



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
105th Session
Provisional agenda item 6

EB105/17 Add.1
16 December 1999

Implementation of budget resolutions

Resolutions EB103.R6 and WHA52.20

Report by the Secretariat

1. By resolution EB103.R6, the Executive Board requested a more precise indication of WHO's role in working with specific partners, with indicators of success. The information below complements that provided on the policy for extrabudgetary resources¹ and on public-private partnerships.²

PART 3: "WHO's role in working with specific partners to mobilize global support" (resolution EB103.R6)

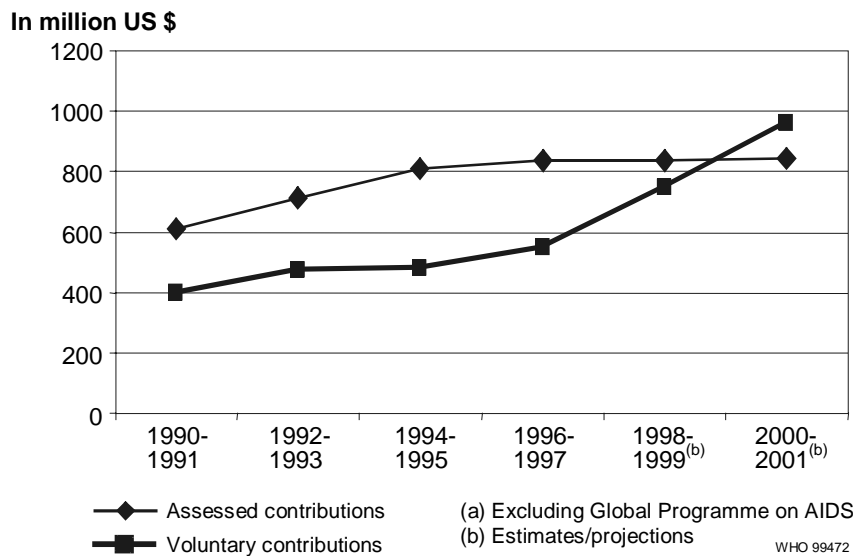
2. Resource mobilization has to be organized to maintain existing flows of funding, secure additional support from bilateral and multilateral donors, and build up strong, long-term support from other actors, including foundations, nongovernmental organizations and the business community. The approach must aim to improve predictability and steadiness of cash flows and to be flexible enough to explore new opportunities for funding when they arise.

3. Voluntary contributions to WHO from all sources rose significantly in the 1990s, reaching roughly the level of assessed contributions (US\$ 400 million) in 1999, as indicated in Figure 1. It will be important to maintain this momentum through the 2000-2001 biennium if the programme budget target of US\$ 958 million is to be reached.

¹ Document EB105/9.

² Document EB105/8.

Figure 1. Evolution of WHO's budget^(a)



4. Donors to the Organization can be broken down by different categories:

- government donors (Official Development Assistance (ODA));
- organizations of the United Nations system and other multilateral donors (Commission of the European Communities, Organization of Petroleum Exporting Countries, International Development Research Centre, etc.);
- foundations and trusts;
- nongovernmental organizations and other associations;
- local authorities and institutions;
- private sector;
- others (societies, individuals, etc.).

Relations with some of these donors are described below.

5. **Official Development Assistance.** WHO's core source of extrabudgetary resources is the Member States. Contributions from donor governments have been and will continue to be crucial for all WHO's work. ODA currently represents about 60% of voluntary contributions.

6. The strategy for mobilizing support from government agencies is (a) to maintain and increase support from existing donors, (b) to approach and develop contacts with ministries other than traditional WHO partners, (c) to seek access to bilateral, country-specific aid budgets, (d) to identify and establish contact with potential new donor governments, and (e) to organize joint resource mobilization initiatives with other partners.

7. **Organizations of the United Nations system and other multilateral donors.** Financial support from organizations of the United Nations system has declined significantly over the past decade, largely due to changes in the procedures of funding organizations, such as national execution. Although funding has decreased, working relationships with the organizations, including the World Bank, have markedly improved. Strategic working alliances and a number of country activities have led to development of joint strategies, better coordination of activities, improved sharing of information, and, in some cases, joint fundraising efforts (for example, with UNICEF for eradication of poliomyelitis, and with UNAIDS on prevention and control of HIV/AIDS).

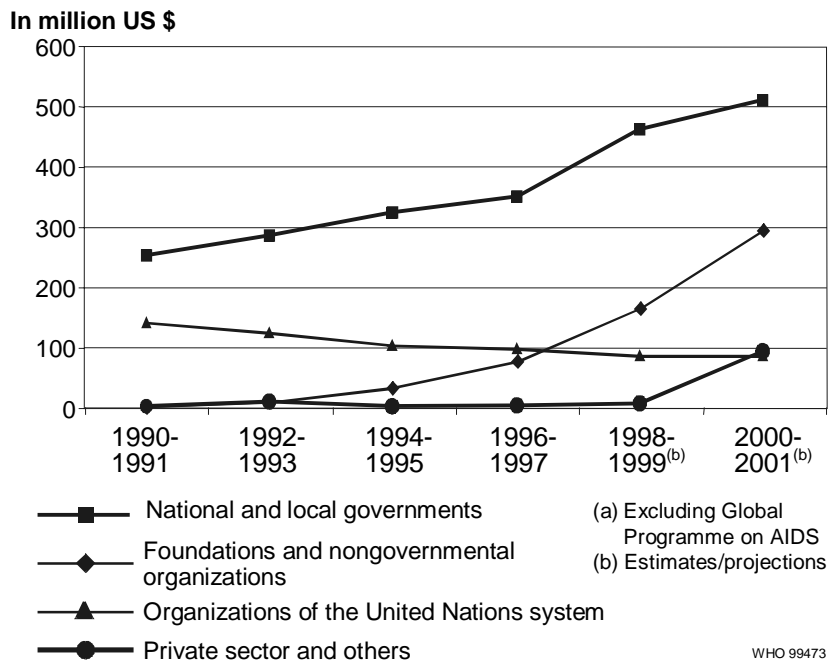
8. **Foundations.** Foundations active in the health sector have traditionally supported WHO's work. The United Nations Foundation, Inc. and the Bill and Melinda Gates Foundation have nevertheless changed the scope and volume of these relationships, suggesting that this category may represent the greatest growth in voluntary contributions in the immediate future. The strategy for tapping into foundation resources is (a) to expand the number of foundations contributing towards the work of WHO, through analysis and identification of potential partners, (b) to increase the volume of donations from existing foundation partners, and (c) to develop a framework for mutually benefiting collaboration with major foundations.

9. **Local authorities.** Local authorities have been identified as a growing but thus far relatively unexplored source of additional funding for local and regional health projects. More than 200 local governments, cities and authorities have to date contributed financially to WHO's work. This support is to be valued even more in terms of their commitment to health at the local level. The strategy is therefore to encourage and enable WHO Representatives to promote this involvement.

10. **Private sector.** Current funding from the private sector is limited. Financial support to WHO from the private sector and others amounted to less than 1% of WHO's total budget for 1998-1999. However, carefully selected companies can add value not only with financial support but also with expertise, services and donations in kind. The recent cash contribution of US\$ 2.7 million from De Beers was accompanied by support for advocacy and communication, social mobilization activities and active staff participation. The Merck donation, through the United States National Committee for UNICEF, of ivermectin for the management of onchocerciasis, is the single biggest drug donation to WHO, representing over US\$ 40 million annually.

11. It is expected that voluntary contributions to WHO will have amounted to nearly US\$ 750 million in 1998-1999. As a result of intensified and strategic efforts to mobilize resources and the dedicated cooperation of all Member States and WHO partners, the target for extrabudgetary resources in 2000-2001 should also be reached.

Figure 2. Sources of voluntary contributions to WHO^(a)



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