The “Mid-term Results Report: The World needs WHO now more than ever” prepared for the Seventy-fourth World Health Assembly, is attached herewith as Information Document to the main paper “SEA/RC74/4”, titled “Programme Budget 2020–2021: Implementation and mid-term review”.

Programme Budget 2020–2021: Implementation and mid-term review

Regional Committee Provisional Agenda item 7.1

Seventy-fourth Session SEA/RC74/4 Inf. Doc. 1
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Programme Budget 2020–2021: Implementation and mid-term review

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Programme Budget 2020–2021: Implementation and mid-term review
The world needs WHO
Now more than ever

Executive summary
Results Report
Programme budget 2020–2021 (Mid-term)

2020 will be remembered as a year defined by COVID-19 and its catastrophic human, economic and social impacts. It was WHO’s most challenging year yet, as it was for the health systems of many countries. The 2020 Mid-term Review shows how WHO rose to meet the challenges, in the fastest, most far-reaching response to a global emergency.

The response showed that the world needs a global health body to lead and coordinate a pandemic response. WHO not only has a global mandate for this role, as the world’s lead health agency, but it also has a global footprint, with over 150 country offices and six regional offices and global legitimacy, as each of its 194 Member States has a vote and a voice in WHO.

The pandemic has affected every community, but the hardest hit are the poor and marginalized, exacerbating global and domestic inequality. The pandemic has interrupted progress towards achieving WHO’s “triple billion” targets, as resources such as staff were diverted to a response that mobilized the entire Organization. Disruptions to essential health services have resulted in interruption of essential health care for millions of people. In some areas, this could reverse development gains made over decades.

WHO has responded to the pandemic on a scale and at a pace never seen before, helping to ensure essential supplies, coordinate responses and prepare for the delivery of vaccines, therapeutics and diagnostics for all, including the most vulnerable communities. COVID-19 has demonstrated the benefits of WHO’s transformation into an agile organization that can rapidly leverage global technical expertise and operate on a global scale.
The pandemic has underscored the importance and interconnection of the triple billion targets in WHO’s strategy for 2019–2023. It has shown that healthier, more resilient societies can respond more effectively to health emergencies and that essential health services must be available to all, as the disease spreads along the fault lines of social inequality. And it has made clear that a broader, whole-of-society approach and global solidarity are essential for the response to COVID-19 and to future health emergencies.

Although WHO has been fully focused on coordinating and supporting the response to the pandemic and other emergencies globally, regionally and nationally, the secretariat has continued to implement most of the operational plans to improve health, build resilient systems and protect populations, especially the most vulnerable, from emergencies. As of 31 December 2020, budget utilization for the base segment in all major offices was in line with that of previous biennia, reaching 39%.

This report presents progress towards achieving the triple billion targets for health outcomes and the contributions of the WHO secretariat to making an impact on people’s lives. The report includes stories of impacts in countries to exemplify how WHO is promoting health, keeping the world safe and serving the vulnerable. The innovative presentation of the full report on the WHO website (https://www.who.int/about/accountability/results/who-results-report-2020-mtr) demonstrates the secretariat’s continued commitment to strengthening transparency and accountability.
Progress towards the triple billion targets

Achievement of the triple billion targets of WHO’s Thirteenth Programme of Work (GPW13) will improve the health of millions of people around the world, as it provides a near-term snapshot of the world’s progress towards the 2030 Sustainable Development Goals (SDGs). Current progress towards achievement of each of the targets is shown in the graph below, which does not account for the full impact of the COVID-19 pandemic.

1 billion more people benefiting from universal health coverage

An additional 290 million people are projected to have access to good-quality health-care services without incurring financial hardship by 2023, leaving a significant expected short-fall. With accelerated progress, it might be possible to close the 710 million short-fall by about 30%. Progress is expected to be greatest in low-income countries. The COVID-19 pandemic, however, threatens progress towards universal health coverage (UHC) by severely disrupting services and worsening financial hardship. Redoubled emphasis on primary health care (PHC), which is also the basis for the other two billion, will be key to recovery from COVID-19.

1 billion more people better protected from health emergencies

Approximately 920 million more people are projected to be better protected from health emergencies by 2023 due to improvements in preparedness, prevention, detection and response to events. COVID-19 has shown that the world was unprepared for a pandemic of such a scale; the lessons learnt will guide concerted action to improve how the world prepares, prevents and responds to health emergencies.

1 billion more people enjoying better health and well-being

About 900 million people could be enjoying better health and well-being by 2023. Progress is uneven, as it is limited in low-income countries, and over one third of countries show negative overall trends. Focus should be directed to the indicators lagging furthest behind the SDG targets, including water and sanitation, air quality and tobacco use. Tackling the worldwide trend of increasing obesity is also essential.
Analyses of progress towards achievement of the GPW 13 triple billion targets show the challenges of accelerating progress, as the COVID-19 pandemic has set back progress in many countries. WHO, even in the face of the unprecedented challenges posed by the COVID-19 pandemic, continued to address all health issues and to fulfil its commitment to implementing the programme budget for 2020–2021. Some of WHO’s achievements and challenges are described below.

1 billion more people benefiting from universal health coverage

The pandemic is demonstrating the centrality of health and the vital importance of UHC. In recognition of this reality, many countries are now offering free tests, treatment and vaccines for COVID-19, including to neglected populations, such as migrant workers.

COVID-19 is straining health systems severely, hampering plans to extend UHC. WHO provided strong leadership, supporting countries’ urgent responses while working to maintain essential services and core work to strengthen the safety and quality of services. WHO tracked the huge disruptions in health services and supported 163 countries in assessing the impact and populations at risk. A WHO survey of 105 countries found that services were disrupted in almost every country between March and June 2020. Guidance with input from all disease programmes was widely disseminated, complemented by online OpenWHO courses and innovative strategies such as telemedicine and door-step delivery of drugs.

WHO supported 163 countries in assessing the impact of disruptions in health services in 2020
Despite the substantial challenges, advances were made towards UHC. A programme was set up to promote PHC, the most cost-effective way to achieve UHC. Nearly 20 countries in the WHO European Region were supported by a dual response, to strengthen PHC to address COVID-19 and to maintain essential services within the new PHC Operational Framework. In all regions, service delivery was strengthened, services reorganized and capacity increased.

Significant milestones included reaching the SDG target of reducing hepatitis B prevalence to less than 1% among children under five years, eliminating malaria in 10 countries and at least one neglected tropical disease in 42 countries and improving control of hypertension with WHO HEARTS for more than 3 million people in 18 countries. Furthermore, 26 million people received antiretroviral medicines, and 36 countries included prevention, diagnosis and treatment of noncommunicable diseases in PHC.

WHO’s UHC Compendium of Health Interventions is designed to support countries in identifying packages of essential services from a database of 3500 health actions. A new, dynamic web platform, the COVID-19 Health Services Learning Hub, supports countries in implementing operational guidance.

WHO supported training of health workers in COVID-19-related topics and developed indicators of the impact of COVID-19 on health and care workers. Most of the regional offices developed tools for workforce surge capacity for COVID-19, such as the European Region’s Adaptt and Health Workforce Estimator.

Countries reoriented their financing and budgetary arrangements, with WHO support, to enable delivery of COVID-19 vaccines, therapeutics and tests and were supported in improving financial protection. Drawing on previous normative work, WHO developed the Health Financing Progress Matrix for qualitative assessment of national health financing policies and their implementation at a given time as compared with benchmarks. The Matrix was pilot-tested in 19 countries.

New pricing policy guidelines have been issued to address unaffordable access to medicines. WHO is supporting countries in adoption of the AWaRe classification of antibiotics to ensure that first-line antibiotics are available. A digital version of WHO’s Essential Medicines List was launched, with an evidence-based guide to good-quality diagnostics, the Essential Diagnostics List. A remarkable example of the value of the work on prequalification is that, within one year of the first alert of the pandemic, WHO approved emergency use listing of the first of several COVID-19 vaccines on the last day of 2020.
To address AMR, the AMR Action Fund was opened in July 2020 for investment in innovative treatments. WHO published its first overview of the preclinical antibacterial pipeline and target product profiles for antibiotics that are lacking. The 2020 report of the Global Antimicrobial Resistance and Use Surveillance System included data from 66 countries, three times more than two years previously.

COVID-19 has underscored the need for health for all. It has highlighted and exacerbated inequities in health within and between countries, particularly for poor and marginalized communities, in both lives and livelihoods lost. An estimated 3.6 billion people still lack access to essential health services. The pandemic also revealed the fragility of health systems and showed that more resilient systems must be built. A greater emphasis on PHC in health systems is key to achieving the twin goals of UHC and global health security, as well as healthier populations. Given the projected short-fall in the UHC billion, a focus on PHC takes on new urgency.

1 billion more people better protected from health emergencies

2020 was the most challenging year yet for the WHO Health Emergencies programme since it was established in 2016. From the first day of 2020, its overriding priority was supporting Member States in preparing for and responding to COVID-19.

The platforms and tools for assessing national all-hazards emergency preparedness built in recent years undoubtedly helped WHO and countries to respond more effectively to COVID-19. In many countries, COVID-19 has catalysed development of capacities that were lacking, changing WHO’s longer-term preparedness capacity-building to a focus on operational readiness. Although COVID-19 has shown that the world as a whole was unprepared for a pandemic, national successes offer valuable lessons. Extending assessment of emergency preparedness to include readiness capacity, governance and community resilience will be essential to strengthen preparedness.

Many platforms built since 2016 proved their worth in 2020 by catalysing and operationalizing a science-led, evidence-based response to COVID-19. New mechanisms and platforms enabled WHO to rapidly convene and work with expert networks and advisory groups, such as the Strategic Advisory Group on Infectious Hazards, WHO collaborating centres and regional and national expert platforms.

At the start of 2020, COVID-19 was a zoonotic disease with pandemic potential of which the world had embryonic scientific and clinical understanding and no medical countermeasures.
None of these achievements belong to WHO alone, but all had WHO at their heart, harnessing the strengths of global science for the benefit of populations everywhere. Crucially, these achievements did not come at the cost of progress in other areas of disease control. Despite some disruption and delays, **48 million people were protected against yellow fever in Africa and the Americas by mass vaccination campaigns during 2020**, and oral cholera vaccine campaigns were resumed, with **13 million vaccine doses shipped to eight countries in 2020**.

The pandemic laid bare the strengths and weaknesses of the global mechanisms for coordinated reporting, monitoring and response among Member States. The critical importance of early detection, rapid risk assessment and clear communication became immediately apparent in January 2020. The rapid detection of and global alert to COVID-19 are emblematic of progress in public health intelligence; however, the interim findings of the International Health Regulations (2005) review committee identified clear problems in information-sharing between Member States and WHO. The review also showed that disease surveillance and diagnostic laboratory capacity remain under-reourced in most regions.

**48 million people were protected against yellow fever in Africa and the Americas by mass vaccination campaigns in 2020**

WHO responded to **52 graded emergencies other than COVID-19 in 2020**, including an outbreak of Ebola virus disease in the Democratic Republic of the Congo, polio in the Horn of Africa, the acute technological disaster of the Beirut Port explosion, natural disasters and complex humanitarian emergencies. **The WHO Contingency Fund for Emergencies was used for rapid responses** and for the continuity of essential response in 14 emergencies, for a total of US$ 43.7 million allocated during 2020; **90% of initial releases were made within 24 hours of a request for funds**.

**By the end of 2020, the world had:**

- administered the first doses of several safe, effective vaccines;
- launched a global partnership – the Access to COVID-19 Tools Accelerator – to accelerate development, production and access to effective vaccines, therapeutics and diagnostics;
- cultivated clear, evolving understanding of public health and social measures for controlling transmission of SARS-CoV-2;
- learnt how to treat COVID-19 more effectively;
- established and leveraged the new discipline of “infodemiology” to study how access to public health information (and misinformation) shapes disease outcomes; and
- developed new tools and strategies to track transmission of SARS-CoV-2 and detect variants of concern.
The response to the challenges of COVID-19 involved the entire United Nations system, harnessing the full spectrum of its capabilities. **WHO was at the forefront, leading the United Nations Crisis Management Team, which brings 23 United Nations entities under one response umbrella.** At national level, WHO played a key coordinating role through the COVID-19 Partners Platform, which is a mechanism to plan, resource and track implementation of national action plans and to coordinate United Nations country teams, partners and donors.

**WHO used existing and new operational and partnership platforms** to translate evidence-based technical knowledge into tangible impacts in countries. The WHO-led COVID-19 Supply Chain System illustrates the integration of technical and operational capacities. Starting with technical specifications and quality assurance by WHO’s technical experts, through procurement and distribution with WHO’s and partners’ logistics and joint purchasing power, WHO procured and shipped more than US$ 1 billion of essential response supplies, including vital medical oxygen, personal protective equipment and more than 250 million COVID-19 tests.

Most of WHO’s operational support for all-hazard emergencies – including direct support for COVID-19 responses – during 2020 was provided in contexts affected by fragility, conflict and violence. During 2020, the Health Cluster, of which WHO is the lead agency, provided coordination and operational support in **30 countries with 900 national and international partners** to meet the essential health needs of **91 million people**.
1 billion more people enjoying better health and well-being

The toll of the COVID-19 pandemic goes far beyond three million lives, to the economic cost of trillions of dollars and the incalculable costs of millions driven into poverty, a billion children out of school and an untold mental health crisis. The pandemic’s wide-ranging impact emphasizes that health policies must cut across sectors.

Healthy environments and lifestyles could prevent half of the global burden of disease. WHO has worked for years to reduce preventable lifestyle risks such as tobacco smoking, unhealthy diets and physical inactivity, which are linked to both noncommunicable diseases and COVID-19 outcomes.

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Tobacco use is one of the most readily preventable risk factors. WHO’s MPOWER package has helped save millions of people from early death. Five billion people are covered by at least one of MPOWER’s six policies, such as tobacco taxes and advertising bans, including 1.6 billion protected from second-hand smoke by smoke-free laws. The WHO Region of the Americas marked a milestone in 2020 by becoming “smoke-free”, after Bolivia and Paraguay passed laws on smoke-free indoor public and workplaces.

To build a greener future from the pandemic, WHO published the Manifesto for a healthy and green recovery from COVID-19, with six policy prescriptions and 80 specific actions for healthy societies, which include protecting nature, water and sanitation, clean energy, sustainable food systems, reducing polluting activities and healthier cities.

WHO was approved as a Green Climate Fund Readiness partner in 2020. The first projects for support to countries in building capacity on climate change and health were approved in December, and guidance was issued on water, sanitation and hygiene in health-care facilities in the context of COVID-19. Evidence is accumulating that a major risk factor for severe COVID-19 is fine particulate matter, which can be reduced by government policies. WHO has increased its work on air pollution and is currently updating its global assessment of ambient air quality.

As urban areas are at high risk for the spread of COVID-19, a COVID-19 resource hub was developed for cities that includes guidance for settings such as schools and prisons. The Global status report on preventing violence against children 2020 provides baseline information on national initiatives to advance the violence prevention strategies of the INSPIRE initiative.
The Tripartite formed between WHO, the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health was strengthened in 2020. A One Health Global Leaders Group was formed of leaders in government and civil society to catalyse global attention and action on the disastrous consequences of antimicrobial resistance (AMR), and the new Tripartite One Health Coordination Group for Asia and the Pacific will intensify collaboration to manage zoonotic influenza, rabies, food safety and AMR.

Areas in which major challenges remain and in which further progress is necessary include sanitation and safe water, road safety, ambient air quality, alcohol consumption, unhealthy diets and physical inactivity. Uptake of WHO’s “best buys” policies should be increased. The potential for further progress is enormous, but far more investment is necessary: Global spending on preventive health care (such as health promotion) was less than 9% of all health-care spending in 2018, and the proportion was even lower (below 4%) in high-income countries.
A stronger WHO: more efficient, more effective, better able to support countries

The COVID-19 pandemic requires strong global health leadership. Throughout the evolution of the pandemic, there has been demand for a strong WHO, for a leading health authority that provides advice based on evidence and data and focused on results and impact. The Director-General and WHO technical experts met the world media more than 125 times in 2020, providing evidence-based messages and answering questions. Moreover, the secretariat held weekly information sessions with Member States and encouraged peer learning, demonstrating the value of combining WHO’s governance platform with digital technologies. The World Health Assembly was held virtually in 2020 for the first time in the Organization’s history.

When COVID-19 emerged, WHO had just entered the fourth phase of its transformation towards implementation and continuous improvement. Many of the foundations for change were already in place, including alignment of the major offices with a new, three-level operating model. The new Emergency Preparedness division allowed WHO to take a clear leadership role in global preparedness and readiness – especially in the world’s most vulnerable countries – as COVID-19 began to spread around the globe and also to shape future global pandemic preparedness. New entities, such as the Science Division and enhanced partnerships and external relations were immediately required to operate at scale, validating their importance and capabilities. The new normative functions created under the Chief Scientist established a fast-track review mechanism to ensure the timeliness, coherence and quality of all WHO guidance, providing approval or critique within 48 hours. These foundations were tested fundamentally and immediately
as WHO mounted the largest, most comprehensive global health emergency response ever. The pandemic has reinforced the value of the transformation of WHO over the past 3 years in enhancing its ability to support a global response.

The Global Action Plan for Healthy Lives and Well-being scaled up its multi-agency support to 37 countries. WHO’s new approach to external engagement enabled establishment of innovative partnerships with Facebook, WhatsApp, Google, Wikimedia and others to harness the power of social media platforms to counter misinformation about the pandemic and facilitate the access of more than 2.2 billion people around the world to real-time information on COVID-19 in 75 languages.

A commitment to ensure the transparency and accountability of WHO’s work has resulted in continued strengthening of accountability and revision of some corporate processes, such as assessment of the performance of WHO’s secretariat with an output scorecard. This innovative method was used in this mid-term review of WHO’s results for 2020. The new data-driven tools and mechanisms for measurement demonstrate WHO’s accountability for results and include the Triple Billion Dashboard. For the first time, country data systems were analyzed using the SCORE technical package. Delivery stock takes were held on each billion target to identify and overcome barriers to progress.

WHO is committed to continuous improvements and has initiated a number of independent reviews on its performance that will provide impartial, comprehensive evaluations. The world’s growing expectations of WHO during this pandemic have been accompanied by calls for change. WHO has transformed itself with every major health crisis and will continue to evolve with shifting disease patterns and innovations in science. Nevertheless, WHO will remain grounded in its core values of solidarity and equity to build its vision of a healthier, safer, fairer world in the 21st century.

Predictable, sustainable funding will remain a fundamental requirement for WHO’s success

In the past year, the world saw that, when health is at risk, everything is at risk. The world is at a critical juncture. The choice to improve the health of humanity will be a choice for a better future for all. **The world needs WHO, now more than ever.**
Budget implementation

WHO’s biennial Programme budget is based on the principles of transparency, accountability and providing value for money.

• The World Health Assembly approved a total budget of US$ 5.84 billion for the 2020–2021 biennium.

• The Programme budget for this biennium was presented in four distinct segments: the Base programmes, Polio eradication, Special programmes and Emergency operations and appeals.

• As of 31 December 2020, budget utilization in all major offices is in line with that of previous biennia, and by the end of 2020 it had reached 60%.

• The Programme budget is fully funded at the segment level, despite the impacts of the COVID-19 crisis on the world’s economy.

<table>
<thead>
<tr>
<th>Approved Programme budget</th>
<th>Funds available</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$ 5840.40 MILLION</td>
<td>US$ 8260.80 MILLION</td>
<td>US$ 3505.90 MILLION</td>
</tr>
</tbody>
</table>

The budget segment for Base programmes represents funding for WHO’s core mandate and constitutes the largest part of the Programme budget in terms of strategic priority setting, detailing of deliverables and budget figures. The overall Base programme segment of US$ 3.8 billion is 106% funded and has a utilization of 39%. Despite the COVID-19 pandemic, the Secretariat is committed to deliver on the promises of the Base programmes in the Programme budget and will continue striving for a high level of utilization.
Operationalization of the Programme budget, 2020–2021

The total approved budget for WHO for 2020–2021 is US$ 5.84 billion, of which 65% is for Base programmes and the remaining 35% is allocated for Polio eradication, Special programmes and Emergency operations and appeals. However, due to the COVID-19 pandemic actual activities in 2020 were evenly split between Base programmes and Emergency operations and appeals, which each utilized 42% of total funding, representing not only the Organization's response to the pandemic but also its delivery of commitments made in the approved Programme budget. The generosity of donors is manifested by their high level of financing of the Organization and especially by financing for the emergency operations segment of work, with close to US$ 3 billion mobilized during a short period to support WHO's operations across all major offices.

<table>
<thead>
<tr>
<th>Budget segments</th>
<th>Approved Programme budget 2020–2021 (US$ million)</th>
<th>Funds available (US$ million)</th>
<th>Utilization (US$ million)</th>
<th>Funding level (%)</th>
<th>Utilization level (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base programmes</td>
<td>3 768.7</td>
<td>3 994.9</td>
<td>1 482.1</td>
<td>106</td>
<td>39</td>
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<tr>
<td>Polio eradication</td>
<td>863.0</td>
<td>1 265.0</td>
<td>481.0</td>
<td>147</td>
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<tr>
<td>Emergency operations and appeals</td>
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<td>2 744.8</td>
<td>1 481.4</td>
<td>274</td>
<td>148</td>
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<tr>
<td>Special programmes</td>
<td>208.7</td>
<td>256.1</td>
<td>61.4</td>
<td>123</td>
<td>29</td>
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<tr>
<td>Grand total</td>
<td>5 840.4</td>
<td>8 260.8</td>
<td>3 505.9</td>
<td>141</td>
<td>60</td>
</tr>
</tbody>
</table>

Overall status of budget funding and utilization as of 31 December 2020

Operationalization by budget segment (US$ million)
Funding overview of the Programme budget, 2020–2021

Despite the approved Programme budget for 2020–2021 being fully financed at the level of budget segments, important underfunded areas remain at the level of outcomes and organizational structures. This is largely due to an insufficient level of sustainable financing, which refers to medium- and long-term financing that is predictable and flexible. Such financing permits a seamless alignment of funding, results and organizational structure. Additional sustainable financing would allow for changes in priorities or focus as needs arise, such as during a pandemic.

Funding levels (%) for global outcomes, as of 31 December 2020

<table>
<thead>
<tr>
<th>Outcome</th>
<th>African Region</th>
<th>Region of the Americas</th>
<th>South-East Asia Region</th>
<th>European Region</th>
<th>Eastern Mediterranean Region</th>
<th>Western Pacific Region</th>
<th>Headquarters</th>
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<td>75</td>
<td>82</td>
<td>74</td>
<td>68</td>
<td>118</td>
<td>83</td>
</tr>
</tbody>
</table>

1.1 Improved access to quality essential health services
1.2 Reduced number of people suffering financial hardship
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care
2.1 Countries prepared for health emergencies
2.2 Epidemics and pandemics prevented
2.3 Health emergencies rapidly detected and responded to
3.1 Determinants of health addressed
3.2 Risk factors reduced through multisectoral action
3.3 Healthy settings and Health-in-All Policies promoted
4.1 Strengthened country capacity in data and innovation
4.2 Strengthened leadership, governance and advocacy for health
4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner
In 2020, WHO received US$ 53.4 million in Core voluntary contributions, with another US$ 149 million expected in 2021.

Core voluntary contributions represent a vital source of predictable and fully flexible funding which are helping to catalyse delivery of the Thirteenth General Programme of Work (2019–2023). Core voluntary contributions are allocated to Base programmes across all major offices. Altogether, 50% of these funds were used to help WHO deliver on Country support plans, 20% for Global Public Health Goods and 30% for Leadership and Research functions.

In 2020, Core voluntary contributions were invested in all WHO Regions and across most technical outcomes.
In 2020, WHO received US$ 247 million in thematic funding, with an additional US$ 63 million expected for 2021, which is a considerable increase compared with previous biennia.

Thematic funds are earmarked for outputs or higher-level results, within which there is considerable flexibility for deployment according to need. Such funds offer a much greater degree of predictability and flexibility than specified voluntary contributions.

In 2020, thematic funds were invested in all global outcomes. Universal Health Coverage, Leadership and Governance and Data Delivery and Impact are the areas that benefited the most from these thematic funds.
Top 20 contributors to the Programme budget 2020-2021 (all segments) (US$ million)

Germany
US$ 634.6M

Bill & Melinda Gates Foundation
US$ 375.5M

United Kingdom of Great Britain and Northern Ireland
US$ 284.1M

European Commission
US$ 243.9M

United States of America
US$ 227.1M

GAVI Alliance
US$ 187.1M

Saudi Arabia
US$ 149.1M

Japan
US$ 136.8M

United Nations Foundation (UNF)
US$ 125.2M

World Bank
US$ 93.6M

China
US$ 89.6M

Rotary International
US$ 89.2M

Norway
US$ 79.1M

Kuwait
US$ 78.5M

United Nations Central Emergency Response Fund (CERF)
US$ 77.3M

France
US$ 75M

United Nations Development Programme (UNDP)
US$ 55.9M

Iran (Islamic Republic of)
US$ 53.9M

Sweden
US$ 52.9M

Republic of Korea
US$ 45.2M

Details are found in the full Results Report 2020: https://www.who.int/about/accountability/results/who-results-report-2020-mtr