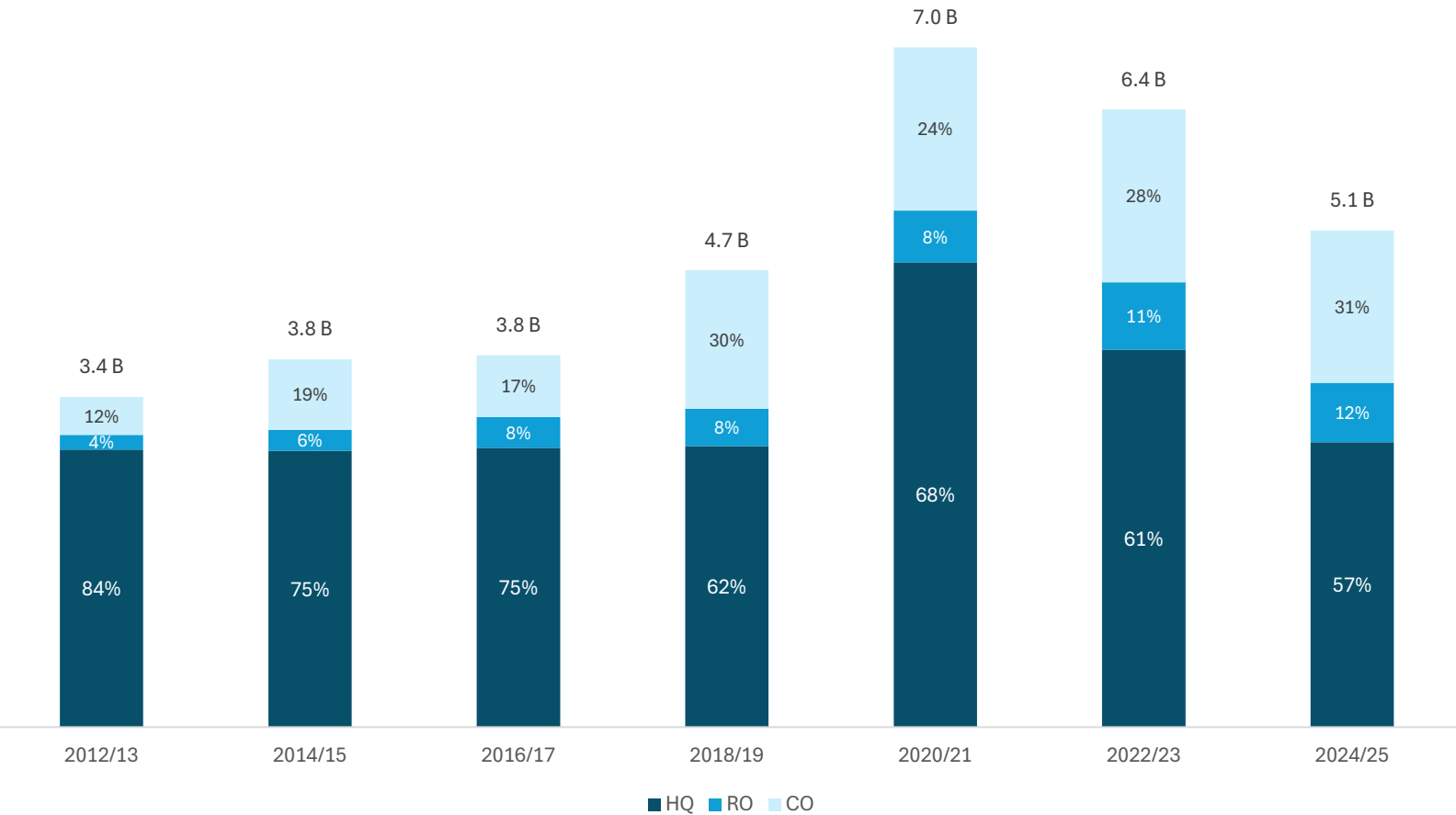
Trend analysis

WHO All PB Revenue (AC & VC) by type of donor, All segments, By PB



Trend analysis

WHO Revenue by responsible organization, all segments, by PB



Strengthening country-level partnerships and financing

- Transition from HQ dominated resource mobilization to more country level RM
- Country representing increasing share of VC
- But shift remains limited compared to broader evolution of bilateral ODA

WHO Secretariat Partnerships & Financing Strategy (2026–2028) - Six key elements

Country-Level Resource Mobilization

12% → 31%

Growth from 2012–13 to 2024–25 via bilateral ODA and south-south cooperation

Emerging Economies Engagement

10%

Current share of voluntary contributions from emerging economies

Innovative Financing

2% → 12%

Multilateral development banks and mechanisms, grown since 2015

Philanthropies

27%

Share of voluntary contributions from philanthropy, guided by FENSA

Cost-Recovery Mechanisms

Expanded

Competitive fees for high-value services like pre-qualification

Next AC Increase (WHA80, May 2027)

Critical

Essential for continued flexibility and diversification of WHO financing

Strategy - Guiding Principles

01

Inclusiveness & Alignment

Inclusive, coordinated partnerships across all three WHO levels

02

Principled

Alignment with mandate; independence, impartiality, FENSA compliance

03

Evidence & Pragmatism

Evidence-based, Feasible, time-bound actions; lower transaction costs; accountable delivery

04

Country Impact

Measurable outcomes at country level

05

Global Normative & Coordinating Role

WHO as the directing and coordinating authority, leading normative work and global health architecture reform with its strong country presence

06

Innovation

New actors, broader contributor base, innovative financing & digital intelligence

Strategy - Strategic Objectives

The strategy aims to further increase flexible funding, diversify WHO's funding sources, and enhance WHO collaboration with partners by leveraging both financial and non-financial partnerships. Specifically:

- To strengthen financial partnerships — more sustainable, predictable, and flexible funding
- To foster non-financial partnerships — build trust and advance collective global health results

Three implementation pillars:



EXPAND

Diversifying WHO's
Financial Contributor Base



PARTNER

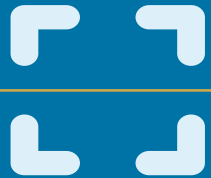
Leveraging WHO's Convening Role
to Advocate and Align Global Health
Priorities



PRESERVE

Protecting and Stabilizing
WHO's Existing Contribution Base

EXPAND



Diversifying
WHO's Financial
Contributor Base

- **Strengthen country-level partnerships and financing**— triple role: neutral broker, non-financing partner, financial partner; align with CCS
- **Engage emerging economies** — Asia, Middle East; South-South & Triangular Cooperation
- **Broaden innovative financing with multilateral development banks (MDBs) and multilateral financing mechanisms** — EIB, IsDB, WB, ADB, AfDB, AIIB, NDB; scale HIIP; explore health impact bonds, Islamic financing (Sukuk, Waqf), Endowment Fund
- **Strengthen philanthropies, private sector and other key non-State actor partners** — in collaboration with the WHO Foundation, guided by FENSA
- **Explore non-health government budgets** — defense, climate, migration, post-crisis recovery, subnational entities
- **Enhance cost-recovery mechanisms** — high-value services (pre-qualification, regulatory certification) with competitive fees
- **Expand non-financial resources** — leveraging partners

II

PARTNER



Leveraging WHO's Convening
Role to Advocate and Align
Global Health Priorities

- **Engage at highest political levels and multilateral organizations** — G20, G7, BRICS; multilateral bodies: UN agencies, EU, AU, ASEAN, GCC, OIC
- **Partner with multiple stakeholders** — civil society, youth, parliaments, academia, private sector, Goodwill Ambassadors & Special Envoys
- **Strengthen WHO Collaborating Centers** — universities, research institutes, public health laboratories, hospitals
- **Provide a joint platform for discussions on the reform of Global Health Architecture and the UN80 Initiative.**
- **Align with global health partnerships** — WHO Managed Collaborative Arrangements; external partnerships (Global Fund, GAVI, CEPI, FIND); WHO-Hosted Partnerships (Unitaid, HSR, PNMCH, OBS)

III

PRESERVE



Protecting and Stabilizing
WHO's Existing Contribution
Base

- **Align earmarked VCs toward flexibility** — promote flexible, multi-year voluntary contributions aligned with GPW & Programme Budget
- **Advocate for sustained ODA for health and mitigate declines** — support Sevilla Commitment; mitigate OECD DAC reductions; maintain WHO as trusted channel

Roles of WHO Levels

Shared Responsibility Across All Levels: Keeping organizational interest above departmental or office-level interests; sharing information across the organization; working on partnerships and financing in synergies together with other levels; close communication between primary and secondary focal points for partners.

HEADQUARTERS

- Global leadership, advocacy, strategic partner engagement and resources mobilization
- Policy setting and guidance development
- Partner intelligence
- Coordination by building and maintaining a global partnership and financing network
- Capacity building and compliance by providing tools, templates and guidance
- Thematic and earmarked VC mobilization for the three levels and partnerships

REGIONAL OFFICES

- Regional advocacy and coordination
- Partner engagement and resources mobilization
- Partner intelligence
- Capacity building and compliance, including monitoring of donor reports
- Supporting global efforts and country offices as regional focal points for partners; on a case-by-case agreed basis, acting as global primary focal point for selected partners

COUNTRY OFFICES

- Country-level advocacy
- Partner engagement and resources mobilization
- Partner intelligence
- Donor reporting and compliance
- Advocating for WHO's interest such as Assessed Contributions increases with the host government

Country-level Partnerships and Financing

Priority Actions with a decentralized but coordinated approach

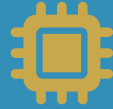
- **Amplify WHO's unique roles in global health at the country level**
neutral broker, non-financing partner, and financial partner
- **Reinforce engagement with national decision-makers**
- **Adapt messaging to national fiscal realities**
- **Strategically position and differentiate the roles of Country Offices**
 - Fragile/conflict-affected states
 - Countries in (post-)crisis recovery
 - Low-income, high donor-dependence countries
 - Middle-income, transitioning countries
 - Resource-rich countries
- **Improve incentives for country-level resource mobilization**
- **Explore further various modalities of collaboration and cross-border collaboration** (BRICS, GCC/OIC, SIDS, LDCs)
- **Strengthen three-level coordination** (priority setting and resource allocation, intelligence sharing, capacity building, PSC, FENSA etc.)

Implementation Enablers



Coordination Mechanisms

EXM/GPG leadership; Global P&F Coordination Network; three-level Focal Point Network



Digital Intelligence Platforms

CEM 2.0 → Partner Engagement Management (PEM/CEM 3.0): intelligence sharing, analytics, donor reporting



Capacity Building

Standardized SOPs and templates; peer learning; health diplomacy training



Accountability & Incentives

Strategic donor dialogues; transparency norms; success metrics; lessons learnt; incentive structures



Communications

Aligned with WHO Global Communications Strategy 2026–28; tailored messaging and campaigns

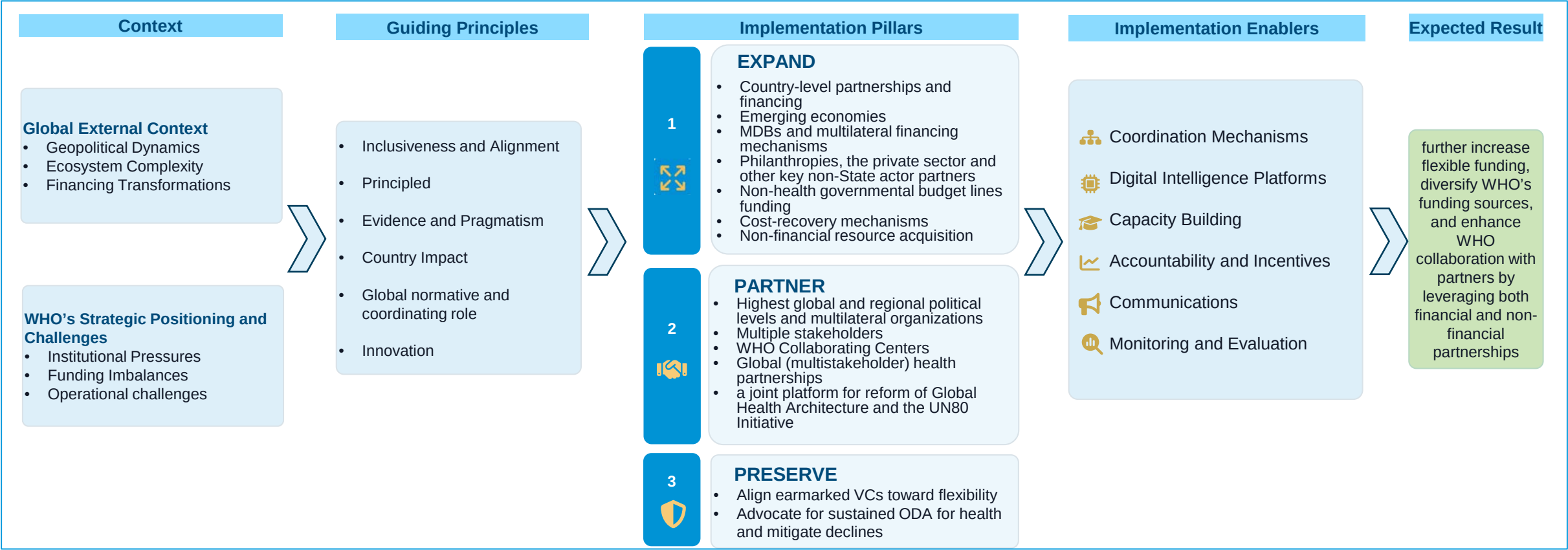


Monitoring & Evaluation

Metrics for financial and non-financial partnerships; culture of learning; best-practice sharing across all levels

WHO Secretariat Partnerships & Financing Strategy (2026–2028)

Theory of change

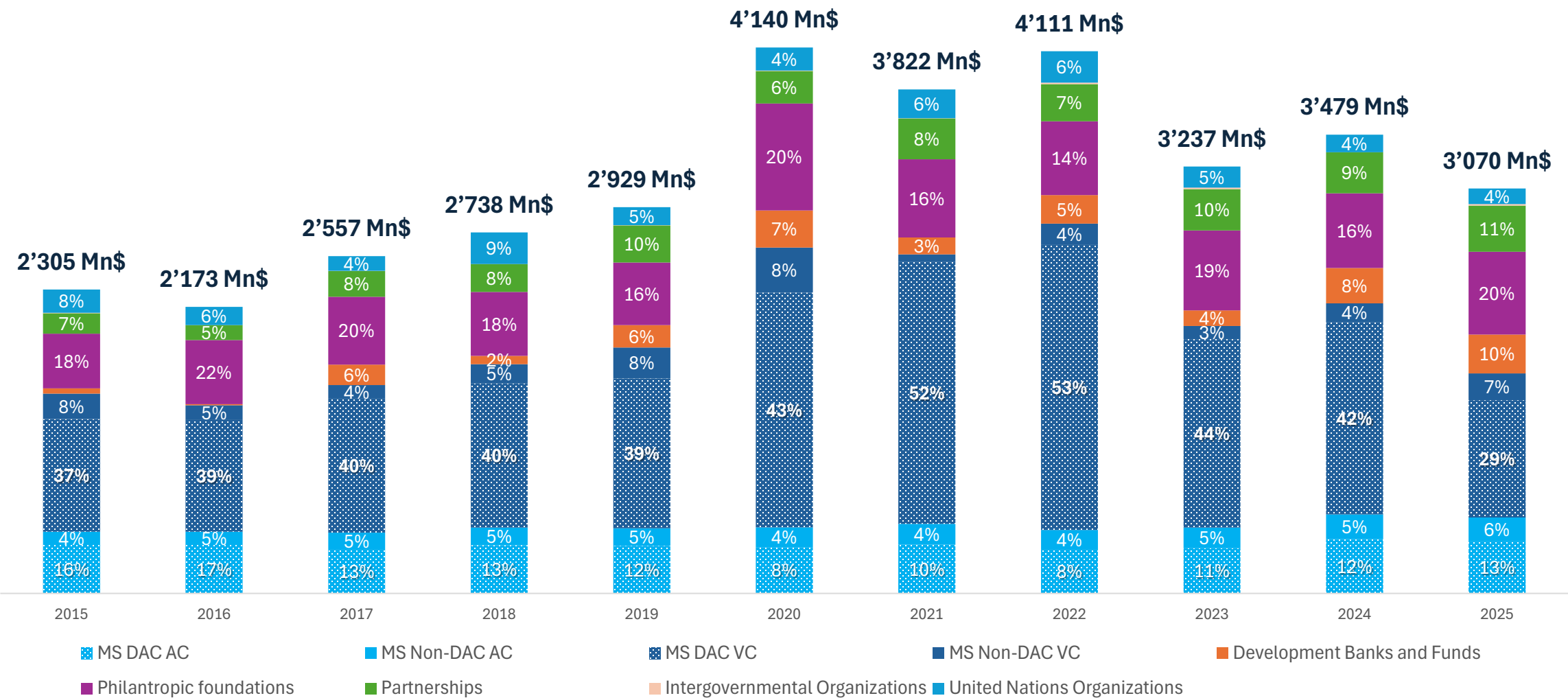


Annexes

(additional background data and trends)

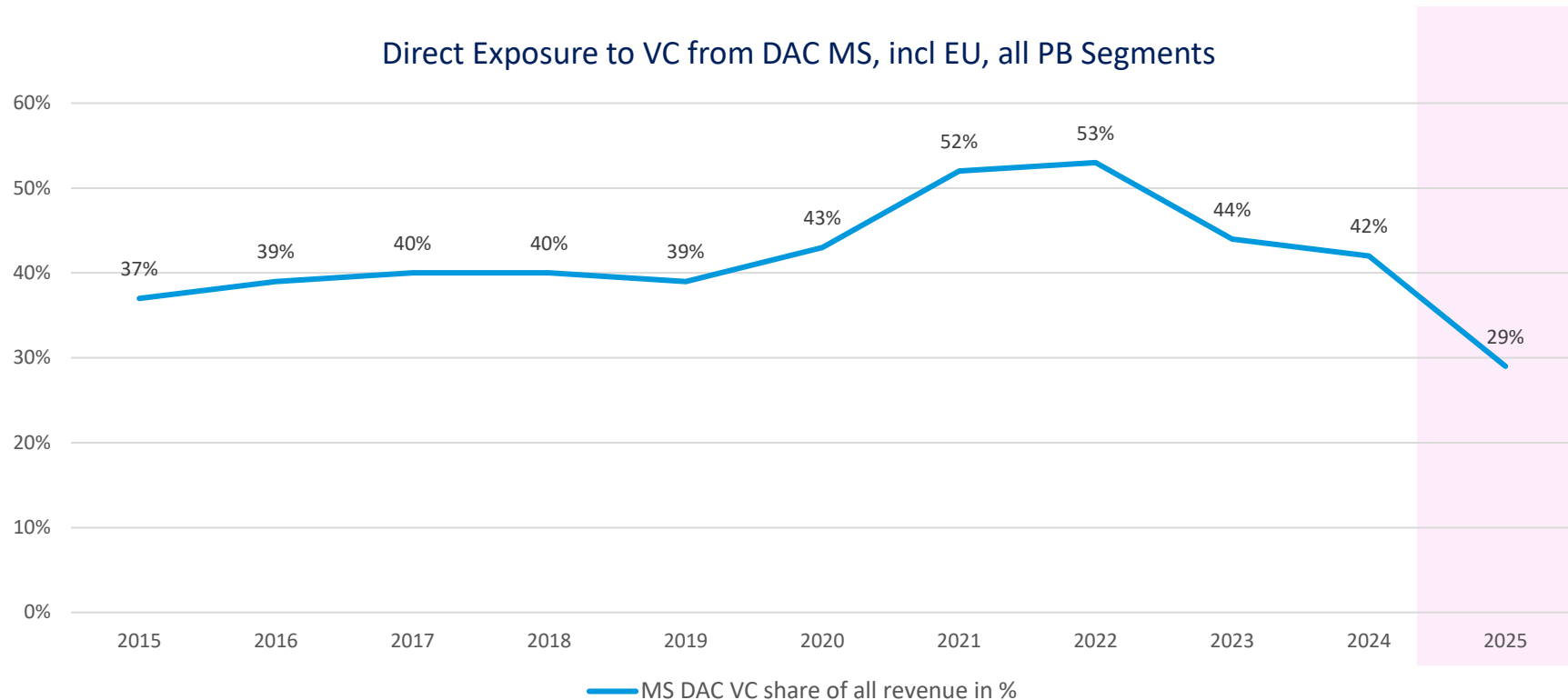
Trend analysis

WHO All PB Revenue (AC & VC) by type of donor, All segments, By year



Trend analysis

OECD DAC VC Direct Exposure



DAC VC remain a major but declining share of WHO revenue

- WHO funding has been structurally dependent on DAC donors VC, with over 50% in 21-22.
- Reduction from 23 onwards with sharp drop to 29% in 2025
- Reflects shift in WHO funding mix signaling both growing diversification (e.g IR) and increased volatility in DAC funding base.

Trend analysis

OECD DAC Indirect Exposure

Top Voluntary contributors, 24-25 all segments	
Partners	Total VC
Gates Foundation	642,595,093
GAVI Alliance	558,193,669
United States of America	437,286,279
European Commission	414,714,803
United Kingdom	316,298,802
Germany	302,067,410
World Bank	291,404,122
European Investment Bank	253,721,140
...	...
GFATM	40,355,884

Still indirect exposure to DAC VC through Partnerships and UN funding

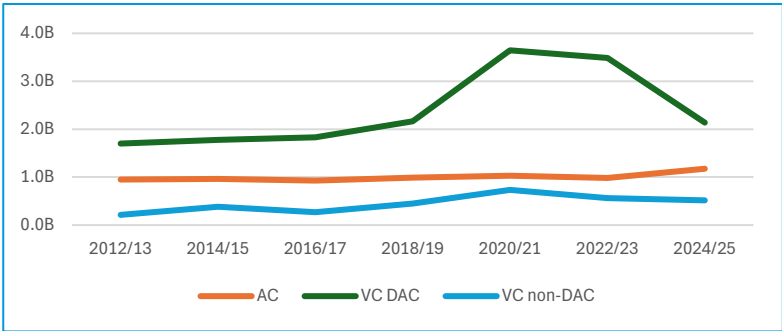
- GAVI and Global Fund as key donors in 24-25
- Their financing were highly exposed to DAC contributions in 24-25, i.e.
 - GAVI, > 80%
 - Global Fund, > 90% *

Financial situation and trends

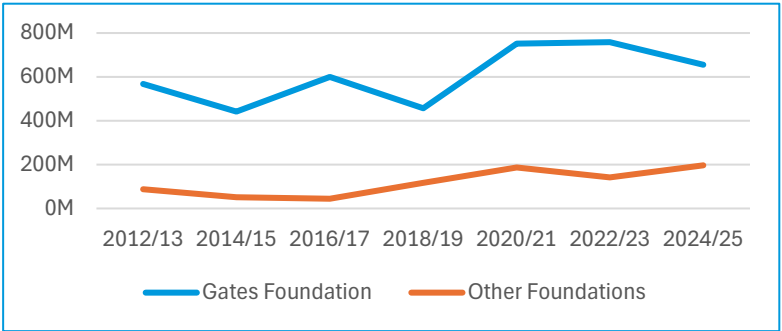
Evolution the total revenue by type of donors, all segments, in Mn US\$*

* Not adjusted for inflation

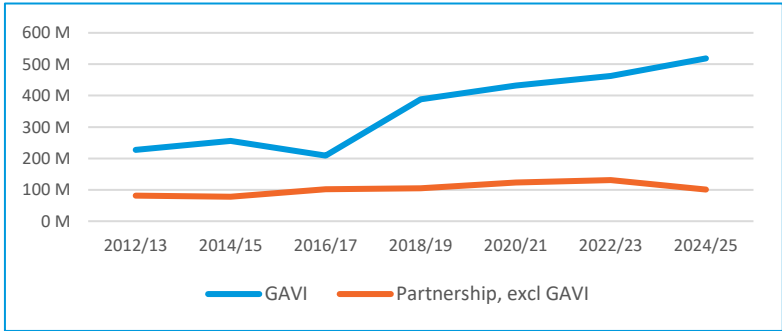
MS, incl. EU



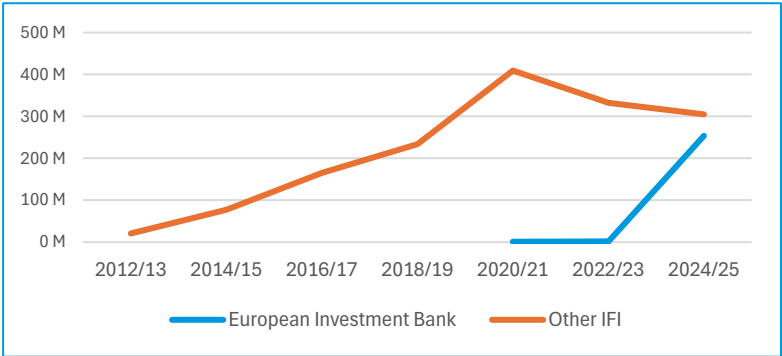
Foundations



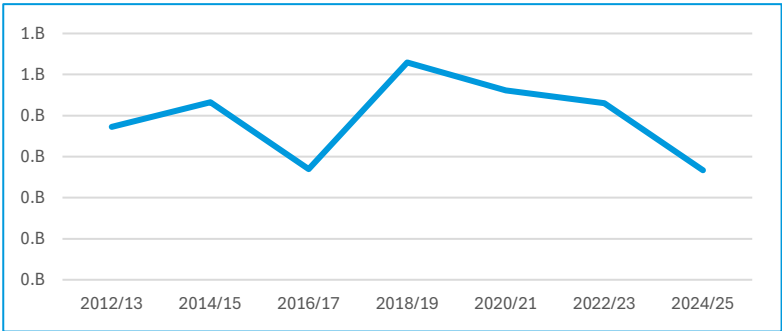
Partnerships



IFIs

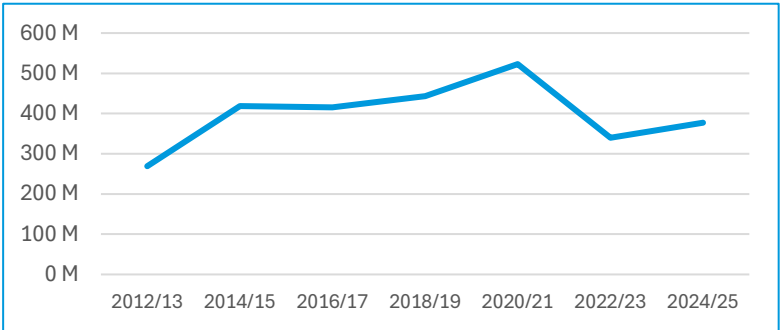


UN



Others*

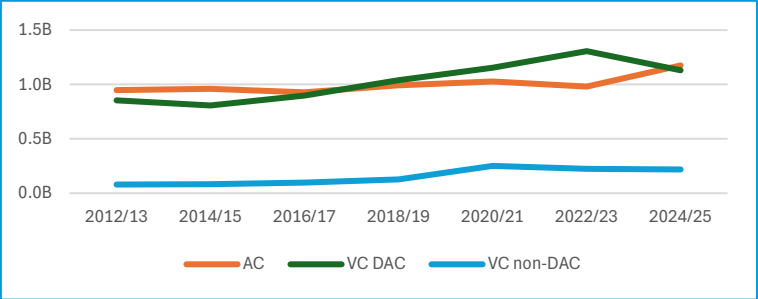
* Academia, NGO, Local GoV, Individuals



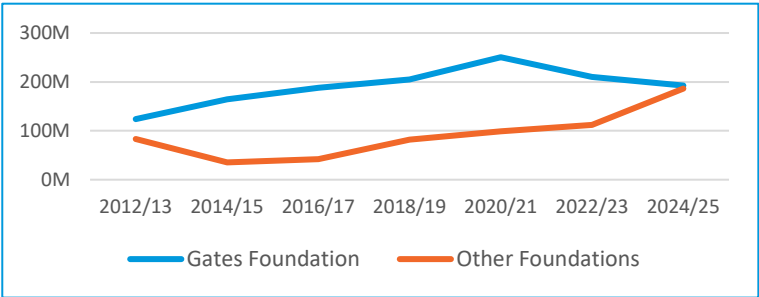
Financial situation and trends

Evolution of total revenue by type of donors, Base segments, in Mn US\$

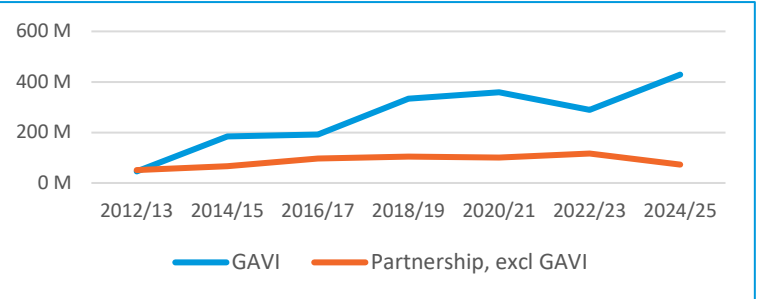
MS, incl. EU



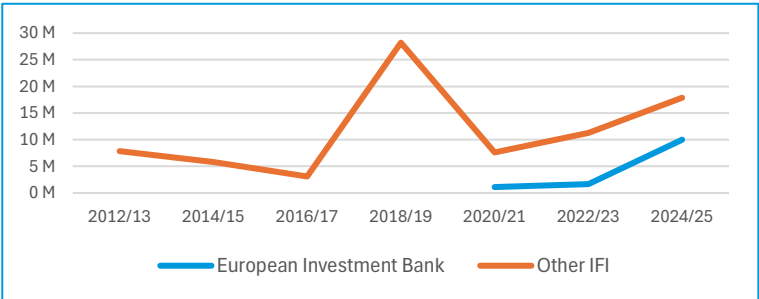
Foundations



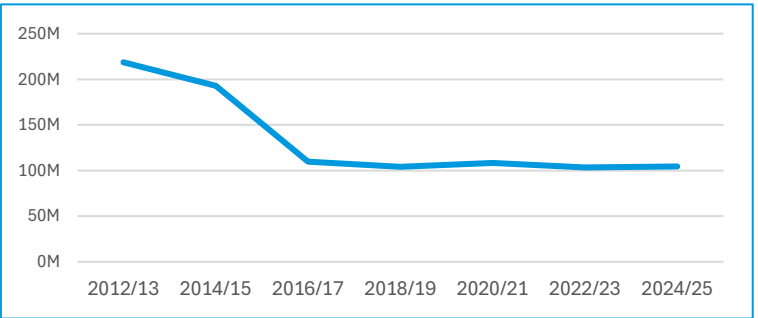
Partnerships



IFIs

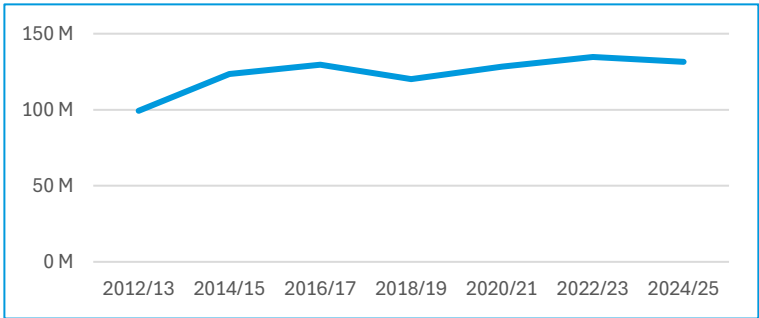


UN



Others*

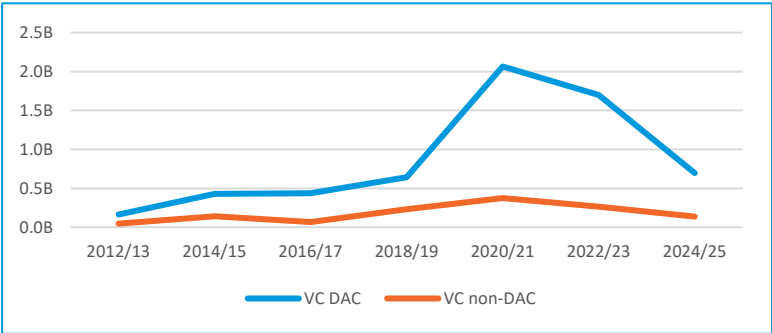
* Academia, NGO, Local GoV, Individuals



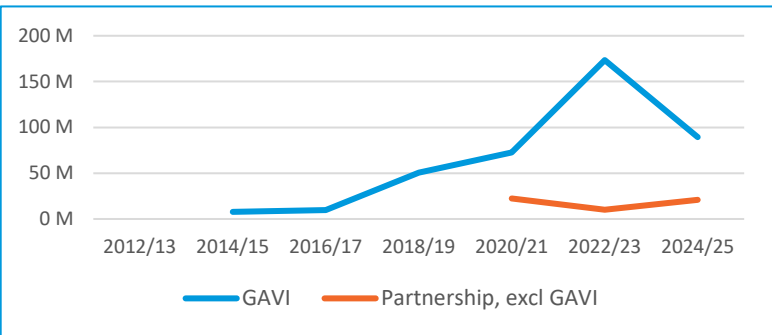
Financial situation and trends

Evolution the total revenue by type of donors, Emergencies segments, in Mn US\$

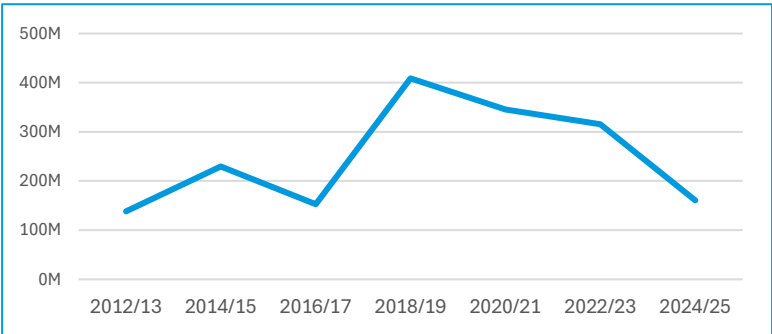
MS, incl. EU



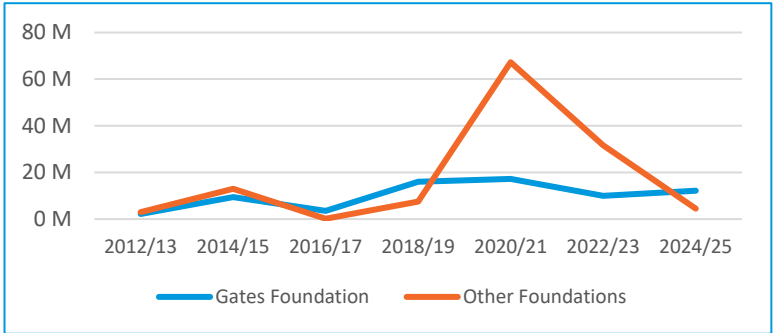
Partnerships



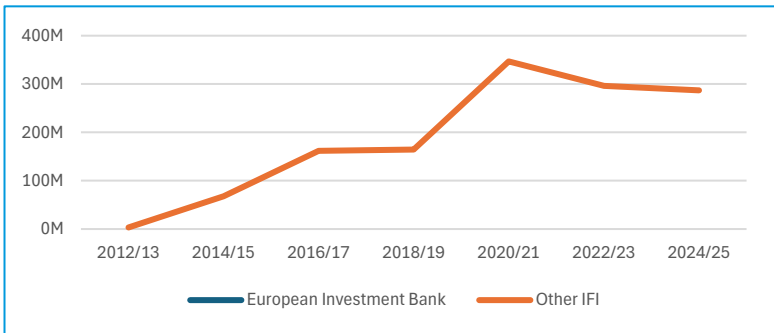
UN



Foundations & others

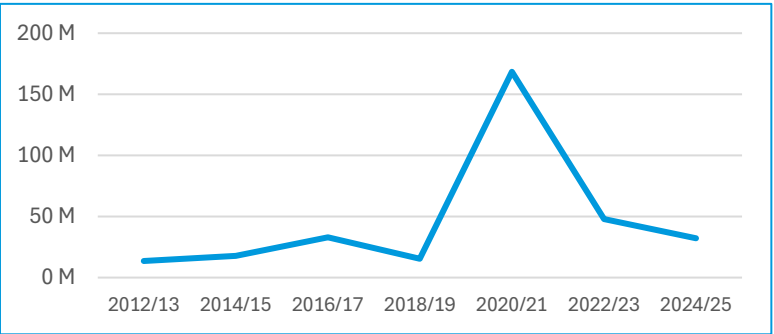


IFIs

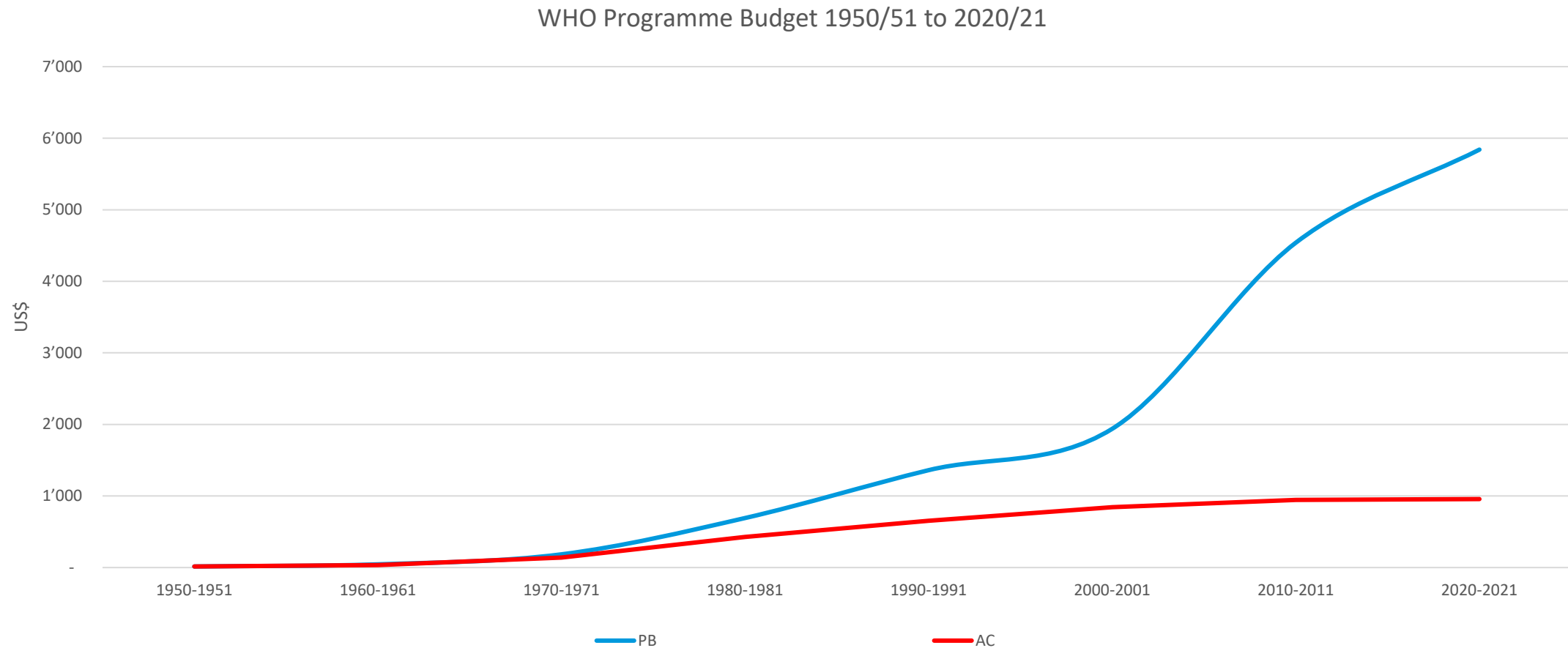


Others*

* Academia, NGO, Local GoV, Individuals

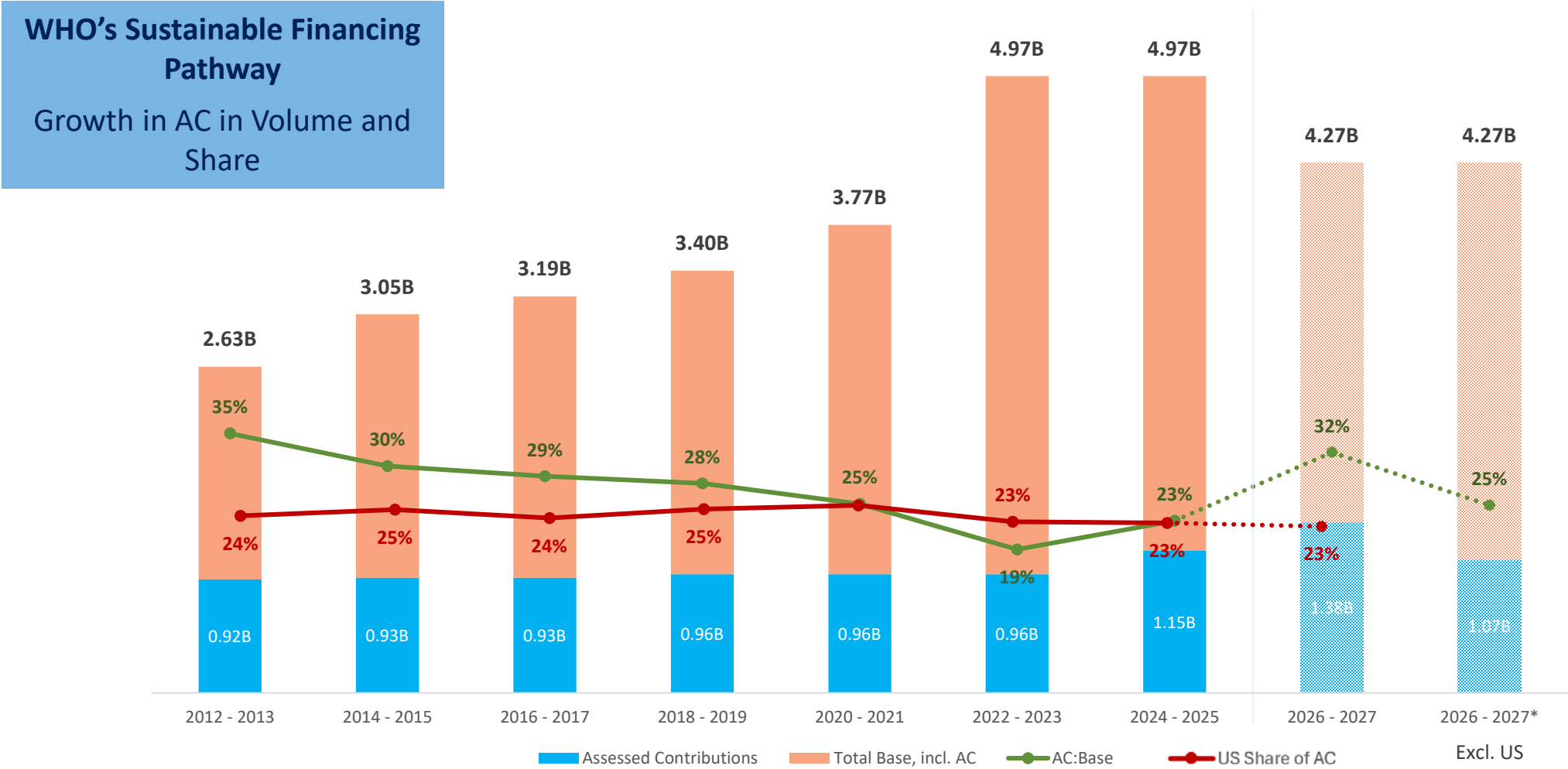


Background of WHO financing reform

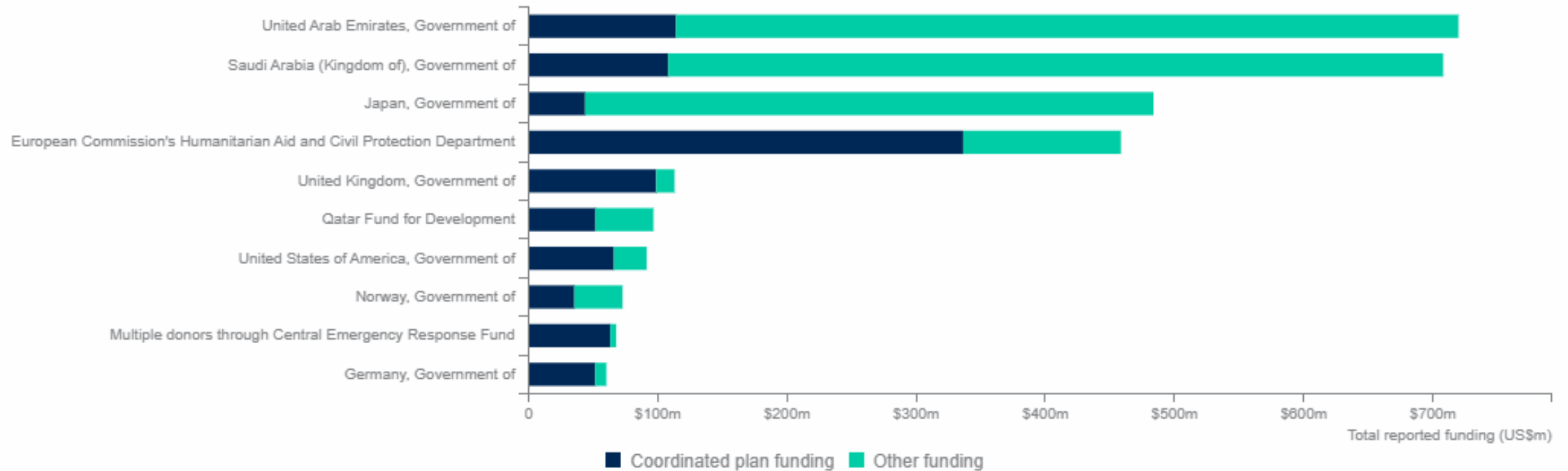


Financial situation and trends

Increase Assessed Contributions - Evolution of the WHO AC in Bn US\$



Humanitarian Aid for Health Trend: Shifting landscape

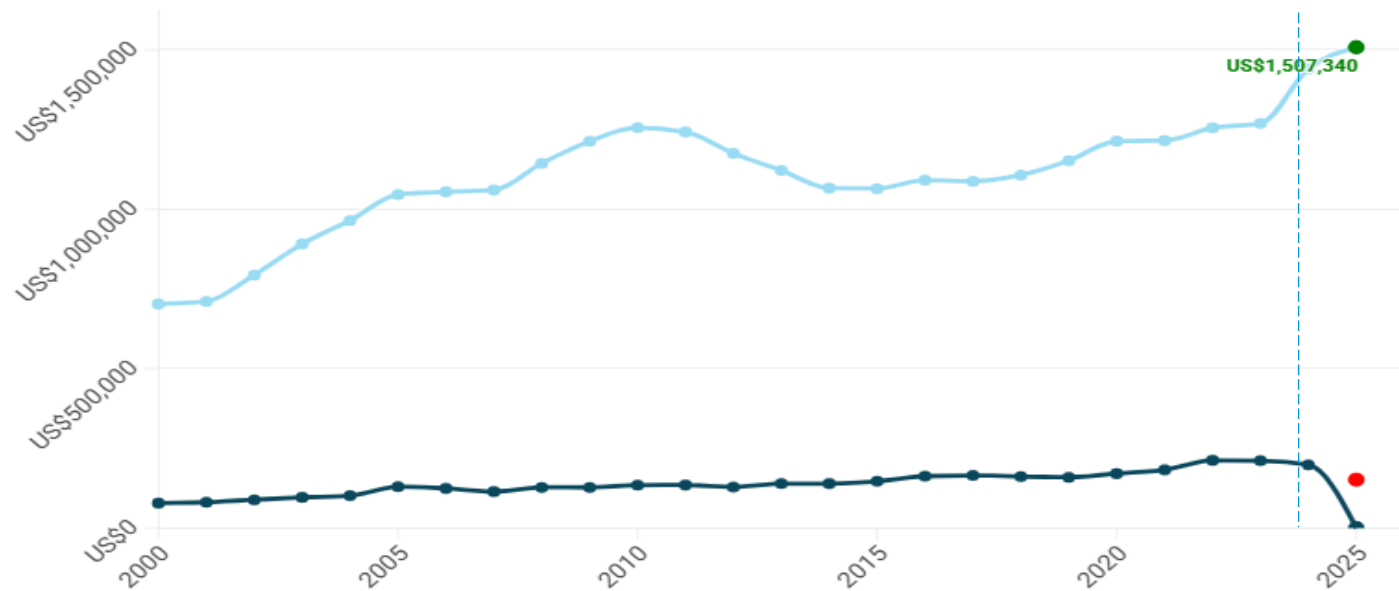


Access to other government budget lines (Defense, environment, R&D, migration, regulatory agencies, subnational entities, etc.)

OECD DAC* Defense Spending vs. ODA over time

US\$ millions, constant 2023 prices. Hover to see yearly figures.

■ Defense spending ■ ODA



Source: ODA - OECD DAC1, Defense spending (Australia, Korea, Japan) SIPRI Military Expenditure Database, Defense spending (NATO-members) NATO defense expenditure report - US\$ billions, constant 2023 prices. *Germany, United Kingdom, France, Japan, Sweden, Norway, South Korea, Australia, Italy, Netherlands, Spain, Canada, United States. Gross disbursements. See Budget Cuts Tracker for details on projected 2025 ODA.

DONOR TRACKER

Slow Down ODA Decline for Health :
DAC donors shifting to competing priorities.
E.g. Increase of DAC donor national defense budget at the expense of ODA

UN Benchmark - Financial situation and trends

UN system total expenses by entity and function, 2010-2023 (US\$ million)

Entity	Development assistance 2023	Humanitarian assistance 2023	Peace operations 2023	Global agenda 2023	Total expenditure 2023	2010-2022
UN Secretariat	1,252	2,756	1,294	2,344	7,646	4.0B → 7.6B
UN-DPO			7,227		7,227	7.6B → 7.2B
CTBTO				129	129	124.9M → 128.6M
FAO	1,677	237		206	2,119	1.4B → 2.1B
IAEA				750	750	584.9M → 750.3M
IARC			51	51	51	46.5M → 50.6M
ICAO				247	247	235.1M → 247.1M
ICC				201	201	186.7M → 200.7M
IFAD	226				226	783.8M → 226.3M
ILO	590	89		172	851	587.0M → 851.3M
IMO				87	87	67.9M → 87.4M
IOM	748	2,236		436	3,419	1.4B → 3.4B
IRMCT				79	79	85.7M → 79.3M
ISA				12	12	8.3M → 12.3M
ITC	159				159	70.8M → 158.8M
ITLOS				18	18	11.9M → 17.8M
ITU	66			195	261	193.1M → 260.7M
OPCW				94	94	84.2M → 94.2M
PAHO	1,099				1,099	927.3M → 1.1B
UN Tourism				35	35	21.8M → 34.6M
UN Women	417	71		58	546	198.3M → 546.1M
UNAIDS	204				204	284.0M → 204.1M
UNCCD				27	27	18.6M → 26.9M
UNCDF	101				101	64.6M → 100.8M
UNDP	4,878	706			5,584	5.8B → 5.6B
UNEP	672				672	448.9M → 671.9M

Entity	Development assistance 2023	Humanitarian assistance 2023	Peace operations 2023	Global agenda 2023	Total expenditure 2023	2010-2022
UNESCO	517	15		207	738	796.7M → 738.2M
UNFCCC				124	124	95.4M → 124.3M
UNFPA	770	741			1,510	823.9M → 1.5B
UN-HABITAT	107	34		37	178	200.5M → 177.7M
UNHCR		5,320			5,320	1.9B → 5.3B
UNICEF	3,647	5,389			9,037	3.6B → 9.0B
UNIDO	373				373	225.2M → 372.8M
UNITAID		193			193	216.3M → 193.4M
UNITAR				49	49	20.3M → 49.5M
UNODC	452				452	210.9M → 451.5M
UNOPS	919	106	210	3	1,239	65.4M → 1.2B
UNRWA		1,461			1,461	554.8M → 1.5B
UNSSC	20				20	10.0M → 19.6M
UNU				81	81	59.8M → 81.4M
UPU				109	109	50.2M → 108.8M
WFP	411	10,337			10,748	4.3B → 10.7B
WHO	1,198	1,065		1,848	4,111	2.1B → 4.1B
WIPO	94			380	474	324.4M → 474.3M
WMO				126	126	88.5M → 125.6M
WTO	26			288	314	225.6M → 314.2M
Total	20,621	30,756	8,731	8,393	68,500	39.8B → 68.5B

Source

Apart from UN Secretariat, WHO has by far the largest global normative role

UN Benchmark - UN revenue by entity & instrument, 2010-23 (US\$ million)

Entity	Assessed 2023	Voluntary core 2023	Earmarked 2023	Revenue from other activities 2023	Total revenue 2023	2010-2023
UN Secretariat	3,278	228	2,983	1,057	7,546	3.7B — 7.5B
UN-DPO	6,494		336	159	6,990	8.0B — 7.0B
CTBTO	132		8	10	151	128.0M — 150.5M
FAO	530	44	1,814	11	2,399	1.4B — 2.4B
IAEA	460		325	34	819	598.2M — 819.3M
IARC	27		22	4	54	45.4M — 53.7M
ICAO	87		128	34	249	223.3M — 248.5M
ICC	188		24	3	215	169.8M — 215.1M
IFAD		349	258	213	820	434.7M — 820.0M
ILO	411	17	393	100	921	673.7M — 921.0M
IMO	43	18		26	87	74.4M — 87.3M
IOM	71	46	3,158	253	3,528	1.2B — 3.5B
IRMCT	69			7	76	80.2M — 76.2M
ISA	9	1	0	3	12	10.0M — 12.5M
ITC	40	3	108	8	160	76.3M — 159.5M
ITLOS	13	4	1	1	18	11.7M — 18.1M
ITU	153		23	56	231	173.5M — 231.1M
OPCW	68		12	3	83	87.7M — 83.3M
PAHO	105		234	807	1,147	850.1M — 1.1B
UN Tourism	16		11	5	32	25.1M — 31.8M
UN Women	10	109	476	24	619	236.2M — 619.1M
UNAIDS		153	61	8	223	266.0M — 222.5M
UNCCD	8		10	2	21	29.8M — 20.6M
UNCDF		5	156	7	168	59.7M — 167.6M

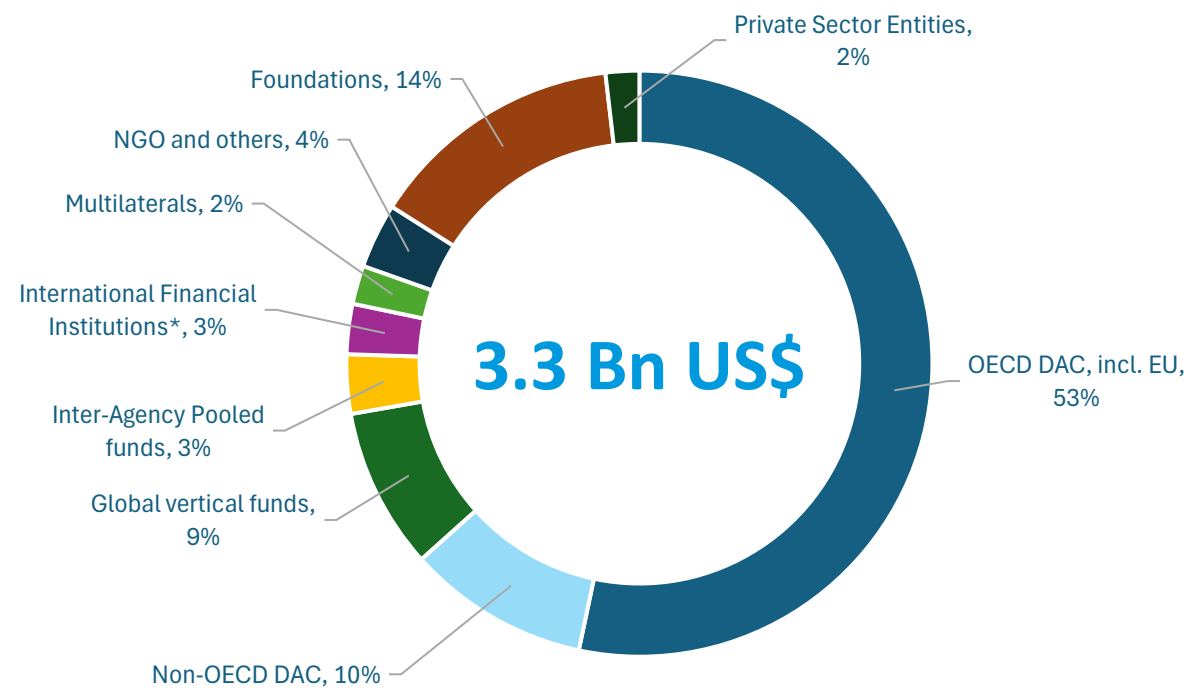
Entity	Assessed 2023	Voluntary core 2023	Earmarked 2023	Revenue from other activities 2023	Total revenue 2023	2010-2023
UNDP		548	4,822	565	5,934	5.7B — 5.9B
UNEP	218	79	557	96	951	395.1M — 950.8M
UNESCO	291	62	322	172	847	764.6M — 846.7M
UNFCCC	33	0	55	28	116	85.7M — 115.7M
UNFPA		364	1,091	223	1,678	890.2M — 1.7B
UN-HABITAT	17	4	173	37	231	198.3M — 230.7M
UNHCR	50	587	3,947	123	4,707	1.9B — 4.7B
UNICEF		1,350	7,144	438	8,932	3.7B — 8.9B
UNIDO	79		260	34	373	335.4M — 372.9M
UNITAID		151	29	36	215	190.7M — 215.3M
UNITAR			11	32	43	20.9M — 43.3M
UNODC	35	7	417	71	529	259.4M — 529.4M
UNOPS				1,280	1,280	90.5M — 1.3B
UNRWA	38	718	737	40	1,533	408.7M — 1.5B
UNSSC		5	16	1	23	11.3M — 22.6M
UNU		21	32	65	118	61.5M — 117.8M
UPU	45		41	30	117	40.0M — 116.6M
WFP		624	8,150	350	9,124	4.3B — 9.1B
WHO	494	237	2,564	46	3,341	2.3B — 3.3B
WIPO	21		10	553	584	310.1M — 583.7M
WMO	81	2	30	1	115	99.1M — 114.6M
WTO	235		26	3	264	236.7M — 264.3M
Total	13,848	5,737	40,980	7,057	67,621	39.6B — 67.6B

Source

UN Benchmark - IFIs and Multilateral Financing Mechanisms

Benchmark - Funding sources, 2023 – incl AC and VC, all segments

Funding sources for WHO, 2023



Funding sources for the UN system, 2023

