Programme Budget 2022–2023

The attached concept paper is being presented to the Regional Committee session on the process and scope of revision of the Programme Budget 2022-2023 taking into consideration the recommendation of the independent reviews and those of the Working Group on Sustainable Financing.
Programme Budget 2022-2023
Proposed mid-term revisions: Concept, scope, process (Draft)

Introduction

1. The Programme Budget 2022-2023 was approved by the World Health Assembly in May 2021 with the provision to present budget revision at WHA 76 to address the recommendations from various relevant reviews, reports and resolutions. These include the following:
   - Independent Panel for Pandemic Preparedness and Response (IPPR 2021)
   - Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (IHR 2021)
   - Strengthening WHO preparedness for and response to health emergencies. World Health Assembly Resolution 74.7 (WHA74.7)
   - 100 days mission to respond to future pandemic threats. G7 UK, 2021 (G7 2021)

2. These recommendations from the reviews and the resolution WHA 74.7 were made at the same time the Programme budget 2022-2023 was endorsed to the World Health Assembly for approval in May 2021.

3. The Programme budget 2022–2023 incorporates the lessons learned by the Secretariat from its experience in the ongoing COVID-19 pandemic, but it did not cover all the implications of the reviews recommendations and that of the WHA resolution 74.7.

4. The WHA resolution 74.3 on the approval of the Programme budget 2022-2023 asked the WHO Secretariat, as deemed necessary, to submit a revised Programme budget 2022-2023 to the Seventy-fifth World Health Assembly to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic, in the light of the findings of the independent reviews presented to the Seventy-fourth World Health Assembly and the recommendations of the Working Group on Sustainable Financing.

5. This paper proposes a concept, scope and process of the revision, especially how consultations will be conducted on the revision of the Programme budget 2022-2023 to be presented for approval to 75th World Health Assembly in May 2022. Specific strategies, initiatives and plans addressing the review recommendations that the Member States accept and the WHA resolution 74.7 will be developed in consultation with Member States.
The approved Programme Budget 2022-2023

6. The programme budget that was approved by WHA in May 2021 focused on four areas where the changes will be needed to address immediate needs to stop the ongoing pandemic and build a foundation for a longer term WHO’S approach to stopping this ongoing pandemic and preventing the next one (Figure 1). These areas include:

- Rethinking preparedness, readiness and bolster response capacities to health emergencies
- Building resilience by strengthen primary health care-oriented health systems, essential public health functions and the health security nexus
- Getting back on track and accelerate progress towards triple billion targets and those of Sustainable Development Goals
- Advancing WHO’s leadership in science and data

Figure 1. Four strategic focus of the Programme budget 2022-2023
7. In the Programme budget 2022-2023 WHA approved a 16 percent increase in the base segment of the budget. These increases partly cover the shifts already made in the current 2020-2021 biennium to respond to the COVID pandemic, and address initiatives approved by Member States including the integration of essential public health functions currently carried out by the polio eradication programme and digital health. The table 1 details these additional investments. The assumption at the time the programme budget was proposed was that the amount covers only a small part of what is required to respond to the recommendations, which was explicitly mentioned in the document. The full set of recommendations and what WHO requires addressing was not fully determined at the time the Programme budget 2022-2023 was written.

Table 1. Details of the increases in the Approved programme budget 2022-2023

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

**Recommendations from various reviews and the WHA Resolution on strengthening WHO preparedness for and response to health emergencies**

8. Immediately after the World Health Assembly in May 2021, the WHO Secretariat began to analyze the recommendations, especially on their implications to the strategic direction, the approaches, scope of work and the ways of working of WHO. A databank of all the recommendations was established with the objective of tracking them and analyzing how WHO will respond to these recommendations and the mandate given by WHA in its resolution 74.7. (See Annexes). The reviews came up with about 280 recommendations. Of these, 98 are directed to the WHO Secretariat under different thematic areas. The Member States’ Working Group on Strengthening WHO preparedness for and response to health emergencies (WGPR)
also analysed the recommendations from various reviews in relation to the mechanisms or mandates required for their implementation. A separate paper has been prepared by the Secretariat to this working group. [Note: We can Annex it, if the paper is ready] The (ten) most common thematic areas covered by these recommendations are summarized in Table 2.

Table 2. Most common thematic areas covered by the review/report recommendations

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic direction setting, coordination, planning, target setting</td>
<td>27</td>
</tr>
<tr>
<td>International Health Regulation</td>
<td>17</td>
</tr>
<tr>
<td>Policy, norms, technical guidance, technical support including WHO HR capacity</td>
<td>9</td>
</tr>
<tr>
<td>Independent monitoring, evaluation and oversight</td>
<td>8</td>
</tr>
<tr>
<td>WHO financing</td>
<td>5</td>
</tr>
<tr>
<td>One Health</td>
<td>4</td>
</tr>
<tr>
<td>R&amp;D, regulations, manufacturing of Medical countermeasures (pre-emergency, during emergency)</td>
<td>4</td>
</tr>
<tr>
<td>Rapid investigation, Risk assessment, Grading system</td>
<td>4</td>
</tr>
<tr>
<td>Sample sharing, genomic sequence, other bio data</td>
<td>4</td>
</tr>
<tr>
<td>Public information and risk communication</td>
<td>3</td>
</tr>
</tbody>
</table>

**Table 3.** How the review recommendations align with the PB 2022-2023 strategic focus

<table>
<thead>
<tr>
<th>PB 2022-2023 Strategic focus</th>
<th>Number of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rethinking preparedness, readiness and bolster response capacities to health emergencies</td>
<td>63</td>
</tr>
<tr>
<td>Enabling functions for a stronger health emergencies programme</td>
<td>21</td>
</tr>
<tr>
<td>Building resilience by strengthen primary health care-oriented health systems, essential public health functions and the health security nexus</td>
<td>7</td>
</tr>
<tr>
<td>Advance WHO’s leadership in science and data.</td>
<td>5</td>
</tr>
<tr>
<td>Get back on tract and accelerate progress towards triple billion targets and those of Sustainable Development Goals</td>
<td>2</td>
</tr>
</tbody>
</table>
10. Recommendations related to Rethinking preparedness, readiness and bolster response capacities to health emergencies focus on areas including improving rapid investigations, risk assessment and grading system for a more timeline and effective response. A recommendation asked WHO to develop a mechanism or a new global system for surveillance, based on full transparency by all parties, using state-of-the-art digital tools for States Parties to automatically share real-time emergency information needed by WHO for risk assessment, including genomic sequencing, as well as information from animal and environmental health surveillance.

11. All but one of the reviews considered International Health Regulations 2005 (IHR) as fit for purpose, but there were specific recommendations on various aspects of IHR, including guidance and support to countries in their use of national legislation for IHR implementation, improving the process, assessment, monitoring and reporting IHR core capacities and on the independent monitoring, evaluation and oversight and integrating core capacities for emergency preparedness, surveillance and response within the broader health system and essential public health functions.

12. Strengthening OneHealth has also been an important area of focus, including:
   o the review and strengthen or reform existing tripartite reporting mechanisms, such as the Global Early Warning System for Major Animal Diseases (GLEWS);
   o improving communication and information exchange across existing surveillance networks across the One Health sector; and
   o establishing a common strategy on One Health, including a joint workplan on One Health to improve prevention, monitoring, detection, control and containment of zoonotic disease outbreaks, leveraging on the work of the “One Health High-Level Expert Panel.

13. Recommendations also called for adequate investments and regulatory mechanisms to support the rapid development of and access to countermeasures. This include transforming the current ACT-A into an end-to-end platform for vaccines, diagnostics, therapeutics, and essential supplies, shifting from a model where innovation is left to the market to a model aimed at delivering global public goods, and ensuring technology transfer and commitment to voluntary licensing.

14. On advancing WHO’s leadership in science and data, related recommendations focused on strengthening the technical capacity of the WHO Health Emergencies Programme and its normative functions, a critical role of the Organization. The recommendations in this area include for example developing a global framework to generate, monitor, compare and evaluate research and policies on public health and social interventions; and assess their broader impact to harness global knowledge and expertise; and to translate evidence into effective health emergency and preparedness policies. Specific recommendations, such as scoping out how an international network of clinical trial platforms could be implemented to enable a coordinated and efficient approach to testing diagnostics, therapeutics and vaccines (DTVs). A network of clinical trial platforms (hospital and community-based) that are regionally linked should be set up to run during non-pandemic periods to address ongoing relevant public health questions (e.g. evaluating interventions for endemic infections such as TB, malaria, HIV or NCDs of public health importance such as common cancer, cardiovascular
Several of these types of specific recommendations have implications to the work of the Secretariat, which were not scoped out in the Programme budget 2022-2023 as approved in May 2021.

There are many recommendations centering around strengthening further the leadership, management and administration (enabling functions) to support the work of WHO in health emergencies. These include many areas such as the prevention, mitigation and management of all potential risks linked to emergency operations for both staff and communities, such as security of staff and partners; financial mismanagement; and sexual harassment, abuse and exploitation. Addressing security issues and strengthening accountability in emergency response received high degree of attention in the recommendations.

Preparedness for and response to health emergencies to be effective and sustainable will need to anchor on many factors not only on well-functioning resilient health systems, but also on environment several social and economic, gender-related factors. The need for strengthening multisectoral collaboration, whole-of-society and whole-of-government approach to health emergencies has been given high emphasis in the recommendations. More concretely, recommendations urged WHO Secretariat for the health emergencies programme to leverage on the entire organizational capacity and networks to handle the challenges of a pandemic of a similar scale, complexity and impact to that of the pandemic. WHO was urged to develop further the Universal Health and Preparedness Review mechanism, based on the principles of transparency and inclusiveness, and on how it builds on existing IHR (2005) M&E framework components with the aim to assess, improve and strengthen accountability, cooperation, trust and solidarity around overall preparedness.

The central focus of these recommendations and the resolution is on ensuring a stronger WHO - a WHO that has sufficient capacity at all levels to lead the world to learn and take action to make COVID 19 the last pandemic; a WHO that is able to the alert the world of risks in an effective and timely manner; a WHO that is able to help prepare for and respond to multiple emergencies across the globe yet able to help keep essential health services going everywhere and the world move towards universal health coverage; a WHO that is adequately and sustainably financed to maintain its technical independence; A WHO that has motivated and high-performing staff upholding the highest ethical standards; a WHO that is able to fulfil its mission of equitably promoting health, keeping the world safe and serving the vulnerable.

Revisions which will be proposed for the Programme budget 2022-2023 will represent concrete incremental steps as well as investments to be made to build a stronger WHO. These revisions of the programme budget 2022-2023 will demonstrate WHO’s strategic response to these recommendations, with concrete implications in terms of resource needs and gaps.

In the coming months, the analysis and consultations will focus on concrete steps and initiatives to address the short-medium or longer-term implications of these recommendations. Not only the Programme budget 2022-2023 revisions will address the short-term implications, but also lay the foundations so that the longer-term implications will be addressed in future programme budgets.
20. The annexes present the listing of all recommendations directed to WHO Secretariat and WHA (Member States) by thematic area.

Scope of the revisions of the mid-term revision of the programme budget 2022-2023

21. The revisions of the programme budget will address the following:
   o Short and medium-term implications of the recommendations and the resolution
   o Needed foundational actions for the longer-term implications
   o Resolutions from the 74th Assembly related to other issues (e.g., WHA 74.14 Resolution on Health and care workforce, WHA 75.15 Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery)
   o Implementation of new initiatives designed to respond to COVID19 lessons learned

22. Some of the recommendations that need to be immediately addressed will be covered with the Programme budget 2022-2023 as approved. Examples include many of the specific recommendations on IHR and enabling functions (e.g., security services and security support; actions on the prevention of sexual exploitation and abuse; standards for producing a digital version of the International Certificate of Vaccination and Prophylaxis). For many of these recommendations, the WHO Secretariat will implement actions in biennium to address without waiting for the Programme budget 2022-2023 revision.

23. Some of the recommendations with short-and medium-term implications will require consultations and additional planning to determine concrete actions and initiatives to address them sufficiently in the programme budget. For example, additional technical capacity on the different aspects of health emergencies; capacity for public information and risk communications, etc.

24. Others will have long-term implications but would require WHO to act now to establish the foundations for more sustainable actions to take its roots, for example on recommendations pertaining to global surveillance system; global genomic sequencing infrastructure; vaccine manufacturing network utilising the latest technology to deliver production at scale rapidly in a pandemic, etc.

25. The initiatives to secure a more sustainable financing for WHO and the work of the Member States on Strengthening WHO preparedness for and response to health emergencies (WGPR) should also have implications that should be captured in the revision of the Programme Budget 2022-2023.

26. Resolutions adopted in the 74th World Health Assembly also require incremental investments starting in the biennium 2022-2023. The resolutions on health and care workers are not only highly relevant to achieving resilient health systems but also for strengthening preparedness for and response to health emergencies, as demonstrated by the COVID 19 pandemic:

WHA 74.14 Resolution on Health and care workforce - clear set of actions, a 2022–2030 agenda and implementation mechanism for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection, building on the joint support of WHO, ILO and OECD and the existing Working for Health Multi-Partner Trust Fund
WHA 75.15 Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery) – implementing the policy priorities of the global strategic directions for nursing and midwifery 2021–2025 related to education, jobs, leadership and service delivery as relevant to national health and socioeconomic development strategies, aiming to achieve the four strategic directions and the enabling monitoring mechanisms.

27. Those resolutions also address the review recommendations on investing in the worldwide health and care workforce, by developing competencies through education and training including through the WHO Academy and invest in community health and in health systems to achieve resilient, high quality health services, and public health capacities in all countries.

28. Several initiatives newly established to respond to COVID19 lessons learned, reinforced by the review recommendations will also be included in the revision. New initiatives such as the WHO Hub1 on pandemic and epidemic intelligence require initial set up investments which will be elaborated in the proposed revision of the programme budget 2022-2023.

29. Planning for the implementation of these resolutions will be done during the operational planning. Based on this, the costing of the resolutions will be refined and additional investments if needed will be included in the programme budget 2022-2023 revisions.

Foreseen budget increase levels

30. The departing point for the budget revision levels will be the Financial and administrative implications for the Secretariat of the resolution on Strengthening WHO preparedness for and response to health emergencies (WHA74.7). The increase presented and adopted by the WHA742 is US$ 435 million for the biennium 2022-2023. The costing of this resolution covers the estimated costs under Strategic Priority 2 and Strategic Priority 4 which could be determined at the stage of resolution approval with a reasonable level of certainty. Additional costs for Strategic Priority 1 and Strategic Priority 3 are still to be defined and costed based on the outcome of the internal consultations and work of the Working Group on strengthening WHO preparedness and response to health emergencies.

31. In addition to the costing of the resolution WHA 74/7 and further finetuning for the Strategic Priorities 1 and 3, relevant recommendations from various reviews agreed for implementation should be costed as well to arrive to the proposed budget increase figure.

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1 The focus of the WHO Hub is to strengthen pandemic and epidemic intelligence specifically for pandemics and epidemics through better data, better analytics, and better decisions across all aspects of managing public health emergencies. It is currently being established in Bern, Germany by WHO with support from the German Government.

2 https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_ACONF2Add1-en.pdf
Consultation process

32. Addressing the recommendations and implementing the resolutions properly is hugely important given their significance to the world’s security. This will require engaging the different stakeholders within and outside the organization.

33. Internal consultations within the Organization will involve strategic discussions across the Organization to spell the implications to the normative work, country support and leadership and enabling functions with the Organization. This will use existing internal coordination mechanisms or processes. The internal strategic discussions and planning should result in concrete proposals on additional investments in the Organization in response to recommendations made in the reviews and the implementation of the relevant resolutions. This will be dovetailed with the operational planning that is currently ongoing for 2022-2023.

34. As part of internal consultations, the costing of the WHA resolution 74.7 (WHA74.7) will be validated across the three levels of the Organization to arrive at a required budget revision figure for the consideration of the WHA 75.

35. Consultations with member states and partners will involve the regional committees and with member states and partners at the country level depending on the feasibility of holding structured consultations at the country level at this time given the ongoing COVID-19 pandemic.

36. In addition, virtual consultations will also be conducted on the margins of the WHA and additional member state consultations virtual when a draft revision of the programme budget will be presented to the Executive Board.

37. Finally, scoping the additional elements to be included and the eventual revision of the budget should be linked with the consultations on sustainable financing and the development of the new investment case for a stronger WHO.
Timeline

**Internal**
- Strategic discussions in WHO dovetailed with operational planning for 2022-2023
- GPG (Global Policy Group) discussions on PB 2022-2023 and investment case

- July-Oct 2021
- Nov 2021
- Jan 2022
- Mar-Apr 2022
- May 2022

**External**
- Regional committee consultations on the concept, scope and process of the PB revision
- Consultations on the margins of the Special session of the WHA (Nov 2021); consult on proposed additional investments and revision elements of PB 2022-2023
- Executive Board: PB 2022-2023 revisions + a longer-term investment case to be presented EB
- Additional MS consultations and briefings
- WHA: PB 2022-2023 revisions to be endorsed for approval + Investment case