World Health Organization

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Financing and implementation of the Programme budget 2024–2025

Report by the Director-General

Summary points

1. The following is a summary of this report:

- With the adoption of resolution WHA76.1 (2023), the total Programme budget 2024–2025 is US$ 6834.2 million.
- As of 30 September 2024, the base segment was 89% funded, including projections. This is US$ 404 million, or 10% more than at the same time in the previous biennium. While the current level of funding appears strong, a large percentage (60%) of the approved base budget will continue to rely on financing from highly earmarked voluntary contributions. This will continue to pose a challenge to strategic allocation of funding towards priority and underfunded areas and effective budget implementation. The level of projected income from voluntary contributions leaves a finance gap of US$ 564 million still to be funded if the Programme budget 2024–2025 is to be fully implemented.
- Utilization reached 36% for the base segment, which is at the expected rate after nine months of the biennium. For the event-driven segments – emergency operations and appeals, and polio eradication – utilization rates are at 54% and 69%, respectively, driven by the level of operations.
- The outcomes of the investment round are not reflected in the present report but will be included in the report to the Seventy-eighth World Health Assembly. The outcomes are included in the Proposed programme budget 2026–2027.[1]

[1] Document EB156/27.

Background

2. With the adoption of resolution WHA76.1 (2023), the total Programme budget 2024–2025 is US$ 6834.2 million, comprising four segments: a base programme segment (US$ 4968.2 million), a polio eradication segment (US$ 694.3 million), a special programmes segment[2] (US$ 171.7 million) and an emergency operations and appeals segment (US$ 1000 million).

3. The segment for emergency operations and appeals, which is event-driven in nature, is an estimated budget requirement and is revised on an annual basis through a bottom-up planning approach, resulting in the release of the annual WHO Health Emergency Appeal. As of 30 September 2024, a budget of US$ 1964 million was allocated to this segment to accommodate WHO's Health Emergency Appeal 2024[3] resource requirement in addition to other needs in response to various humanitarian and health-driven situations.

4. This report describes the overall status of the financing and utilization of the Programme budget 2024–2025 during the first nine months of the biennium.[4]

Status of Programme budget financing and utilization, as at 30 September 2024

Table 1. Programme budget 2024–2025, its financing, including projections and utilization, by segment, as at 30 September 2024[5]

Segment	Approved Programme budget 2024–2025 (US$ millions)	Financing (US$ millions)	Financing as % of approved budget	Financing including projections (US$ millions)	Financing including projections as % of approved budget	Utilization (US$ millions)	Utilization as % of approved budget
Base programmes	4 968.2	4 222.2	85%	4 403.7	89%	1 801.2	36%
Polio eradication	694.3	850.5	122%	1 135.6	164%	477.9	69%
Emergency operations and appeals	1 000.0	1 212.3	121%	1 359.0	136%	537.8	54%
Special programmes	171.7	173.9	101%	174.2	101%	50.1	29%
Total	**6 834.2**	**6 458.9**	**95%**	**7 072.6**	**103%**	**2 867.0**	**42%**

[2] Comprises the Special Programme for Research and Training in Tropical Diseases, the Special Programme of Research, Development and Research Training in Human Reproduction, and the Pandemic Influenza Preparedness Framework.

[3] WHO's Health Emergency Appeal 2024. Geneva: World Health Organization; 2024 (accessed 29 November 2024).

[4] For more information, including by category of expenditure, see The WHO Programme Budget Web Portal (accessed 29 November 2024).

[5] The totals may not always add up, owing to rounding.

5. The level of financing for the Programme budget 2024–2025, by budget segment, is presented in Table 1. The levels of financing of the polio eradication and the emergency operations and appeals segments are driven by current events and should not be interpreted as overfinancing of these segments. In addition to the revenue already generated through voluntary contributions, an additional US$ 613.7 million is projected across four budget segments: US$ 181.5 million for base programmes, US$ 285.1 million for polio eradication, US$ 146.8 million for emergency operations and appeals, and US$ 0.3 million for special programmes. In this report, as well as on the WHO Programme budget web portal, the future funding pipeline is defined as proposals at advanced stages of development or under negotiation with contributors. These represent conservative estimates of future funding opportunities expected to generate revenue for the Organization during the biennium.

Table 2. Base Programme budget 2024–2025, its financing, including projections and utilization, by strategic priority, as at 30 September 2024[6]

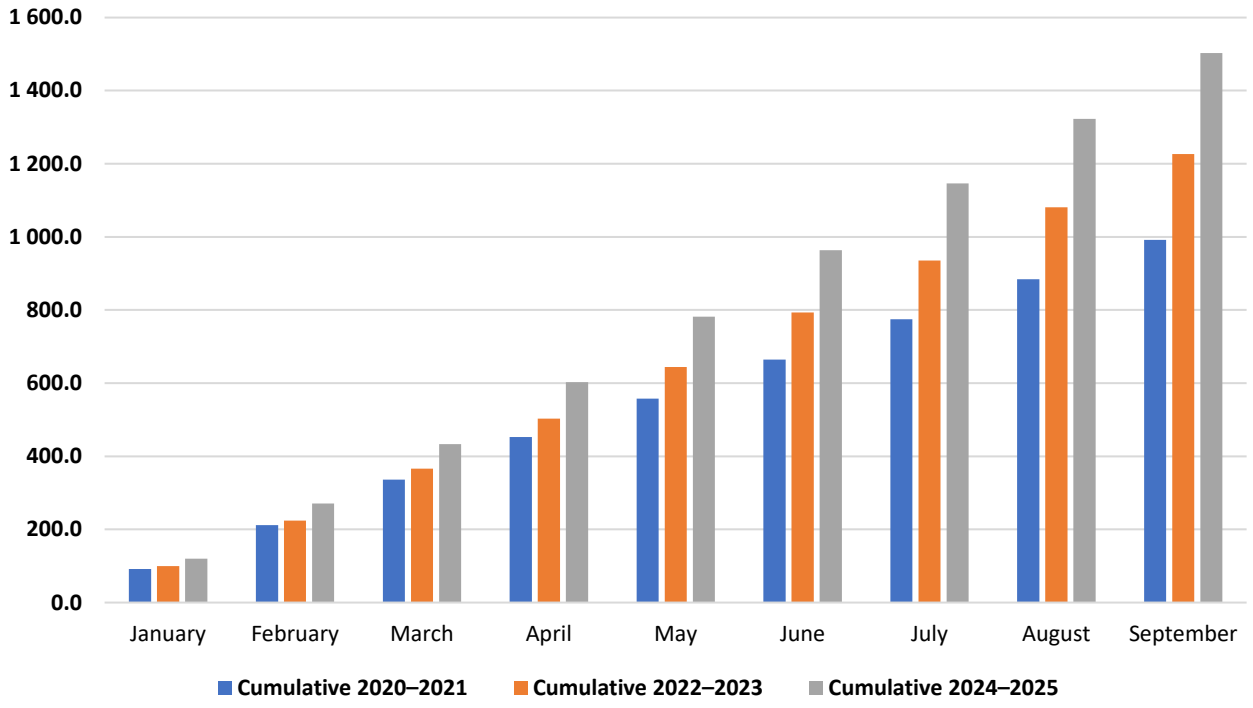
Strategic priority	Approved base Programme budget 2024–2025 (US$ millions)	Financing (US$ millions)	Financing as % of approved budget	Financing including projections (US$ millions)	Financing including projections as % of approved budget	Utilization (US$ millions)	Utilization as % of approved budget
1. One billion more people benefiting from universal health coverage	1 966.4	1 731.2	88%	1 833.6	93%	802.2	41%
2. One billion more people better protected from health emergencies	1 214.0	632.3	52%	638.7	53%	347.2	29%
3. One billion more people enjoying better health and well-being	437.7	260.7	60%	274.8	63%	135.0	31%
4. More effective and efficient WHO providing better support to countries	1 350.0	1 012.0	75%	1 026.7	76%	516.8	38%
Undistributed		586.1		630.0			
Total	**4 968.2**	**4 222.2**	**85%**	**4 403.7**	**89%**	**1 801.2**	**36%**

6. There is a notable difference in the funding levels among the four strategic priorities of the base segment (Table 2). Strategic priority 1 encompasses most disease-specific and health systems programmes, which traditionally attract significantly more funding than the other two technical strategic priorities. By contrast, strategic priorities 2 and 3 are the least funded, with only minimal projected voluntary contributions. Low levels of funding have a direct repercussion on the implementation of the technical mandate of the Organization.

[6] The totals may not always add up, owing to rounding.

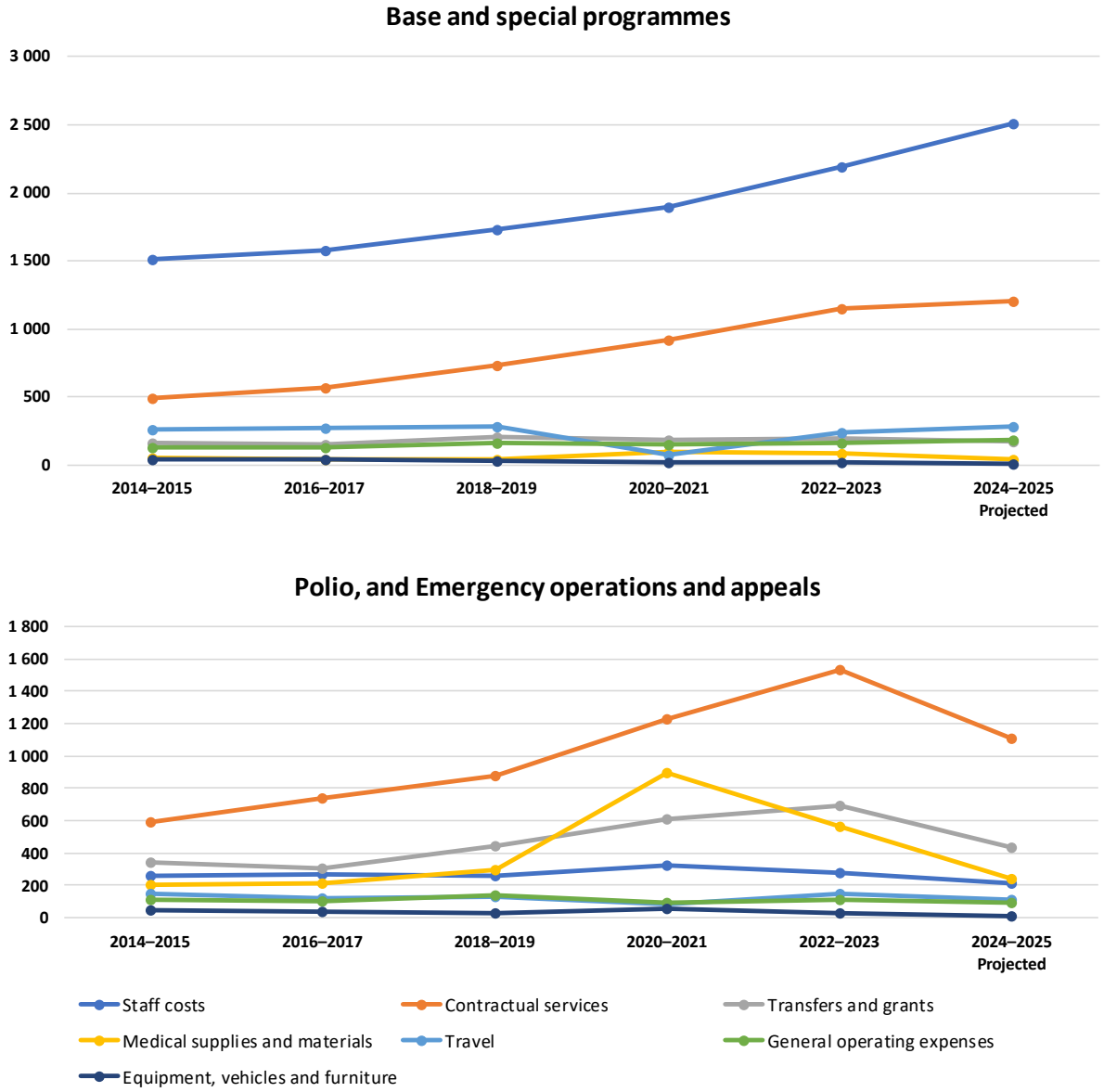
7. The overall utilization rate for the base segment was 36% (Tables 1 and 2), in line with expectations at this stage of the biennium. This report emphasizes programme budget utilization, rather than implementation. Implementation refers to actual expenses and is used for audited financial statements. Utilization also includes encumbrances, which are contractual commitments, such as agreements for goods and services, that have not yet been fulfilled. Therefore, utilization provides a clearer picture of ongoing operations and serves as a key tool for planning and monitoring the level of implementation throughout the biennium.

Fig. 1. Comparison of cumulative implementation of base Programme budget 2024–2025 across the Thirteenth General Programme of Work (GPW 13) (US$ millions)



8. Expenditures for the base budget after the first nine months of 2024–2025 (Fig. 1) are substantially higher than for the same period in 2020–2021 and 2022–2023, likely due to (a) improved overall financing of the base segment at the start of 2024–2025 and (b) greater availability of flexible funding, which enables more timely and predictable resource planning and implementation of activities.

Fig. 2. Trend in main expenditure types across the GPW 12 and GPW 13 periods, by budget segments (US$ millions, based on projected utilization for 2024–2025 as of 30 September 2024)



9. Figure 2 provides an overview of the trend of main expenditure types across previous bienniums by budget segments and a linear projection for the Programme budget 2024–2025. The upper graph represents the base segment plus special programmes, as these two segments have similar models of operations. The lower graph represents the polio eradication and the emergency operations and appeals segments, as they share similar event-driven patterns.

10. While between 2014–2015 and 2022–2023 the base budget grew at the rate of 63%, staff costs increased at a lower rate of 45% (Fig. 2). Staff costs represented 41% of total expenditures in 2014–2015, which decreased to 33% in 2022–2023 and are projected to represent 41% by the end of 2024–2025. This indicates that a larger budget is being implemented with relatively fewer staff, in part driven by efficiencies and innovation, although added pressure is placed on the existing workforce. The polio and the emergency operations and appeals segments primarily rely on contractual services[7] for a surge capacity that facilitates implementation, with the staff

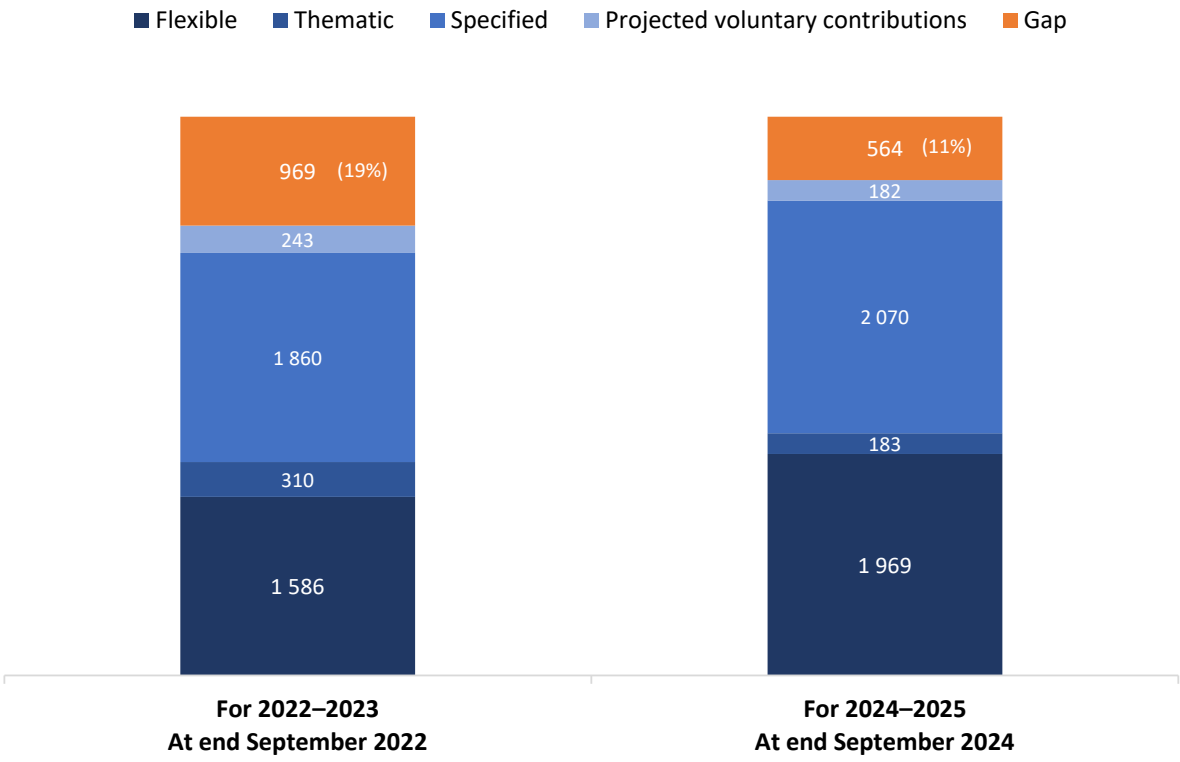
[7] Including consultants, research contracts, contractual services general, direct implementation, security and other costs and special service agreements.

component remaining constant despite a budget increase and a continued reliance on core staff that deliver the functions of the base budget. Having adequate core functions in place is critical for the Secretariat to be able to respond to emergencies, including when there is need for a surge or escalation capacity: surge capacity alone does not ensure an effective response. Travel expenditures, despite a decline during the coronavirus disease (COVID-19) pandemic, remained steady in absolute terms across all segments and decreased as a percentage of total expenditures, despite the average ticket price increase of 14%.

Detailed financing of base Programme budget 2024–2025

11. As of 30 September 2024, 89% of the base Programme budget 2024–2025 is financed, including US$ 181.5 million in projected income, a 10% (US$ 404 million) increase over the funding available at the same point in 2022–2023. This upward trend enables the Organization to more effectively meet the increasing demands placed on it. However, thematic and projected funding have decreased significantly (Fig. 3).

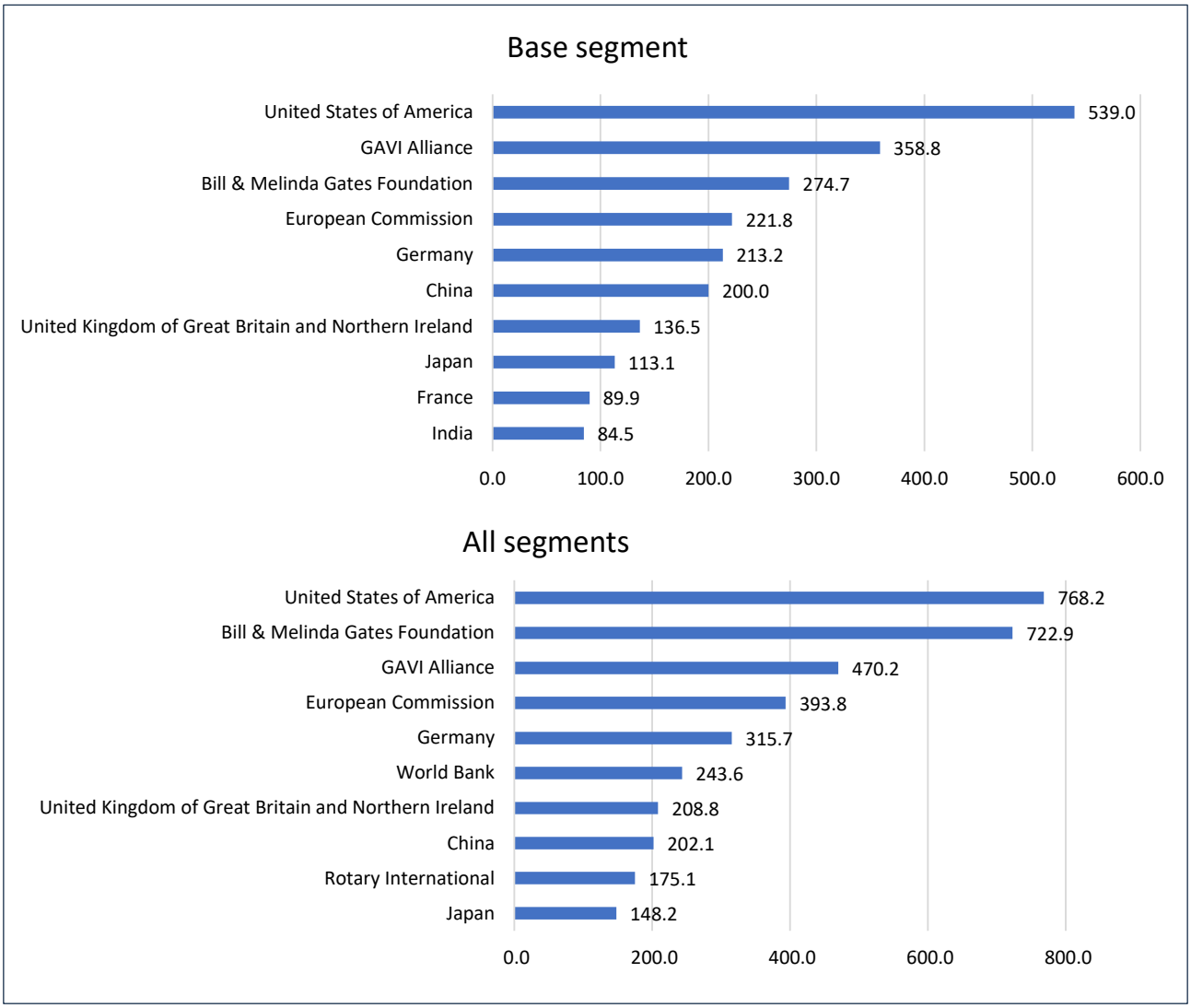
Fig. 3. Base budget segment funding: comparison of financing for Programme budgets 2022–2023 and 2024–2025 (end-September 2022 and end-September 2024, US$ millions)[8]



12. While the trend of improving funding sustainability through increased flexibility is positive, WHO continues to rely on a limited number of contributors. The top 10 contributors for 2024–2025 accounted for 62% (or US$ 3.65 billion) of all funds available, rising to 63% (US$ 2.23 billion) for the base budget (Fig. 4).

[8] The amount of US$ 4 million in flexible funds is allocated to special programmes, i.e. outside the base budget segment.

Fig. 4. Top ten contributors to Programme budget 2024–2025 (as at 30 September 2024, in US$ millions)



13. Flexible funds (assessed contributions, programme support costs, core voluntary contributions) projected for the biennium are expected to finance 40% of the total base segment (Fig. 3), as follows:

- assessed contributions of US$ 1148.3 million (23%);
- programme support costs of US$ 662.2 million (13%);
- core voluntary contributions of US$ 338.9 million, including US$ 176.4 million in projected funding (4%).

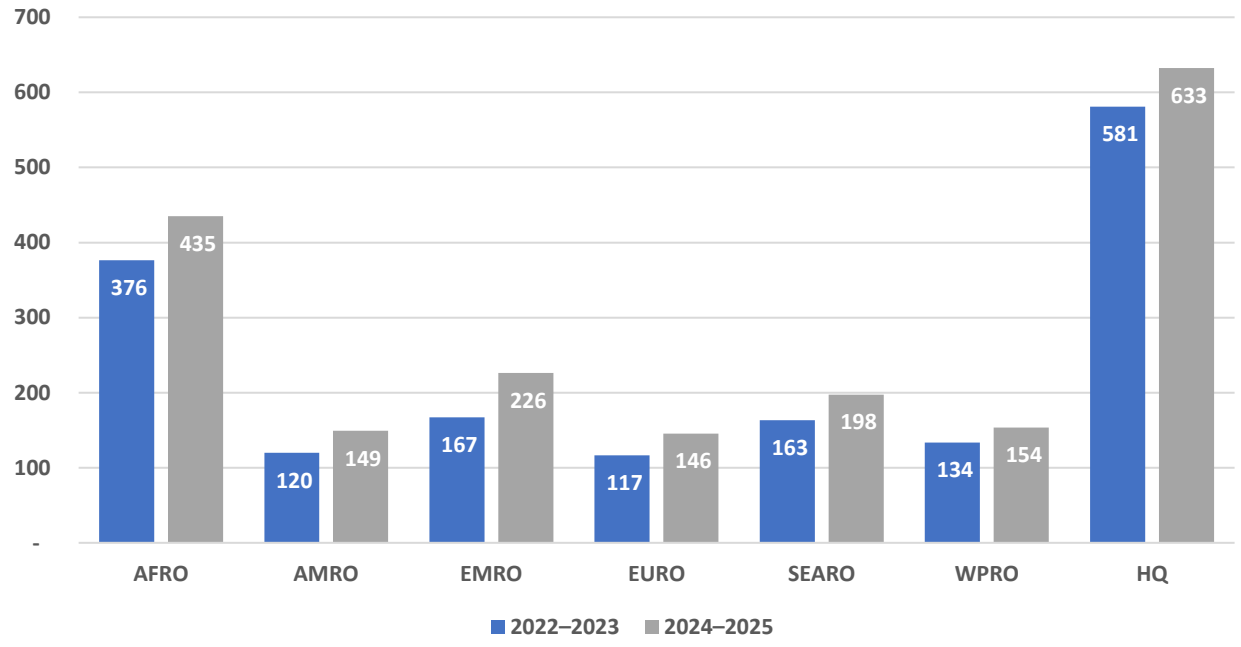
14. The increased proportion of flexible funds supporting the base Programme budget 2024–2025 is attributed to two factors: (a) a 20% rise in assessed contributions and (b) a greater investment of programme support costs, made possible by higher voluntary contribution revenue in previous periods. However, the availability of programme support costs cannot be expected to follow the same trend in future bienniums, as revenue is likely to decrease compared to 2022–2023 levels.

Table 3. Overall biennial flexible funds envelopes between 2022–2023 and 2024–2025 (as planned)[9]

Fund types	2022–2023	2024–2025			Variance compared to 2022–2023	
		Available (as at 30 September 2024)	Projected	Total	US$ millions	%
Assessed contributions	956.9	1 148.3		1 148.3	191.4	20%
Core voluntary contributions	308.0	162.5	176.4	338.9	30.9	10%
Programme support costs	502.7	662.2		662.2	159.5	32%
Total	**1 767.6**	**1 972.9**	**176.4**	**2 149.4**	**381.8**	**22%**

15. Along with the approval of Programme budget 2024–2025 and its related assessed contributions increase, the Secretariat committed to substantially increasing the allocation of flexible funds to strengthen country delivery compared to 2022–2023 (see Fig. 5).

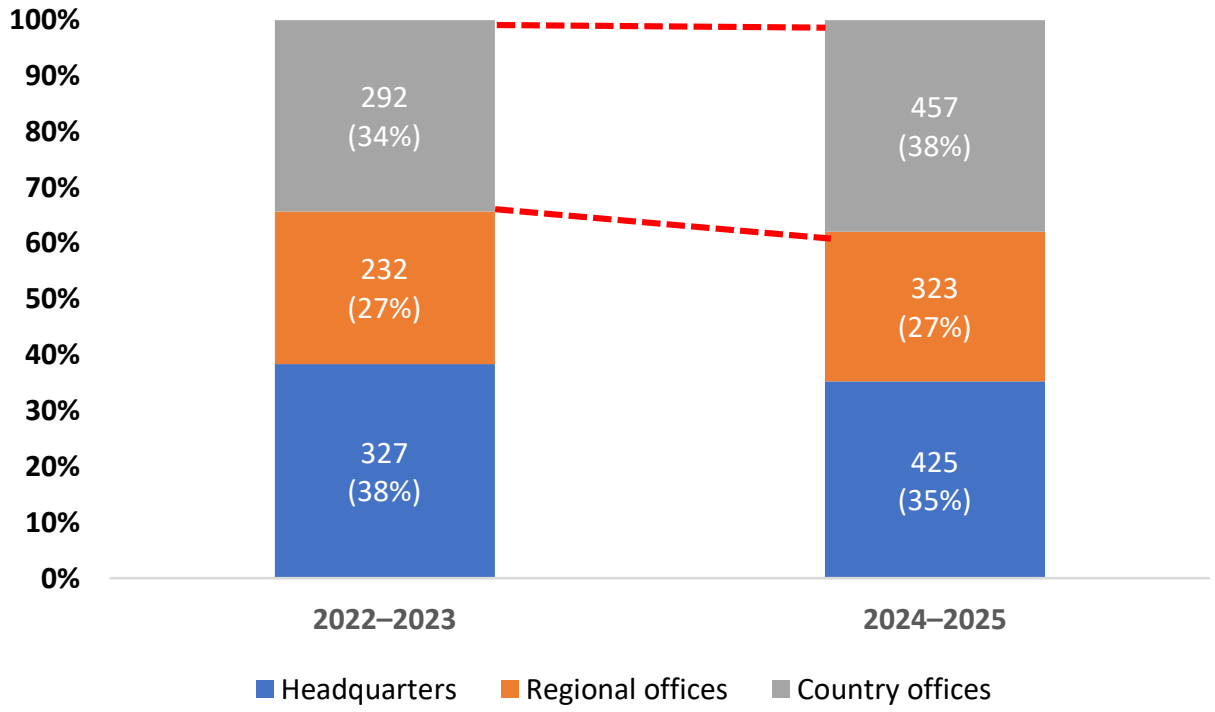
Fig. 5 Allocation of flexible funds, by major office, 2024–2025 versus 2022–2023 (as at 30 September 2024, US$ millions)



16. Figure 6 shows that the allocation of flexible funds to country offices grew from US$ 292 million in 2022 to US$ 457 million at the same time in 2024–2025. A second tranche of flexible funds, expected by the end of 2024, will further boost funding for country offices, enhancing their operational capacity.

[9] The totals may not always add up, owing to rounding.

Fig. 6. Allocation of flexible funds, by organizational level, 2024–2025 versus 2022–2023 (US$ millions)



17. The current reliance on specified voluntary contributions to finance a larger portion of the base segment continues to pose a challenge. As at 30 September 2024, a gap of US$ 564 million remains to fully fund the base segment of the Programme budget 2024–2025. Closing this gap will require extensive negotiations and resource mobilization, diverting attention from technical cooperation activities, as well as the planning and implementation of deliverables throughout the biennium. Therefore, a successful investment round is crucial for securing sustainable funding for the GPW 14. The Secretariat has also revised the definition of thematic funding to support partners in their journey towards greater programmatic and geographical flexibility in funding.[10]

18. Thematic funding continues to be an important bridge for partners that are committed to increasing the flexibility of their voluntary contributions but cannot provide fully flexible funding to the Organization. In 2024, the Resource Allocation Committee (RAC) allocated existing thematic funding to the three levels of the Organization, focusing on high-priority outputs globally with lower funding and based on the principle of prioritizing the country level.

19. Guided by the agreed principles, the RAC implements the commitments set by the Secretariat to improve resource allocation and management across the three levels of the Organization, including by leading a transparent and participatory process; improving allocation of resources to the country level; focusing on high-priority outputs; and supporting underfunded outputs. Yet in 2024–2025, the RAC faces low funding availability and projections, as well as short timelines for the implementation of thematic resources: only US$ 10.7 million were available for allocation in 2024 arriving after July 2024; more than US$ 9 million of the funds received expire in December 2024; and there are currently no firm projections of further incoming thematic resources. These challenges considerably limit the successful impact of RAC as an allocation mechanism.

[10] See document EB154/29 Rev.1, para. 20.

20. Figure 7 provides a heatmap showing the level of financing by major office and outcome, which is not as accurate for determining the real financing gaps which will become clear later in the biennium:

- Only 55% of the total planned flexible funds (Table 3) have been distributed pending cash receipts throughout the year, therefore limiting strategic resource allocation, which depends on the level and earmarking of voluntary contributions.
- Undistributed funds are not included. Once the amount of US$ 586.1 million has been distributed, the overall funding situation will improve.
- US$ 181.5 million of voluntary contributions are projected for the base budget (Table 1). In some cases, the arrival of voluntary contributions triggers the transfer of more flexible funds to fill gaps where no more funding is expected.
- Figure 7 includes only a small percentage of projections since projected funds do not usually specify outcome and/or major office.
- Several Member States and other partners can be understood to have held their pledges to be announced as part of the WHO investment round in November 2024. This may explain why some projections of voluntary contributions are lower than expected at this point of the biennium.[11]

21. Although the pattern of underfunded areas has not shifted significantly, Figure 7 shows improved funding levels across all major offices and outcomes in 2024–2025 compared to the same point in the previous biennium, largely due to the increase in flexible funds, most of which have been allocated to the regional and country levels. The most underfunded areas will continue to rely heavily on flexible funds, while successful strategic resource allocation will depend on both the amount of flexible funds available and the timing of their arrival.

Fig. 7. Level of approved Programme budget 2024–2025 financing (base segment), by major office and outcome, as at 30 September 2022 and 2024

Programme budget financing for 2022–2023 (as at end September 2022)

	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Grand Total
01.001	60%	32%	70%	76%	84%	63%	136%	82%
01.002	31%	32%	32%	73%	27%	32%	109%	52%
01.003	50%	21%	53%	38%	85%	42%	139%	89%
02.001	34%	15%	18%	42%	19%	26%	57%	34%
02.002	101%	10%	34%	30%	25%	10%	124%	76%
02.003	32%	16%	21%	27%	33%	22%	48%	35%
03.001	19%	41%	51%	45%	43%	38%	123%	56%
03.002	17%	15%	41%	127%	32%	42%	112%	56%
03.003	19%	12%	46%	53%	23%	42%	74%	46%
04.001	28%	27%	38%	96%	10%	27%	53%	39%
04.002	49%	89%	67%	69%	78%	70%	68%	65%
04.003	54%	59%	62%	50%	50%	58%	45%	51%
Grand Total	**49%**	**30%**	**57%**	**64%**	**48%**	**46%**	**90%**	**62%**

Programme budget financing for 2024–2025 (as at end September 2024)

	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Grand Total
01.001	82%	52%	71%	136%	85%	66%	151%	96%
01.002	9%	29%	44%	60%	44%	33%	65%	35%
01.003	36%	29%	54%	44%	53%	46%	146%	87%
02.001	33%	28%	40%	68%	30%	45%	55%	42%
02.002	59%	59%	71%	101%	32%	54%	81%	64%
02.003	40%	33%	32%	43%	32%	37%	77%	49%
03.001	38%	90%	110%	57%	42%	68%	152%	78%
03.002	40%	18%	33%	93%	35%	38%	89%	54%
03.003	30%	29%	54%	52%	28%	48%	93%	58%
04.001	47%	55%	36%	152%	36%	41%	53%	53%
04.002	52%	71%	57%	62%	71%	81%	72%	65%
04.003	56%	69%	70%	85%	52%	70%	68%	75%
Grand Total	**56%**	**47%**	**63%**	**90%**	**56%**	**56%**	**97%**	**72%**

Colour coding scale

- funding level is lower than 50%
- funding level is greater than 50% and lower than 95%
- funding level is greater than 95%

[11] Updated projections for the investment round will be included when this document is submitted to the Programme, Budget and Administration Committee of the Executive Board.

Key performance indicators for sustainable financing

22. As part of the Secretariat's accountability to the Member States, eight key performance indicators (KPIs) have been defined by the Secretariat[12] to track how the challenges caused by the lack of sustainable financing are being addressed. This report provides an update on these eight indicators in line with the sustainable financing recommendations.[13] These should be seen in the context of the investment round which aimed to improve the flexibility, predictability, and resilience of WHO's funding.

23. All KPIs have a biennial target, so they are expected to improve as the biennium progresses. The analyses set out below provide a snapshot of progress to date and are not fully indicative of the overall indicators' target achievement, especially for KPIs dependent on programme budget financing, which improves throughout the biennium. Graphs include 2022–2023 data for comparison, excluding December 2023 values due to possible distortions from end-of-biennium funds carryover.

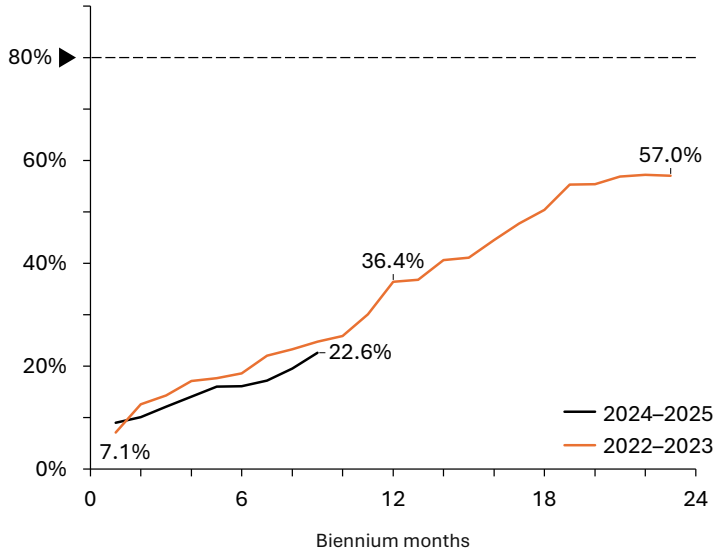
24. **KPI 1: Member State ownership of programme budget and its priorities.** When the programme budget relies mainly on voluntary contributions, it becomes challenging to ensure its priorities are adequately financed. Therefore, effective priority-setting must include discussions on realistic financing by those establishing the priorities.

Indicator	Description	Baseline	Target	Value 30 September 2024
High-priority outputs funded up to 80% of planned budget from assessed and voluntary contributions	Including total high-priority outputs across all budget centres at country, regional and headquarters levels. Total high-priority outputs with more than 80% funding (sum of funding/sum planned cost) are divided by total to determine KPI's current value.	58% (2020–2021)	80%	22.6% (Fig. 8)

[12] Allocation of flexible funds and proposed key performance indicators for sustainable financing. Geneva: World Health Organization; 2024 (accessed 29 November 2024).

[13] See decision WHA75(8) and resolution WHA75.9 (2022).

Fig. 8. KPI 1 progress: % of high-priority outputs funded above 80%



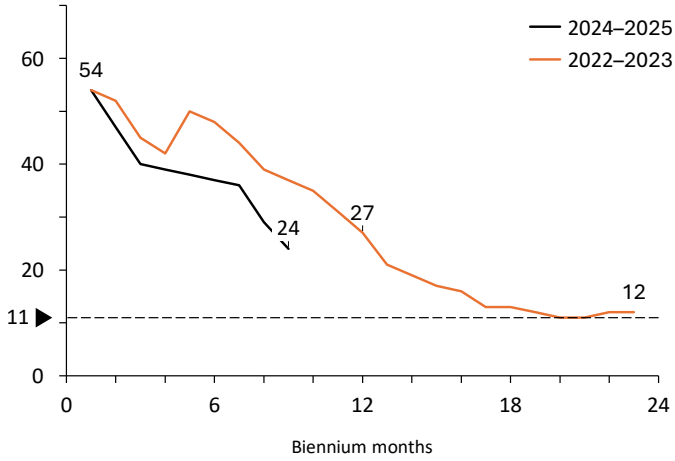
25. Funding for 2024–2025 has a 22% higher amount of flexible funds compared with 2022–2023 (Table 3). This should have direct consequences for the financing of high-priority outputs, while progress to date shows no improvement over 2022–2023. This could be attributed to: (a) the financing of high-priority outputs is expected to improve considerably, as the second tranche of flexible funds will be made available in November 2024; (b) only technical outputs are prioritized, i.e., enabling outputs were excluded from the KPI while they are highly dependent on flexible funds; and (c) core voluntary contributions (Table 3) include projections that have yet to materialize.

26. **KPI 2: Address pockets of poverty.** "Pockets of poverty" are the outcomes that are underfunded across several bienniums, largely due to tightly earmarked voluntary contributions, which cannot be redirected towards gaps, despite overall funding appearing sufficient.

Indicator[14]	Description	Baseline	Target	Value 30 September 2024
Number of outcomes at major office level funded below 40% improved by 5%	Number of outcomes with funding below 40% (award budget/approved programme budget) identified based on heatmap.	12 outcomes at the end of 2022–2023	11	24 (Figs. 7 and 9)

[14] Revised slightly to specify that it measures the number of outcomes funded below 40%.

Fig. 9. KPI 2 progress: number of major office outcomes funded below 40%



27. This KPI has shown a significant improvement since the start of 2024 and has a better performance compared with that of 2022–2023 (Fig. 9). It is expected to improve considerably, as the second tranche of flexible funds will be allocated in November 2024. It is also expected that the investment round will provide voluntary contributions flexible enough to support the pockets of poverty. It is not expected, however, that all outcomes will be well financed, especially as Member States have requested a better alignment of priorities with financing, which may lead to outcomes that are not prioritized receiving less funds in favour of more prioritized outcomes.

28. **KPI 3: Predictability and timeliness.** Assessed contributions is the only fully predictable funding source. No specific indicator is proposed, as the increase in assessed contributions itself is the ultimate solution to this challenge.

29. **KPI 4: Perception of impartiality.** The Organization needs stable funding to maintain impartiality and avoid conflicts of interest. WHO's reliance on voluntary contributions to fund more than 80% of the approved Programme budget threatens its ability to deliver the impartial normative work that Member States expect.[15]

Indicator	Description	Baseline	Target	Value 30 September 2024
Funding from top five donors of voluntary contributions for any given outcome does not exceed 50%	The top five donors of voluntary contributions represented 30% to 60% of the financing for outcomes in 2020–2021. Withdrawal of any of these major donors would leave an immediate, substantial funding gap that cannot be bridged easily due to the very limited amounts of sustainable, flexible and predictable financing.	By the end of 2022–2023, one outcome (2.2) had more than 50% of voluntary contributions coming from the top five donors	0	1 (Outcome 2.2) (Fig. 10, Table 4)

[15] See document EB/WGSF/4/3, para. 3.

Fig. 10. KPI 4 progress: outcomes with >50% funding from top five donors

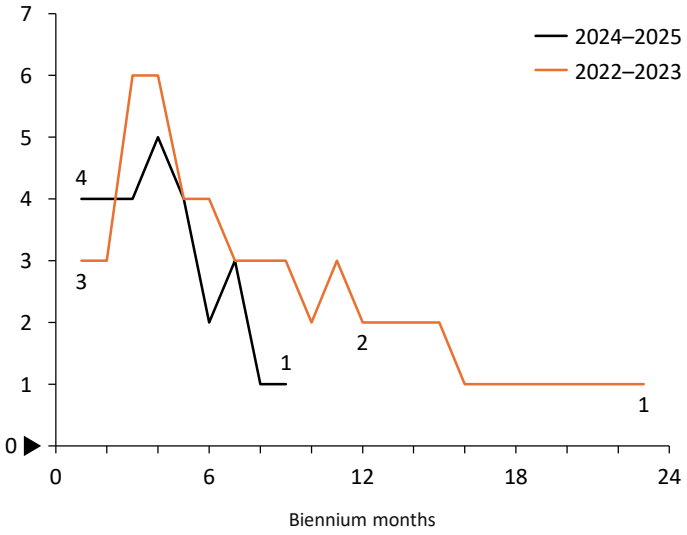


Table 4. Percentage of total funding contributed by top five donors

Outcomes	1.1	1.2	1.3	2.1	2.2	2.3	3.1	3.2	3.3	4.1	4.2	4.3
September 2024	**48%**	**48%**	**47%**	**44%**	**67%**	**41%**	**27%**	**38%**	**35%**	**33%**	**7%**	**1%**

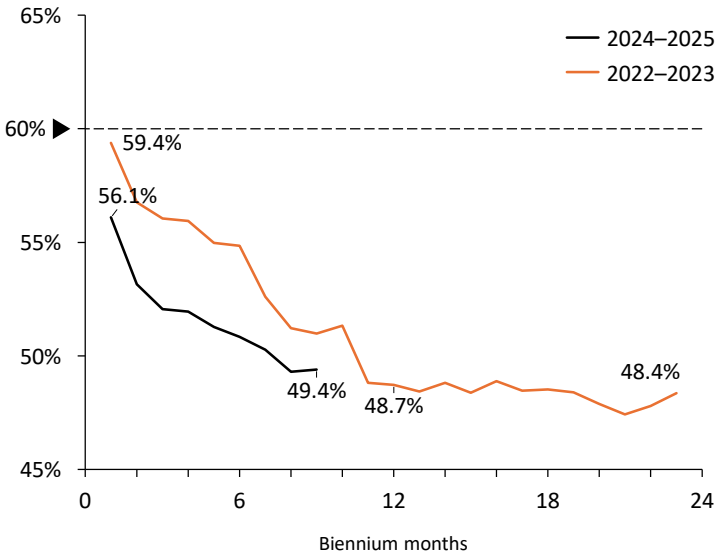
30. This KPI shows better performance than in 2022–2023, achieving value much earlier in the biennium than previously.

31. **KPI 5: Maintaining WHO's relevance and timely response to the changing public health environment.** Sustainable funding is essential for addressing critical public health areas that lack broad voluntary support. During the 2020–2021 biennium, the outcome of health emergency preparedness was among the least funded WHO outcomes during the COVID-19 pandemic.

Indicator	Description	Baseline	Target	Value 30 September 2024
Proportion of flexible and semi-flexible funding of overall funding available for the biennium	Flexible funds are assessed contributions, programme support costs and core voluntary contributions. Semi-flexible funds are thematic funds. Measured against approved programme budget.	51% (31 December 2023)	60%	49.4% (Fig. 11)

32. At the start of the biennium, assessed contributions constitute a large share of the available funding. As the biennium progresses and the Secretariat receives more voluntary contributions, the share of assessed contribution of the total funding decreases. Release of the second tranche of flexible funds, further receipt of core contributions and more flexible voluntary contributions coming through the investment round will improve this indicator.

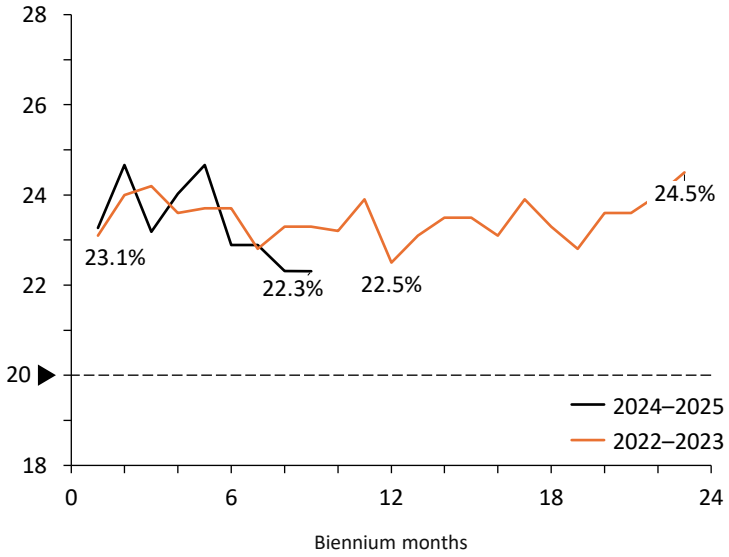
Fig. 11. KPI 5 progress: % of flexible funds + thematic funds



33. **KPI 6: Quality of work: attracting talent**. The excellence of WHO's staff is WHO's main strength, but unpredictable, earmarked financing complicates workforce planning and management. This hinders the Organization's ability to attract and retain top professionals.

Indicator	Description	Baseline	Target	Value 30 September 2024
Percentage of short-term contract-holders in WHO workforce	Short-term contracts are time-limited appointments of up to two years. A 20% target provides a good balance between fixed-term and temporary staff.	22.9% (31 December 2023)	20%	22.3% (Fig. 12)

Fig. 12. KPI 6 progress: % of short-term staff



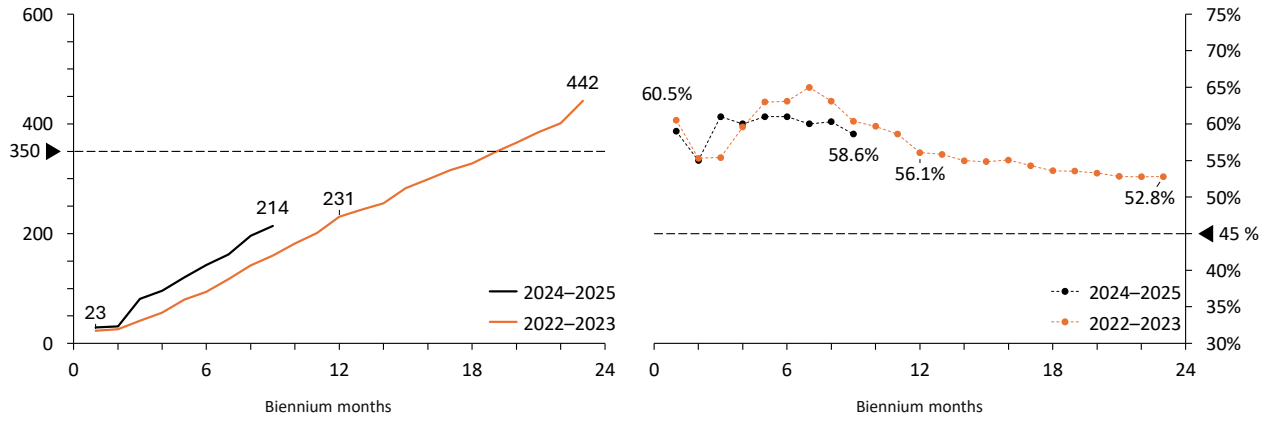
34. Contractual policy changes are currently being discussed, which should have a positive influence on this indicator in the coming months; an update will be provided in May 2025.

35. **KPI 7: Donor reliance.** WHO's reliance on voluntary contributions is compounded by its dependence on a few large donors, with the top five donors contributing 27% to 67% of the funding of technical Programme budget outcomes in 2022–2023 (Table 4). Losing any major donor would create a significant funding gap for the specific outcomes that are dependent on these funds, which the Secretariat would not be able to fill due to limited sustainable and flexible financing. The indicator listed under KPI 4 is also measuring donor reliance.

36. **KPI 8: Increasing efficiencies by reducing administrative burden of managing many small grants.** WHO relies on numerous medium-sized and smaller voluntary contributions, leading to significant administrative burdens. Managing these grants diverts time and resources from technical cooperation activities.

Indicator	Description	Baseline	Target	Value 30 September 2024
Number of smaller grants (less than US$ 500 000) reduced by 10% or 80 grants	The goal is to have 45% of total number by the end of 2024–2025.	478 (31 December 2021)	350/45%	214/58.6% (Fig. 13) N.B. Current number of grants will increase during biennium.

Fig. 13. KPI 8 progress: number of smaller grants (absolute and relative)



Action by the Executive Board

37. The Board is invited to note the report and provide comments as appropriate, including the following questions:

- Do the Member States agree with the proposed KPIs and find a report on them useful and valuable?
- If so, are there any suggestions for improvements for the next report?

Annex 1

Base Programme budget 2024–2025 and its financing, including projections, expenditure and utilization, by outcome, as at 30 September 2024[a]

Strategic priority/outcome	Approved Programme budget 2024–2025 (US$ millions)	Financing (US$ millions)	Financing as % of approved budget	Financing including projections (US$ millions)[b]	Financing including projections as % of approved budget	Expenditure (US$ millions)	Expenditure as % of approved budget	Utilization (US$ millions)	Utilization as % of approved budget
1. One billion more people benefiting from universal health coverage									
1.1. Improved access to quality essential health services	1 534.7	1 398.9	91%	1 480.8	96%	511.6	33%	650.5	42%
1.2. Reduced number of people suffering financial hardships	112.7	39.7	35%	39.7	35%	21.4	19%	24.8	22%
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary healthcare	319.0	279.7	88%	300.1	94%	103.6	32%	126.9	40%
Undistributed		12.9		12.9					
Subtotal 1	**1 966.4**	**1 731.2**	**88%**	**1 833.6**	**93%**	**636.7**	**32%**	**802.2**	**41%**
2. One billion more people better protected from health emergencies									
2.1. Countries prepared for health emergencies	404.5	168.2	42%	172.0	43%	88.9	22%	104.8	26%
2.2. Epidemics and pandemics prevented	323.8	205.3	63%	207.8	64%	91.7	28%	103.4	32%
2.3. Health emergencies rapidly detected and responded to	485.7	240.1	49%	240.1	49%	120.6	25%	139.0	29%
Undistributed		18.7		18.7					
Subtotal 2	**1 214.0**	**632.3**	**52%**	**638.7**	**53%**	**301.2**	**25%**	**347.2**	**29%**

Strategic priority/outcome	Approved Programme budget 2024–2025 (US$ millions)	Financing (US$ millions)	Financing as % of approved budget	Financing including projections (US$ millions)[b]	Financing including projections as % of approved budget	Expenditure (US$ millions)	Expenditure as % of approved budget	Utilization (US$ millions)	Utilization as % of approved budget
3. One billion more people enjoying better health and well-being									
3.1. Safe and equitable societies through addressing health determinants	118.8	82.7	70%	92.8	78%	38.9	33%	45.6	38%
3.2. Supportive and empowering societies through addressing health risk factors	150.1	80.5	54%	80.7	54%	36.8	25%	43.3	29%
3.3. Healthy environments to promote health and sustainable societies	168.8	97.5	58%	101.3	60%	38.6	23%	46.1	27%
Undistributed		0.01		0.01					
Subtotal 3	**437.7**	**260.7**	**60%**	**274.8**	**63%**	**114.4**	**26%**	**135.0**	**31%**
4. More effective and efficient WHO providing better support to countries									
4.1. Strengthened country capacity in data and innovation	345.6	169.6	49%	183.3	53%	94.7	27%	118.8	34%
4.2. Strengthened leadership, governance and advocacy for health	535.4	349.6	65%	350.4	65%	200.9	38%	215.8	40%
4.3. Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	469.0	491.4	105%	491.8	105%	158.7	34%	182.1	39%
Undistributed		1.3		1.3					
Subtotal 4	**1 350.0**	**1 012.0**	**75%**	**1 026.7**	**76%**	**454.3**	**34%**	**516.8**	**38%**
Undistributed		**586.1**		**524.5**					
Total	**4 968.2**	**4 222.2**	**85%**	**4 403.7**	**89%**	**1 506.5**	**30%**	**1 801.2**	**36%**

[a] The totals may not always add up, owing to rounding.

[b] Including funding projections for the outcome, which at this stage cannot be disaggregated by major office.

Annex 2

Programme budget 2024–2025 and its financing, including projections, expenditure and utilization, by major office and budget segment, as at 30 September 2024[a]

Major office	Approved Programme budget 2024–2025 (US$ millions)	Financing (US$ millions)	Financing as % of approved budget	Financing including projections (US$ millions)	Financing including projections as % of approved budget	Expenditure (US$ millions)	Expenditure as % of approved budget	Utilization (US$ millions)	Utilization as % of approved budget
Africa	**1 625.1**	**1 303.2**	**80%**	**1 339.4**	**82%**	**602.8**	**37%**	**742.6**	**46%**
Base	1 326.6	739.3	56%	752.6	57%	331.0	25%	382.4	29%
Polio eradication	20.2	337.7	1671%	339.3	1678%	186.5	923%	248.8	1231%
Emergency operations and appeals	274.0	223.1	81%	244.4	89%	84.4	31%	110.2	40%
Special programmes	4.3	3.2	74%	3.2	74%	0.9	20%	1.2	27%
The Americas	**313.7**	**159.5**	**51%**	**159.5**	**51%**	**65.2**	**21%**	**78.8**	**25%**
Base	295.6	144.1	49%	144.1	49%	56.8	19%	68.4	23%
Polio eradication									
Emergency operations and appeals	13.0	12.2	94%	12.2	94%	7.6	58%	9.1	70%
Special programmes	5.1	3.2	64%	3.2	64%	0.8	17%	1.3	26%
Eastern Mediterranean	**1 299.8**	**1 155.3**	**89%**	**1 334.7**	**103%**	**491.4**	**38%**	**669.2**	**51%**
Base	618.4	327.3	53%	345.2	56%	135.0	22%	171.0	28%
Polio eradication	342.8	304.1	89%	414.1	121%	170.4	50%	203.6	59%
Emergency operations and appeals	334.0	521.0	156%	572.6	171%	184.8	55%	293.2	88%
Special programmes	4.6	2.9	63%	2.9	63%	1.1	25%	1.4	31%

Major office	Approved Programme budget 2024–2025 (US$ millions)	Financing (US$ millions)	Financing as % of approved budget	Financing including projections (US$ millions)	Financing including projections as % of approved budget	Expenditure (US$ millions)	Expenditure as % of approved budget	Utilization (US$ millions)	Utilization as % of approved budget
Europe	**473.4**	**515.8**	**109%**	**607.7**	**128%**	**196.9**	**42%**	**239.0**	**50%**
Base	363.6	312.9	86%	349.8	96%	119.3	33%	138.0	38%
Polio eradication									
Emergency operations and appeals	105.0	200.0	190%	254.9	243%	76.6	73%	99.8	95%
Special programmes	4.8	2.9	61%	2.9	61%	0.9	19%	1.3	27%
South-East Asia	**537.9**	**325.2**	**60%**	**341**	**63%**	**152.8**	**28%**	**199.5**	**37%**
Base	487.3	292.2	60%	308.0	63%	145.1	30%	187.4	38%
Polio eradication									
Emergency operations and appeals	46.0	30.0	65%	30.0	65%	6.9	15%	10.8	24%
Special programmes	4.6	3.0	65%	3.0	65%	0.8	18%	1.2	27%
Western Pacific	**430.2**	**242.4**	**56%**	**243.2**	**57%**	**98.8**	**23%**	**116.6**	**27%**
Base	408.1	237.4	58%	238.2	58%	97.6	24%	114.9	28%
Polio eradication									
Emergency operations and appeals	18.0	2.2	12%	2.2	12%	0.2	1%	0.2	1%
Special programmes	4.2	2.8	68%	2.8	68%	1.0	24%	1.5	36%
Headquarters	**2 154.1**	**1 812.9**	**84%**	**2 049.8**	**95%**	**690.0**	**32%**	**821.3**	**38%**
Base	1 468.6	1 467.3	100%	1 516.2	103%	621.7	42%	739.0	50%
Polio eradication	331.2	91.2	28%	264.9	80%	22.5	7%	25.4	8%
Emergency operations and appeals	210.0	104.9	50%	119.0	57%	11.7	6%	14.5	7%
Special programmes	144.3	149.4	104%	149.7	104%	34.1	24%	42.3	29%

Major office	Approved Programme budget 2024–2025 (US$ millions)	Financing (US$ millions)	Financing as % of approved budget	Financing including projections (US$ millions)	Financing including projections as % of approved budget	Expenditure (US$ millions)	Expenditure as % of approved budget	Utilization (US$ millions)	Utilization as % of approved budget
Undistributed funds		**944.5**		**997.2**					
Base		701.6		749.5					
Polio eradication		117.4		117.4					
Emergency operations and appeals		119.0		123.8					
Special programmes		6.5		6.5					
Total	**6 834.2**	**6 458.9**	**95%**	**7 072.6**	**103%**	**2 297.9**	**34%**	**2 867.0**	**42%**

[a] The totals may not always add up, owing to rounding.
