

## **Financing and implementation of the Programme budget 2022–2023**

### **Report by the Director-General**

1. In May 2021, the Seventy-fourth World Health Assembly adopted resolution WHA74.3, approving a total Programme budget of US\$ 6121.7 million for the financial period 2022–2023, comprising a base programme segment (US\$ 4364.0 million), a polio eradication segment (US\$ 558.3 million), a special programmes segment (namely 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) (US\$ 199.3 million), and an emergency operations and appeals segment (US\$ 1000.0 million).

2. The segment for emergency operations and appeals (US\$ 1000.0 million), which are event-driven in nature, is an estimated budget requirement and can be increased as necessary. At the time of writing this report (31 March 2022), over US\$ 2248 million has been allocated to this budget segment – US\$ 1248 million over the approved level, mostly to accommodate the needs and associated incoming funding for the emergency operations launched in response to the pandemic of coronavirus disease (COVID-19).

3. The budget segment for base programmes is to be financed by assessed contributions of US\$ 956.9 million and voluntary contributions of US\$ 3407.1 million. Budget segments for polio eradication, emergency operations and appeals, and the special programmes are financed from voluntary contributions.

4. Pursuant to the request in resolution WHA74.3, this report describes the overall status of the financing and utilization of the Programme budget 2022–2023 and the progress made in this area during the first quarter of the current biennium. More detailed information on budget levels, financing (including lists of contributors disaggregated by contribution type) and budget implementation can be found on the WHO Programme budget web portal. The portal has been updated for the biennium 2022–2023 to include updates to Programme budget figures for the first quarter of 2022–2023.<sup>1</sup> Since the beginning of the biennium 2022–2023 and in line with the Secretariat's commitment to increased transparency, the WHO Programme budget web portal is being updated monthly (as opposed to quarterly in previous bienniums).

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<sup>1</sup> See <https://open.who.int/2022-23/home>, (accessed 26 April 2022).

**OVERALL STATUS OF PROGRAMME BUDGET FINANCING AND UTILIZATION,  
AS AT 31 MARCH 2022**

5. The level of financing of the Programme budget 2022–2023, as at 31 March 2022, by budget segment, is shown in Table 1, and by base programme strategic priority, in Table 2.

**Table 1. Programme budget 2022–2023 and its financing, including projections and utilization, by segment, as at 31 March 2022<sup>a</sup>**

Segment	Approved Programme budget 2022–2023 (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	4 364.0	3 177.4	73%	3 739.5	86%	530.3	12%
Polio eradication	558.3	586.9	105%	857.5	154%	209.4	38%
Emergency operations and appeals	1 000.0	1 562.4	156%	2 392.8	239%	362.9	36%
Special programmes	199.3	187.6	94%	198.7	100%	17.8	9%
<b>Total</b>	<b>6 121.7</b>	<b>5 514.2</b>	<b>90%</b>	<b>7 188.5</b>	<b>117%</b>	<b>1 120.5</b>	<b>18%</b>

<sup>a</sup> The row and column totals may not always add up, due to rounding.

**Table 2. Base Programme budget 2022–2023 and its financing, including projections and utilization, by strategic priority, as at 31 March 2022<sup>a</sup>**

Strategic priority	Approved Programme budget 2022–2023 (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	1 839.9	1 314.2	71%	1 381.3	75%	230.2	13%
2. One billion more people better protected from health emergencies	845.9	370.0	44%	370.6	44%	96.5	11%
3. One billion more people enjoying better health and well-being	424.9	215.3	51%	233.2	55%	39.0	9%
4. More effective and efficient WHO providing better support to countries	1 253.4	855.5	68%	864.3	69%	164.6	13%
Undistributed		422.4		890.0			
<b>Total</b>	<b>4 364.0</b>	<b>3 177.4</b>	<b>73%</b>	<b>3 739.5</b>	<b>86%</b>	<b>530.3</b>	<b>12%</b>

<sup>a</sup> The row and column totals may not always add up, due to rounding.

6. The financing shown in Table 1 includes US\$ 1674 million in projected voluntary contributions for all budget segments. The breakdown by segment is as follows: base programmes – US\$ 562 million; polio eradication – US\$ 271 million; emergency operations and appeals – US\$ 830 million; and special programmes – US\$ 11 million. The overall level of projections is significantly higher than in the first quarter of 2020; especially with regards to the base programme segment (which shows an increase of 204%, from US\$ 276 to US\$ 562 million in absolute terms). In this document as well as on the WHO Programme budget web portal, the future funding pipeline is defined as proposals, which are at advanced stages of development and/or under negotiation with contributors and WHO to finance the Programme budget. They represent a conservative estimate of future funding opportunities that are expected to materialize as revenue streams for the Organization over the course of the biennium – however, this is kept under close review in the light of all external factors.

7. The base programme segment includes US\$ 562 million of projected resources, which bring this segment to 86% of the required biennial financing. Excluding projections, but accounting for funds currently undistributed to either major office or strategic priority, available funding for the base programmes in 2022–2023 stands at 73%, which is the same level as in the first quarter of 2020–2021. It should be noted, however, that the base Programme budget 2022–2023 is 16% higher than that of 2020–2021; consequently, the same level of financing in 2022–2023 represents higher available funding in absolute terms and confirms that the budget increase for 2022–2023 was based on realistic assumptions.

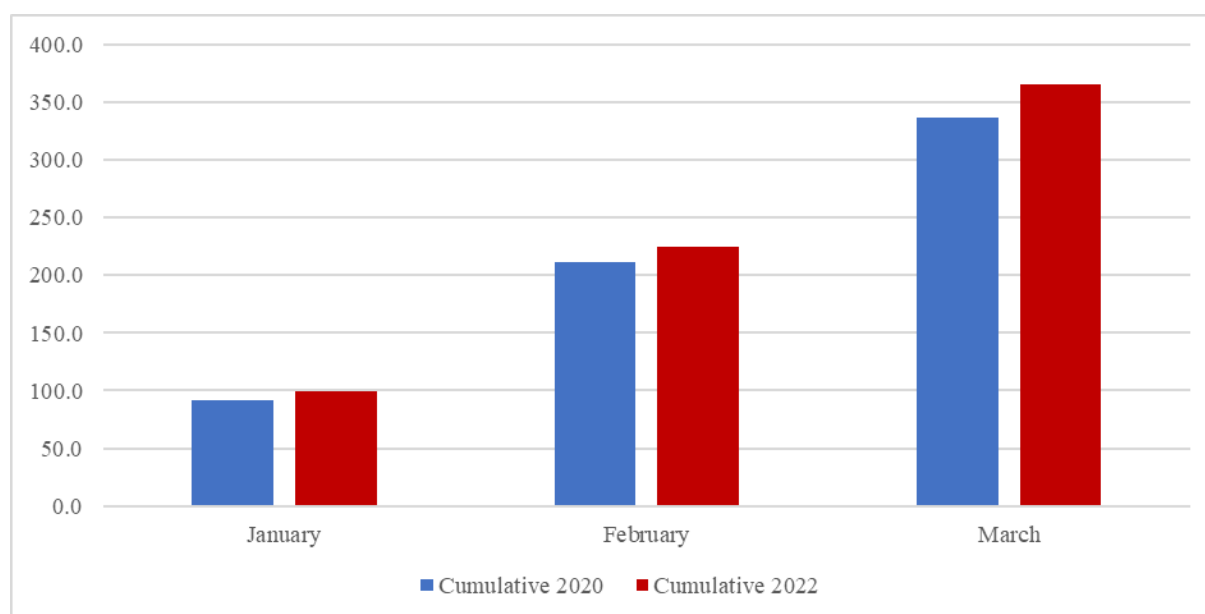
8. There is a significant difference in the level of financing between the four strategic priorities (Table 2). Strategic priority 1 (One billion more people benefiting from universal health coverage) is better funded than the other three priorities. This priority comprises most of the disease-specific and health systems programmes, which are traditionally better financed. The base segment of the WHO Health Emergencies Programme, which forms a major part of strategic priority 2, is the least funded of the four strategic priorities, with no projected voluntary contributions in the pipeline. However, the level of funding in 2022–2023 is 9% higher for this strategic priority compared with the same time last biennium (35%), indicating an overall positive trend. It should be noted that the emergency operations and appeals budget segment is projected to receive US\$ 2.4 billion in funding. Donors' generosity towards this budget segment is not matched with a similar level of funding for the core functions of the Organization related to emergency preparedness, prevention and response, which are essential to being better prepared for the next pandemic. Annex 1 presents a detailed breakdown of financing by outcome within each strategic priority.

9. As at 31 March 2022, the overall utilization rate for the total approved budget was 18%, and 12% for the base programme segment (Tables 1 and 2), which is the rate expected at this point in the biennium. This report focuses on programme budget utilization, not solely implementation. While implementation (expenses) represents the accounting metric for audited statements, utilization (which includes encumbrances) is more indicative when assessing the Organization's operational level. Encumbrances are contractual commitments, i.e. expenditures that have not yet materialized as expenses (for example, contracts for goods and services that have yet to be delivered). Hence, utilization is more likely to provide a better overview of the programme operations under way and serves as an important planning and monitoring tool for projecting the level of programmatic implementation for the biennium. As requested by Member States during the consideration of previous budget implementation reports, the Secretariat will continue regular reporting on utilization of the Programme budget 2022–2023 until the end of the biennium report.

10. Fig. 1 shows that the level of expenses in the first quarter of 2022–2023 matches that of 2020–2021, which closed with a high level of implementation.

11. Table 2 shows that utilization is lower than average for strategic priority 3. There are two reasons for lower utilization: (i) so far, 75% of utilization has been driven by normative, standardization and country support activities, which have a longer lead time for planning and preparation; and (ii) strategic priority 3 is the second least funded among the four with significant underfunding in the African, Americas and Eastern Mediterranean regions. Utilization levels are expected to rise in the coming months.

**Fig. 1. Comparison of cumulative implementation of the base Programme budgets 2020–2021 and 2022–2023, first quarter (US\$ millions)**



## DETAILS REGARDING THE FINANCING OF THE PROGRAMME BUDGET 2022–2023

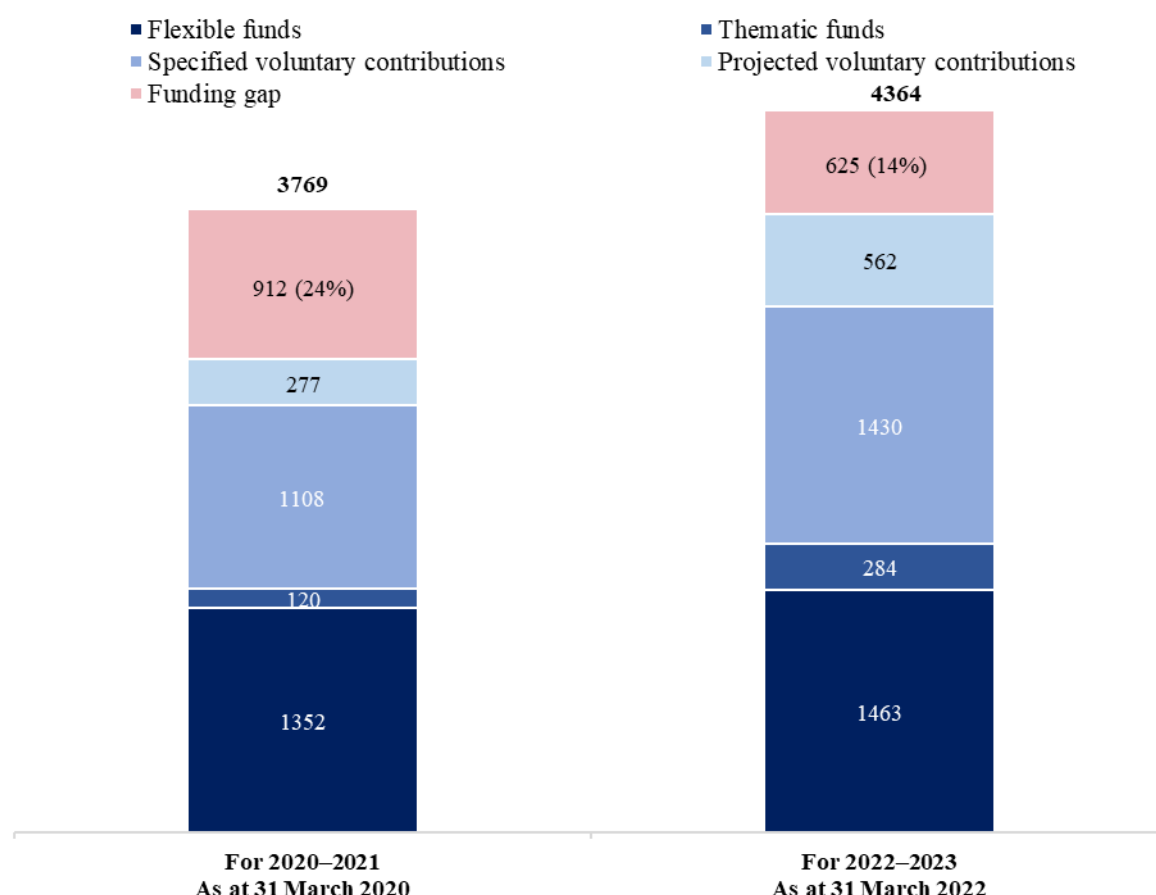
12. As at 31 March 2022, the base programmes of the Programme budget were 86% financed. This is 31% (or US\$ 882 million) more than the level of financing achieved during the same period in 2020–2021. It is positive to note that the percentage increase in levels of financing almost doubles the percentage increase in the approved base programmes for 2022–2023. The positive trend in the levels of financing of the base programme segment over the last few bienniums will allow the Secretariat to better respond to the increasing demands placed on the Organization.

13. Flexible funds (assessed contributions, programme support costs, core voluntary contributions) projected for the biennium are expected to finance 34% of the total base segment (Fig. 2). As stated in document EB146/30, flexible funding consists of three types of funds that provide the Director-General with the ability to allocate funding strategically, based on priorities set out in the programme budget, including:

- assessed contributions of US\$ 956.9 million, representing 22% of the approved base segment budget;
- programme support costs of US\$ 450 million, accounting for 10% of the approved base segment budget; and

- core voluntary contributions of US\$ 60 million, or 1.5% of the approved base programme budget. It should be noted that as at 31 March 2022, projected income on core voluntary contributions amounts to US\$ 307 million, which would potentially raise the covered share of the approved base segment budget to 7%.

**Fig. 2. Projected level of base budget segment funding: comparison of Programme budget financing 2020–2021 and 2022–2023 (end of first quarter of biennium) (US\$ millions)**



14. Thematic funds have more than doubled compared to the same period in 2020–2021 (from US\$ 120 million in 2020–2021 to US\$ 284 million in 2022–2023), representing 7% of the base budget segment. Although the level of thematic funds is at present relatively modest, such funds are expected to increase over time since they offer an attractive blend of meeting broad donor requirements while providing the flexibility and predictability needed by the Secretariat.

15. The challenge remains how to manage the current situation in which a large majority of the base budget segment is expected to be financed with specified voluntary contributions. At the end of the first quarter, the level of base segment financed with specified voluntary contributions almost matched that of flexible funds (33%), with projections adding a further 13% of financing to the base programmes. At this stage, there is still a funding gap of US\$ 625 million. To close that gap and achieve full financing of the base segment requires negotiation and resource mobilization, which reduces the time available for technical cooperation activities and for implementation of planned deliverables in the biennium 2022–2023.

16. The segments of polio eradication, emergency operations and appeals and special programmes are fully financed from voluntary contributions. The extraordinary public health challenge posed by the COVID-19 pandemic brought unprecedented levels of financing to the emergency operations and appeals segment in 2020–2021 (US\$ 3.3 billion). For the biennium 2022–2023, high levels of financing have already been reached (US\$ 1.6 billion) and further funding is expected (US\$2.4 billion including projections), though not to the level of the previous biennium.

17. As at 31 March 2022, financing of WHO headquarters reached over US\$ 1.0 billion, or 84% of its approved budget (Annex 2) – US\$ 150 million more than in the same period in 2020–2021. It is not expected that all funds mobilized by headquarters will be used there; however, this will depend on the level of earmarking of such funds and their flexibility to be shifted to different geographical areas.

18. Fig. 3 shows the level of financing by major office and outcome for the first quarter of 2022–2023. At this early stage, a financing ‘heatmap’ is not as accurate in determining the real financing gaps as it will be later in the biennium. This is due to the following limitations.

- Flexible funds have so far only been distributed at 50% to account for pending cash receipts throughout the year and to ensure strategic resource allocation, which depends on the level and earmarking of voluntary contributions. Many of the most underfinanced programmes depend heavily on flexible funds and the gap patterns have not changed over the past years.
- To date approximately US\$ 600 million of voluntary contributions are projected to materialize as base programme budget financing (Table 1). In some cases, arrival of voluntary contributions triggers transfer of more flexible funds to strategically fill gaps where no more funding is expected.
- Budget centres are still in the process of distributing funds (demonstrated by the level of undistributed funds in Table 2), hence changes are very likely.
- The heatmap factors in only a small percentage of projections since projected funds do not usually specify outcome and/or major office.

19. Nonetheless, a ‘heatmap’ is useful in establishing certain early trends that allow WHO management to continue assessing mechanisms and further improve financing across the three levels of the Organization. Similar to the biennium 2020–2021, WHO headquarters remains the best financed of all major offices. The same two outcomes in headquarters, namely outcome 3.1 (Determinants of health addressed) and outcome 1.1 (Improved access to quality essential health services), continued to receive the highest level of financing in both bienniums. The African Region and the Region of the Americas continue to receive the lowest level of financing, with the African Region benefiting from a slightly higher level of financing in the biennium 2022–2023 compared to that of 2020–2021. Four outcomes in strategic priorities 2, 3 and 4 remain the least financed in both bienniums. However, there is an overall improvement in the financing level of most outcomes in 2022–2023, with less significant differences between the least and best financed outcomes (21% vs 78% in 2020–2021 and 33% vs 74% in 2022–2023).

20. The increased equity in financing outcomes and major offices reflects partly the improved quality of funding received and partly the Secretariat’s efforts to improve internal allocation – launched as part of WHO transformation efforts and reflected in the global resource mobilization strategy. In 2020, the Secretariat established the Resource Allocation Committee to improve the distribution of funds across the three levels of the Organization. While it is expected that this mechanism will improve the timeliness

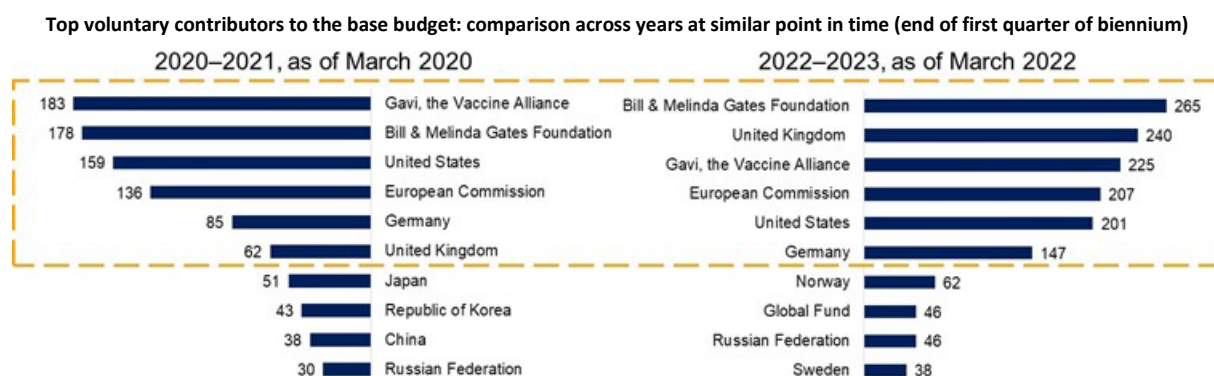
and equity of resource distribution, its impact will only be as great as the extent of the funds that can be distributed through this mechanism. Highly earmarked funds usually cannot be considered for equitable distribution across the three levels and outcomes.

21. The level of financing achieved so far has only been possible thanks to the generosity of Member States and other stakeholders. Together, the top 10 donors – including six Member States – have contributed 31% (US\$ 1.4 billion) of the total financing for the base programme segment to date. The Secretariat commends this commitment towards WHO and notes the importance of maintaining or increasing the flexibility and predictability of the funds allocated to the Organization.

**Fig. 3. Level of the approved programme budget financing (base segment) by major office and outcome, as at 31 March 2022**

Programme budget financing for 2020–2021 (as at 31 March 2020)									Programme budget financing for 2022–2023 (as at 31 March 2022)								
Strategic priority	Africa	The Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific	Headquarters	Total	Strategic priority	Africa	The Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific	Headquarters	Total
1.1	40%	16%	71%	51%	92%	56%	133%	75%	1.1	49%	30%	64%	64%	53%	58%	139%	74%
1.2	22%	56%	28%	61%	56%	45%	48%	51%	1.2	20%	39%	31%	62%	57%	36%	59%	41%
1.3	38%	64%	61%	34%	34%	36%	94%	68%	1.3	47%	21%	90%	34%	50%	37%	106%	74%
2.1	31%	29%	34%	31%	19%	43%	51%	37%	2.1	27%	20%	19%	60%	23%	32%	68%	38%
2.2	33%	24%	43%	21%	22%	33%	40%	33%	2.2	52%	16%	22%	32%	31%	8%	78%	49%
2.3	35%	4%	54%	18%	16%	38%	40%	34%	2.3	29%	14%	33%	21%	28%	27%	66%	38%
3.1	32%	32%	31%	47%	77%	32%	161%	78%	3.1	15%	32%	39%	53%	46%	66%	162%	73%
3.2	7%	18%	32%	90%	49%	32%	53%	36%	3.2	11%	13%	32%	110%	37%	29%	149%	59%
3.3	6%	5%	22%	38%	89%	37%	22%	21%	3.3	15%	12%	17%	55%	39%	24%	64%	39%
4.1	24%	33%	20%	26%	42%	28%	74%	49%	4.1	22%	27%	13%	38%	39%	19%	43%	33%
4.2	22%	62%	36%	40%	44%	46%	70%	47%	4.2	63%	75%	42%	53%	44%	58%	57%	57%
4.3	60%	42%	40%	43%	47%	48%	55%	51%	4.3	35%	59%	42%	47%	55%	50%	36%	41%
Total	33%	31%	47%	44%	55%	44%	81%	53%	Total	41%	30%	42%	56%	48%	43%	86%	57%

**Fig. 4. Top contributors to the base budget segment: comparison between 2020–2021 and 2022–2023**



## ACTION BY THE WORLD HEALTH ASSEMBLY

22. The Health Assembly is invited to note the report.



## ANNEX 1

**BASE PROGRAMME BUDGET 2022–2023 AND ITS FINANCING, INCLUDING  
PROJECTIONS, EXPENDITURE AND UTILIZATION, BY OUTCOME,  
AS AT 31 MARCH 2022<sup>a</sup>**

Strategic priority/outcome	Approved Programme budget 2022–2023 (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
<b>1. One billion more people benefiting from universal health coverage</b>									
1.1. Improved access to quality essential health services	1 432.8	1 027.7	72%	1 065.3	74%	118.8	8%	189.3	13%
1.2. Reduced number of people suffering financial hardships	100.5	40.6	40%	41.7	42%	6.0	6%	8.2	8%
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	306.6	227.0	74%	228.4	75%	23.4	8%	32.6	11%
Undistributed		18.9		46.0					
<b>Subtotal 1</b>	<b>1 839.9</b>	<b>1 314.2</b>	<b>71%</b>	<b>1 381.3</b>	<b>75%</b>	<b>148.2</b>	<b>8%</b>	<b>230.2</b>	<b>13%</b>
<b>2. One billion more people better protected from health emergencies</b>									
2.1. Countries prepared for health emergencies	274.6	103.6	38%	103.6	38%	20.6	8%	28.1	10%
2.2. Epidemics and pandemics prevented	231.8	113.3	49%	113.4	49%	22.6	10%	30.6	13%
2.3. Health emergencies rapidly detected and responded to	339.5	129.9	38%	130.4	38%	26.4	8%	37.8	11%
Undistributed		23.2		23.2					
<b>Subtotal 2</b>	<b>845.9</b>	<b>370.0</b>	<b>44%</b>	<b>370.6</b>	<b>44%</b>	<b>69.6</b>	<b>8%</b>	<b>96.5</b>	<b>11%</b>
<b>3. One billion more people enjoying better health and well-being</b>									
3.1. Determinants of health addressed	96.4	62.2	65%	70.1	73%	7.5	8%	11.0	11%
3.2. Risk factors reduced through multisectoral action	165.4	88.7	54%	98.4	60%	10.0	6%	14.9	9%
3.3. Healthy settings and Health in All Policies promoted	163.0	64.3	39%	64.4	39%	8.8	5%	13.1	8%
Undistributed		0.1		0.3					
<b>Subtotal 3</b>	<b>424.9</b>	<b>215.3</b>	<b>51%</b>	<b>233.2</b>	<b>55%</b>	<b>26.4</b>	<b>6%</b>	<b>39.0</b>	<b>9%</b>
<b>4. More effective and efficient WHO providing better support to countries</b>									
4.1. Strengthened country capacity in data and innovation	370.6	115.4	31%	121.8	33%	22.5	6%	31.7	9%
4.2. Strengthened leadership, governance and advocacy for health	485.8	274.0	56%	275.1	57%	54.3	11%	64.0	13%
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	396.9	162.5	41%	162.5	117%	44.4	11%	68.9	17%
Undistributed		303.6		304.9					
<b>Subtotal 4</b>	<b>1 253.4</b>	<b>855.5</b>	<b>68%</b>	<b>864.3</b>	<b>69%</b>	<b>121.2</b>	<b>10%</b>	<b>164.6</b>	<b>13%</b>
<b>Undistributed</b>		422.4		890.0					
<b>Total</b>	<b>4 364.0</b>	<b>3 177.4</b>	<b>73%</b>	<b>3 739.5</b>	<b>86%</b>	<b>365.3</b>	<b>8%</b>	<b>530.3</b>	<b>12%</b>

<sup>a</sup>The row and column totals may not always add up, due to rounding.

## ANNEX 2

**PROGRAMME BUDGET 2022–2023 AND ITS FINANCING, INCLUDING PROJECTIONS, EXPENDITURE AND UTILIZATION,  
BY MAJOR OFFICE AND BUDGET SEGMENT, AS AT 31 MARCH 2022<sup>a</sup>**

Major offices	Approved Programme budget 2022–2023 (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
<b>Africa</b>	<b>1 509.3</b>	<b>902.9</b>	<b>60%</b>	<b>932.1</b>	<b>62%</b>	<b>139.1</b>	<b>9%</b>	<b>215.7</b>	<b>14%</b>
Base	1 168.2	479.8	41%	486.1	42%	79.8	7%	101.3	9%
Polio eradication	63.5	126.9	200%	126.9	200%	21.4	34%	39.1	61%
Emergency operations and appeals	274.0	290.2	106%	313.1	114%	37.3	14%	74.6	27%
Special Programmes	3.6	6.0	167%	6.0	167%	0.6	17%	0.7	19%
<b>The Americas</b>	<b>269.9</b>	<b>123.0</b>	<b>46%</b>	<b>123.8</b>	<b>46%</b>	<b>26.4</b>	<b>10%</b>	<b>35.7</b>	<b>13%</b>
Base	252.6	78.1	31%	78.7	31%	21.3	8%	28.7	11%
Polio eradication	0.0	0.2		0.2		0.0		0.0	
Emergency operations and appeals	13.0	42.6	327%	42.9	330%	4.9	38%	6.6	51%
Special programmes	4.3	2.1	49%	2.1	49%	0.1	3%	0.4	10%
<b>Eastern Mediterranean</b>	<b>995.0</b>	<b>934.4</b>	<b>94%</b>	<b>1 221.0</b>	<b>123%</b>	<b>127.7</b>	<b>13%</b>	<b>274.8</b>	<b>28%</b>
Base	469.6	206.4	44%	222.6	47%	29.8	6%	42.4	9%
Polio eradication	187.6	177.3	95%	177.3	95%	39.3	21%	62.9	34%
Emergency operations and appeals	334.0	547.6	164%	818.0	245%	58.3	17%	168.8	51%
Special programmes	3.8	3.1	81%	3.1	81%	0.3	8%	0.6	17%
<b>Europe</b>	<b>429.6</b>	<b>323.9</b>	<b>75%</b>	<b>401.4</b>	<b>93%</b>	<b>45.0</b>	<b>10%</b>	<b>78.0</b>	<b>18%</b>
Base	320.5	172.3	54%	221.9	69%	28.0	9%	38.7	12%
Polio eradication	0.0	0.9		0.9		0.1		0.1	
Emergency operations and appeals	105.0	149.1	142%	176.9	169%	16.7	16%	38.8	37%
Special programmes	4.1	1.7	41%	1.7	41%	0.2	5%	0.4	9%

Major offices	Approved Programme budget 2022–2023 (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
<b>South-East Asia</b>	<b>476.2</b>	<b>313.6</b>	<b>66%</b>	<b>331.8</b>	<b>70%</b>	<b>40.5</b>	<b>8%</b>	<b>77.9</b>	<b>16%</b>
Base	426.3	199.4	47%	207.5	49%	29.3	7%	53.5	13%
Polio eradication		1.1		1.1					
Emergency operations and appeals	46.0	110.4	240%	120.5	262%	10.9	24%	23.7	52%
Special programmes	3.9	2.8	72%	2.8	72%	0.3	8%	0.7	18%
<b>Western Pacific</b>	<b>373.8</b>	<b>209.1</b>	<b>56%</b>	<b>237.9</b>	<b>64%</b>	<b>23.0</b>	<b>6%</b>	<b>43.8</b>	<b>12%</b>
Base	352.0	152.6	43%	157.5	45%	19.6	6%	31.4	9%
Polio eradication	0.4	0.0	4%	0.0	4%	0.0	0%	0.0	0%
Emergency operations and appeals	18.0	54.6	304%	78.5	436%	3.3	18%	12.1	67%
Special programmes	3.4	1.9	56%	1.9	56%	0.2	5%	0.3	9%
<b>Headquarters</b>	<b>2 067.9</b>	<b>1 661.5</b>	<b>80%</b>	<b>1 769.4</b>	<b>86%</b>	<b>195.8</b>	<b>9%</b>	<b>394.6</b>	<b>19%</b>
Base	1 374.8	1 158.5	84%	1 248.8	91%	157.5	11%	234.3	17%
Polio eradication	306.8	159.0	52%	159.0	52%	10.7	3%	107.4	35%
Emergency operations and appeals	210.0	173.9	83%	180.4	86%	19.1	9%	38.2	18%
Special programmes	176.3	170.1	96%	181.2	103%	8.4	5%	14.7	8%
<b>Undistributed funds</b>		<b>1 045.8</b>		<b>2 171.2</b>					
Base		730.3		1 116.5					
Polio eradication		121.5		392.1					
Emergency operations and appeals		194.0		662.5					
Special programmes		0.0		0.0					
<b>Total</b>	<b>6 121.7</b>	<b>5 514.2</b>	<b>90%</b>	<b>7 188.5</b>	<b>117%</b>	<b>597.4</b>	<b>10%</b>	<b>1 120.5</b>	<b>18%</b>

<sup>a</sup>The row and column totals may not always add up, due to rounding.