

Financing and implementation of the Programme budget 2024–2025

Report by the Director-General

Summary points

1. The following is the summary of this report:
 - (a) As at 31 March 2025, the base segment was 96% funded, including projections. Although the current level of funding appears strong, the decrease in the rate of collection of assessed contributions for 2024–2025 increased reliance on financing from highly earmarked voluntary contributions. This further exacerbated the Secretariat's ability to allocate funding towards underfunded areas, leading to a gap in financing existing staff positions. As a response, the Secretariat has implemented a series of immediate cost-containment measures to reduce expenditures and bridge the shortfall; this report provides further details. Although the measures have been effective, a currently estimated salary shortfall of US\$ 317 million remains for 2025.
 - (b) At the request of Member States, this report also provides additional analyses of flexible funds financing, utilization by organizational level and result. The Secretariat continues to use flexible funds to help to fill funding gaps across the base programmes, but the level of flexible funding is insufficient, even more so now, to achieve equitable financing.

Background

2. With the adoption of resolution WHA76.1 (2023), the total Programme budget 2024–2025 is US\$ 6834.2 million, comprising four segments: the base programme (US\$ 4968.2 million), polio eradication (US\$ 694.3 million), special programmes¹ (US\$ 171.7 million) and emergency operations and appeals (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

¹ This segment 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.

approach, resulting in the launch of the annual WHO Health Emergency Appeal. As at 31 March 2025, a budget of US\$ 2757 million was allocated to this segment to accommodate the resource requirement in WHO's Health Emergency Appeal 2024 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 as at 31 March 2025.

Status of Programme budget financing and utilization, as at 31 March 2025

5. The level of financing for the Programme budget 2024–2025, by budget segment, is shown in Table 1, both including and excluding projections. 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. As at 31 March 2025 US\$ 382 million of voluntary contributions are projected across four budget segments: US\$ 197 million for base programmes, US\$ 103 million for polio eradication, US\$ 81 million for emergency operations and appeals, and US\$ 1.3 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 to finance the Programme budget 2024–2025.

6. The announcement by the United States of America of the intention to withdraw from WHO triggered the immediate termination of several agreements for voluntary contributions. Across all segments, the financing presented in this report has been reduced by unspent US\$ 259 million of the United States' voluntary contributions as follows:

- base programmes: US\$ 125.4 million;
- emergency operations and appeals: US\$ 100 million;
- polio eradication: US\$ 32.6 million;
- special programmes: US\$ 1 million.

Table 1. Programme budget 2024–2025 and its financing, including projections and utilization, by segment, as at 31 March 2025 (US\$ millions)^a

Segment	Approved Programme budget 2024–2025	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget
Base programmes	4 968.2	4 561.0	92%	4 758.5	96%	2 839.8	57%
Polio eradication	694.3	1 113.7	160%	1 216.7	175%	753.6	109%
Special programmes	171.7	195.7	114%	197.1	115%	82.0	48%
Emergency operations and appeals ^b	1 000.0	1 577.9	158%	1 658.5	166%	930.7	93%
Total	6 834.2	7 448.4	109%	7 830.8	115%	4 606.1	67%

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

^b The segment for emergency operations and appeals is event-driven in nature, and its budget (US\$ 1000 million) is an estimated amount that is increased as necessary. The budget allocation for this segment as at 31 March 2025 is US\$ 2757 million (source: [WHO Programme budget web portal](#)).

Details on financing and implementation of base programmes of the Programme budget 2024–2025

Base programmes segment financing

7. As at 31 March 2025, 96% of the base Programme budget 2024–2025 is financed, including US\$ 197.5 million in projected voluntary contributions (Table 2), a 7% (US\$ 339 million) improvement over the funding presented in the last report.² However, the latest developments in the global financial environment provide a negative outlook, as follows.

- **The remaining funding gap of the approved base budget:** US\$ 210 million or 4% of the approved budget level is not currently financed (Table 1). The gap had reduced since September 2024, yet has increased since January 2025, impacting programme delivery.
- **Pockets of poverty:** even though 96% of the base programmes is financed at the macro level, pockets of poverty remain at the level of major offices, outcomes, and even more so at the output and budget centre level.
- **Reduction in overall assessed contributions:** On 20 January 2025 the United States of America announced its intention to withdraw from WHO. Based on the information available at the time, the Organization deemed it unlikely that the outstanding amounts from the United States will be received. Consequently, these amounts have been fully included in the allowance for doubtful accounts receivable in the authorized WHO financial statements. As a result, the total assessed contributions expected for 2024–2025 have been reduced from US\$ 1148 million to US\$ 887 million. The Secretariat will adjust the assessed contributions already made available for implementation, fully aware that this reduction poses a risk to the delivery of the Programme budget.
- **Operational salary gap:** the conjunction of the above points results in a forecast salary funding gap of US\$ 317 million for occupied positions (US\$ 581 million aggregated operational funding deficit including activities). This operational deficit differs from the high-level funding gap of US\$ 210 million (as measured against the approved budget), mainly owing to the largest portion of funds available being highly specified. Both financing and operational deficits triggered the introduction of immediate cost-containment measures and a prioritization and realignment process for the Proposed programme budget 2026–2027 with a view to defining a sustainable and fit-for-purpose WHO.

8. Table 2 provides further detail on the levels of base programme financing and implementation by strategic priority.

² Document EB156/26 Rev.1.

Table 2. Base programme budget 2024–2025, its financing, including projections and utilization, by strategic priority, as at 31 March 2025 (US\$ millions)^a

Strategic priority	Approved Programme budget 2024–2025	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget	Utilization as % of available financing
1. One billion more people benefiting from universal health coverage	1 966.4	2 012.9	102%	2 119.9	108%	1 259.1	64%	59%
2. One billion more people better protected from health emergencies	1 214.0	730.6	60%	752.3	62%	546.2	45%	73%
3. One billion more people enjoying better health and well-being	437.7	328.6	75%	337.1	77%	219.1	50%	65%
4. More effective and efficient WHO providing better support to countries	1 350.0	1 120.2	83%	1 166.5	86%	815.4	60%	70%
Undistributed ^b		368.8		382.7				
Total	4 968.2	4 561.0	92%	4 758.5	96%	2 839.8	57%	60%

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

^b Undistributed amounts require additional information before being assigned to any strategic priority.

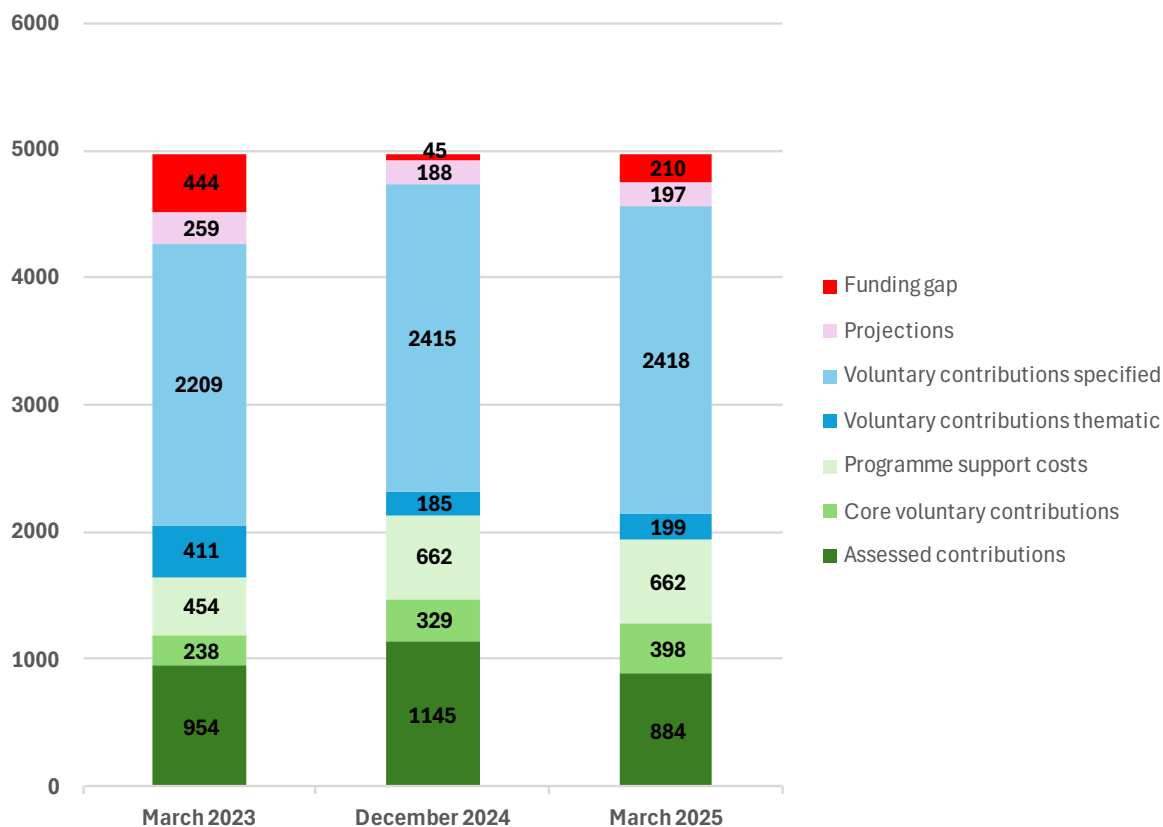
9. Strategic priority 1 continues to be the best funded among all strategic priorities and is now fully funded. It encompasses most disease-specific and health systems programmes with high levels of earmarked voluntary contributions.

10. The funding level for strategic priority 2 has increased from 52% to 62% since 30 September 2024. However, it remains the least funded compared to its approved budget.

11. Strategic priority 3 and enabling pillar 4 have a level of financing slightly below the overall level of base segment financing (75% and 83%, respectively) but have both seen an increase compared with the data at 30 September 2024 (by 15% and 8%).

12. The total amount of US\$ 4561 million currently available for implementation across base programmes comprises flexible funding sources – including assessed contributions, programme support costs and core voluntary contributions – as well as thematic and specified voluntary contributions (Fig. 1). As the expected flexible funding for the biennium has been fully accounted for, the entire funding shortfall of US\$ 210 million is expected to be met through voluntary contributions that have yet to be mobilized.

Fig. 1. Base budget financing by type of funds as at March 2023 and 2025 (and compared to December 2024), including projections (US\$ millions)³

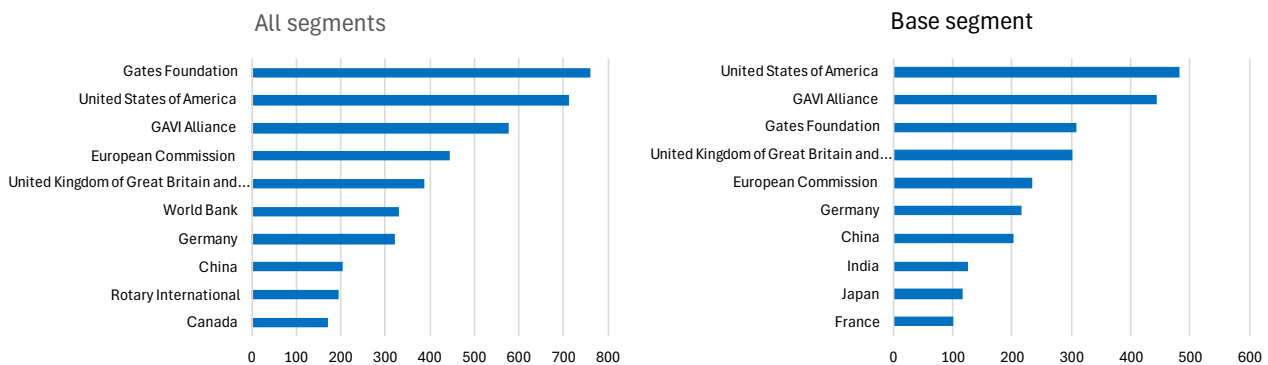


13. As shown in Fig. 1, the amount of core voluntary contributions available in March 2025 is higher than at the same time in the previous biennium (US\$ 398 million compared with US\$ 238 million). The consistent biennial growth in core voluntary contributions has facilitated more strategic and catalytic investments across major offices, particularly in areas that remain underfunded. The Secretariat formally acknowledges with appreciation the sustained commitment of Member States and strongly encourages other partners to augment their support through core or thematic voluntary contributions. As for 2023, a separate flexible funds implementation report for 2024 will be prepared as an extension of the mid-term results report.

14. While the trend of improving funding sustainability through increased flexibility of voluntary contributions is positive, WHO continues to rely on a limited number of contributors. The top 10 contributors for 2024–2025 accounted for 57% (or US\$ 4.1 billion) of all funds available, rising to 60% (US\$ 2.53 billion) for the base budget (Fig. 2).

³ The difference between total assessed contributions and the amounts reflected in the graphs is due to the allocation of this type of funds to other segments of the Programme budget.

Fig. 2 Top 10 contributors to Programme budget 2024–2025 (as at 31 March 2025, in US\$ millions)⁴



15. The Secretariat continues to use flexible funds to help to address funding gaps across the base programmes, but the level of flexible funding is insufficient to achieve equitable financing. All three technical strategic priorities (strategic priorities 1–3) depend heavily on specified voluntary contributions and such high dependence results in unequal funding of major offices and of the Programme budget outcomes and outputs within each strategic priority, as specified funds cannot be redistributed towards underfunded areas.

16. Fig. 3 shows a heatmap as at 31 March 2025 of the levels of financing by major office and outcome. The following observations should be noted:

- all major offices are seeing an increased level of financing compared with 30 September 2024;
- the three Programme budget outcomes 1.2 (Reduced number of people suffering financial hardship), 2.1 (Countries prepared for health emergencies) and 2.3 (Health emergencies rapidly detected and responded to) are the least funded outcomes at the global level;
- undistributed funds are not included; once the amount of US\$ 340 million has been distributed, the overall funding situation will improve slightly;
- US\$ 197.5 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.

⁴ Amount for the United States of America is net of their assessments for 2024–2025.

Fig. 3. Level of Programme budget financing (base segment) by major office and outcome as at 31 March 2025

Global outcomes	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
01.001	96%	67%	97%	121%	95%	75%	172%	111%
01.002	17%	34%	54%	77%	53%	36%	72%	44%
01.003	44%	41%	67%	49%	78%	53%	189%	112%
02.001	38%	32%	46%	73%	36%	46%	71%	50%
02.002	78%	74%	84%	84%	38%	62%	87%	76%
02.003	53%	36%	49%	54%	45%	42%	78%	58%
03.001	51%	94%	64%	59%	63%	81%	178%	88%
03.002	58%	28%	47%	104%	56%	53%	117%	71%
03.003	39%	35%	66%	59%	34%	72%	115%	73%
04.001	63%	60%	46%	130%	28%	43%	95%	76%
04.002	63%	84%	68%	80%	95%	96%	92%	82%
04.003	66%	73%	97%	128%	70%	103%	93%	84%
Grand total as at 31 March 2025	69%	57%	82%	93%	67%	67%	120%	86%
Grand total as at 30 September 2024	56%	47%	63%	90%	56%	56%	97%	72%

17. As a result of uneven funding of Programme budget outcomes and major offices due to a decrease in flexible funding and increasing reliance on earmarked funding all major offices are forecasting a salary funding gap at the end of the current biennium of US\$ 317 million, as shown in Table 3.

Table 3. Base Programme budget 2024–2025 – projected salary funding gap at the end of the biennium (US\$ millions)

Major offices	Foreseen salary gap at end 2025 (US\$ million)
Africa	63.4
The Americas	21.8
South-East Asia	12.9
Europe	19.0
Eastern Mediterranean	31.9
Western Pacific	9.0
Headquarters	158.6
Total	316.7

18. Annex 1 presents a detailed breakdown of the approved budget, its financing and implementation levels by outcome within each strategic priority and Annex 2 presents details by major office.

Base programmes segment utilization

19. At this stage of the biennium, linear budget utilization should reach approximately 63%. As at 31 March 2025, the base programmes had a utilization rate of 57%. A rate below the linear benchmark may suggest a correlation between budget execution and available financing. For

example, although strategic priority 2 shows the lowest level of utilization of the approved budget (45%, Table 2), it demonstrates high capacity in utilizing available funds, with a rate of 73%. Overall, the base segment's funding utilization stands at 60% (Table 2), which is close to the expected linear rate of 63%.

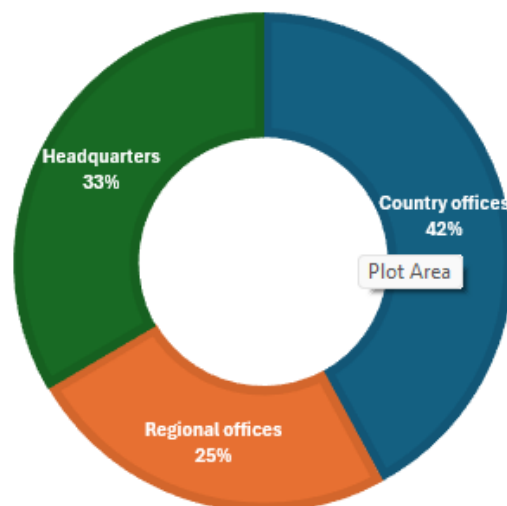
Allocation and utilization of flexible funds

20. Flexible funds (assessed contributions, programme support costs, core voluntary contributions) projected for the biennium are expected to constitute 42% of the total base segment funding (Fig. 1), as follows:

- assessed contributions of US\$ 884 million (compared with US\$ 1148.3 million at the start of the biennium) (19% of total financing);
- programme support costs of US\$ 662.2 million (14%);
- core voluntary contributions of US\$ 398 million (9%).

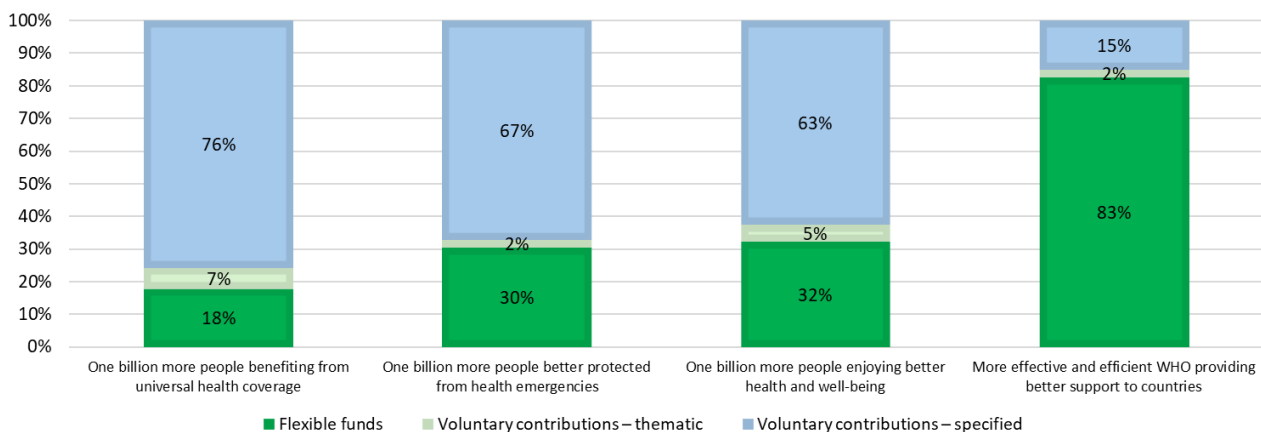
21. The share of flexible funds distributed at the three levels of the Organization reached 67% for the country and regional levels and 33% for headquarters (Fig. 4). The increased share of flexible funds for country offices includes a provisioning of almost half (or US\$ 100 million) of the 2024–2025 increase in assessed contributions to fund the core predictable country presence initiative.

Fig. 4. Distribution of available flexible funds by organizational level, as at 31 March 2025



22. The application of the principle of strategic allocation of resources is illustrated in Fig. 5, which shows that the relative total share of flexible funds is highest in strategic priorities 2 and 3 (30% and 32%, respectively), which are the technical strategic priorities receiving the least funding (Table 2). However, the level of flexible and thematic funds is insufficient to ensure full or equitable financing of all Programme budget outcomes. Enabling pillar 4 primarily relies on flexible funding, and consequently, the Secretariat remains vigilant in minimizing the growth of enabling functions included within this priority.

Fig. 5. Available funds distribution by strategic priority by share of fund type, as at 31 March 2025 (%)



23. Table 4 presents the allocation of flexible funds across major offices and technical outcomes. Outcome 1.1 (Improved access to quality essential health services) was consistently allocated the largest proportion of flexible funds across all WHO major offices. This practice aligns with the high priority assigned to this outcome and its status as the technical outcome with the largest budget. Outcomes 2.3 (Health emergencies rapidly detected and responded to) and 4.1 (Strengthened country capacity in data and innovation) follow in second and third place. This distribution reflects their prioritization by Member States, and for outcome 4.1 the lesser interest from partners to finance it. Leadership and enabling outcomes 4.2 and 4.3 are excluded from the analyses as they are almost entirely funded by flexible funds.

Table 4. Distribution of flexible funds across technical outcomes, by major office

Global outcomes	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1	40%	47%	51%	36%	25%	41%	34%	38%
1.2	2%	2%	3%	1%	2%	3%	3%	2%
1.3	2%	11%	9%	6%	3%	5%	8%	6%
2.1	12%	9%	6%	17%	15%	12%	8%	10%
2.2	4%	5%	3%	7%	5%	5%	3%	4%
2.3	19%	4%	5%	17%	30%	9%	12%	14%
3.1	7%	3%	5%	3%	4%	4%	5%	5%
3.2	2%	6%	6%	6%	5%	8%	5%	5%
3.3	2%	4%	4%	4%	3%	5%	5%	4%
4.1	10%	11%	9%	4%	9%	7%	17%	11%
Total	100%	100%	100%	100%	100%	100%	100%	100%

24. Fig. 6 depicts the three main expenditure categories where flexible funds have been spent globally. Together, these three categories represent 95% of total flexible funds spent. Expenditures related to workforce (staff costs long term, contractual services and staff costs short term) amount to US\$ 1038 million. This sum reflects the large dependency of the Organization on flexible funds to finance its main asset: human resources.

Fig. 6. Flexible funds expenditures for the top three categories of expenditure, as at 31 March 2025 (US\$ millions)



25. More detailed information on implementation of flexible funds, with linkages to expected results, and country success stories will be available in WHO's "2024 Corporate flexible funds implementation report".

Cost containment measures to address the 2025 funding gap

26. In response to the financing gap projected for 2025, the Secretariat has implemented a series of immediate cost-containment measures to reduce expenditures and bridge the shortfall. These measures were initiated in early 2025 following the announcement of the intention to withdraw of the United States of America from the Organization and the resulting loss of assessed and voluntary contributions. The measures cover both non-staff and staff-related expenditure lines and are part of a broader effort to reprioritize and adjust the delivery of the Programme budget 2024–2025.

27. To date, the Secretariat has implemented heavy restrictions on travel, leading to projected savings of about US\$ 70 million by end 2025, as well as a freeze on selected procurement activities, including office renovations and non-essential goods and services, estimated at US\$ 20 million. Contract optimization measures, through renegotiation of terms and reduction of contractor reliance, are expected to contribute a further US\$ 16 million in savings.

28. On the workforce side, the Organization has introduced several measures, including non-replacement of positions vacated by retiring staff, which is projected to save about US\$ 36 million, and a voluntary early retirement scheme. The early retirement scheme is expected to yield gross savings of around US\$ 6 million in 2025. All estimates are based on current assumptions and will be refined as additional data become available. In total, these measures are projected to reduce the funding gap by approximately US\$ 148 million (Table 5).

29. Even though these immediate actions have significantly reduced the financing gap, further and more structural adjustments are needed and are under development. These include a major organizational redesign, improving horizontal alignment across the three levels of the Organization, and downsizing the workforce across all levels based on prioritization and realignment. The objective is to increase efficiency, eliminate duplication and adapt to the current global financing realities. These changes will also entail a redefinition of delivery modalities.

Table 5. Estimated savings from immediate cost-containment measures in 2025

Cost-containment measure	Estimated savings in 2025 (US\$ million)
Travel	70
Procurement	20
Contract optimization	16
Non-replacement of retiring staff	36
Early retirement (gross savings)	6
Total	148

Action by the Health Assembly

30. The Health Assembly is invited to note the report and to provide guidance on whether the report helps Member States to better understand the implications of the current financial situation on Programme budget 2024–2025 implementation.

Annex 1

Approved base Programme budget 2024–2025 and its financing, including projections, expenditure and utilization, by outcome, as at 31 March 2025^{a,b} (US\$ millions or %)

Strategic priority/outcome	Approved Programme budget 2024–2025	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget	Expenditure	Expenditure as % of approved budget	Utilization as % of available financing
1. One billion more people benefiting from universal health coverage										
1.1. Improved access to quality essential health services	1 534.7	1 642.6	107%	1 705.8	111%	1 020.7	67%	910.3	59%	60%
1.2. Reduced number of people suffering financial hardships	112.7	49.1	44%	49.1	44%	38.7	34%	36.7	33%	79%
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	319.0	319.5	100%	360.2	113%	199.7	63%	183.0	57%	55%
Undistributed		1.7		4.8						
Subtotal 1	1 966.4	2 012.9	102%	2 119.9	108%	1 259.1	64%	1 130.0	57%	59%
2. One billion more people better protected from health emergencies										
2.1. Countries prepared for health emergencies	404.5	201.4	50%	202.4	50%	162.2	40%	153.3	38%	80%
2.2. Epidemics and pandemics prevented	323.8	245.1	76%	245.3	76%	164.8	51%	156.9	48%	67%
2.3. Health emergencies rapidly detected and responded to	485.7	281.6	58%	282.7	58%	219.2	45%	205.0	42%	78%
Undistributed		2.5		22.0						
Subtotal 2	1 214.0	730.6	60%	752.3	62%	546.2	45%	515.2	42%	73%
3. One billion more people enjoying better health and well-being										
3.1. Determinants of health addressed	118.8	103.5	87%	105.0	88%	70.0	59%	65.8	55%	67%
3.2. Risk factors reduced through multisectoral action	150.1	104.8	70%	107.3	71%	71.8	48%	66.5	44%	67%
3.3. Healthy settings and Health in All Policies promoted	168.8	120.2	71%	124.7	74%	77.3	46%	70.0	41%	62%
Undistributed		0.05		0.05						
Subtotal 3	437.7	328.6	75%	337.1	77%	219.1	50%	202.2	46%	65%

Strategic priority/outcome	Approved Programme budget 2024–2025	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget	Expenditure	Expenditure as % of approved budget	Utilization as % of available financing
4. More effective and efficient WHO providing better support to countries										
4.1. Strengthened country capacity in data and innovation	345.6	216.1	63%	261.1	76%	184.4	53%	160.4	46%	71%
4.2. Strengthened leadership, governance and advocacy for health	535.4	437.4	82%	438.7	82%	345.5	65%	336.0	63%	79%
4.3. Financial human and administrative resources managed in an efficient effective results-oriented and transparent manner	469.0	465.5	99%	465.5	99%	285.5	61%	261.8	56%	61%
Undistributed		1.2		1.2						0%
Subtotal 4	1 350.0	1 120.2	83%	1 166.5	86%	815.4	60%	758.3	56%	70%
Undistributed		368.8		382.7						
Total	4 968.2	4 561.0	92%	4 758.5	96%	2 839.8	57%	2 605.7	52%	60%

^a The row and column totals may not always add up, owing to rounding.

^b Includes undistributed funds and funding projections, which at this stage cannot be disaggregated to outcome.

Annex 2

Approved Programme budget 2024–2025 and its financing, including projections, expenditure and utilization, by major office and budget segment, as at 31 March 2025^a (US\$ millions or %)

Major office	Approved Programme budget 2024–2025	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget	Expenditure	Expenditure as % of approved budget	Utilization as % of available financing
Africa	1 625.1	1 730.0	106%	1 755.1	108%	1 211.0	75%	1 095.9	67%	69%
Base	1 326.6	911.6	69%	915.6	69%	610.9	46%	573.7	43%	67%
Polio eradication	20.2	468.1	2316%	468.1	2316%	381.1	1885%	339.3	1678%	81%
Special programmes	4.3	3.8	90%	3.8	90%	1.9	45%	1.6	37%	50%
Emergency operations and appeals	274.0	346.4	126%	367.5	134%	217.1	79%	181.4	66%	59%
The Americas	313.7	197.8	63%	197.9	63%	128.2	41%	119.0	38%	65%
Base	295.6	169.1	57%	169.2	57%	111.8	38%	104.4	35%	66%
Special programmes	5.1	4.5	88%	4.5	88%	1.9	37%	1.6	32%	42%
Emergency operations and appeals	13.0	24.2	186%	24.2	186%	14.6	112%	13.0	100%	60%
South-East Asia	537.9	419.6	78%	448.7	83%	306.9	57%	261.9	49%	68%
Base	487.3	370.6	76%	399.1	82%	284.8	58%	245.9	50%	71%
Special programmes	4.6	4.2	93%	4.2	93%	2.1	46%	1.7	38%	50%
Emergency operations and appeals	46.0	44.7	97%	45.4	99%	20.0	43%	14.3	31%	44%
Europe	473.4	591.8	125%	611.9	129%	383.4	81%	342.1	72%	63%
Base	363.6	338.8	93%	346.1	95%	221.6	61%	207.2	57%	64%
Special programmes	4.8	4.1	86%	4.1	86%	2.3	47%	2.0	41%	55%
Emergency operations and appeals	105.0	248.8	237%	261.6	249%	159.6	152%	133.0	127%	61%
Eastern Mediterranean	1 299.8	1 567.6	121%	1 622.2	125%	1 103.1	85%	943.2	73%	68%
Base	618.4	400.9	65%	419.7	68%	269.0	44%	248.9	40%	64%
Polio eradication	342.8	472.2	138%	472.2	138%	331.4	97%	308.8	90%	70%
Special programmes	4.6	3.9	86%	3.9	86%	1.9	41%	1.7	37%	48%
Emergency operations and appeals	334.0	690.6	207%	726.4	217%	500.8	150%	383.8	115%	69%

Major office	Approved Programme budget 2024–2025	Financing	Financing as % of approved budget	Financing including projections	Financing including projections as % of approved budget	Utilization	Utilization as % of approved budget	Expenditure	Expenditure as % of approved budget	Utilization as % of available financing
Western Pacific	430.2	282.2	66%	286.9	67%	189.0	44%	173.8	40%	66%
Base	408.1	274.8	67%	279.5	68%	185.8	46%	170.9	42%	66%
Special programmes	4.2	4.2	100%	4.2	100%	2.1	51%	1.9	45%	50%
Emergency operations and appeals	18.0	3.3	18%	3.3	18%	1.0	6%	1.0	5%	32%
Headquarters	2 154.1	1 982.0	92%	2 104.7	98%	1 284.5	60%	1 168.0	54%	61%
Base	1 468.6	1 672.8	114%	1 794.0	122%	1 155.9	79%	1 054.8	72%	64%
Polio eradication	331.2	79.9	24%	79.9	24%	41.1	12%	37.4	11%	51%
Special programmes	144.3	166.1	115%	167.5	116%	69.9	48%	59.0	41%	42%
Emergency operations and appeals	210.0	63.3	30%	63.3	30%	17.7	8%	16.7	8%	28%
Undistributed funds		677.4		803.5						
Base		422.4		435.3						
Polio eradication		93.5		196.5						
Special programmes		4.9		4.9						
Emergency operations and appeals		156.7		166.8						
Total	6 834.1	7 448.4	109%	7 830.8	115%	4 606.1	67%	4 103.9	60%	59%

^a The totals may not always add up, due to rounding.

^b Includes undistributed funds, which includes funds that are distributed at budget segment level but not below, plus funds that are distributed at major office level but not below, plus funds that are either missing distribution at major office or outcome levels.
