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Programme budget 2022–2023
Proposed revision

INTRODUCTION

1. The development of the Programme budget 2022–2023 came at a unique moment, with the world in the grip of the coronavirus disease (COVID-19) pandemic. In addition to incorporating significant transformational changes for impacts that were already under way before the emergence of the pandemic, the Programme budget 2022–2023 also responded to the early lessons of the pandemic, while anticipating that key recommendations would emerge from various reviews on enhancing emergency preparedness and response. Therefore, the Secretariat adopted a two-phase approach:

> (a) reflect the lessons learned that were already known in May 2021 in the original Programme budget 2022–2023; and
>
> (b) based on the analyses of various independent reviews' findings and required Secretariat's response to them submit a proposed revision to the Programme budget 2022–2023 to the Seventy-fifth World Health Assembly in May 2022.

2. Following this approach, the Proposed programme budget 2022–2023[1] noted that:

> As this Proposed Programme budget 2022–2023 is being finalized, the findings of various reviews, including the review by the Independent Panel for Pandemic Preparedness and Response, are being finalized for the consideration of the Seventy-fourth World Health Assembly. The directions provided by Member States following the analyses and discussions during and after the Seventy-fourth World Health Assembly may significantly reshape this Proposed Programme budget. The crucial information that emerges from this process will be incorporated as agreed by the Executive Board in the mid-term revision of the Programme budget 2022–2023, which will be presented for approval by the Health Assembly in May 2022.

3. As part of the Programme budget 2022–2023 approval process, resolution WHA74.3 (2021)[2] requested the Secretariat:

> to submit, as deemed necessary, a revised Programme budget 2022–2023, including its revised appropriation resolution, as appropriate, to the Seventy-fifth World Health Assembly to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic, in the

[1] See document A74/5 Rev.1, para. 4.

[2] See resolution WHA74.3, para. 11(4).

light of the findings of the independent reviews presented to the Seventy-fourth World Health Assembly and the recommendations of the Working Group on Sustainable Financing.

4. Following the Seventy-fourth World Health Assembly, multiple reviews giving rise to 286 recommendations were published, including reviews from the following sources:

- Independent Panel for Pandemic Preparedness and Response
- Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response
- Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
- Health Assembly resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies
- A World in Disorder: Global Preparedness Monitoring Board Annual Report 2020
- 100 Days Mission to Respond to Future Pandemic Threats: A report to the G7 by the pandemic
- Preparedness partnership (United Kingdom, 2021)
- Pan-European Commission on Health and Sustainable Development
- Rome Declaration of the Global Health Summit, Rome, 21 May 2021.

5. A meta-analysis of the 286 recommendations produced by the above-mentioned reviews identified an emerging consensus in the following areas:

- global health architecture and governance;
- a stronger WHO supported by sustainable finance;
- International Health Regulations (2005) implementation and compliance;
- global financing for public common goods;
- research and development, regulations and manufacturing of medical countermeasures;
- equitable access to health care services, including vaccines and non-pharmaceutical measures; and
- the “One Health” approach.

PROGRAMME BUDGET 2022–2023 REVISION PROCESS

6. In preparing the proposed revision to the Programme budget 2022–2023, the following considerations were key:

- The proposed increases relate to the implementation of the 286 recommendations of the above-mentioned reviews.
- The proposed revision incorporates new or emerging lessons learned from the COVID-19 pandemic that were not yet known at the time of adoption of the Programme budget 2022–2023.
- The proposed revision includes elements that cannot be accommodated within the approved Programme budget 2022–2023 using the Director General's authority for shifting budget lines.
- The approved Programme budget 2022–2023 cannot be reprioritized to sunset other priorities.

7. The proposed revision to the Programme budget 2022–2023 that is outlined in this document is fully aligned with resolution WHA74.7 on strengthening WHO preparedness for and response to health emergencies resolution and the financial and administrative implications of this resolution,[1] which are estimated at US$ 434.4 million for the biennium 2022–2023. WHO has already taken concrete steps towards fulfilling some of the requests set out in resolution WHA74.7, but the full implementation of the resolution will require additional investment in WHO and its Health Emergencies Programme.

8. In addition, the proposed revision includes resource requirements to strengthen leadership, accountability, compliance and risk management with a special focus on the Organization's capacity to prevent and response to sexual exploitation, abuse and harassment (PRSEAH).

9. Total estimated budget increase for the biennium 2022–2023 is US$ 484.4 million. Of this figure, a total of US$ 434.6 million of supplementary budget is derived directly from resolution WHA74.7 and its costing:

- US$ 404.6 million under strategic priority 2 in order to consolidate and scale up current capacities and initiatives and build the new capabilities required for the Organization to discharge its mandate to coordinate the strengthening of global health security and lead efforts to prevent, prepare for, detect and respond to health emergencies
- US$ 29.7 million under pillar 4, outcome 4.1 (Strengthened country capacity in data and innovation), could be determined at the stage of resolution approval.

10. The remaining US$ 50 million is an immediate increase in resource requirement to strengthen the accountability, compliance and risk management functions in WHO with a special focus on strengthening PRSEAH.

11. The Health Assembly document on the financial and administrative implications of resolution WHA74.7 also refers to additional costs that may be required under strategic priority 1 and strategic priority 3, as well as further costs under pillar 4, but does not provide figures for these costs since it was too early to calculate them accurately at the time the draft resolution was being considered for adoption.

[1] See document WHA74/2021/REC/1, Annex 4.

12. Internal consultations on the additional budget requirements for strategic priorities 1 and 3 and pillar 4 are continuing; the outcome will be presented at a later stage.

13. The focus of the Organization's efforts in the biennium 2022-2023 and beyond will be to build back and to work towards social and economic recovery and to get work back on track to meet the Sustainable Development Goal and GPW13 triple billion targets. Two major priorities of focus under discussion to be presented for the subsequent budget revision are:

I. Building resilient health systems in support of universal health coverage

- Reversing the backsliding on progress towards universal health coverage
- Reducing the health workforce gap
- Increasing focus on the role and contributions of women in public health
- Integrating disease-specific work into the health systems: continuing the fight against noncommunicable diseases, poor mental health and communicable diseases
- Increasing investments in support of mental health
- Building on gains made in the fight against infectious diseases
- Moving forward the agenda on healthy ageing

II. Focusing on a paradigm shift towards health promotion and disease prevention, and well-being

- Building safe and equitable societies by tackling the determinants of health
- Improving healthy environments to promote health and sustainable societies

14. In pillar 4, we will further refine the requirements for strengthening leadership, accountability, compliance and risk management, including the prevention of sexual exploitation and abuse and harassment as called for by Member States and as required for the delivery of efforts to achieve expected results.

Key elements of the supplemental budget requirements for the proposed revision to the Programme budget 2022–2023

Strategic priority 2: One billion more people better protected from health emergencies

15. In resolution WHA74.7, Member States, having considered the recommendations of reviews, including those of the Independent Panel for Pandemic Preparedness and Response, requested that WHO strengthen the Organization's capacity to prepare for and respond to health emergencies in a number of key areas. Guided by this resolution, WHO has built on the existing framework of three outcomes and nine core outputs that together form the Organization's essential contribution to achieving the second of WHO's triple billion goals: one billion more people protected from health emergencies.

16. More than half of the budget uplift is required to strengthen WHO's capacities at the national level. A breakdown of the required budget uplift is given below by outcome, major office and organizational level (country/region/headquarters) (Table 1). While continuing to strengthen the Organization's capacity to prepare for and respond to health emergencies, WHO is accelerating the application of its gender mainstreaming strategy across all initiatives, ensuring that tools and strategies are designed from first principles in order to address the impact of health emergencies on gender equality.

Table 1. Proposed budget increase for strategic priority 2 by outcome, major office and organizational level (country/region/headquarters), US$ million

Outcome/Level	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
2.1 Countries prepared for health emergencies	**19.5**	**11.6**	**13.5**	**12.3**	**47.3**	**13.1**	**40.1**	**157.4**
Country	15.0	9.5	12.0	5.2	44.5	9.9		96.1
Region	4.5	2.2	1.5	7.1	2.8	3.2		21.2
2.2 Epidemics and pandemic prevented	**20.7**	**11.6**	**5.0**	**3.5**	**13.5**	**6.2**	**19.4**	**79.9**
Country	16.1	7.3	4.5	0.2	9.8	3.3		41.2
Region	4.6	4.3	0.5	3.3	3.6	2.9		19.3
2.3 Health emergencies rapidly detected and responded to	**35.0**	**2.5**	**7.8**	**7.8**	**40.6**	**9.8**	**63.7**	**167.3**
Country	27.1	1.6	7.3	0.0	36.9	5.1		78.0
Region	7.9	0.9	0.5	7.8	3.7	4.7		25.6
TOTAL	**75.3**	**25.7**	**26.3**	**23.6**	**101.4**	**29.1**	**123.2**	**404.6**

Outcome 2.1: Countries prepared for health emergencies

Key deliverables under this outcome

- Develop and roll out the new Universal Health and Preparedness Review (UHPR): a peer-review approach to health emergency preparedness assessment that increases accountability and transparency among Member States.

- Accelerate the full financing and implementation of national action plans for health security, ensuring that priority is given to building capacity where gaps are identified through the UHPR and other tools, with support from the new Global Strategic Preparedness Network.

- Update key components of the International Health Regulations (2005) monitoring and evaluation framework (including the State Party Self-assessment Annual Reporting (SPAR) tool and voluntary joint external evaluations (JEEs)) to incorporate lessons from the COVID-19 pandemic, including the need to more comprehensively assess preparedness and readiness at national and subnational levels.

- Scale up the routine use of intra-action reviews and after-action reviews in order to enable countries to assess their performance during and after health emergencies (including the COVID-19 pandemic) in order to identify and learn from successes and failures.

- Scale up the systematic identification of risks and vulnerabilities in all countries, with a special focus on the animal–human interface, through the accelerated roll-out of tools, guidance material, training and technical support, including through the expanded use of targeted simulation exercises.

- Scale up action to improve systemic emergency preparedness in cities and urban settings, addressing gaps identified during the COVID-19 pandemic.

- Support countries to enhance programming for disaster risk reduction approaches across sectors.

- Build community readiness and resilience, ensuring that communities are enabled to take appropriate action to address specific health emergency issues.

- Accelerate targeted action(s) to support Member States with health care readiness in emergencies, with a focus on infection prevention and control, emergency medical teams and clinical management, which have been identified as crucial response pillars in all emergencies.

Output 2.1.1: All-hazards emergencies capacities in countries assessed and reported

17. The calibration of WHO's support to countries during the early stages of the pandemic was largely made possible by the progress made in recent years in assessing and reporting on national preparedness capacities, including through the use of the SPAR tool and JEEs. The COVID-19 pandemic showed, however, that the world as a whole was unprepared for a pandemic on this scale and that expanding the way in which we dynamically and collectively assess national all-hazards emergency preparedness to include readiness, governance, health systems and community resilience will increase the predictive value of preparedness assessments and therefore be essential to reach WHO's target to protect one billion people from health emergencies. Expanding both the sectoral and geographical scope of these tools, with a stronger emphasis on subnational preparedness, will require substantial investment in WHO's capacities at country level. Crucially, WHO is also, at the request of Member States, piloting the UHPR mechanism, which is designed to increase both transparency in and accountability for national health emergency preparedness. Scaling up for the next phase of the UHPR start-up process will require additional resources.

Output 2.1.2: Capacities for emergency preparedness strengthened in all countries

18. The COVID-19 pandemic highlighted gaps in the core capacities for emergency preparedness in countries, but it also showed how quickly capacities can be strengthened when partners coalesce around a clear plan, are galvanized by political will and have the resources to sustain positive changes. Strengthening core capacities for global health security will require adopting a fresh approach to financing multisectoral national action plans for health security, catalysed by the accelerated roll-out and development of tools for resource-mapping and partner coordination that have proved their worth throughout the pandemic. Currently, more than 70 countries have national action plans for health security. Support for preparedness strengthening is necessarily context-specific, but Member States have requested urgent support to strengthen core capacities in the areas of laboratories; clinical management; disease surveillance, including at the human-animal interface; multisectoral coordination; infection

prevention and control; community resilience; risk communication strategies and infodemic management; and health system strengthening.

Output 2.1.3: Countries operationally ready to assess and manage identified risks and vulnerabilities

19. Readiness is a critical function that bridges the gap between preparedness and response. At the request of Member States, WHO has adopted an agile risk-driven approach and is working with countries to ensure that they are operationally ready to address imminent risks from all emerging threats. Readiness for response builds on the existing capacities of a country's emergency management structures and identifies gaps to ensure a more effective response and post-emergency recovery, which decreases the impact of the threat and saves lives. As a consequence of the COVID-19 pandemic, the demand for WHO engagement in operational readiness has significantly increased. There is a need to broaden WHO's strategic priorities in key technical areas, including readiness of health systems and public health; clinical management; infection prevention and control/water, sanitation and hygiene; and health workforce functions. In addition, there is a growing demand for strengthened community-centred health emergency readiness and resilience and for engaging and empowering communities to enable a whole-of-society approach to health emergency readiness. In this respect, a critical area of focus is strengthening subnational capacities, including community readiness, for early detection and rapid response to emergencies. Implementing targeted readiness interventions that are accelerated for specific threats before the emergency occurs is an efficient use of financial and human resources. The increase in the budget envelope under this output will enable operational readiness to be institutionalized in WHO through the development of global norms and standards and guidance and tools.

Outcome 2.2: Epidemics and pandemic prevented

Key deliverables under this outcome

- Build and roll out the new WHO BioHub system for the rapid sharing of viruses and other pathogens between laboratories and partners globally.
- Establish a long-term COVID-19 programme, building on the work started before the pandemic by WHO's dedicated coronavirus team.
- Scale up infodemic management to better address the proliferation of false or misleading information during health emergencies.
- Strengthen pandemic preparedness by engaging multisectoral partnerships with communities at the centre.
- Strengthen and roll out comprehensive, multisectoral One Health strategies, working closely with the new High-level Expert Panel.
- Build on the successes of the Access to COVID-19 Tools Accelerator (ACT-A) to create a global mechanism that catalyses the rapid development of vaccines, therapeutics and diagnostics in response to emerging infectious threats and also ensures their equitable and effective distribution.
- Accelerate the comprehensive implementation of disease-focused strategies for known high-priority pathogens.

Output 2.2.1: Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards

20. The experience of ACT-A since its launch in April 2020 provides a solid foundation on which to build a multipartner, multisectoral mechanism that draws on WHO's expertise and convening power for the rapid development and equitable distribution of global public goods, both prior to and during health emergencies. The BioHub system, which is already in its pilot phase, will enable the rapid, safe and efficient sharing of biological materials with epidemic or pandemic potential and enable rapid risk assessments that can be shared with all countries and leveraged to develop medical countermeasures that can be equitably shared with all countries in need. Building on this initial success and the experience of ACT-A and the WHO Research and Development Blueprint for Epidemics will require supplemental investment.

Output 2.2.2: Proven prevention strategies for priority pandemic-prone and epidemic-prone diseases implemented at scale

21. WHO and its partners will accelerate the comprehensive implementation of existing global strategies for yellow fever, meningitis and cholera, with a focus on high-risk countries in fragile, conflict-affected and vulnerable settings. In addition, a series of new global end-to-end strategies are being defined through new partnerships for diseases including Marburg virus disease, Ebola virus disease, Lassa fever and Nipah virus disease, building on the work carried out through the research and development blueprint for priority diseases.

22. The Partners Platform has proven to be an invaluable tool for bringing partners together around a common plan for readiness and response. This type of platform-based partnership approach can and will be readily adapted to the implementation of disease-prevention strategies, including those under development for viral haemorrhagic fevers, arboviruses and high-threat respiratory pathogens. The full implementation of these and other strategies will require substantial investment at national, regional, and global levels, including in logistics capacity and vaccine/therapeutic stockpiling and management. It is also essential to highlight the need for continued investments in innovative approaches to disease prevention and control, better national surveillance systems and laboratory capacities to anticipate any potential new outbreaks. WHO and its partners continue to support Member States in terms of technical expertise in developing disease-control approaches.

Output 2.2.3: Mitigate the risk of the emergence and re-emergence of high-threat pathogens

23. Infection prevention and control, clinical management tools and capacities and the capacity to communicate risk and manage event-related infodemics are key to mitigating the risk from high-threat pathogens and WHO will require additional investment to ensure that these capacities can be supported and strengthened at national and regional levels. Information knowledge-sharing through expert networks will remain critical to the rapid development of guidance and control plans, with additional investments directed to ensuring that guidance is specifically tailored to different contexts, as appropriate. WHO now co-chairs the UN Bio-risk working group: an interagency group that is charged with improving UN-wide coordination on the mitigation of bio-risks. The initial work of the group has focused on system mapping, development of a guidance framework and stakeholder engagement, together with a table-top exercise to test current coordination capacities. The activities of the working group will be broadened over the coming 12 months.

Outcome 2.3: Health emergencies rapidly detected and responded to

Key deliverables under this outcome

- Launch and operationalize the new Centre for Epidemic and Pandemic Intelligence, located in Berlin, to rapidly expand the Epidemic Intelligence from Open Sources system to include data from outside the traditional public health sphere.

- Accelerate the roll-out of the emergency operations centre network (EOC-NET) guidelines and training in order to strengthen connectivity and interoperability through unified tools and systems to increase effective emergency response management.

- Accelerate the scale-up of the global health emergency workforce, with a focus on training and coordination, in order to ensure interoperable and deployable capacity for the effective management of health emergencies, based on known vulnerabilities at national and regional levels.

- Continue to strengthen systems to enable early warning, alert and rapid response for the verification of potential threats to public health.

- Continue to innovate in order to implement adaptable, scalable and reliable models for contingency financing in the acute phase of health emergency responses.

- Expand the COVID-19 Partners Platform to enable a transparent, multipartner approach to support all Member States during emergencies.

- Continue to build the Emergency Global Supply Chain System to provide essential commodities in health emergencies, with end-to-end capacity for technical support and quality assurance upstream that is seamlessly linked with targeted downstream delivery.

- Continue delivering joint action with key partners to support the health needs of vulnerable populations in fragile and conflict-affected settings, seeking stronger collaboration to maximize shrinking resources in the context of increasing needs.

Output 2.3.1: Potential health emergencies rapidly detected, and risks communicated

24. Early detection, rapid risk assessment and clear communication are the foundations of an effective response to any health emergency. Funding tied to the COVID-19 pandemic has enabled WHO regional offices to strengthen health emergency information management more broadly by introducing public health surveillance tools such as District Health Information Software 2 and expanding the Epidemic Intelligence from Open Sources system, and has also enabled disease surveillance systems that record not only disease outbreaks in human populations but also information on potential risks at the human–animal interface and signals related to climate change, industrial hazards and conflicts. Consolidating these gains and building on them will be one of the key challenges beyond the COVID-19 pandemic, requiring substantial investments in WHO's capacity at national level. Accordingly, the budget increase in this area will also enable WHO to improve its own ability to source, leverage and share event information for maximum public health benefit. This will be one of the primary tasks of the Centre for Epidemic and Pandemic Intelligence, which was recently opened in Berlin and is currently in its start-up phase and will increase its footprint to between 60 and 80 staff by the end of 2022. The

Centre will work collaboratively with a broad range of partners to advance the science of epidemic and public health intelligence.

Output 2.3.2: Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

25. Every country must have a trained and equipped multidisciplinary health emergency workforce, based on subnational and national risk analyses. To harness these national capacities in response to large-scale health emergencies, it will be necessary to develop a training, coordination and deployment mechanism housed in WHO, with support from partners such as the Global Outbreak Alert and Response Network and the Emergency Medical Teams initiative. This combination of coordinated, deployable, interoperable national capacities, complemented by WHO and partner operational capacity, will constitute a global health workforce that is able to rapidly respond to any acute event.

26. Building the requisite national capacities and developing and sustaining an agile coordination mechanism will require investments in WHO at national, regional and headquarters levels. The continued development of the Emergency Operation Centre Network will be key not only to the successful deployment of any global health emergency workforce but also to an effective national response. WHO has developed and is now piloting a specialized crisis management software suite that will provide the Secretariat and Member States with a unified software platform that integrates all the data and functionality required for acute emergency response, from alert verification to field deployment. In parallel, WHO continues to work with partners to develop a Global Emergency Supply Chain for Health to ensure a rapid, resourced and coordinated end-to-end approach to the supply of essential commodities that unites technical expertise and quality assurance with procurement, transport capacity, end-user training, delivery and use monitoring. The Partners Platform, which continues to play a crucial role in COVID-19 response and operational readiness, was adapted for use in the recent Ebola virus disease outbreak in Guinea and will be further integrated into acute crisis readiness and response for future health emergencies.

Output 2.3.3: Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings

27. Most people affected by humanitarian and public health emergencies, other than the COVID-19 pandemic, live in protracted humanitarian settings that are overwhelmingly driven by conflict and compounded by climate-change-related vulnerabilities. The number of people affected by humanitarian crises expanded in 2021 as a result of the direct and secondary effects of the COVID-19 pandemic and the public health and social measures adopted to contain it. The impact of the COVID-19 pandemic has further increased fragility and vulnerability in humanitarian settings due to health service disruptions and vaccine inequity. Humanitarian settings account for most preventable maternal and neonatal deaths and most deaths from preventable infectious diseases. Recently conducted pulse surveys indicate that despite some evidence of service restoration, substantial disruptions to essential health services persist across the globe nearly two years into the COVID-19 pandemic.

28. To ensure timely, predictable and effective leadership for health emergencies and thus the facilitation and provision of essential health operations to some of the most hard-to-reach populations, in 2017 the WHO Health Emergencies Programme established a country business model, which is a set of emergency capacities within WHO's country-level structure that addresses complexity of countries in fragile, conflict-affected and vulnerable settings. These investments in leadership, operational and enabling capacities must be sustained in order to plan for and address the growing health needs of vulnerable populations and to overcome critical barriers such as access, lack of sufficient funding to

ensure sustainable and continuous life-saving health services, attacks on health care workers and facilities, and escalating field costs. With a strengthened WHO Emergencies Programme, WHO and its partners will be better equipped to help build sustainable core emergency capacities in countries and to strengthen and support national essential health services and systems and ultimately to protect populations from complex emergencies in the most challenging contexts.

Pillar 4: More effective and efficient WHO providing better support to countries

Outcome 4.1 Strengthened country capacity in data and innovation

Key deliverables under this outcome

- Support countries to leverage and scale up a digital transformation for better health and to increase their capacity to align investment decisions in digital technologies with their health system needs and in full respect of the values of equity, solidarity and human rights.

- Strengthen data and health information systems, for example by establishing population mortality monitoring, with a focus on low-resource countries, and strengthen the country population reporting system that contributes routine multisource surveillance systems in the Western Pacific region.

- Develop and deploy functional e-platforms for the subnational stratification of communicable and noncommunicable diseases, as well as annual disease-control agenda-setting and investments guidance.

- Mainstream research and innovation in disease control, including the monitoring and containment of biological and other threats to available disease control interventions.

- Conduce political and social analyses for disease control action, including on the impact of climate change and human and natural disasters.

- Strengthen country capacity-building for the use of analytics to drive diseases-control agenda-setting and to guide investments, including the use of triangulated data on disease occurrence (incidence and mortality), interventions coverage, health services access, and determinants information for disease stratification and tailoring of national policies and operational responses in Member States.

Outcome 4.2. Strengthened leadership, governance and advocacy for health

Key deliverables under this outcome will focus on strengthening the accountability, compliance and risk management functions in WHO with a special focus on strengthening PRSEAH

29. This budget will enable the Secretariat to deliver towards meeting WHO's goals of ensuring Zero Tolerance of sexual exploitation and abuse of the communities we serve, and of sexual harassment within our workforce, as well as Zero Tolerance of inaction against both. Concretely, it will support:

(a) making the shift within the Organization towards a victim- and survivor-centred approach to addressing sexual exploitation, abuse and harassment;

(b) ensuring that all WHO personnel and implementing partners are aware of the imperative of practising Zero Tolerance, are capacitated to make Zero Tolerance a reality and are accountable for the prevention of sexual exploitation, abuse and harassment and the response to any cases that might occur; and

(c) reforming the Organization's culture, overhauling accountability functions and structures, revising policy and ensuring best practice for sexual exploitation, abuse and harassment.

30. Action has already started in this area through a formal engagement with the Clear Check screening database. This is a United Nations-wide secure online centralized system for information sharing on sexual exploitation and abuse and sexual harassment . The database is being used to vet all individuals considered for employment, engagement or deployment by the Organization. In addition, starting from January 2022, all members of the WHO workforce currently employed will be screened through Clear Check to reinforce the due diligence with regard to sexual exploitation and abuse and sexual harassment.

31. Further, workshops and training sessions are being provided on preventing and dealing with abusive conduct, including dedicated sessions to prepare managers to hold annual discussions with their teams on preventing and addressing all forms of abusive conduct.

32. Other priority activities include establishing the Survivor Assistance Fund to ensure services are provided in a timely and comprehensive way to victims and survivors; assessing and managing the risk of sexual exploitation, abuse and harassment in all programmes and emergency responses that bring our personnel into contact with communities; and establishing dedicated staffing and institutional and operational capacity at all levels of the Organization to proactively and meaningfully address sexual exploitation, abuse and harassment.

33. The proposed US$ 50 million budget will be allocated at global, headquarters, regional and country levels.

BUDGETARY IMPLICATIONS OF THE PROPOSED REVISION

34. The approved Programme budget for 2022–2023 includes a 16% increase of the base budget segment (Table 2); however, the full set of recommendations and what WHO needs to address was not fully determined at the time of approval.

Table 2. Breakdown of increases in the approved Programme budget 2022–2023

Activity	2020–2021 Approved Programme budget (US$ million)	2022–2023 Approved Programme budget (US$ million)	Change %
Initial envelope (approved Programme budget 2020–2021)	3 541.3	3 541.3	0%
Polio transition	227.4	322.1	42%
Strengthening country capacity to respond to the four strategic focus areas of the Proposed Programme budget 2022–2023		344.7	100%
Increase in accountability, transparency and compliance		28.5	100%
Delivering on the transformation agenda of the GPW 13		127.3	100%
Strengthening science and research functions		32.2	100%
Digital health strategy		73.4	100%
WHO Academy		10.0	100%
WHO Regional Office for Europe transformation		11.7	100%
Grand total	**3 768.7**	**4 364.0**	**16%**

35. In line with the detailed costing of resolution WHA74.7 described above, this document proposes to increase the Programme budget 2022–2023 by a further US$ 484.4 million (Table 3–4), which is an 11% increase over the total approved Programme budget 2022–2023 or a 29% increase compared with the Programme budget 2020–2021.

36. Eighty-four per cent of the proposed increase would go to strategic priority 2 (One billion more people better protected from health emergencies), increasing this priority 48% over the approved Programme budget 2022–2023 level (Table 3). A 16% increase is proposed for pillar 4 at this stage. As noted above, a more comprehensive increase is being currently discussed for strategic priorities 1 and 3 and pillar 4.

37. Among major offices, 72% of the proposed increase would go to the regional and country offices. The Eastern Mediterranean Region accounts for the largest increase (27%) of the total, corresponding to a 25% increase over its approved budget. These proportions do not take account of the allocation of the additional US$ 50 million for strengthening the accountability, compliance and risk management functions across all major offices with special focus on PRSEAH, which will further increase the proposed budget share of regional offices.

Table 3. Proposed increase over the approved Programme budget 2022–2023 by strategic priority/pillar, US$ million

Strategic priority/ pillar	Programme budget 2020–2021	Programme budget 2022–2023	Pillar % share of approved Programme budget 2022–2023	Proposed increase 2022–2023	Resulting Programme budget 2022–2023	% increase over Programme budget 2022–2023
02	888.8	845.9	19%	404.6	1 251	48%
04	1 090.0	1 253.4	29%	79.7	1 333	6%
Total	**1 978.8**	**2 099.3**		**484.4**	**2 583.7**	**23%**

Table 4. Proposed increase over the approved Programme budget 2022–2023 by major office, US$ million

Major office and WHO Academy	Programme budget 2022–2023	Increase requested for Programme budget 2022–2023	% increase
Africa	1 168.2	84.2	7%
Americas	252.6	25.7	10%
South–East Asia	426.3	28.3	7%
Europe	320.5	23.6	7%
Eastern Mediterranean	469.6	117.8	25%
Western Pacific	352.0	31.5	9%
Headquarters	1 364.8	123.2	9%
All major offices for accountability, compliance and risk with special focus on PRSEAH	–	50.0	
WHO Academy	10.0	–	0%
Grand total	**4364.0**	**484.4**	**11%**

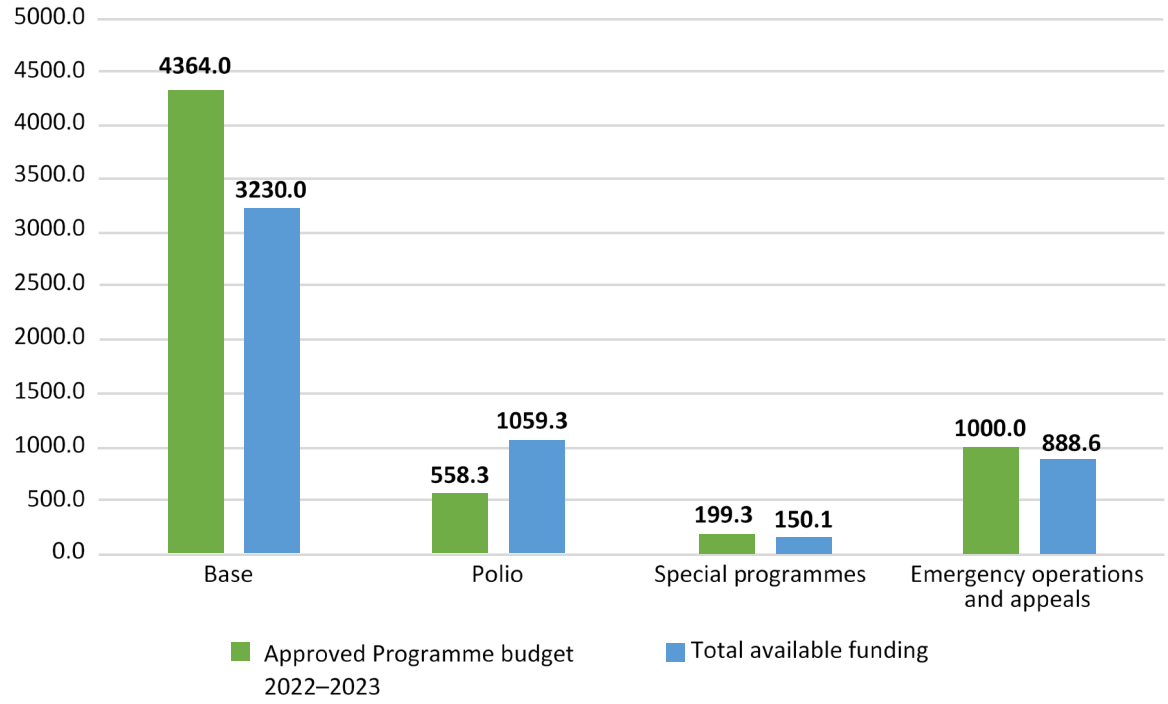
38. The Secretariat's response to the recommendations of the various reviews will require additional investments. The proposed budget revision attempts to reflect and cost these investments. The greatest challenge, however, will be to finance the proposed increase. As highlighted in the deliberations of the Working Group on Sustainable Financing, in the context of COVID-19, the current funding model for WHO needs changing now more than ever, as it risks limiting the Organization's ability to make an impact where it is most needed, at the country and regional levels. This is especially true in relation to the proposed budget revision.

39. According to the Director-General's report to the Executive Board on the implementation of the Programme budget 2020–2021,[1] as at November 2021 74% of the approved base budget 2022–2023 is projected to be financed (Figure). This includes projected specified, thematic and core voluntary contributions, assessed contributions and projected earnings on programme support costs. Also included are the early projections of funds that can be carried forward from the biennium 2020–2021 to the next biennium. It is expected that the share of carry-forward funds will further increase as the biennium 2020–2021 ends.

40. This is higher than the amounts usually available before the start of the biennium and underlines the realistic nature of the proposed budget increase. At the same time, it is clear that additional global resource mobilization efforts will be required to achieve full financing of the revised Programme budget 2022–2023.

[1] Document EB150/27.

Figure. Total projected available funding by budget segments for the Programme budget 2022–2023, as at 17 November 2021 (US$ million)



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