# Draft Proposed programme budget 2028-2029 – EB version

Member State consultation – 23 November 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.

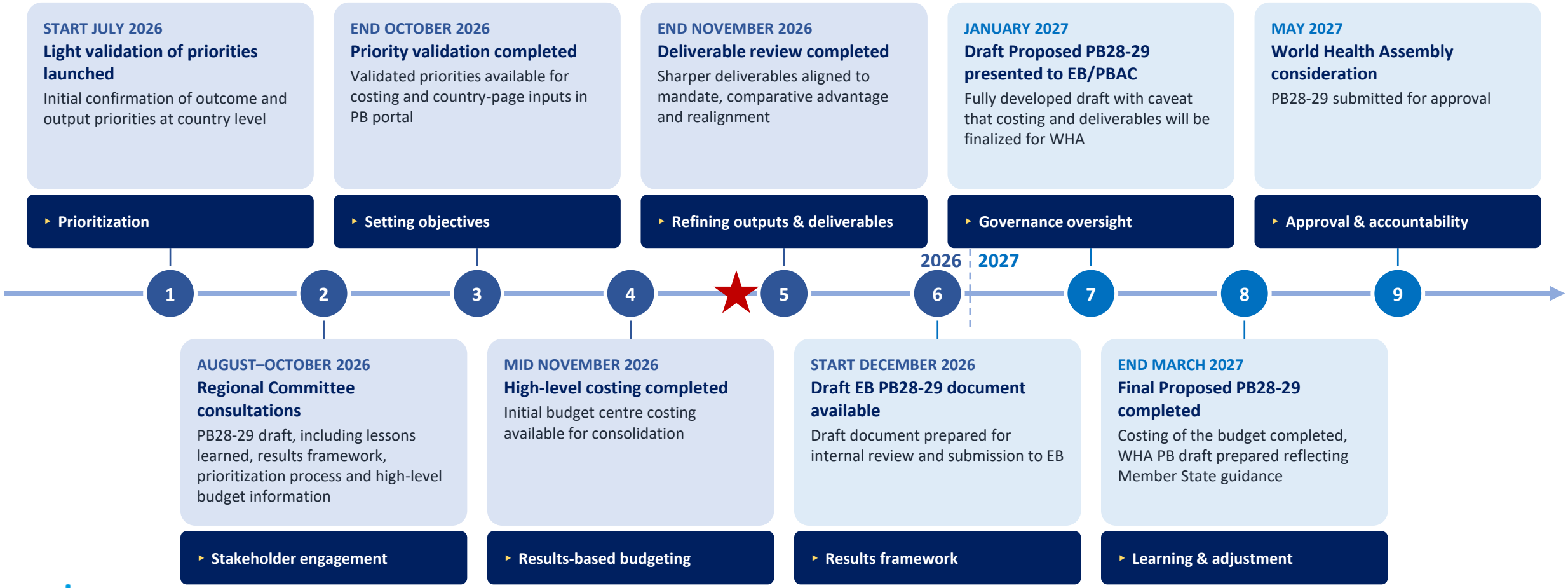


- Stronger strategic narrative
- Clear links and application of lessons learnt
- Clearer articulation of WHO's comparative advantage and prioritized WHO contribution

World Health Organization

*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 will be presented to the Executive Board in January 2027.*

# Programme budget 2028-29 development: process and timeline




World Health Organization

*we are here in the process*

# What we have completed to date

Completed

## Draft RC PB document

Regional committee draft PB document developed

Received

## Regional guidance

Regional committees provided guidance on the draft PB28-29

Largely done

## Country priorities

Country priority validation largely completed

In progress

## Focus Forward

Priority setting at Regional and HQ levels completed

First draft

## Budget costing

First draft costing at output level; final costing for the WHA version

Launched

## Digital platform

PB28-29 platform launched; information updated dynamically

In progress

## Country pages

Being developed; 45 already live on the digital platform

Launched

## Deliverables review

Review of deliverables launched

World Health Organization

# Regional Committees' guidance to draft PB28-29

- **Realistic budgeting:** support to zero-growth Base Programme budget 2028-2029

- **Prioritization**:
  - Support to light touch validation of priorities set for GPW14
  - Clarity on what we focus on and what we deprioritize
  - Show how priorities translate to concrete actions at country level

- **Results-based management focused**: support to RBM focus of the draft PB28-29. In PB28-29 cycle show clear link between priorities, budget, resources, implementation, reporting

- **Sustainable financing is critical**. Support to AC increase accompanied by continuous strengthening of accountability and transparency. Consider contingency planning to respond to level of PB28-29 financing.

World Health Organization

# Prioritization

World Health Organization

# Draft Proposed PB 2028–2029 builds on country-led prioritization process undertaken for GPW14 in 2025 and validated for 2028-2029

## Strategic significance of country-level prioritization

- Cornerstone of PB development, done in consultation with governments and key partners
- Focus on where WHO's technical cooperation provides the greatest added-value to Member States
- Priorities set for the duration of GPW14

## 2026 process: Country priorities validated

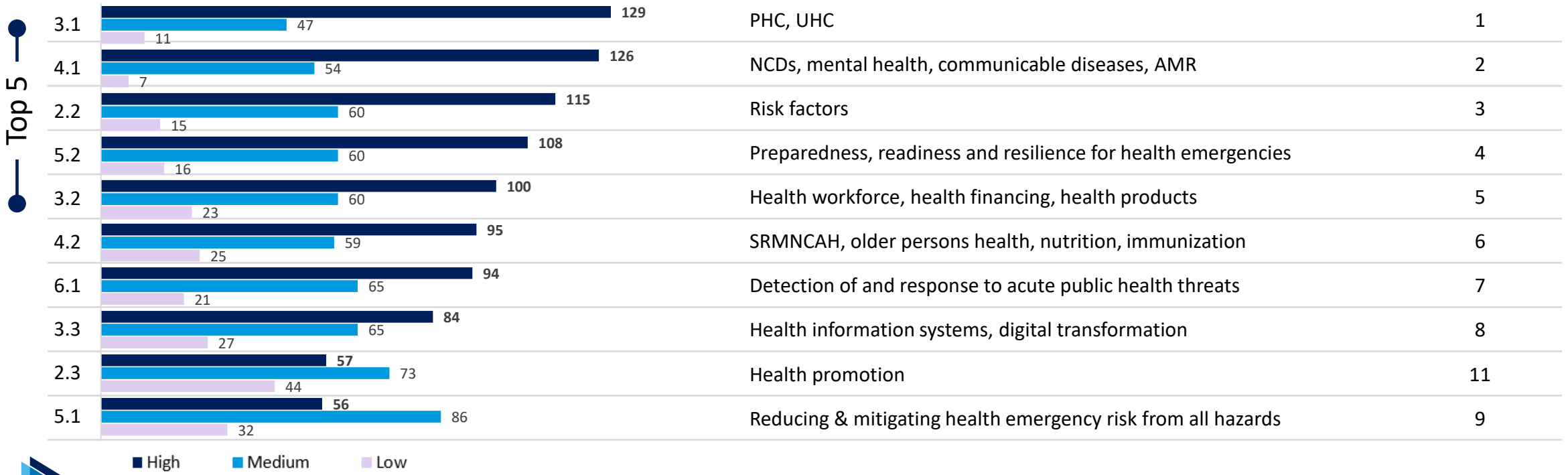
- Initial country-level prioritization done in 2024 for the whole duration of GPW14
- Revisited early 2025 considering country-level impact of shifts in financial and political landscape
- Validated in 2026 for the PB 28-29 development through a lighter process

## Results

- Data on priorities is available on the Programme Budget digital platform – adjustments might be made until the final WHA version
- Analysis allows to identify:
  - Outcomes most frequently identified as high priority
  - Areas where demand for WHO's technical cooperation has increased

# Prioritization of outcomes | Continuation from 2026-2027 to 2028-2029

## Top prioritized outcomes by countries in 2028-2029 (compared with 2026-2027)



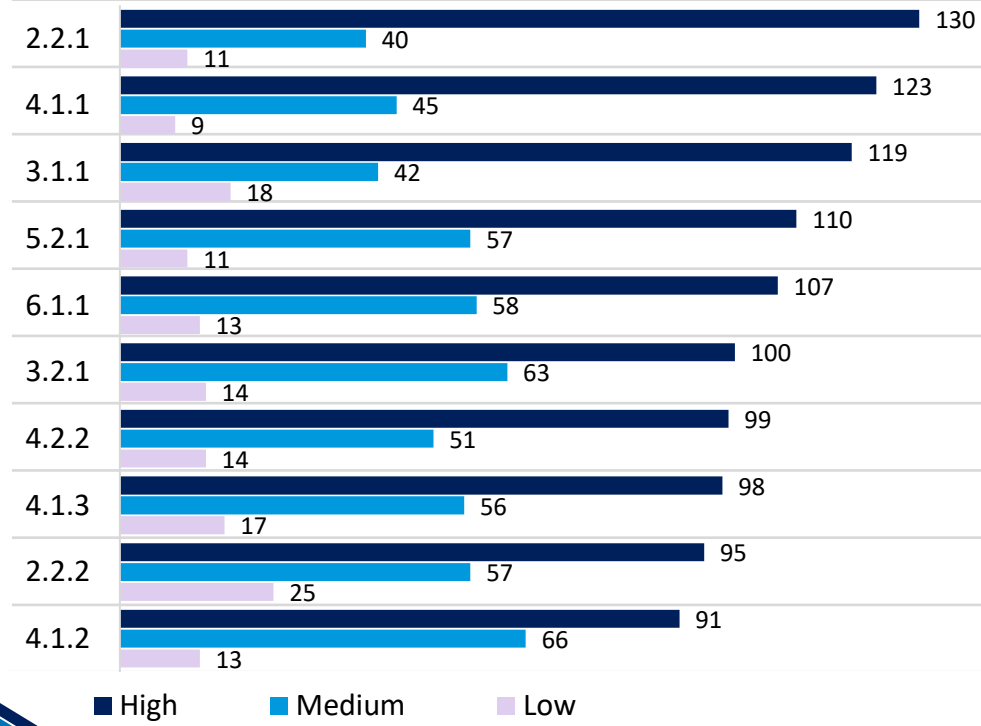

Top 5 priorities remain unchanged: **PHC/UHC, NCDs/mental health/communicable diseases/AMR, risk factors, preparedness and health workforce/financing/medical products.** In the top 10, 1.1 (climate resilient health systems) drops from top 10 in favor of 2.3 (health promotion)

- This reflects a strong global demand for WHO's technical cooperation in areas central to strengthening health systems, improving service coverage and access, and building resilience

# Prioritization of outputs | Continuation from 2026-2027 to 2028-2029

## Top prioritized outputs by countries in 2028-29 (compared with 2026-2027)

Top 5




| Output focus | 26-27 ranking |
|---|---|
| Norms & standards to address risk factors for CDs / NCDs / violence and injuries / poor nutrition / food safety | 1 |
| Policy, implementation, scale-up and measurement of control and management of NCDs | 3 |
| Strengthen country capacity and provide guidance on integrated services | 2 |
| Risk and capacity assessments, supporting national preparedness and readiness plans | 4 |
| Strengthen surveillance and alert systems (including diagnostics and laboratory capacities) | 5 |
| Technical guidance and operational support on health and care workforce | 7 |
| Guidance and technical assistance to strengthen and sustain quality immunization services | 9 |
| Leadership, guidance, capacity building for integrated services for communicable diseases | 6 |
| Support promotion and preventive health services (inc. tobacco /alcohol cessation, physical activity and nutrition counselling, breastfeeding) | 8 |
| Support design, scale-up, implementation and measurement of services for mental health | 10 |

- Top 10 priority outputs remain unchanged, with minor reshuffles within the top 10
- Final priority ranking will be available in WHA version of the PB28-29

# Focus Forward | Sharpening our focus and doing differently with less

## Why Focus Forward?

**Continuation of prioritization process**
Build on the prioritization and realignment process, putting decisions into practice so they translate into meaningful workload relief.

**Further strengthening focus**
Clarify prioritization outcomes and strengthen the evidence base for PB28/29

**Shaping WHO's future role**
Inform GHA discussions and clarify what WHO should lead, enable or entrust to partners.

**Informing PB 2028-29**
This work will also serve to inform prioritization of the Programme budget at the 3 levels of the Organization

## What it is about

**Concentrate capacity** on the results where WHO adds distinctive value

**Translate priorities into delivery** through scalable new ways of working

**Address persistent barriers** across processes, systems, accountability and capacity

**Clarify roles and delivery models** across headquarters, regions and countries

**Inform GHA choices** on WHO's future role and partnership model

## Focus Forward framework

**Key results**
Identify where WHO adds distinctive value and concentrate capacity there

**New ways of working**
Define scalable ways of working that turn priorities into delivery

**Solutions to challenges**
Resolve barriers across processes, systems, accountability and capacity

**Capacity checkpoint**
Test whether capacity matches priorities and flag gaps early

**Remaining fragmentation**
Surface duplication and unclear roles across HQ, regions and countries

**Sequenced approach**

- September **HQ workshops**
- Oct / Nov **EXM workshop**
- November **Regional input**
- November **Network sessions** — Brief MS on the broader outcomes of the Focus Forward workshops (23 November 2026)
- Dec **EXM-GPG workshop** — MS review the outcomes, reflected in the Programme Budget submitted to the Executive Board

World Health Organization

# Focus Forward | Prioritizing HQ and Regional Office contributions to PB priorities

## Division Poster: HEALTH SYSTEMS, ACCESS AND DATA (HSD)

**Key Results** What are your top 3-6 key results for the 2026-2027 biennium?

***By the end of 2027, HSD will have provided essential standards, data, convening, guidance and support for countries to build future-ready, sustainable and resilient health systems that expand equitable access to quality healthcare:***

| | | |
|---|---|---|
| 1 | **FUTURE-READY PHC AND INTEGRATION**<br>By the end of 2027, **WHO will have enabled advancement of future-ready PHC in more countries,** through application of WHO guidance on design, delivery, quality, measurement and resilience of integrated health services and governance, adapted for rapid technology shifts and evolving health burdens (e.g. NCDs and AMR). | Primary output: 3.1.1<br>Contributing output: 3.1.2, 4.1.4 |
| 2 | **NATIONAL HEALTH SOVEREIGNTY**<br>By the end of 2027, **WHO will have enabled renewed global commitments and action for country-led paths to UHC, and more counties applying "1 plan, 1 budget, 1 report"**, including through WHO data and analysis informing the UNGA HLM on UHC in 2027 (e.g. on global health expenditures; State of Health Financing; UHC Global Monitoring), and support via UHC-P and the UHC Hub. | Primary output: 3.2.2<br>Contributing output: 3.1.3, 4.3.1 |
| 3 | **TRUSTED DATA, DIGITAL HEALTH AND AI**<br>By the end of 2027, **WHO will have enabled more countries to establish safe, trustworthy digital ecosystem foundations and to use trusted data to inform action,** including through a new global digital health strategy; WHO reference architectures, guidance, safeguards and standards for the fast-evolving digital environment; and data goods that support decisions on priorities such as UHC, access, and AMR. | Primary output: 3.3.1<br>Contributing output: 7.2.3 |
| 4 | **AN ADAPTABLE HEALTH WORKFORCE**<br>By the end of 2027, **future-ready workforce capacities will have been enabled in more countries through the WHO Academy's end-to-end support,** including to assess, address and monitor key workforce gaps; draw on competency frameworks and lifelong learning; sustainably invest in workforce; and safeguard ethical recruitment/migration. | Primary output: 3.2.1 |
| 5 | **ACCESS TO QUALITY-ASSURED HEALTH PRODUCTS**<br>By the end of 2027, **WHO will have enabled a more equitable and resilient medicines and health products ecosystem,** underpinned by WHO norms and standards, through geographically diversified manufacturing; strengthened regulatory systems; faster access to priority products through streamlined WHO prequalification; essential health products lists; and procurement guidance. | Primary output: 3.2.3 |
| 6 | **MULTISECTORAL ACTION ON KEY HEALTH CHALLENGES AND OPPORTUNITIES**<br>By the end of 2027, **WHO will have enabled multisectoral action on AMR and to advance safe, evidence-based traditional medicine,** including through Quadripartite leadership and support for countries to accelerate integrated, evidence-based action on AMR; and through the **Global Traditional Medicine Centre**'s convening and guidance to benefit people and planet. | Primary output: 4.1.4<br>Contributing output: 3.1.1, 4.3.1 |

## Division Posters: BOS

**Key Results**

**What are your top 3-6 key results for the 2026-2027 biennium?**

Consider the most important things you need to achieve, that can be measured and monitored

| | | |
|---|---|---|
| 1 | By the end of 2027, BOS will have **advanced organisational efficiency and digital transformation** through its completed BMS cloud transformation, shown by integrated HR, finance and supply chain processes, a coherent enterprise system architecture, and a simplified end-to-end user experience. | Primary output code XXX<br>Contributing output code: XXX |
| 2 | By the end of 2027, BOS will have **accelerated workforce productivity and enabled a future-ready workforce** across WHO, shown by the systematic implementation of AI use cases addressing the highest-priority pain points, and AI access and training delivered to XX% of the workforce. | Primary output code XXX<br>Contributing output code: XXX |
| 3 | By the end of 2027, WHO will have **strengthened governance, accountability and organisational performance** through risk-based controls, informed delegation and stronger fiduciary oversight, shown by real-time compliance monitoring, improved control effectiveness, fewer control and audit issues, and simpler reporting. | Primary output code XXX<br>Contributing output code: XXX |
| 4 | By the end of 2027, WHO will have **strengthened the sustainability of its financing**, shown by **increased Assessed Contributions**, a larger share of flexible funding, and improved alignment of resources to organisational priorities and programme delivery. | Primary output code XXX<br>Contributing output code: XXX |
| 5 | By the end of 2027, WHO will have **strengthened workforce stability** across HQ, ROs and COs, shown by reduced workload pressures, improved staff wellbeing, enhanced psychosocial health support, more effective recruitment and workforce planning, and greater organisational resilience. | Primary output code XXX<br>Contributing output code: XXX |

## Focus Forward: South-East Asia Region

**Key Results**

**What are your top 3 key results for the 2026-2027 biennium?**

Consider the most important things you need to achieve, that can be measured and monitored

| | | |
|---|---|---|
| 1 | By end-2027, Member States demonstrate measurable progress in equitable coverage of priority health services through stronger PHC, integrated care pathways and improved access for underserved populations, with country-defined milestones and disaggregated monitoring. | Primary: 3.1.1<br>Contributing: 3.2.1, 3.2.3, 4.1.1, 4.2.1, 4.2.2, 6.1.2 |
| 2 | By end-2027, countries sustain progress towards elimination, protect health gains and strengthen resilience by integrating prevention, surveillance, laboratories, risk assessment, preparedness and coordinated action, including for climate-related and emerging health risks, through cross-team collaboration. | Primary: 6.1.1<br>Contributing: 4.1.3, 4.1.4, 4.2.2, 5.2.1, 5.2.3, 6.1.2 |
| 3 | By end-2027, regional support is faster and more focused through safe digital systems, differentiated expertise and country-led implementation pathways. | Primary: 3.3.1<br>Contributing: 3.1.1, 3.2.1, 5.2.1 |

## Focus Forward: Eastern Mediterranean (EMRO)

**Key Results**

**What are your top 3 key results for the 2026-2027 biennium?**

Consider the most important things you need to achieve, that can be measured and monitored

| | | |
|---|---|---|
| 1 | **Emergencies.** By the end of 2027, emergency-affected countries in the Region (incl. oPt/Gaza, Sudan, Yemen, Syria, Afghanistan) will have sustained access to essential health services, backed by a funded regional emergency function, shown by the US$ 4M Regional Office WHE gap closed and a multi-year financing model agreed. | Primary output code GPW14 6.2<br>Contributing output code: 6.1, 5.2 |
| 2 | **Access & financing.** By the end of 2027, Member States will have a country-owned Regional Pooled Procurement Mechanism and a regional health financing agenda in implementation, shown by first pooled purchases with early-mover countries and follow-up of the RC73 health financing paper through the Egypt/Oman co-chaired Task Force. | Primary output code GPW14 3.2<br>Contributing output code: 4.3 |
| 3 | **Fit-for-purpose WHO.** By the end of 2027, WHO in the Region will have a funding-aligned workforce and country presence, shown by mapping & matching completed in all country offices, all fixed-term contracts matched to confirmed funding, and WR vacancies filled through the regional succession pipeline. | Primary output code Corp. outc. 3<br>Contributing output code: Corp. 1 |

- **HQ/RO Key results.** HQ Divisions and Regional Offices define their key results, outlining what they will deliver, including in support of country priorities.
- **Three level alignment.** Agreement on where each level adds most value and which results require joint delivery.
- **Making resource choices explicit.** Specify what can be consolidated, scaled back or stopped, and where capacity can be redirected to priority results.

# Prioritization Outcomes | WHO has stopped, scaled down or transitioned activities to sharpen mandate focus and reduce duplication – ongoing process

**THE CHANGES WERE CONCENTRATED ACROSS FIVE AREAS OF WORK**

**COUNTRY DELIVERY**
Less direct HQ country implementation and implementation support

**TECHNICAL PRODUCTS**
Fewer and more consolidated guidelines, tools and reports

**RESEARCH AND DATA**
More focused research, surveys, surveillance and analytics

**TRAINING**
Less stand-alone trainings, and more regional or digital delivery

**SELECTIVE PARTNER ENGAGEMENT**
More targeted engagement, fewer duplicative processes and reduced non-core delivery

World Health Organization

## REALIGNED WITHIN WHO

Responsibilities were realigned within WHO to reduce duplication and ensure delivery at the most appropriate organizational level.

- Greater decentralization to regional and country offices
- Stronger normative leadership on norms, standards and quality assurance
- Consolidation of overlapping structures, teams and functions
- Increased digital delivery and fewer in-person activities
- Reallocation of training and capacity-building responsibilities within WHO
- Offices, programmes and positions merged or consolidated
- Authority and roles shifted to the most appropriate level

## TRANSITIONED TO PARTNERS

Activities were transitioned selectively where another organization or partner was better positioned to lead or deliver.

- Specific implementation support and country-level delivery activities of certain activities and programmes
- Selected training and capacity-building activities delivered increasingly through collaborating centres and national institutions
- Certain specialized technical products, tools and analyses
- Selected research, surveillance and data-related activities
- Selected areas co-delivered with UN and international partners

## SHARPENED MANDATE FOCUS

Activities were stopped/scaled down where they were less central to WHO's core mandate or expected impact did not justify the effort required.

- Reduced lower-priority activities to focus on high-impact work, including scope cuts in low-priority outcomes and programmes
- Fewer advocacy products, campaigns, newsletters and publications outside core priorities
- Selected reductions in stand-alone research, surveys and modelling
- More targeted country support and policy engagement, with less direct field-level and operational support
- Streamlined corporate and administrative activities, including travel and stand-alone meetings

# Prioritization Outcomes | Looking at selected examples from individual budget centers provides more granularity to understand processes across WHO

## REALIGNED WITHIN WHO

Responsibilities realigned to reduce duplication and ensure delivery at the most appropriate level.

### Delivery moved closer to countries

- **Transferred to regions:** Early Warning and Response guidance and National Health Emergency Response Operational Plans moved to regions (HQ / WHE).
- **Transfer in progress:** Vaccine-preventable disease activities in HQ (e.g. RITAG/NITAG support, measles and rubella laboratory network) to be delivered via Regional Offices, with HQ keeping oversight where needed.

### Overlapping functions and structures consolidated

- **Duplication removed:** Duplicating disability inclusion roles stopped (HQ / BOS); Health Equity as a separate technical area scaled down (HQ / GPA); IPC capacity in PFD reduced, with closer links to AMR and WHE (HQ / PFD; EMRO).
- **Programmes consolidated:** Occupational health programme integrated into the health workforce programme; data management, platforms and monitoring consolidated across merged departments (HQ).
- **Regional structures consolidated:** Organizational structures across Regional Offices and HQ were aligned, with some functions such as resource mobilization and PSEA absorbed by existing staff (SEARO); WR offices covering multiple countries (WPRO, EMRO).

### Authority and ways of working streamlined

- **Scaled down - authority delegated:** Position funding clearances scaled down via delegation to Budget Centres (WPRO); FENSA checks for routine engagements delegated to FENSA focal points (HQ).
- **Scaled down - more digital:** Data processes projected to fall by 70% from 2027 through automation and AI (HQ); in-person meetings reduced, with a shift to hybrid/virtual (HQ / HSD).

## TRANSITIONED TO PARTNERS

Transitioned selectively where partners were better positioned to lead or deliver.

### Roles shared with UN and international partners

- **Transferred:** Children's Environmental Health programme and leadership of the IASC Mental Health and Psychosocial Support Reference Group to UNICEF; Be He@lthy, Be Mobile Secretariat to ITU (HQ / PPC).
- **Roles clarified:** A joint WHO-Gavi-UNICEF exercise (late 2025) clarified the division of labour - UNICEF on supply chain, WHO on data, Gavi on market shaping - and informed IVB priorities for 2026-27 (HQ / IVB).

### Research, data and technical work handed to specialist institutions

- **Transferred:** NCD implementation research to HPSR/other NGOs; neurological, addictive behaviours diagnostic instrument validation study to an external PI (HQ / PPC).
- **Scaled down:** TB trials platform to be taken over by high TB burden countries; select country-level health workforce technical assistance transferred to partners (HQ).

### Training and capacity building via collaborating centres (CCs) and partners

- **Scaled down - greater reliance on collaborating centres (CCs):** Training and capacity building relying more on ACD and CC partners; Innovation Hub initiatives (e.g. Demand Catalyst, LEAD) moving to the WHO Academy/CCs (HQ / HSD, SEARO).
- **Scaled down - role retained:** WHO maintains governance and advisory role for the Global Field Epidemiology Partnership and the Global Laboratory Leadership Programme (HQ / WHE).

## SHARPENED MANDATE FOCUS

Stopped or scaled down where less central to the core mandate or not justified by expected impact.

### Lower-priority work stopped or reduced in scope

- **Stopped:** Alcohol harm-reduction activities sunset and alcohol legislation work stopped, with legal capacity re-tasked to tobacco control, healthy diets, mobility and road safety; all neurotechnology activities stopped (HQ / PPC).
- **Stopped / scaled down:** Guidelines on IPC in long-term care, hand hygiene, sepsis and dialysis-related bloodstream infection stopped; foodborne disease estimates reduced in scope by 70%; RCTs to validate forthcoming WHO products (from 2 M to 100K budget).

### Fewer stand-alone surveys, studies and technical products

- **Stopped / scaled down:** Stand-alone population surveys on eye, ear or oral diseases and technical assistance for the global Ageing Population survey stopped; mental health and neurological research limited to validating WHO products (HQ).
- **Scaled down:** Fewer technical products, prioritizing high-impact normative products and consolidating guidelines and core documents; non-normative products aligned with Member State needs and focused on uptake (HQ).

### More targeted country support and engagement

- **Scaled down / stopped:** Direct implementation support stopped or scaled down; country support initiatives not aligned with strategic priorities stopped (HQ).
- **Deferred:** PHC-GHI Toolbox redesign to be revisited in 2027; some ageing-related components paused (HQ).

# First draft of high-level PB costing and PB financing outlook

World Health Organization

# The draft Proposed PB 28-29 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** | **–** |

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

## 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

[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).

# First draft of the base budget high-level costing at outcome level

- The draft costing at outcome level reflects the country-led prioritization undertaken for GPW14 and validated by Member States in 2026.
- Budget alignment with priorities is evident: the largest increases are in outcomes identified as high priority, notably 4.1 (+US$ 64.0 million), 2.2 (+US$ 36.3 million), 5.2 (+US$ 9.3M) and 4.2 (+US$ 20.7 million), and 3.1 where budget is maintained.
- Decrease in priority outcome 3.2 explained by RPQ and INN programmes shifted to the Special Programmes segment.
- Protect health returns to its pre-2022-revision level, reflecting the lower overall budget since 2024-2025; it still represents ~20% of the total budget (19% before the increase).
- The costing is provisional and high-level: a fully priority-driven costing will be presented to the World Health Assembly.
- Outcome-level figures may therefore change following HQ and regional priority-setting (focus forward).

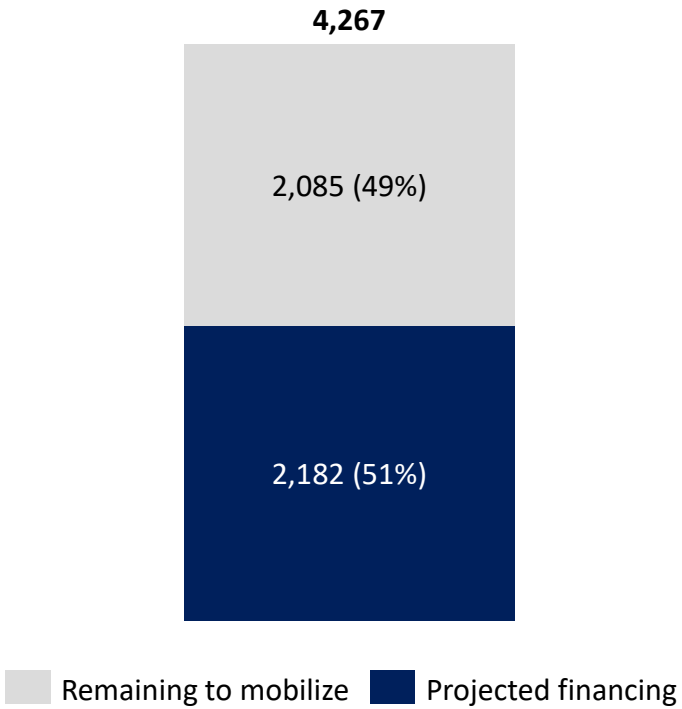
| Pillars / Outcomes | 2026-2027 Approved Programme budget (US$ Million) | 2028-2029 EB Proposed Programme budget (US$ Million) | Variance | |
|---|---|---|---|---|
| **Promote health** | **399.9** | **428.9** | **28.9** | |
| 1.1 Climate-resilient health systems | 60.8 | 60.4 | (0.4) | |
| 1.2 Low-carbon health systems | 20.1 | 24.1 | 4.0 | |
| 2.1 Health equity | 84.4 | 68.9 | (15.5) | |
| 2.2 Health risk factors | 199.4 | 235.7 | 36.3 | 🎯 |
| 2.3 Health empowerment | 35.2 | 39.8 | 4.6 | |
| **Provide health** | **1,787.8** | **1,797.7** | **9.9** | |
| 3.1 Primary health care | 280.4 | 278.3 | (2.1) | 🎯 |
| 3.2 Health system strengthening | 385.0 | 299.5 | (85.6) | 🎯 |
| 3.3 Health information and digital health | 84.6 | 101.4 | 16.9 | |
| 4.1 Priority health services | 570.1 | 634.1 | 64.0 | 🎯 |
| 4.2 Life-course health services | 423.9 | 444.6 | 20.7 | |
| 4.3 Financial protection | 43.8 | 39.9 | (4.0) | |
| **Protect health** | **918.5** | **840.7** | **(77.8)** | |
| 5.1 Emergency risk reduction | 134.6 | 113.8 | (20.9) | |
| 5.2 Emergency preparedness | 257.9 | 267.1 | 9.3 | 🎯 |
| 6.1 Emergency detection and response | 400.7 | 349.2 | (51.5) | |
| 6.2 Essential services in emergencies | 125.3 | 110.6 | (14.7) | |
| **Power the global health agenda** | **577.2** | **591.0** | **13.8** | |
| 7.1 Global health leadership | 428.9 | 453.6 | 24.7 | |
| 7.2 Science and technical products | 148.3 | 137.3 | (10.9) | |
| **Optimize WHO's performance** | **583.7** | **608.9** | **25.1** | |
| 8.1 Management and accountability | 583.7 | 608.9 | 25.1 | |
| **Grand Total** | **4,267.1** | **4,267.1** | **0.0** | |

World Health Organization

🎯 Top 5 prioritized outcomes in countries

# Projected financing for 28-29 (including AC increase) currently stands at 51% of the base segment of draft proposed PB28-29

**Projected financing for the base segment of the draft PB28-29, US$ million, Nov. 2026**




- **US$ 196 million in voluntary contributions from agreements under negotiation (pipeline),** including some IR pledges still to materialize
- **US$ 688 million from signed funding agreements**, including IR 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 approve an increase in AC (+20% for the 2028–2029 biennium), in line with the sustainable financing decisions of the WHA75
- Projections for the proposed base budget are lower than they were at the same point in time last biennium, when they stood at around US$2.7 billion (or 51% of the then proposed base budget of US$5.32 billion).
- Without the AC increase, projections fall to US$1.9 billion, or 46% of the base budget

World Health Organization

# Risk | What options are there to mitigate the risk of underfunding for PB28-29?

**Base programmes segment of Proposed programme budget 2028–2029, by global outcome and ordered by level of country-prioritization (US$ millions)**

| COUNTRY-PRIORITY RANK | OUTCOME | OUTCOME FOCUS | GLOBAL BUDGET, PB28-29 BASE (EB) |
|---|---|---|---|
| 1 | 3.1 | PHC, UHC | 278.3 |
| 2 | 4.1 | NCDs, mental health, communicable diseases, AMR | 634.1 |
| 3 | 2.2 | Risk factors | 235.7 |
| 4 | 5.2 | Preparedness, readiness and resilience for health emergencies | 267.1 |
| 5 | 3.2 | Health workforce, health financing, health products | 299.5 |
| 6 | 4.2 | SRMNCAH, older persons health, nutrition, immunization | 444.6 |
| 7 | 6.1 | Detection of and response to acute public health threats | 349.2 |
| 8 | 3.3 | Health information systems, digital transformation | 101.4 |
| 9 | 2.3 | Health promotion | 39.8 |
| 10 | 5.1 | Reducing & mitigating health emergency risk from all hazards | 113.8 |
| 11 | 1.1 | Climate-resilient health systems | 60.4 |
| 12 | 4.3 | Financial protection | 39.9 |
| 13 | 2.1 | Determinants of health | 68.9 |
| 14 | 6.2 | Access to essential health services during emergencies | 110.6 |
| 15 | 1.2 | Lower-carbon health systems | 24.1 |

(preliminary analysis, based solely on country prioritization for now – final version in WHA draft)

- Proactively identifying measures to mitigate the risk of underfunding is essential in light of the current financial environment and the uncertainties surrounding resource mobilization for the Programme Budget 2028–2029.
- Prioritization could provide a structured basis for adjusting the scope of the Programme Budget should sufficient funding not materialize. Options under consideration include scaling back activities under lower-priority outcomes and prioritizing/preserving more flexible resources for higher-priority outcomes.

# Programme Budget Digital Platform features key information throughout the PB development process

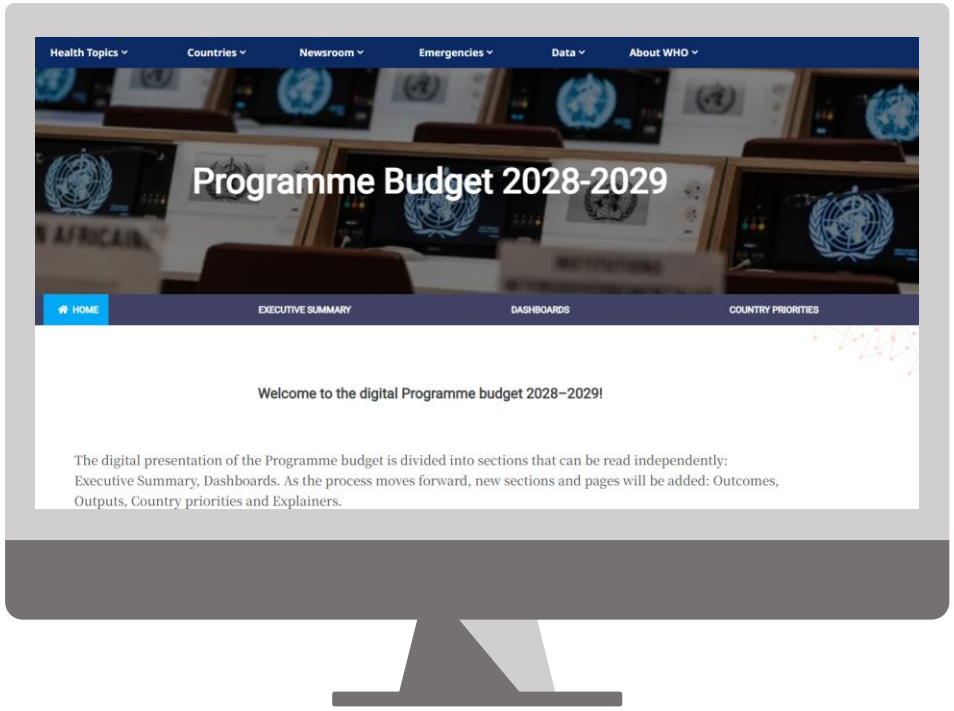
- **Accessible from the WHO main website starting today**




- **Information will be added throughout the PB development process, with a final, complete version ahead of the World Health Assembly**

- **What's new: country priorities page added, with details on WHO's contributions and prioritization**

Link here



# WHO policy and framework on results-based management (RBM)

**Responds to the RBM evaluation recommendation to develop a common understanding of results-based management.**

As part of PB 2028–2029, the information document summarizes WHO's RBM policy and framework and explains how WHO applies RBM in practice.

## WHAT THE POLICY BRINGS TOGETHER

1. ### Builds a shared understanding of RBM

   Sets out principles, expectations, roles, and definitions from current work, gathered into one foundation anchored in WHO's mandate.

2. ### Clarifies accountability for results

   The Secretariat is accountable for outputs and deliverables, while outcomes and impact are shared with Member States and partners.

3. ### Shows how WHO applies RBM throughout the management cycle

   Identifying the key instruments and processes that support planning, budgeting, implementation, monitoring, reporting, evaluation and learning.



**One common approach: from policy to practice**

| | |
|---|---|
| **WHAT TO EXPECT** | A concise, practical document clarifying WHO's approach to managing for results throughout the full management cycle. |
| **NEXT STEPS** | Align guidance, tools and capacity • learn and improve through implementation. |

World Health Organization

# Flexible funds | key facts and allocations

**US$ 1.9 bn**
implemented in 2024–2025

**40%**
of available base financing

**63%**
regional and country offices

**76%**
staff costs

**Allocation by purpose: 53% technical programmes • 26% leadership • 21% enabling functions**

## Funding mix



- Assessed contributions — **US$ 847m (44%)**
- Programme support costs — **US$ 775m (40%)**
- Core voluntary contributions — **US$ 281m (16%)**

Detailed flexible funds report to be published in December 2026

## Allocation and oversight

| | |
|---|---|
| **Predictable** | Biennial envelopes communicated before implementation. |
| **Country-focused** | Prioritize results and gaps not covered by earmarked funds. |
| **Delegated and agile** | Major offices and budget centres adjust allocations as needs evolve. |
| **Accountable** | Regular monitoring of implementation and high-priority outputs. |

# Next steps ahead of the EB:

- **Define what WHO will deliver for the five outcomes most frequently prioritized by countries.** For each outcome, explain how the three levels of WHO will contribute to country impact and how they will manage key delivery risks.

- **Refine the scope of work.** Within the agreed GPW14 outcome and output statements, make targeted revisions to output scopes and WHO deliverables to reflect organizational realignment, available financing and delivery capacity.

- **Finalize HQ and Regional office priorities.** Building on Focus Forward, outline HQ and Regional Office priorities, areas that have been stopped or scaled down.

- **Finalize the dedicated country pages** to show each country's priorities and what WHO will deliver to support them.

World Health Organization

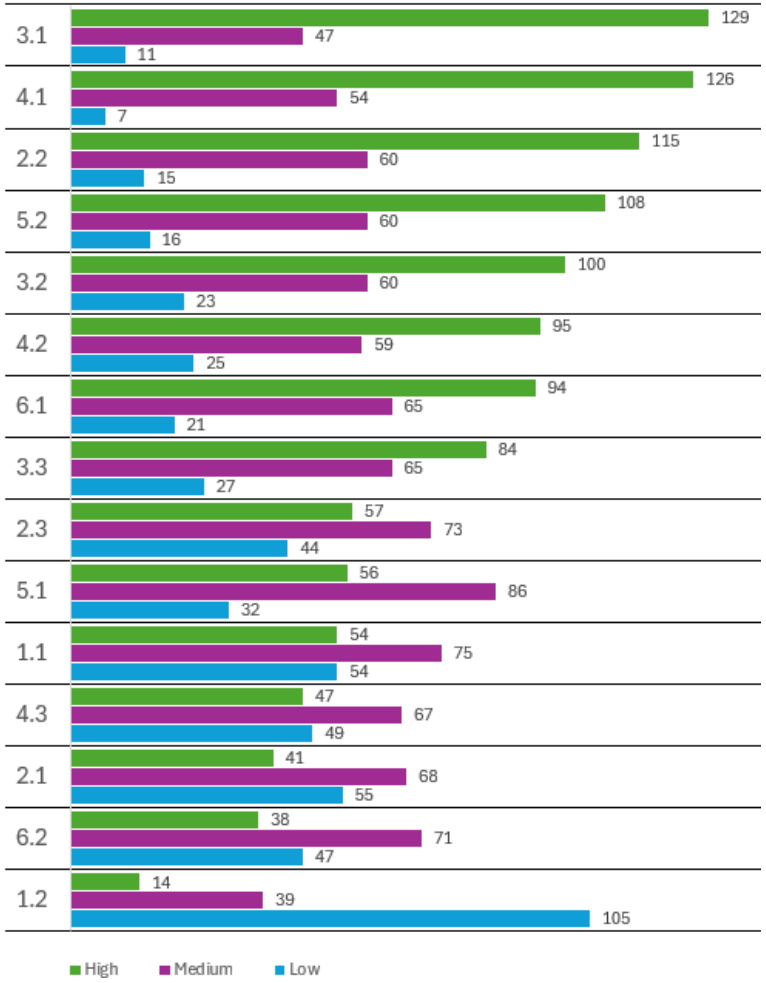
# Annex 1

Other useful information

World Health Organization

# Prioritization | Strong alignment of budget with priority outcomes

## Top prioritized outcomes




| | | PB26-27 BASE APPROVED | | PB28-29 BASE EB VERSION | |
|---|---|---|---|---|---|
| | GPW14 OUTCOMES | US$ million | Share of total Base segment | US$ million | Share of total Base segment |
| | 1.1 | 60.8 | 1.4% | 60.4 | 1.4% |
| | 1.2 | 20.1 | 0.5% | 24.1 | 0.6% |
| | 2.1 | 84.4 | 2.0% | 68.9 | 1.6% |
| 3 | 2.2 | 199.4 | 4.7% | 235.7 | 5.5% |
| | 2.3 | 35.2 | 0.8% | 39.8 | 0.9% |
| 1 | 3.1 | 280.4 | 6.6% | 278.3 | 6.5% |
| 5 | 3.2 | 385.0 | 9.0% | 299.5 | 7.0% |
| | 3.3 | 84.6 | 2.0% | 101.4 | 2.4% |
| 2 | 4.1 | 570.1 | 13.4% | 634.1 | 14.9% |
| 6 | 4.2 | 423.9 | 9.9% | 444.6 | 10.4% |
| | 4.3 | 43.8 | 1.0% | 39.9 | 0.9% |
| | 5.1 | 134.6 | 3.2% | 113.8 | 2.7% |
| 4 | 5.2 | 257.9 | 6.0% | 267.1 | 6.3% |
| | 6.1 | 400.7 | 9.4% | 349.2 | 8.2% |
| | 6.2 | 125.3 | 2.9% | 110.6 | 2.6% |
| | 7.1 | 428.9 | 10.1% | 453.6 | 10.6% |
| | 7.2 | 148.3 | 3.5% | 137.3 | 3.2% |
| | 8.1 | 583.7 | 13.7% | 608.9 | 14.3% |
| | **Grand Total** | **4,267.1** | **100.0%** | **4,267.1** | **100.0%** |

# Flexible funds | allocation process

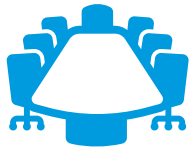


01

## Define the biennial envelope

**Before the biennium**

- Total envelope is an ***expected amount***, for planning purposes and may be adapted based on cash availability
- Fully approved AC, less 2% withholding
- PSC based on VC income estimate
- CVCA, based on funds at hand and signed income pipeline
- Full envelope communicated ahead of biennium start



02

## Allocate by major office

**DG with Global Policy Group**

- Country-focused prioritization
- Strategic, equitable and complementary
- Supports flagship initiatives (CPCP, PRSEAH)
- Supports enabling and leadership functions



03

## Allocate by budget centre

**DG and RDs**

- Full responsibility for allocation and reallocation within the envelope, including closing financing gaps
- Budget centre envelope released in tranches



04

## Implement and monitor

**Budget centres, all three levels**

- Delegated authority to WRs and/or Directors
- Funding priority outputs, monitored using corporate KPI (80% of high-priority outputs should be at least 80% funded by FF/VC by EOB)
- Commitments stay within envelopes

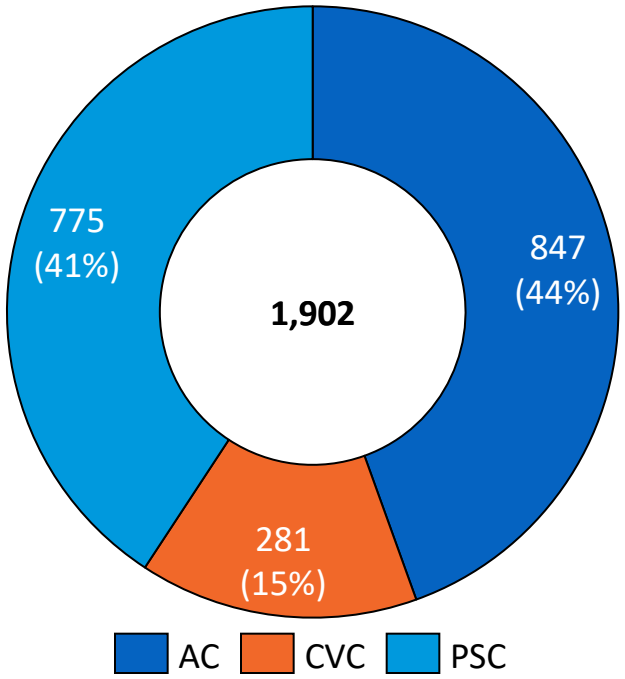
World Health Organization

**Principles of allocation process**

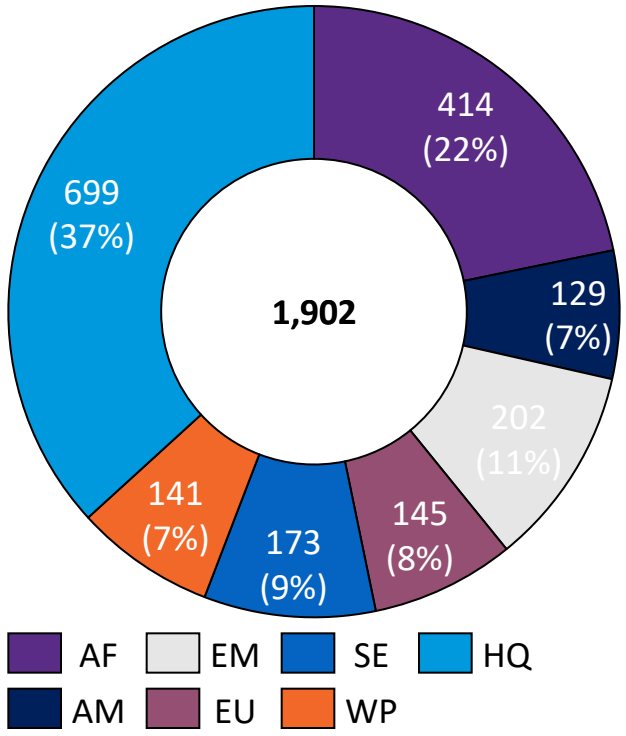
- Flexibility and agility: envelopes known ahead of time, decisions delegated to those closest to delivery
- Transparency: criteria and amounts communicated across all three levels
- Predictability: multi-year planning of staff and activities from day one

# Flexible funds | implementation in 2024-2025

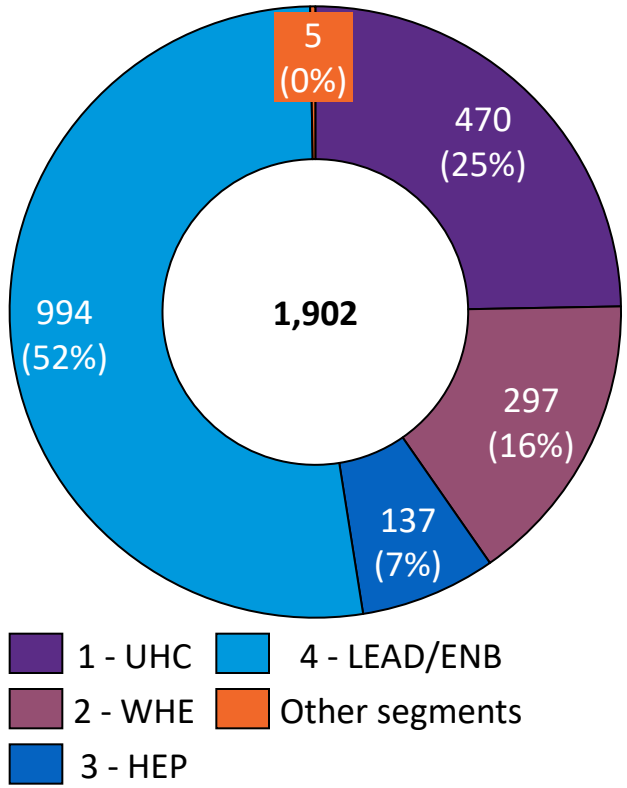
**Implementation by Fund type (USD M / %)**




**Implementation by MO (USD M / %)**




**Implementation by SP (USD M / %)**




World Health Organization