
Draft Proposed programme budget 2028-2029

August 2026



World Health
Organization

The draft Proposed programme budget 28-29 is centered around three key themes: **consolidation, focus and impact**



- 1** By maintaining a flat budget, we are **consolidating the financing and organizational reforms** introduced following the 2025 realignment;
- 2** **Focusing WHO's work and resources** on its core mandate, agreed priorities and areas of comparative advantage; and
- 3** Strengthening WHO's ability to **deliver measurable impact for countries** and the people they serve.

- 
- Stronger strategic narrative
 - Clear links and application of lessons learnt
 - Clearer articulation of WHO's comparative advantage and prioritized WHO contribution



Several important elements (i.e., validation of prioritization and the budget breakdown by outcomes) are still under development and not yet reflected in this draft. The fully developed Programme budget is expected to be presented to the Executive Board in January 2027.

The draft Proposed PB28-29 envelopes maintain PB26-27 nominal level, with prioritization adjustments to be done at outcome level

Base programmes segment of Proposed programme budget 2028–2029, compared with base segment of approved Programme budget 2026–2027, by major office (US\$ millions)

Major office	Approved PB26–27 (1)	Proposed PB28–29 Regional committee version (2)	Difference between (1) and (2)	Share of the Proposed PB26–27 (%)
Africa	1 139.6	1 139.6	-	27.0
The Americas	254.8	254.8	-	6.0
South-East Asia	417.2	383.8	-33.4 ^b	9.0
Europe	308.9	308.9	-	7.0
Eastern Mediterranean	533.7	533.7	-	13.0
Western Pacific	347.2	380.6	+33.4 ^b	9.0
Headquarters	1 125.8	1 125.8	-	26.0
Global technical centres	140.0	140.0	-	3.0
Total ^a	4 267.1	4 267.2	0.1	–

The draft proposed PB 28-29 envelopes

- provide **continuity** and predictability for implementation of GPW14 priorities
- maintain **stability** during a volatile financing period
- are **realistic**, based on 26-27 projected funding - similar levels may be achievable for PB28-29 if financing trends continue
- signal **stabilization** following the 2025 realignment measures
- allow prioritization discussions to focus on strategic allocation rather than where to apply further decreases



Real-term equivalent (adjusted for inflation): US\$ 4 020M
Real-term reduction compared with 26-27: USD\$ 247M

^a Totals may differ from the sum of figures due to rounding. ^b Approved Programme budget 2026–2027 reflects Indonesia moving from the South-East Asia Region to Western Pacific Region (US\$ millions).

The PB28-29 process leads to a fully developed proposed PB28-29 by WHA80 in May 2027



Regional committees (Aug-Oct 2026)

- First regional committee takes place in AFRO (August 2026)
- AFRO RC document includes:
 - Lessons learnt
 - Results Framework
 - Prioritization process
 - High level MO budget
 - AC increase
- Subsequent RC documents to add more regional specifics as process progresses
- June – 15 Sept 2026: light validation of priorities

Executive board (Jan 2027)

- A fully developed Proposed PB is presented to the EB, with costing and deliverables to be finalized by WHA80:
 - Priorities are validated
 - Costing of priorities
 - Review of deliverables
 - Outcome narrative reflects contribution to GPW14 Theory of change
- PB28-29 platform includes details on priorities and country pages

WHA80 (May 2027)

- The fully developed Proposed PB28-29 is finalized
- The appropriation resolution is presented to the Assembly

What's new in the PB document and PB digital platform?

Country pages: a strategic pitch describing the key focus in a country

Lessons learnt: take-aways on lessons learnt, including Result Report 24-25 and external and internal audits

Prioritization results: focus on 5 top prioritized outcomes, unpacking what WHO will deliver, its comparative advantage, risks and mitigations

Deliverables: reviewed PB deliverables in light of realignment, sharpened to focus on WHO's mandate and comparative advantage

PB financing: transparent focus on financing model as a constraint (large volumes of VCS, lack of predictability), which will influence implementation modalities but should not determine priorities

UN80 and GHA: focus on how these processes can/will shape PB development

Pre-Qualification (PQ) and International Nonproprietary Names (INN): programmes moved to the Special Programmes budget segment

Country pages: the WHO PB digital platform will include country pages with details on WHO's contributions and prioritization



- provide greater clarity to Member States on what country priorities mean
- strengthen alignment between GPW and country cooperation strategies (CCS)

The country pages will include:

1. Validated **outcome and output prioritization**
2. Updated **WHO contributions** – ‘elevator pitch’, building what was defined in the GPW14 prioritization process (will also serve as a foundation for operational planning, implementation and reporting)
3. Mapping of validated GPW14 priorities to **CCS priorities**
4. **GPW14 output indicator targets** (country-facing indicators) - *optional*
5. **Theory of change** where available and appropriate for external sharing - *optional*



- Clear view of validated priorities
- Demonstrated alignment with country cooperation strategies (CCS)
- Greater transparency for Member States
- Stronger foundation for planning, implementation and reporting at country level

The draft Proposed PB28-29 outlines WHO's comparative advantage

Convening role

- Brings together governments, partners, scientists, civil society and affected communities to enable collective action on complex health challenges
- Central role in reforming global health architecture, reducing fragmentation and aligning action behind country needs (WHA79)

Normative and technical role

- Publishes standards, guidelines and policy recommendations across entire spectrum of areas relevant to health
- Greatest influence and impact frequently through adoption and application of evidence-based norms, policy options and technical guidance

Data and surveillance functions

- Investments in health information, disease surveillance and monitoring systems that strengthen country individual and collective ability to detect health risks, track progress and guide decision-making
- Foundation for timely action and accountability

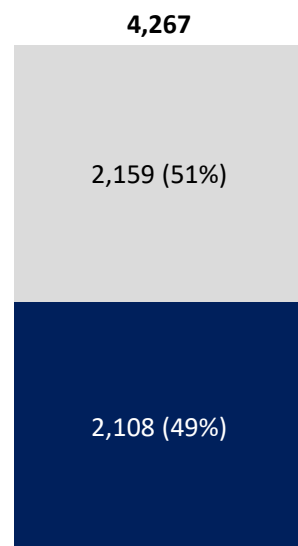


Translating WHO's comparative advantage to country impact

- Country-focused technical work, facilitated by country presence enables its comparative advantages to be translated, contextualized and applied to diverse national contexts.
- Tailored support to ministries of health and partners, strengthening primary healthcare, expanding essential service coverage, improving preparedness and response capacities and supporting implementation of health systems reforms

Projected financing for 28-29 (including AC increase) currently stands at 49% of the base segment of draft proposed PB28-29

Projected financing for the base programmes segment of the draft PB28-29, US\$ million



Remaining to mobilize Projected financing

- **US\$ 160 million in voluntary contributions from agreements under negotiation (pipeline)**, including some Investment Round pledges still to materialize into agreements
- **US\$ 651 million from signed funding agreements**, including Investment Round pledges
- **US\$ 1 297 million in assessed contributions, including a 20% increase over 26-27 AC:** The draft proposed PB was developed with the assumption that MS will approve the next scheduled increase in AC (+20% for the 2028–2029 biennium), in line with the sustainable financing decisions of the WHA75

For strategic
discussion at
the regional
committees

- Do Member States support the proposed overall global budget envelope? (i.e. the flat budget)
- Do the comparative advantages adequately reflect WHO's contributions – also in light of UN80/GHA discussions?
- Do Member States support the 20% AC increase?

Annex 1.

Annex 1 - Total Proposed programme budget 2028–2029 compared with the approved Programme budget 2026–2027, by major office and segment (US\$ million)

Major office/segment	Approved Programme budget 2026–2027	Proposed programme budget 2028–2029
Africa	1 442.7	1 453.90
Base	1 139.6	1 139.60
Polio eradication	78.9	90.1
Special programmes	4.2	4.2
Emergency operations and appeals	220	220
The Americas	309.9	309.7
Base	254.8	254.8
Polio eradication	0.9	0.7
Special programmes	4.2	4.2
Emergency operations and appeals	50	50
South-East Asia	445	410.6
Base	417.2	383.8
Polio eradication	3.6	2.6
Special programmes	4.2	4.2
Emergency operations and appeals	20	20
Europe	426.4	424.7
Base	308.9	308.9
Polio eradication	3.3	1.6
Special programmes	4.2	4.2
Emergency operations and appeals	110	110



Major office/segment	Approved Programme budget 2026–2027	Proposed programme budget 2028–2029
Africa	1 442.7	1 453.90
Base	1 139.6	1 139.60
Polio eradication	78.9	90.1
Special programmes	4.2	4.2
Emergency operations and appeals	220	220
The Americas	309.9	309.7
Base	254.8	254.8
Polio eradication	0.9	0.7
Special programmes	4.2	4.2
Emergency operations and appeals	50	50
South-East Asia	445	410.6
Base	417.2	383.8
Polio eradication	3.6	2.6
Special programmes	4.2	4.2
Emergency operations and appeals	20	20
Europe	426.4	424.7
Base	308.9	308.9
Polio eradication	3.3	1.6
Special programmes	4.2	4.2
Emergency operations and appeals	110	110
Total^a	6 206.7	6 401.8