

Sustainable financing

Report of the Working Group

1. The Director-General has the honour to transmit to the Executive Board at its 150th session the report of the fifth meeting of the Working Group on Sustainable Financing (see Annex), which contains the outcome of the discussions on the recommendations and the report of the Working Group as proposed by its Bureau for consideration by the Executive Board at its 150th session, in line with decision EB148(12) (2021).

ACTION BY THE EXECUTIVE BOARD

2. The Executive Board is invited to note the report and to provide guidance on the way forward.

ANNEX



**FIFTH MEETING OF THE WORKING GROUP ON
SUSTAINABLE FINANCING
Geneva, 13–15 December 2021**

**EB/WGSF/5/4
4 January 2022**

Meeting report of the Working Group on Sustainable Financing

1. The Working Group on Sustainable Financing held its fifth meeting in a virtual format, from 13 to 15 December 2021. The meeting was chaired by Mr Björn Kümmel of Germany with the following Vice-Chairs: Ms Bronwyn Field of Australia, Mr Iddrisu Yakubu of Ghana, Ms Meutia Hasan of Indonesia, Mr Raúl Vargas Juárez of Mexico, and Ms Shafaq Mokawar of Sudan. The session was attended by 106 Member States and one regional economic integration organization.
2. In his opening remarks, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, reiterated that the world needs a strengthened, empowered and sustainably financed WHO, at the centre of the global health architecture. He noted, however, that over several decades WHO has been progressively weakened by a debilitating imbalance between assessed contributions, and voluntary, earmarked contributions. He described this imbalance as distorting the budget and constraining WHO's ability to deliver the high-quality normative and technical work that the Member States expect. He urged the Member States to redress this imbalance if WHO is to be the independent and authoritative global health leader the world needs it to be. He called on Member States to support the historic proposals contained in the draft report of the Working Group on Sustainable Financing, to set the financing of WHO on a new, sustainable path into the future.
3. As part of the opening, the Working Group received high level interventions from Dr Patrick Amoth, Chair of the Executive Board; the Rt. Hon. Helen Clark, Co-Chair of the Independent Panel on Pandemic Preparedness and Response; the Rt. Hon. Gordon Brown, WHO Ambassador for Global Health Financing; His Excellency Mr Elhadj As Sy, Co-Chair of the WHO/World Bank Global Preparedness Monitoring Board; Senior Minister Tharman Shanmugaratnam, Co-Chair of the G20 High Level Independent Panel on financing the global commons for pandemic preparedness and response; Mr Christof Maetze, Chair of the Independent Expert Oversight Advisory Committee; and Dr Felicity Harvey, Co-Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. During the meeting, statements were also provided by the six WHO Regional Directors and by WHO Representatives from India, Iraq, Nigeria, the Republic of Moldova and the South Pacific Office.
4. The Working Group turned to the preparation of its report with recommendations and other findings to the 150th session of the Executive Board, through the thirty-fifth meeting of the Programme,

Budget and Administration Committee. The Working Group did not reach consensus on the Recommendations of the report, given the limited time. The outcome of the discussions on the Recommendations is included in [Appendix] 1. The draft report as proposed by the Bureau and presented to the fifth meeting of the Working Group (paragraphs 1 through 37), which was not discussed in the Working Group also due to limited time, is included in [Appendix] 2. The Working Group recommends that the Executive Board provide guidance on the way forward. The Working Group also considered and adopted the report of its fifth meeting.

4. In his closing remarks, the Chair expressed his appreciation to all Member States for their flexibility and constructive engagement and closed the meeting.

[APPENDIX] 1

**RECOMMENDATIONS OF THE WORKING GROUP TO
THE EXECUTIVE BOARD¹**

38. The Working Group on Sustainable Financing:

(a) Recognized that now more than ever, in the context of coronavirus disease (COVID-19), the current funding model including the budgeting process for WHO is unsustainable and limits the Organization's ability to make an impact where it is most needed, at the country and regional levels, and the status quo is unacceptable;

(b) Considered the recommendations of various independent review panels and committees established in response to the COVID-19 pandemic with regard to the financing of WHO, in particular the Independent Panel for Pandemic Preparedness and Response, Global Preparedness Monitoring Board, Independent Expert Oversight Advisory Committee, Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response;

(c) Noted the mutual reliance on WHO for the ongoing delivery of normative global health policy and technical advice and that all Member States have an interest in seeing a WHO that benefits from sustainable, flexible and predictable funding;

(d) Stressed that Member States as a collective must match their willingness to fund the Organization with the demands that they place on it;

(e) Stressed that any increase in Member States' assessed contributions needs to be accompanied by appropriate governance reforms, to be agreed by Member States, together with the further strengthening of transparency, efficiency, accountability and compliance within the Organization;

(f) Acknowledged that many Member States face severe financial challenges, including those accentuated by the COVID-19 pandemic, which may hinder their capacity to fulfil their financial obligations, sometimes despite existing mechanisms;

(g) Highlighted the need for coordination between the Working Group on Sustainable Financing and the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies; and

(h) Recognized that initiatives are currently under way to expand funding for the global health architecture and emphasized the importance of linking these efforts to the critical need to enhancing WHO financing.

¹ Further discussion was proposed on the order of the Recommendations of the Working Group to the Executive Board.

39. Based on the above-mentioned premises, the Working Group developed the following recommendations:

(a) that governance, transparency, accountability, efficiency and compliance be strengthened through a number of initiatives including, but not necessarily limited to:

(i) mechanisms to be put in place for robust oversight with sufficient time by the World Health Assembly, the Executive Board and the Programme, Budget and Administration Committee of all initiatives in terms of results, potential overlaps with existing initiatives, a time frame for implementation and associated costs, financing and reporting, particularly where presented in the form of resolutions or decisions for approval;

(ii) a more transparent presentation from the Secretariat of programme budget priority-setting through all three levels of the Organization to assist Member States with the preparation, evaluation and approval of] the programme budget and budgeting for specific initiatives, including discipline within the Secretariat and Member States in committing to new activities. Budgeting processes should be better linked with governance processes];

(iii) strengthening the role of the Programme, Budget and Administration Committee, to make it more effective, robust and transparent, and more engaged with the Secretariat during the budgeting process and potentially through additional deliberations;

(b) that the Secretariat improve the mechanism for the fair and equitable allocation and reallocation of resources to fully fund all programme budget outcomes across all major offices and across the three levels of the Organization in order to address the chronically underfunded areas and inform Member States regularly about its progress through the Programme, Budget and Administration Committee;/[MOVE PARA to after 39(g)]

(c) that the base segment of the programme budget should be fully flexibly funded;

(d) that the Executive Board request Member States and other donors to strive to provide WHO with fully unarmarked voluntary contributions for the financing of WHO's base programme segment, in accordance with the Framework of Engagement with Non-State Actors as appropriate, as a prerequisite for securing WHO's financial independence and increasing efficiency of the Organization;

(e) that the Secretariat and Member States continue their efforts to boost funding for WHO which:

(i) is fully flexible or at least thematic in nature, as well as sustainable and predictable;

(ii) encompasses increased support from donors in developed and developing countries;

(iii) is able to consolidate support from multiple sizes of donors;

(iv) explores new [and little] (DEL)/[, agile and under-]utilized sources of funding, such as from the private sector in accordance with the Framework of Engagement with Non-State Actors;

(f) that the Executive Board consider/[decide] assessed contributions which would cover [at least] 50% of the approved base Programme budget of 2022–2023 [alongside an associated implementation plan developed by the Secretariat to outline how any increase would be used, clearly outlining what objectives such an increase is expected to address, and how progress and implementation of these objectives would be monitored, measured and reported to Member States]. This [increase] should be done in a stepwise manner, starting from 2024–2025 and achieving the target by the biennium 2028–2029 [, corrected for inflation] [in accordance with the schedule in the Annex]. This should be done in full accordance with the United Nations scale of assessments;/[MOVE PARA upwards]

[Alternative 2 (f): [that the Executive Board consider [an] assessed contributions [that would cover an increased amount of the approved base Programme budget 2022-2023; this should be done in a stepwise manner, starting from 2024-2025 and be decided on in 2023 before finalizing the 2024-2025 budget] only after all other options have been fully explored, and data are fully available, including with regard to a sustainable cost recovery model, a replenishment model, and models of other United Nations entities that receive significant amounts of voluntary contributions][and under the condition that reforms are enacted with a view to strengthening governance, transparency, accountability, efficiency and compliance;] [DELETE Annex]]/(DEL)

Addition (f):[that the Executive Board, in implementing the 50% raise in assessed contributions, should conduct an assessment of the status of Member States' economies to design a contribution model based on equity and taking into account each country's gross domestic product;]

(g) that the Executive Board request the Secretariat to explore the feasibility of a replenishment mechanism to broaden further the financing base in consultation with Member States and taking into consideration the Framework of Engagement with Non-State Actors and present a report to the [Executive Board through the thirty-seventh meeting of the Programme, Budget and Administration Committee in January 2023 that includes relevant options for Member States to consider. The replenishment mechanism, with relevant rules of procedure, would be based on the following principles:

- (i) is Member State-driven and approved by the World Health Assembly and open to all donors which comply with the Framework of Engagement with Non-State Actors;
- (ii) addresses both WHO needs for flexibility and donor needs to show accountability for results to their own constituents;
- (iii) ensures efficiency and no competition between different parts of WHO;
- (iv) aligns with the defined needs of WHO as approved by its governing bodies and is oriented to prioritize the financing needs of the base budget in all its components;
- (v) aligns with the global health architecture avoiding competition with other global actors;
- (vi) aligns with resolutions and decisions of the Health Assembly.

40. The Working Group on Sustainable Financing also recommends the establishment of an agile Member States task group on strengthening WHO budgetary, programmatic and financing

governance¹ to analyse challenges in governance for transparency, efficiency, accountability and compliance, and come up with recommendations which would report to the Executive Board through the thirty-seventh meeting of the Programme, Budget and Administration Committee in January 2023 to recommend long-term improvements. [and that the Member States task group should also consider if the required conditions defined in para 39 (f) and para 38 (e) and para 39 (a) are set up and present the report to be considered by the Executive Board at its 152nd session through the Programme, Budget and Administration Committee for a final decision] / [MOVE PARA to before 39(f)] / [MOVE PARA to after 39 (f)]

41. The Working Group recommends that the Executive Board request the Secretariat to explore possible revision and adjustments in the recovery of programme support costs with a view to covering the full cost of the activities undertaken within programmes financed through voluntary contributions [, building upon the review² of WHO's programme support costs which was conducted in 2013.

¹ The following were identified as possible elements for the task group: including, but not limited to, the role of governing bodies to prioritize topics for inclusion on the agenda of World Health Assembly; the costing of resolutions and decisions and other initiatives using a results-based approach; the use of guidelines and thresholds for earmarking and deadlines for achieving the thresholds; exploring inclusion of non-State contributors in accordance with the Framework of Engagement with Non-State Actors; efficiency gains; guidelines for ensuring equity in resource allocation to all levels and departments of WHO; and standardizing reporting procedures for small donors.

² See document EB/PBAC18/3.

[APPENDIX] 2

**REPORT OF THE WORKING GROUP ON
SUSTAINABLE FINANCING**

1. The Working Group on Sustainable Financing met in Geneva on five occasions, from 29 to 31 March 2021, from 28 to 30 April 2021, from 23 to 25 June 2021, from 27 to 29 September 2021 and from 13 to 15 December 2021, and was chaired by Mr Björn Kümmel of Germany, with the following Vice-Chairs: Mr Iddrisu Yakubu of Ghana, Mr Raúl Vargas Juárez of Mexico, Ms Mouna Mcharek Hadiji of Tunisia,¹ Ms Meutia Hasan of Indonesia and Ms Bronwyn Field of Australia.² Despite the challenges imposed on Member States by the coronavirus disease (COVID-19) pandemic, the virtual format of the sessions made it possible for many Member States to attend. More than 100 Member States and one regional economic integration organization participated in the meetings, underlining Member States' engagement and ownership as well as the inclusivity of the process.

BACKGROUND, MANDATE AND SCOPE OF THE WORKING GROUP

2. The Working Group was established by decision EB148(12) in order to enable WHO to have the robust structures and capacities needed to fulfil its core functions as defined in the Constitution: (a) to develop a high-level, systemic approach to identify the essential functions of WHO which should be funded in a sustainable manner; (b) to assess the level of costing of the essential functions identified in (a); (c) to identify and recommend the appropriate sources for their funding and options to improve sustainable financing and alignment in support of the essential functions, including possibilities for cost-saving and efficiencies; and (d) to undertake any additional work, as appropriate, to enable sustainable financing.

3. Sustainable financing of the Organization has been an issue for a long time. Since the 1980s, the level of assessed contributions has remained largely static in a nominal sense but declined in a real sense, while the proportion of voluntary contributions has increased along with the budget increase. While voluntary contributions are highly appreciated and individual voluntary contributions are always aligned with programme budget priorities, the heavy reliance on earmarked voluntary contributions results in a misalignment between the priorities set and the financing of their delivery. As a result, even though the Organization has managed to raise funding to cover its overall budget, some areas, which are of high priority to Member States, remain chronically underfunded, including noncommunicable diseases, emergency preparedness, and data and science functions, including at regional and country levels. It was mentioned that "pockets of poverty" resulted directly from insufficient sustainable financing and the overdependence on voluntary contributions, which would be reduced if sustainable financing were increased. While various attempts to improve the sustainability and alignment of WHO's finances have brought improvements, the fundamental financing model remains unpredictable.

¹ Ms Mouna Mcharek Hadiji of Tunisia was replaced by Ms Shafaq Mokawar of Sudan during the meeting of 27 to 29 September 2021.

² Ms Bronwyn Field was represented by Mr Travis Power of Australia during the meeting of 27 to 29 September 2021.

4. The task addressed by the Working Group was to make concrete recommendations to the Executive Board for sufficient and sustained financing of WHO, so that WHO remains fit for purpose, as required by its Member States, in both times of crisis and times without crisis.

DESCRIPTION OF THE MAIN ISSUES UNDER CONSIDERATION

5. Many Member States stressed that the demands placed on the Organization by its Member States are not matched with their willingness to fund the Organization, leading to a severe discrepancy between Member States' expectations vis-à-vis WHO and its capacities, which is especially true in the current global health climate.

6. Many Member States emphasized the potential benefits of sustainable financing, such as retaining talented staff because of availability of predictable funds; ensuring a better balance among programmes and regional offices; avoiding competition for funds between the different departments and levels of the Organization; enabling technical staff to focus on their technical work; and reducing transaction costs for both Member States and the Secretariat. Sustainable, flexible and predictable funding underpins WHO's ability to strengthen its capabilities across all levels of the Organization at headquarters as well as the regional and country levels. Overall, the Working Group recognized that increasing sustainable financing would allow WHO to adjust its workplans to meet new priorities, have the predictability to plan for the longer term, and support the Organization's integrity, impartiality and independence.

SUMMARY OF THE WORKING GROUP'S DELIBERATIONS

7. The Working Group was in agreement that the status quo situation in financing WHO is not acceptable and expressed support for improving the financing of the Organization. There was an understanding in the Working Group of the definition and the scale of the problem.

8. The Working Group received four presentations provided by: (1) the Independent Panel for Pandemic Preparedness and Response (IPPPR); (2) the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC); (3) the Global Preparedness Monitoring Board (GPMB); and (4) the Chair of the Independent Expert Oversight Advisory Committee (IEOAC). A written contribution by the Chair of IEOAC was also shared with the Working Group. The Working Group noted that these presentations stressed that sustainable funding for WHO was a critical issue for Member States to address, and included the suggestion that Member States consider an increase in the level of the assessed contributions. It was also observed that, notwithstanding the serious challenge of economic recovery in the aftermath of the COVID-19 pandemic, it remained important to look beyond this to longer-term solutions with a focus on sustainable recovery and "future-proofing" WHO.

9. The Working Group considered five main approaches to determining which should be the most critical elements/essential functions to be sustainably financed in WHO. These were:

Approach 1 – considering the entire base segment as representing WHO's core work and funding it sustainably

Approach 2a – defining the six core functions of WHO as essential functions that require a sustainable source of financing

Approach 2b – defining essential functions based on their content or purpose

Approach 3 – defining essential functions based on principles established by the Working Group

Approach 4 – using a numerical approach to define a critical threshold for sustainable financing

Approach 5 – ensuring that every outcome in every major office is fully funded (i.e. greening the heat map).

10. The Working Group deliberated the above approaches to prioritize the budget. Additionally, the Secretariat organized the two “deep dive” working sessions on the approaches to prioritize the base budget, in line with the request from the report of the third meeting of the Working Group.

11. The Working Group agreed that the discussion on prioritization of the base budget is challenging because the development of each programme budget is conducted using a bottom-up approach, which starts from priority-setting at the country level, followed by the regional level and subsequently at the global level. In that regard, the final budget is already a product/result of a detailed prioritization process at the three levels of the Organization. The Working Group considered recommending the improved transparency of prioritization of the base budget (i.e. core work of the Organization) through the budgeting process with a view to further improving prioritization. Many Member States, therefore, supported the flexible financing of the entire base programme budget, as a matter of principle.

12. Member States questioned whether programme support costs (PSCs) should not provide a larger share of the sustainable financing of the Organization, consistent with WHO’s financing model of the voluntary contributions representing the largest share of funding. The Secretariat explained that a large proportion of voluntary contributions in the biennium 2020–2021 included funds for emergencies, which have a lower PSC rate at 7% compared with the standard rate of 13%. While the Secretariat continues efforts to maximize PSCs and limit the number of exceptions to the standard PSC rate, currently and historically PSCs are insufficient to cover all of WHO’s enabling functions and the management and administration costs of technical programmes, and the WHO Secretariat is therefore required to use assessed contributions to cover these shortfalls. The Secretariat explained that the topic was a subject of detailed external review in 2013.^{1,2}

13. Noting that assessed contributions represent a very good return on investment, as well as the IPPPR recommendation, made during its presentation to the first meeting of the Working Group, to increase assessed contributions levels to two thirds of the base programme budget, many Member States expressed support for a substantive assessed contributions increase but noted that a range of options for the overall percentage could be put forward for consideration. Member States agreed that any increase would need to be implemented gradually over time. Some Member States suggested that such an increase should take into account Member States’ ability to pay. In a session dedicated to the UN scale of assessment, the Secretariat explained the mandate and scope of the United Nations Committee on Contributions and the methodology behind the scale of assessment. Through its three main components (comparative estimates of income, relief measures, limits to scale) the methodology already reflects and is built upon Member States ability to pay and currently there are no alternatives to the UN scale of assessment.

¹ See document EBPBAC18/3.

² The external review found that in order to eliminate cross-subsidization, WHO has to reach an effective average programme support charge rate of 21%. The external study did not recommend this option because it would result in an unrealistic increase in the PSC rate that could seriously impair WHO’s ability to attract voluntary funding. Applying the programme support charge as a sole mechanism would also be unfair to programmes with a low number of staff and high funding.

14. Some Member States recognized the severe fiscal constraints associated with the COVID-19 pandemic. Of these, some considered that WHO should work with its available resources and current level of funding and that no increase in assessed contributions would be required. Other Member States did support the prospect of broadening WHO's funding base but noted that they themselves were not at that time in a position to facilitate an increase due to the fiscal challenges posed by the pandemic. They emphasized the need for any assessed contributions increase to be introduced through a phased approach.

15. The Working Group stressed a need to look for innovative financing of WHO and broadening the donor base. A concrete suggestion was made, in line with the IPPPR recommendation to introduce an organized replenishment process to explore what a replenishment model could look like for WHO in order to ensure that donors would be willing to give contributions through such a platform, that no key donors would be lost if such a model were introduced and that new donors would be attracted through high-level advocacy for the replenishment, as well as to consider other key questions such as which parts of WHO activity would be best funded via such a model. While some Member States were uncertain about the viability of a replenishment model for WHO, all members of the Working Group remained open to further discussions in that regard. With that in mind, the Working Group recognized the merit of consulting with key non-State donors on how such a replenishment model could be established.

16. There was broad consensus in the Working Group that WHO plays a critical role among global health actors, highlighting its extensive country presence, technical expertise and normative work; however, visibility is sometimes lacking with respect to results and impact. In this regard, WHO has not always been able to articulate its essential role in a way which clearly communicates its value proposition vis-à-vis other global health actors. The Working Group recognized that significant progress has been achieved in recent years but that further work is needed to demonstrate consistently how technical work across the three levels of the Organization impacts global outcomes. The Secretariat welcomed the frank feedback of Member States and emphasized the attention being given to this issue. It highlighted that the 2020–2021 mid-term WHO Results Report was being made available via a dedicated page on WHO's website and that innovative work was under way to better articulate results and impact at the Seventy-fourth World Health Assembly.

17. Member States underlined the importance of the further strengthening of transparency, efficiency and accountability. The Chair of IEOAC stressed that WHO was one of the most transparent organizations with which he has worked, as data and information are readily and publicly available; where WHO needs to improve is by providing more concise reports to the governing bodies. In the context of efficiencies, the Chair confirmed that in the experience of the IEOAC, WHO is run efficiently. However, "pockets of inefficiencies" exist, for example when it comes to award management and donor reporting – necessitated by the large number of small and specified awards with non-standard reporting requirements.

18. As an example of strengthened transparency, the Working Group stressed the need for a more transparent presentation of priority-setting and budgeting for special initiatives. Member States need to understand better and have upfront the costs of the Secretariat's initiatives, and stated that Member States should be advised and consulted on this for the benefit of transparency and completeness. Another example of transparency given was reporting to Member States on how flexible funding has been used to address structural issues of the Organization or pockets of poverty, that is financing, at a more granular level.

19. Member States noted the interconnected governance issues that are outside the scope of the Group's work that will need to be addressed. These included considering the true budgetary and resource

implications of the decisions and resolutions presented to the World Health Assembly and Executive Board for adoption. It was re-emphasized that all decisions and resolutions should have associated costs indicated from the outset, with a precise end date for initiatives therein (“sunsetting”). It was recognized that sufficiently flexible and predictable funding would have to be available in order for these issues to be addressed. It was further pointed out that budget prioritization would have to be a key area for Member States to address before other reforms of budgetary and resource implications for governance could be truly effective.

20. The Working Group should recommend a path forward for identifying and negotiating consensus on the governance changes needed to complement any shift to the financing structure of WHO. Several Member States highlighted the need to coordinate between the Working Group on Sustainable Financing and the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, particularly with respect to governance issues. In view of the existing proposals for the formation of subcommittees through this Working Group, it would be important to ensure sufficient flexibility for alignment between the two Working Groups and no duplication of effort.

21. The Chair suggested seven non-exhaustive main themes to classify the recommendations emerging from the discussions, namely:

- Strengthening and increasing the overall transparency and accountability of the budgeting process of the Organization, including with respect to priority-setting. This should include transparency on priority-setting at the three levels of the Organization.
- The base budget should be flexibly funded.
- An increase in assessed contributions, through a stepwise approach and within an agreed time frame. Any increase would need to be balanced between ambition and realism, taking into account the fiscal constraints of Member States.
- A recommendation to explore possibilities for a replenishment mechanism aligned with WHO governance.
- Governance issues/reform, including control by Member States over deliverables and initiatives, as well as the costing of resolutions and decisions.
- Intensified and immediate work on easing the earmarking of contributions and possibly broadening the donor base.
- Definition of a clear pathway for decision-making and implementation of the process by the Executive Board.

FEEDBACK SUMMARY FROM THE REGIONAL COMMITTEES

22. The Working Group agreed to transmit the following five questions to the Member States of the Regional Committees for their consideration:

- (i) Do Member States share the view that WHO’s base segment of the programme budget should be at least 50% funded by assessed contributions in order to ensure integrity and safeguard the independence of WHO?

- (ii) Do Member States share the view of the IPPPR that the entire base budget should be fully funded by unearmarked flexible contributions?
- (iii) Would Member States support the Seventy-fifth World Health Assembly agreeing on the way forward for assessed contributions increases and adopting an incremental implementation schedule?
- (iv) Do Member States agree to explore the IPPPR recommendation for a replenishment model to cover the remaining part of the base segment of the programme budget by both Member States and non-State actors?
- (v) What are the best practices and lessons learned for prioritization in the regions?

23. During six Regional Committees' meetings, over 68 Member States took the floor on the issue of sustainable financing. Two regional statements were delivered (Regional Committee for Africa and Regional Committee for South-East Asia) and one resolution on WHO sustainable financing was adopted by the Regional Committee for Europe.¹ There was an overwhelming consensus that the status quo situation in financing WHO cannot continue and significant changes are required; over two thirds of the interventions supported a substantive phased increase in assessed contributions.

24. Members of the **Regional Committee for Africa** welcomed the initiative and emphasized that sustainable financing would enable WHO to provide the necessary preparedness and response capacity; attract and retain the desired human resources talents; and produce better results at country level. However, they unanimously agreed that in view of the severe financial constraints which most countries are currently experiencing, a pragmatic approach involving an incremental schedule for implementation should be adopted. Members supported proposals made by the Working Group for full funding of the base segment of the programme budget with assessed contributions, increasing Member States' assessed contributions to at least 50% of the budget and introducing a replenishment mechanism to cover the remaining 50%. Member States recommended:

- adopting an incremental approach to the proposed increase of contributions, starting from the biennium 2024–2025, taking into consideration the economic consequences of the pandemic and other factors;
- conducting an assessment of the status of Member States' economies to design a contribution model based on equity and taking into account each country's gross domestic product as well as its ability to honour its financial commitments, while promoting the idea of sustainable financing for health at national levels, drawing on domestic financing opportunities such as tobacco taxation; and
- holding regular intersectoral discussions among the ministries of health, finance and planning to build consensus on sustainably financing health in general and WHO in particular.

25. There was broad consensus among the members of the **Regional Committee for the Americas** on the need to improve the predictability and sustainability of WHO's financing, but it was pointed out that other issues need to be considered in tandem with the question of sustainable financing, including issues relating to governance, prioritization, and efficiency, transparency and accountability in the use of resources. Prioritization was considered especially important. Various delegates noted that the Region

¹ See document EUR/RC71/R6.

of the Americas has valuable experience with bottom-up prioritization, which should be shared with the Working Group and the WHO Secretariat.

26. Some support was expressed for an increase in assessed contributions, but several Member States expressed reluctance, noting that the heavy economic toll of the pandemic would make it difficult to meet an increased financial obligation to the Organization. It was emphasized that any increase in assessed contributions would need to go hand in hand with ongoing reform of WHO and to be accompanied by greater transparency and accountability on the part of both the WHO Secretariat and Member States, especially with regard to the cost of any proposed new initiatives. Some Member States were in favour of exploring the option of a replenishment model; others did not consider such a model appropriate for WHO and favoured strengthening existing financing structures before contemplating the creation of new ones.

27. Member States of the **Regional Committee for South-East Asia** presented the Regional One Voice statement in response to the five questions from the Working Group on Sustainable Financing. The statement recognized the mismatch between the broader scope of WHO work and the available resources and the need for a sustainable financing model for WHO. It also expressed agreement that at least 50% of the WHO base budget should be funded in a sustainable manner, understanding that an increase of the Member States' assessed contributions may be inevitable. Should this be the case, a phased approach should be adopted, with an incremental schedule that takes into consideration the situation in some countries due to the COVID-19 pandemic.

28. The statement recommended finding diverse sources of flexible funding, including engagement with non-State actors, as well as the possibility to adopt a replenishment model that is suitable for WHO. The broad agreement among Member States on the need to find a sustainable financing model for WHO, while recognizing the need to hold further discussions on the increase in assessed contributions, was acknowledged by the Committee. Concerns were raised about WHO's high dependence on voluntary contributions from donors, which were aggravated in South-East Asia by the absence of big donors, the high disease burden and the sheer size of the population of the region. The Committee realized the imperative need of a sustainable financing model for WHO, which would make it independent in decision-making while distributing the available funding.

29. Members of the **Regional Committee for Europe** noted that the increase in the WHO programme budget over time without a proportionate increase in corporate flexible funding, including assessed contributions, had led to an increased share of and reliance on voluntary contributions and the persistence of underfunded areas of work within the programme budget, including core emergencies functions. A majority of those surveyed supported the view that the programme budget should be at least 50% funded by assessed contributions, but although they expressed support for an increase in assessed contributions in principle, many also explained that the automatic feature of such an increase (linked to an increase in the programme budget over time) could be problematic. Most Member States supporting an increase in assessed contributions asked for that increase to be implemented gradually. Many Member States stressed the need for this increase to be linked to an acceleration of reforms and increased efficiency and transparency in the use of funds. Although most supported the principle of greater flexibility of funding, some questioned if it was realistic to aim for full flexible funding of the entire base segment, while others expressed support for maintaining a form of earmarking for accountability and transparency reasons. There was broad support for the concept of a replenishment model, although at the same time several Member States insisted on the need to assess carefully which elements of WHO's work would be supported with this funding, noting that financing from categories of contributors other than Member States would require particular attention.

30. Members of the **Regional Committee for the Eastern Mediterranean** welcomed the recommendations of the Working Group on Sustainable Financing, noting the value of the Organization and agreeing that it needed to be sustainably financed and have the needed flexibility to be able to respond to the needs of the Member States. They supported an increase in funding, in particular for emergency preparedness and response and accelerating progress towards achieving the Sustainable Development Goals. Some felt that the increase in assessed contributions should be done gradually, with clear timelines, and should take into account the financial impact of the COVID-19 pandemic on Member States. The consideration of innovative funding models and equitable distribution of the programme budget across the three levels of WHO was also called for. The majority of the Member States that provided answers to the five-question survey supported the idea of exploring the IPPPR recommendation for a replenishment model to cover the remaining part of the base segment of the programme budget by both Member States and non-State actors.

31. Most Member States of the Eastern Mediterranean Region that responded to the fifth question on prioritization felt that prioritization was a complex exercise due to the diverse and dynamic nature of the region. Some Member States proposed basing priorities on national strategic priorities within each country and felt that prioritization should be more region-specific and country-focused. Other Member States stressed that prioritization should be consistent with WHO's Thirteenth General Programme of Work 2019–2023 and Vision 2023.

32. Members of the **Regional Committee for the Western Pacific** acknowledged that the question of how best to sustainably finance WHO's work is a long-standing one, given that many attempts to address WHO's financing challenges have been made over the past two decades, while no successful and comprehensive resolution has been implemented to date. Member States recognized that the emergence of the COVID-19 pandemic has further underscored the need for a strong, credible and independent WHO across all three levels of the Organization and unanimously agreed on the goal of sustainable financing for WHO to enable the Organization to deliver on the tasks ahead.

33. Member States of the Western Pacific appreciated the discussion of sustainable financing combined with the session on WHO's work in countries, which has been key to help demonstrate how sustainable financing is a critical enabler for WHO's ability to provide tailored support and deliver results at country level.

34. In responding to the five questions put forward by the Working Group, Member States expressed broad support for increasing assessed contributions to fund a higher proportion of WHO's base segment of the programme budget (with several Member States specifically agreeing that assessed contributions resources should make up 50% of WHO's base segment), while emphasizing that any benefits from increased sustainable financing should be equitably shared across all three levels of the Organization. Some Member States pointed out that more details on the related increase in Member States' dues would have to be provided and that a proposal for such an increase in assessed contributions should be accompanied by a clear statement of the added value this increase would bring, as well as details about how this value would be measured. Some Member States further underscored the latter aspect by specifying that increases to assessed contributions must be linked to the implementation of key reforms to improve governance, accountability and transparency to support a fit-for-purpose and efficient WHO at all levels.

35. With regard to the implementation schedule, Member States recommended that a possible increase in assessed contributions from Member States should be incremental, taking into consideration the impact of the COVID-19 pandemic on the specific economic context of countries in the region. Member States generally also shared the view of the IPPPR that WHO's entire base segment should be funded by more sustainable resources, but emphasized that efforts should be made to safeguard the

current level of resources made available to historically disadvantaged regions and subregions in order to maintain and further build on the progress in these geographical areas made to date.

36. On the possibility of adopting a replenishment model to cover the remaining part of the base segment of WHO's programme budget, Member States expressed interest in further discussing this innovative funding mechanism and, in collaboration with Member States and non-State actors, further exploring modalities for a replenishment model suitable for WHO.

37. Finally, in response to identifying the best practices and lessons learned in the region, Member States appreciated the examples presented by the Secretariat in the information document provided and suggested further examples for consideration by WHO in the region to continue to effectively and efficiently reassess and prioritize its work going forward.

[ATTACHMENT]

**MODELLING OF PHASED ASSESSED CONTRIBUTIONS
INCREASE BETWEEN 2023 AND 2029**

WHO Secretariat's initial assumptions:

- (1) Using May 2021 (resolution WHA74.13) approved scale of assessment for 2022–2023.
- (2) The target assessed contributions' increase is set at 50% (50 per cent) of WHO's 2022–2023 approved budget for the base segment, at US\$ 2 182 million and to be reached by 2028–2029.
- (3) This absolute figure (US\$ 2 182 million) should not change, even if future programme budgets increase further from the 2022–2023 approved budget.
- (4) The phased approach is gradual over time, starting from 2024–2025, and has been defined as follows:

Biennium	Total assessed contributions	Increase
2022–2023	956.9	baseline
2024–2025	1 148.3	20%
2026–2027	1 550.2	35%
2028–2029	2 182.0	40%

Members and Associate Members	Scale of assessments 2020–2021 (resolution WHA72.12)	2022–2023		2024–2025		2026–2027		2028–2029	
		2022	2023	2024	2025	2026	2027	2028	2029
		Afghanistan	0.0070	33 495	33 495	40 192	40 192	54 260	54 260
Albania	0.0080	38 280	38 280	45 934	45 934	62 011	62 011	87 286	87 286
Algeria	0.1380	660 285	660 285	792 364	792 364	1 069 691	1 069 691	1 505 677	1 505 677
Andorra	0.0050	23 925	23 925	28 709	28 709	38 757	38 757	54 553	54 553
Angola	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
Antigua and Barbuda	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Argentina	0.9151	4 377 960	4 377 960	5 253 718	5 253 718	7 092 519	7 092 519	9 983 290	9 983 290
Armenia	0.0070	33 495	33 495	40 192	40 192	54 260	54 260	76 375	76 375
Australia	2.2101	10 574 090	10 574 090	12 689 307	12 689 307	17 130 565	17 130 565	24 112 646	24 112 646
Austria	0.6770	3 239 215	3 239 215	3 887 177	3 887 177	5 247 689	5 247 689	7 386 543	7 386 543
Azerbaijan	0.0490	234 450	234 450	281 347	281 347	379 818	379 818	534 624	534 624
Bahamas	0.0180	86 125	86 125	103 352	103 352	139 525	139 525	196 393	196 393
Bahrain	0.0500	239 235	239 235	287 088	287 088	387 569	387 569	545 535	545 535
Bangladesh	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
Barbados	0.0070	33 495	33 495	40 192	40 192	54 260	54 260	76 375	76 375
Belarus	0.0490	234 450	234 450	281 347	281 347	379 818	379 818	534 624	534 624
Belgium	0.8211	3 928 205	3 928 205	4 713 992	4 713 992	6 363 889	6 363 889	8 957 684	8 957 684
Belize	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Benin	0.0030	14 355	14 355	17 225	17 225	23 254	23 254	32 732	32 732
Bhutan	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Bolivia (Plurinational State of)	0.0160	76 555	76 555	91 868	91 868	124 022	124 022	174 571	174 571
Bosnia and Herzegovina	0.0120	57 415	57 415	68 901	68 901	93 017	93 017	130 928	130 928
Botswana	0.0140	66 985	66 985	80 385	80 385	108 519	108 519	152 750	152 750
Brazil	2.9482	14 105 165	14 105 165	16 926 732	16 926 732	22 851 088	22 851 088	32 164 742	32 164 742
Brunei Darussalam	0.0250	119 615	119 615	143 544	143 544	193 785	193 785	272 767	272 767
Bulgaria	0.0460	220 095	220 095	264 121	264 121	356 564	356 564	501 892	501 892
Burkina Faso	0.0030	14 355	14 355	17 225	17 225	23 254	23 254	32 732	32 732
Burundi	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Cabo Verde	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Cambodia	0.0060	28 710	28 710	34 451	34 451	46 508	46 508	65 464	65 464
Cameroon	0.0130	62 200	62 200	74 643	74 643	100 768	100 768	141 839	141 839
Canada	2.7342	13 081 250	13 081 250	15 697 994	15 697 994	21 192 292	21 192 292	29 829 852	29 829 852
Central African Republic	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Chad	0.0040	19 140	19 140	22 967	22 967	31 006	31 006	43 643	43 643
Chile	0.4070	1 947 355	1 947 355	2 336 900	2 336 900	3 154 814	3 154 814	4 440 655	4 440 655
China	12.0058	57 439 805	57 439 805	68 929 925	68 929 925	93 055 399	93 055 399	130 982 946	130 982 946

Members and Associate Members	Scale of assessments 2020–2021 (resolution WHA72.12)	2022–2023		2024–2025		2026–2027		2028–2029	
		2022	2023	2024	2025	2026	2027	2028	2029
		Colombia	0.2880	1 377 980	1 377 980	1 653 629	1 653 629	2 232 399	2 232 399
Comoros	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Congo	0.0060	28 710	28 710	34 451	34 451	46 508	46 508	65 464	65 464
Cook Islands (not UN member)	0.0010	4 785	4 785	5 741	5 741	7 751	7 751	10 910	10 910
Costa Rica	0.0620	296 650	296 650	355 990	355 990	480 586	480 586	676 463	676 463
Côte d'Ivoire	0.0130	62 200	62 200	74 643	74 643	100 768	100 768	141 839	141 839
Croatia	0.0770	368 415	368 415	442 116	442 116	596 857	596 857	840 124	840 124
Cuba	0.0800	382 770	382 770	459 341	459 341	620 111	620 111	872 856	872 856
Cyprus	0.0360	172 250	172 250	206 704	206 704	279 050	279 050	392 785	392 785
Czech Republic	0.3110	1 488 030	1 488 030	1 785 690	1 785 690	2 410 681	2 410 681	3 393 228	3 393 228
Democratic People's Republic of Korea	0.0060	28 710	28 710	34 451	34 451	46 508	46 508	65 464	65 464
Democratic Republic of the Congo	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
Denmark	0.5540	2 650 700	2 650 700	3 180 939	3 180 939	4 294 268	4 294 268	6 044 527	6 044 527
Djibouti	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Dominica	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Dominican Republic	0.0530	253 590	253 590	304 314	304 314	410 824	410 824	578 267	578 267
Ecuador	0.0800	382 770	382 770	459 341	459 341	620 111	620 111	872 856	872 856
Egypt	0.1860	889 950	889 950	1 067 969	1 067 969	1 441 758	1 441 758	2 029 390	2 029 390
El Salvador	0.0120	57 415	57 415	68 901	68 901	93 017	93 017	130 928	130 928
Equatorial Guinea	0.0160	76 555	76 555	91 868	91 868	124 022	124 022	174 571	174 571
Eritrea	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Estonia	0.0390	186 605	186 605	223 929	223 929	302 304	302 304	425 517	425 517
Eswatini	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Ethiopia	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
Fiji	0.0030	14 355	14 355	17 225	17 225	23 254	23 254	32 732	32 732
Finland	0.4210	2 014 340	2 014 340	2 417 284	2 417 284	3 263 334	3 263 334	4 593 404	4 593 404
France	4.4273	21 181 675	21 181 675	25 418 807	25 418 807	34 315 390	34 315 390	48 301 666	48 301 666
Gabon	0.0150	71 770	71 770	86 127	86 127	116 271	116 271	163 660	163 660
Gambia	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Georgia	0.0080	38 280	38 280	45 934	45 934	62 011	62 011	87 286	87 286
Germany	6.0904	29 138 560	29 138 560	34 967 367	34 967 367	47 205 946	47 205 946	66 446 159	66 446 159
Ghana	0.0150	71 770	71 770	86 127	86 127	116 271	116 271	163 660	163 660
Greece	0.3660	1 751 185	1 751 185	2 101 487	2 101 487	2 837 008	2 837 008	3 993 316	3 993 316
Grenada	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Guatemala	0.0360	172 250	172 250	206 704	206 704	279 050	279 050	392 785	392 785
Guinea	0.0030	14 355	14 355	17 225	17 225	23 254	23 254	32 732	32 732

Members and Associate Members	Scale of assessments 2020–2021 (resolution WHA72.12)	2022–2023		2024–2025		2026–2027		2028–2029	
		2022	2023	2024	2025	2026	2027	2028	2029
		Guinea-Bissau	0.0010	4 785	4 785	5 742	5 742	7 751	7 751
Guyana	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Haiti	0.0030	14 355	14 355	17 225	17 225	23 254	23 254	32 732	32 732
Honduras	0.0090	43 060	43 060	51 676	51 676	69 762	69 762	98 196	98 196
Hungary	0.2060	985 635	985 635	1 182 804	1 182 804	1 596 786	1 596 786	2 247 604	2 247 604
Iceland	0.0280	133 970	133 970	160 770	160 770	217 039	217 039	305 500	305 500
India	0.8341	3 990 405	3 990 405	4 788 635	4 788 635	6 464 657	6 464 657	9 099 523	9 099 523
Indonesia	0.5430	2 598 070	2 598 070	3 117 780	3 117 780	4 209 003	4 209 003	5 924 510	5 924 510
Iran (Islamic Republic of)	0.3980	1 904 295	1 904 295	2 285 224	2 285 224	3 085 052	3 085 052	4 342 458	4 342 458
Iraq	0.1290	617 220	617 220	740 688	740 688	999 929	999 929	1 407 480	1 407 480
Ireland	0.3710	1 775 105	1 775 105	2 130 196	2 130 196	2 875 765	2 875 765	4 047 869	4 047 869
Israel	0.4900	2 344 480	2 344 480	2 813 466	2 813 466	3 798 180	3 798 180	5 346 243	5 346 243
Italy	3.3072	15 822 860	15 822 860	18 988 027	18 988 027	25 633 836	25 633 836	36 081 683	36 081 683
Jamaica	0.0080	38 280	38 280	45 934	45 934	62 011	62 011	87 286	87 286
Japan	8.5645	40 975 800	40 975 800	49 172 501	49 172 501	66 382 877	66 382 877	93 439 229	93 439 229
Jordan	0.0210	100 480	100 480	120 577	120 577	162 779	162 779	229 125	229 125
Kazakhstan	0.1780	851 670	851 670	1 022 035	1 022 035	1 379 747	1 379 747	1 942 104	1 942 104
Kenya	0.0240	114 835	114 835	137 802	137 802	186 033	186 033	261 857	261 857
Kiribati	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Kuwait	0.2520	1 205 735	1 205 735	1 446 926	1 446 926	1 953 349	1 953 349	2 749 496	2 749 496
Kyrgyzstan	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Lao People's Democratic Republic	0.0050	23 925	23 925	28 709	28 709	38 757	38 757	54 553	54 553
Latvia	0.0470	224 880	224 880	269 863	269 863	364 315	364 315	512 803	512 803
Lebanon	0.0470	224 880	224 880	269 863	269 863	364 315	364 315	512 803	512 803
Lesotho	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Liberia	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Libya	0.0300	143 540	143 540	172 253	172 253	232 542	232 542	327 321	327 321
Lithuania	0.0710	339 710	339 710	407 666	407 666	550 348	550 348	774 660	774 660
Luxembourg	0.0670	320 570	320 570	384 698	384 698	519 343	519 343	731 017	731 017
Madagascar	0.0040	19 140	19 140	22 967	22 967	31 006	31 006	43 643	43 643
Malawi	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Malaysia	0.3410	1 631 565	1 631 565	1 957 943	1 957 943	2 643 223	2 643 223	3 720 548	3 720 548
Maldives	0.0040	19 140	19 140	22 967	22 967	31 006	31 006	43 643	43 643
Mali	0.0040	19 140	19 140	22 967	22 967	31 006	31 006	43 643	43 643
Malta	0.0170	81 340	81 340	97 610	97 610	131 774	131 774	185 482	185 482
Marshall Islands	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Mauritania	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821

Members and Associate Members	Scale of assessments 2020–2021 (resolution WHA72.12)	2022–2023		2024–2025		2026–2027		2028–2029	
		2022	2023	2024	2025	2026	2027	2028	2029
		Mauritius	0.0110	52 630	52 630	63 159	63 159	85 265	85 265
Mexico	1.2921	6 181 775	6 181 775	7 418 364	7 418 364	10 014 792	10 014 792	14 096 624	14 096 624
Micronesia (Federated States of)	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Monaco	0.0110	52 630	52 630	63 159	63 159	85 265	85 265	120 018	120 018
Mongolia	0.0050	23 925	23 925	28 709	28 709	38 757	38 757	54 553	54 553
Montenegro	0.0040	19 140	19 140	22 967	22 967	31 006	31 006	43 643	43 643
Morocco	0.0550	263 160	263 160	315 797	315 797	426 326	426 326	600 088	600 088
Mozambique	0.0040	19 140	19 140	22 967	22 967	31 006	31 006	43 643	43 643
Myanmar	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
Namibia	0.0090	43 060	43 060	51 676	51 676	69 762	69 762	98 196	98 196
Nauru	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Nepal	0.0070	33 495	33 495	40 192	40 192	54 260	54 260	76 375	76 375
Netherlands	1.3561	6 487 995	6 487 995	7 785 837	7 785 837	10 510 881	10 510 881	14 794 908	14 794 908
New Zealand	0.2910	1 392 335	1 392 335	1 670 854	1 670 854	2 255 654	2 255 654	3 175 014	3 175 014
Nicaragua	0.0050	23 925	23 925	28 709	28 709	38 757	38 757	54 553	54 553
Niger	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Nigeria	0.2500	1 196 165	1 196 165	1 435 442	1 435 442	1 937 847	1 937 847	2 727 675	2 727 675
Niue (not UN member)	0.0010	4 785	4 785	5 741	5 741	7 751	7 751	10 910	10 910
North Macedonia	0.0070	33 495	33 495	40 192	40 192	54 260	54 260	76 375	76 375
Norway	0.7540	3 607 630	3 607 630	4 329 293	4 329 293	5 844 546	5 844 546	8 226 667	8 226 667
Oman	0.1150	550 235	550 235	660 303	660 303	891 409	891 409	1 254 730	1 254 730
Pakistan	0.1150	550 235	550 235	660 303	660 303	891 409	891 409	1 254 730	1 254 730
Palau	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Panama	0.0450	215 310	215 310	258 380	258 380	348 812	348 812	490 981	490 981
Papua New Guinea	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
Paraguay	0.0160	76 555	76 555	91 868	91 868	124 022	124 022	174 571	174 571
Peru	0.1520	727 270	727 270	872 749	872 749	1 178 211	1 178 211	1 658 426	1 658 426
Philippines	0.2050	980 855	980 855	1 177 062	1 177 062	1 589 034	1 589 034	2 236 693	2 236 693
Poland	0.8021	3 837 295	3 837 295	4 604 898	4 604 898	6 216 612	6 216 612	8 750 381	8 750 381
Portugal	0.3500	1 674 630	1 674 630	2 009 619	2 009 619	2 712 985	2 712 985	3 818 745	3 818 745
Puerto Rico (not UN member)	0.0010	4 785	4 785	5 741	5 741	7 751	7 751	10 910	10 910
Qatar	0.2820	1 349 275	1 349 275	1 619 179	1 619 179	2 185 891	2 185 891	3 076 817	3 076 817
Republic of Korea	2.2671	10 846 820	10 846 820	13 016 588	13 016 588	17 572 394	17 572 394	24 734 555	24 734 555
Republic of Moldova	0.0030	14 355	14 355	17 225	17 225	23 254	23 254	32 732	32 732
Romania	0.1980	947 360	947 360	1 136 870	1 136 870	1 534 775	1 534 775	2 160 318	2 160 318
Russian Federation	2.4052	11 507 095	11 507 095	13 808 952	13 808 952	18 642 085	18 642 085	26 240 232	26 240 232
Rwanda	0.0030	14 355	14 355	17 225	17 225	23 254	23 254	32 732	32 732

Members and Associate Members	Scale of assessments 2020–2021 (resolution WHA72.12)	2022–2023		2024–2025		2026–2027		2028–2029	
		2022	2023	2024	2025	2026	2027	2028	2029
		Saint Kitts and Nevis	0.0010	4 785	4 785	5 742	5 742	7 751	7 751
Saint Lucia	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Saint Vincent and the Grenadines	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Samoa	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
San Marino	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Sao Tome and Principe	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Saudi Arabia	1.1721	5 607 620	5 607 620	6 729 352	6 729 352	9 084 625	9 084 625	12 787 340	12 787 340
Senegal	0.0070	33 495	33 495	40 192	40 192	54 260	54 260	76 375	76 375
Serbia	0.0280	133 970	133 970	160 770	160 770	217 039	217 039	305 500	305 500
Seychelles	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Sierra Leone	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Singapore	0.4850	2 320 555	2 320 555	2 784 757	2 784 757	3 759 423	3 759 423	5 291 689	5 291 689
Slovakia	0.1530	732 055	732 055	878 491	878 491	1 185 962	1 185 962	1 669 337	1 669 337
Slovenia	0.0760	363 630	363 630	436 374	436 374	589 105	589 105	829 213	829 213
Solomon Islands	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Somalia	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
South Africa	0.2720	1 301 425	1 301 425	1 561 761	1 561 761	2 108 377	2 108 377	2 967 710	2 967 710
South Sudan	0.0060	28 710	28 710	34 451	34 451	46 508	46 508	65 464	65 464
Spain	2.1461	10 267 870	10 267 870	12 321 834	12 321 834	16 634 476	16 634 476	23 414 361	23 414 361
Sri Lanka	0.0440	210 525	210 525	252 638	252 638	341 061	341 061	480 071	480 071
Sudan	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
Suriname	0.0050	23 925	23 925	28 709	28 709	38 757	38 757	54 553	54 553
Sweden	0.9061	4 334 900	4 334 900	5 202 042	5 202 042	7 022 756	7 022 756	9 885 094	9 885 094
Switzerland	1.1511	5 507 140	5 507 140	6 608 775	6 608 775	8 921 846	8 921 846	12 558 215	12 558 215
Syrian Arab Republic	0.0110	52 630	52 630	63 159	63 159	85 265	85 265	120 018	120 018
Tajikistan	0.0040	19 140	19 140	22 967	22 967	31 006	31 006	43 643	43 643
Thailand	0.3070	1 468 890	1 468 890	1 762 723	1 762 723	2 379 676	2 379 676	3 349 585	3 349 585
Timor-Leste	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Togo	0.0020	9 570	9 570	11 484	11 484	15 503	15 503	21 821	21 821
Tokelau (not UN member)	0.0010	4 785	4 785	5 741	5 741	7 751	7 751	10 910	10 910
Tonga	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Trinidad and Tobago	0.0400	191 390	191 390	229 671	229 671	310 055	310 055	436 428	436 428
Tunisia	0.0250	119 615	119 615	143 544	143 544	193 785	193 785	272 767	272 767
Turkey	1.3711	6 559 760	6 559 760	7 871 964	7 871 964	10 627 151	10 627 151	14 958 569	14 958 569
Turkmenistan	0.0330	157 895	157 895	189 478	189 478	255 796	255 796	360 053	360 053
Tuvalu	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Uganda	0.0080	38 280	38 280	45 934	45 934	62 011	62 011	87 286	87 286

Members and Associate Members	Scale of assessments 2020–2021 (resolution WHA72.12)	2022–2023		2024–2025		2026–2027		2028–2029	
		2022	2023	2024	2025	2026	2027	2028	2029
Ukraine	0.0570	272 730	272 730	327 281	327 281	441 829	441 829	621 910	621 910
United Arab Emirates	0.6160	2 947 345	2 947 345	3 536 929	3 536 929	4 774 854	4 774 854	6 720 991	6 720 991
United Kingdom of Great Britain and Northern Ireland	4.5673	21 851 530	21 851 530	26 222 655	26 222 655	35 400 584	35 400 584	49 829 164	49 829 164
United Republic of Tanzania	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
United States of America	22.0000	115 766 922	115 766 922	126 310 800	126 310 800	170 519 580	170 519 580	240 020 000	240 020 000
Uruguay	0.0870	416 265	416 265	499 534	499 534	674 371	674 371	949 231	949 231
Uzbekistan	0.0320	153 110	153 110	183 737	183 737	248 044	248 044	349 142	349 142
Vanuatu	0.0010	4 785	4 785	5 742	5 742	7 751	7 751	10 911	10 911
Venezuela (Bolivarian Republic of)	0.7280	3 483 230	3 483 230	4 180 007	4 180 007	5 643 010	5 643 010	7 942 989	7 942 989
Viet Nam	0.0770	368 415	368 415	442 116	442 116	596 857	596 857	840 124	840 124
Yemen	0.0100	47 845	47 845	57 418	57 418	77 514	77 514	109 107	109 107
Zambia	0.0090	43 060	43 060	51 676	51 676	69 762	69 762	98 196	98 196
Zimbabwe	0.0050	23 925	23 925	28 709	28 709	38 757	38 757	54 553	54 553
TOTAL	100.0000	488 946 292	488 946 292	574 139 997	574 139 997	775 088 996	775 088 996	1 090 999 994	1 090 999 994