

South-East Asian Region

REGIONAL COMMITTEE

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19 August 2022

Programme Budget 2022–2023: Implementation

Consistent with WHO's Accountability Framework, this Working Paper provides an update on the implementation of the Programme Budget 2022–2023 in the WHO South-East Asia Region for the first semester of the biennium 2022–2023 (January–June).

The Programme Budget 2022–2023 was approved by the Seventy-fourth World Health Assembly in May 2021 vide resolution WHA74.3. It aims to turn the bold vision of the Thirteenth General Programme of Work (GPW13) 2019–2023 (extended to 2025 by the Seventy-fifth World Health Assembly¹) into reality: by delivering impact for people at the country level. It is the second Programme Budget developed under GPW13 and a vital element in ensuring implementation of the WHO 'Triple Billion' Strategy² set forth in GPW13. The vision of GPW13 – 'impact for people at the country level' – is also the overarching objective of the Programme Budget 2022–2023.

This Working Paper includes the progress made on: (i) Revision of the Programme Budget 2022–2023 as approved by the Seventy-fifth World Health Assembly;³ and (ii) financing and implementing the Programme Budget 2022–2023.

The original approved Programme Budget 2022–2023 for the Organization amounted to US\$ 6121.7 million, comprising US\$ 4364.0 million for the 'Base' segment, US\$ 558.3 million for the 'Polio eradication' segment, US\$ 199.3 million for the 'Special Programmes' segment and US\$ 1000 million for the 'Emergency Operations and Appeals' segment (i.e. OCR segment). The Base Budget of 2022–2023 was 16% higher than that of 2020–2021. The Seventy-fifth World Health Assembly in May 2022 has approved an increase in the revised Programme Budget for 2022–2023 of US\$ 604.4 million in the Base Budget segment, which brings the level of the approved Programme Budget 2022–2023 Base segment to US\$ 4968.4 million.

¹ Extending the Thirteenth General Programme of Work, 2019–2023 to 2025. Doc no WHA75.6. Geneva, World Health Organization, 2022. (https://apps.who.int/gb/ebwha/pdf files/WHA75/A75_R6-en.pdf) – accessed 22 Aug 2022.

² Programme Budget 2022–2023: Extending the Thirteenth General Programme of Work, 2019–2023 to 2025. Doc no. WHA A75/8. Geneva, World Health Organization, 2022. https://apps.who.int/gb/ebwha/pdf files/WHA75/A75 8-en.pdf – accessed 22 Aug 2022.

³ Revision of the Programme Budget 2022–2023, 27 May 2022. Doc no. WHA75.5. Geneva, World Health Organization, 2022. (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R5-en.pdf) – accessed 22 Aug 2022.

The original approved Programme Budget 2022–2023 for the WHO South-East Asia Region amounted to US\$ 476.2 million, comprising US\$ 426.3 million for the Base segment (inclusive of polio transition), US\$ 46 million for the Emergency Operations and Appeals segment and US\$ 3.9 million for Special Programmes. With the revision of the Programme Budget 2022–2023, the approved revised Budget for the Base segment for the SE Asia Region stands increased by US\$ 54 million (13%) to US\$ 480.3 million.

As of 30 June 2022, the regional revised approved Programme Budget stands funded at 62% (US\$ 327.5 million/US\$ 530.2 million); and implementation (expenditure) is 18% against the revised approved Budget and 29% against total distributed resources. The respective percentages for utilization (expenditure + encumbrances) are 29% and 47% respectively.

The South-East Asia Region will continue in engaging with Member States, taking steps to strengthen the support extended to countries in recovering from the impact of the COVID-19 pandemic and accelerate progress towards the achievement of the Sustainable Development Goals with efforts to fully fund Programme Budget 2022–2023.

This Working Paper was presented to the Fifteenth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) for its review and recommendations. The SPPDM Meeting reviewed the paper and made the following recommendations for consideration by the Seventy-fifth Session of the Regional Committee:

Actions by Member States

- (1) Continue engaging and facilitating collaborative approaches for successful monitoring and implementation of programmes at the country level.
- (2) Continue participation in and contribution towards the achievement of the Thirteenth General Programme of Work to ensure country-level impact.

Actions by WHO

- (1) Ensure continued focus on effective Programme Budget implementation with country priorities and results in alignment with the Regional Flagship Priority Programmes and the Thirteenth General Programme of Work.
- (2) Sustain resource mobilization efforts to ensure a fully-funded Programme Budget 2022–2023 and continue monitoring of technical and financial implementation.
- (3) Coordinate with Member States to accelerate efforts towards technical and financial implementation and present an update to the Seventy-fifth Session of the Regional Committee in September 2022.

The updated implementation status as of 16 August 2022 is attached as Annexes 1A, 2A, 3A and 4A.

This Working Paper and the SPPDM recommendations are submitted to the Seventy-fifth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.

Introduction

- 1. This Working Paper provides an update on the revision of the Programme Budget 2022–2023 and on its implementation in the WHO South-East Asia Region for the first semester of the biennium (January–June 2022).
- 2. Programme Budget 2022–2023 was approved by the Seventy-fourth World Health Assembly in May 2021 vide resolution WHA74.3. It aims to turn the bold vision of the Thirteenth General Programme of Work (GPW13) 2019–2023 (extended to 2025 by the Seventy-fifth World Health Assembly) into reality by delivering impact for people at the country level. It is the second Programme Budget developed under GPW13, vital for the operationalization of the "Triple Billion" strategy and achievement of the results and targets set forth in the General Programme.
- 3. The development of the Programme Budget 2022–2023 came at a unique moment when the world was grappling with the unprecedented coronavirus disease (COVID-19) pandemic. The Secretariat adopted a two-phase approach for the development of the Programme budget 2022–2023
 - (i) Reflect lessons learnt that were already known in May 2021 in the original Programme Budget 2022–2023; and
 - (ii) Analyse the various independent reviews and their findings and come back to the Seventy-fifth World Health Assembly with a proposed Programme Budget 2022–2023 revision in May 2022.
- 4. Based on the above, the Seventy-fourth World Health Assembly requested the Director-General to "to submit, as deemed necessary, a revised Programme Budget 2022–2023 to the Seventy-fifth World Health Assembly in 2022 to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic. The Seventy-fifth World Health Assembly, having considered the proposed revision to the Programme Budget 2022–2023, approved the revised Programme Budget for 2022–2023 with an increase of US\$ 604.4 million in the Base Budget segment.

Current situation, response and challenges

A. Revision of the Programme Budget 2022–2023

5. The revision of the Programme Budget 2022–2023 as approved by the Seventy-fifth World Health Assembly considered the following: (i) implementation of 286 recommendations based on multiple reviews; new/emerging lessons learnt from the COVID-19 pandemic which were not known at the time of adoption of the Programme Budget 2022–2023; (ii) elements that can be accommodated within the approved Programme Budget 2022–2023 using the Director-General's authority for shifting Budget lines; and iii) proposed General Programme of Work (GPW) extension. It also aligned with the five Strategic Priority areas outlined by the Director-General to the Executive Board.

- 6. Revision to the Programme Budget 2022–2023 is fully aligned with resolution WHA74.7 on strengthening WHO's preparedness for and response to health emergencies and the financial and administrative implications of this resolution.⁴
- 7. The increase of US\$ 604.5 million resulted in a corpus US\$ 4968.50 million for the Programme Budget 2022–2023, which is a 14% increase over the total approved Programme Budget 2022–2023 (US\$ 4364 million) or a 32% increase compared with the Programme Budget 2020–2021.
- 8. The revised Programme Budget includes an increase in the Base segment across the following Strategic Priorities:
 - (i) One billion more people benefiting from universal health coverage (Strategic Priority 1), with an increase of US\$ 89.7 million in a new total approved Budget of US\$ 1929.6 million.
 - (ii) One billion more people better protected from health emergencies (Strategic Priority 2), with an increase of US\$ 404.6 million leading to a new total approved Budget of US\$ 1250.5 million.
 - (iii) One billion more people enjoying better health and well-being (Strategic Priority 3), with an increase of US\$ 30.4 million providing a new total approved Budget of US\$ 455.2 million.
 - (iv) More effective and efficient WHO providing better support to countries (Pillar 4), which saw an increase of US\$ 79.7 million leading to a new total approved Budget of US\$ 1333.1 million.
- 9. Under Pillar 4, the revision includes an additional Budget to the tune of US\$ 50 million as per requirements stated by Member States to strengthen leadership, accountability, compliance and risk management with a special focus on the Organization's capacity to prevent and respond to sexual exploitation, abuse and harassment (PRSEAH).
- 10. An increase of US\$ 54 million has been approved for the SE Asia Region, which is an increase of 13% over the approved Programme Budget for 2022–2023.
- 11. An increase of US\$ 18.4 million under Strategic Priority 1, US\$ 26.3 million for Strategic Priority 2, US\$ 3 million for Strategic Priority 3 and US\$ 6.4 million under Pillar 4 has also been endorsed.
- 12. An increase in the allocations for Strategic Priority 1 and Strategic Priority 3 will cover new strategic deliverables and scale up activities to supplement health systems preparedness incorporating primary health care reorientation as well as to involve human resources for health (HRH), immunization services, essential medicine supply and regulation, mental health, NCD management and risk control.

⁴ Financial and administrative implications for the Secretariat of resolutions and decisions adopted by the Health Assembly https://apps.searo.who.int/linkfiles/WHA74 4.pdf - accessed 22 Aug 2022.

- 13. The increased Budget for Strategic Priority 2 is expected to accommodate many of the activities proposed by the country offices and the Health Emergencies Programme of the Regional Office, such as preparedness and response activities, which are currently subsumed in the Programme Budget component of the Budget from OCR.
- 14. An increase in funding for Pillar 4 will accommodate the regional focus on health information and digital health technologies in the SE Asia Region including the provisions of the relevant World Health Assembly resolutions on health information, research and innovation. The SE Asia Region has already started implementation of the new prevention of sexual exploitation and abuse and harassment (PRSEAH) policy as has been called for by Member States. It has also begun the further strengthening of leadership, accountability, compliance and risk management processes and structures.

B. Financial implementation

15. The revised approved Programme Budget 2022–2023 for the Organization amounts to US\$ 6726.1 million. Table 1 presents the composition of the revised Programme Budget 2022–2023, distributed resources, utilization and implementation.

Table 1. Global Programme Budget 2022–2023, distributed resources, utilization and implementation by segment (in US\$ million)

| Segment | Approved Programme Budget | Distributed resources | Resources as % of approved Budget | Implementation (expenditure) | Utilization | Utilization as % of approved Budget | Utilization as % of distributed resources | Implementation as % of approved Budget | Implementation as % of distributed resources |
|--|------------------------------|-----------------------|-----------------------------------|---------------------------------|-------------|-------------------------------------|---|--|--|
| Base programmes | 4 968.4 | 2 376.0 | 48% | 790.2 | 1,029.3 | 21% | 43% | 16% | 33% |
| Polio eradication | 558.3 | 516.1 | 92% | 223.4 | 360.4 | 65% | 70% | 40% | 43% |
| Emergency Operations and Appeals | 1 000.0 | 1 685.0 | 168% | 392.0 | 699.9 | 70% | 42% | 39% | 23% |
| Special Programmes | 199.3 | 102.9 | 52% | 23.8 | 36.1 | 18% | 35% | 12% | 23% |
| Total | 6 726.1 | 4 680.2 | 70% | 1 429.4 | 2 125.8 | 32% | 45% | 21% | 31% |

16. Distributed resources across different segments range from 48% for the Base segment to 168% for the Emergency Operations and Appeals segment, mostly due to resources mobilized to support the COVID-19 pandemic response. The utilization rate of the revised approved Budget across different segments ranges from 18% for Special Programmes to 70% for the Emergency Operations and Appeals segment.

17. Annexure 1 presents a summary view of the revised approved Programme Budget, distributed resources and implementation across all Major Offices. All Major Offices, except the Regional Office for the Americas, have their approved Budget funded by over 50%. The SE Asia Region is at the third rank among the regions in terms of Programme Budget financing as well as utilization of distributed resources.

Regional perspective

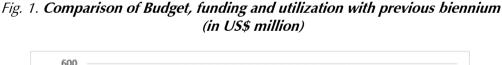
18. The revised approved Programme Budget for the WHO South-East Asia Region is US\$ 530.2 million. Budget for the Base segment for the SE Asia Region has increased by 24% approximately (US\$ 91.8 million) vis-à-vis 2020–2021. Table 2 below presents the revised approved regional Programme Budget 2022–2023 classified by Strategic Priorities and Segments, distributed resources, utilization and implementation.

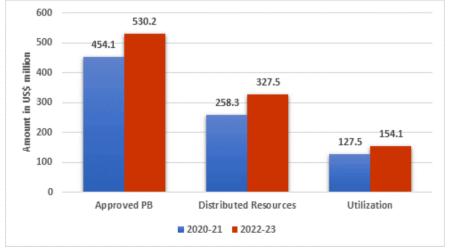
Table 2. Programme Budget 2022–2023: Approved budget, distributed resources, utilization and implementation by Strategic Priorities and Segments (in US\$ million)

| GPW13 – Strategic Priorities/Segments | Approved PB | Distributed resources | % Distributed resources versus approved PB | Implementation (expenditure) | Utilization (expenditure + encumbrances) | % Utilization versus approved PB | % Utilization versus resources | % Implementation versus approved PB | % Implementation versus resources |
|---|-------------|-----------------------|--|---------------------------------|--|----------------------------------|--------------------------------|-------------------------------------|-----------------------------------|
| One billion more people benefiting from universal health coverage | 273.8 | 148.7 | 54% | 43.5 | 69.7 | 25% | 47% | 16% | 29% |
| One billion more people better protected from health emergencies | 70.0 | 10.9 | 16% | 4.8 | 6.1 | 9% | 56% | 7% | 44% |
| 3. One billion more people enjoying better health and well-being | 36.9 | 14.3 | 39% | 4.4 | 6.1 | 17% | 43% | 12% | 31% |
| 4. More effective and efficient WHO providing better support to countries | 99.6 | 42.9 | 43% | 14.7 | 21.1 | 21% | 49% | 15% | 34% |
| Total Base Programmes | 480.3 | 216.8 | 45% | 67.4 | 103.0 | 21% | 48% | 14% | 31% |
| 13. Emergency Operations and Appeals | 46.0 | 107.9 | 235% | 27.7 | 49.8 | 108% | 46% | 60% | 26% |
| 14. Special Programmes | 3.9 | 2.8 | 72% | 0.8 | 1.3 | 33% | 46% | 22% | 30% |
| Grand total | 530.2 | 327.5 | 62% | 95.9 | 154.1 | 29% | 47% | 18% | 29% |

- 19. Although the Programme Budget has an overall higher level of funding at this stage compared with the previous biennium, funding by Strategic Priorities and Segments is uneven. Distributed resources across different segments range from 45% of the revised approved Budget for the Base segment to 235% for the Emergency Operations and Appeals segment. This variation is mostly due to resources mobilized and distributed for the COVID-19 pandemic response. Among the three Strategic Priorities, Strategic Priority 2 Health Emergencies remains the least funded at merely 16% of its revised approved Budget.
- 20. The total distributed resources for the Region as on 30 June 2022 are US\$ 327.5 million and implementation (expenditure) is at US\$ 95.9 million, which amounts to 29% of the distributed resources. Utilization (expenditure *plus* encumbrance) is US\$ 154.1 million, which amounts to 47% of the distributed resources.
- 21. The distributed resources as on 30 June 2022 amount to 62% of the revised approved Programme Budget and its implementation and utilization are at 18% and 29%, respectively. Of the total distributed resources, US\$ 78.1 million (24%) are Flexible Funds and US\$ 249.4 million (76%) are voluntary contributions (VCs). Flexible Funds allocations for the biennium is usually received in two tranches of 50% each. The first tranche was received at the start of the biennium and the second tranche is expected by October 2022. Voluntary contributions flow during the biennium as per donor agreements.
- 22. The top priorities of the Thirteenth General Programme of Work agreed with that of countries' outcome priorities and the Regional Flagships continued to guide the allocation of resources available to respond to such priorities. In line with the Vision of the Regional Director and regional focus on driving impact at the country level, 81% of the Region's total financial resources have been distributed to WHO country offices. This percentage is even higher for COVID-19 funds wherein 88% of the funds have been distributed to countries.
- 23. The implementation (expenditure) was 31% (US\$ 30.2 million) for "Staff Costs" and 69% (US\$ 65.7 million) on "Activities".
- 24. The SE Asia Region has distributed resources totalling US\$ 93.05 million for COVID-19 response. This includes funds allocated by WHO headquarters and those mobilized at regional and country levels. The top three donors for the SEA Region, contributing almost 62% of all COVID-19 funds received to date, are the United States Department of State (USDOS) (US\$ 37.8 million or 40%), the Gavi Alliance (US\$ 12.8 million or 14%) and DEVCO DG for International Cooperation and Development of the European Commission (US\$ 7.8 million or 8%). As on 30 June 2022, overall implementation against distributed resources for COVID-19 stands at 29% and utilization at 50%. Annexure 4 provides the implementation status of COVID-19 funds by country.

- 25. To date, 88% of COVID-19 funds have been distributed to countries. The distribution of COVID-19 funds is being done in line with the following criteria: (i) alignment with national priorities as reflected in costed national action plans/country preparedness and response plans to COVID-19; (ii) the country's risk and vulnerability to COVID-19 and their progression to/resolution of different transmission scenarios; (iii) implementation mechanisms and processes in place for response; and (iv) synergy for available resources (in-country and from other sources).
- 26. In addition to the approved Programme Budget, the Secretariat uses allocated Programme Budgets to manage the flow of funds during the biennium to regional and country office workplans as per programmatic needs. The Programme Budget allocations are dynamic and are constantly revised. The current allocated Programme Budget stands at US\$ 610.5 million reflecting a total increase over the approved Budget of US\$ 80.3 million, mainly for the Emergency Operations and Appeals Segment. The allocated Programme Budget for the Base Programmes is currently less than the revised approved Budget by US\$ 21.3 million due to the recent additional approved Budget of US\$ 54 million. Annexure 3 presents the status of implementation by countries for reference of the Member States of this Region and the Regional Office as a whole. Annexure 2 presents implementation figures by Outcomes under the Base Segment.
- 27. Fig. 1 presents a comparison with the approved Budget, distributed resources and utilization at the same point of time in the previous biennium. As displayed, there is an increase in approved Programme Budget (by 17%), distributed resources (by 27%) and utilization (by 21%) in the current biennium. Utilization in the current biennium is higher in absolute terms by US\$ 26.6 million vis-à-vis 2020–2021. However, due to the significant increase in Budget, utilization against approved Budget, in percentage terms, is only 1% percentage point more than the previous biennium. With the impact of COVID-19 receding, it is expected to substantially increase in the coming months.





Note: Approved Programme Budget 2022–2023 includes allocation for Special Programmes (CAT-14), while previous biennium Programme Budget 2020–2021 did not. Therefore, to make figures comparable between the two bienniums, allocated Budget of US\$ 7.5 million for CAT-14 has been added to the Approved Programme Budget for 2020–2021.

28. Fig. 2 depicts the capacity of the Region to implement the additional resources being mobilized and, as the pandemic restrictions are lifted in countries, the Region can regain its full momentum to implement other planned activities in addition to the continued response required for COVID-19. With increase in Budget and distributed resources, the Region is expected to fully achieve the Organization's objectives.

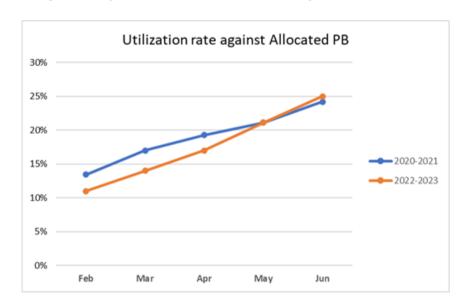


Fig. 2. Comparison of utilization rate with previous biennium

29. Fig. 3 presents the total expenditure by "expenditure category". The main components of the total expenditure of US\$ 95.9 million are "Contractual services" (39%) "Staff and other personnel costs" (31%), "Transfers and grants to counterparts" (15%), "General operating expenses" (7%), and the balance 8% for other activities.

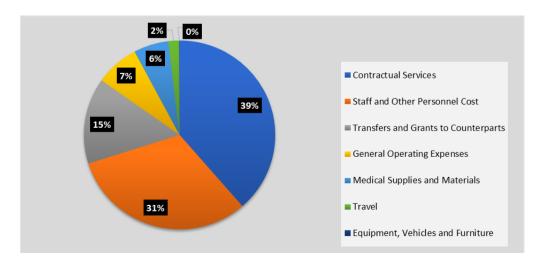


Fig. 3. Programme Budget 2022–2023 expenses by expenditure category

Programme Budget financing

- 30. The full funding of the Programme Budget requires a combination of financing from Flexible Funds (comprising assessed contributions, Programme Support Cost and Core Voluntary Contributions) and voluntary contributions.
- 31. The total funds available to the Region are US\$ 340.6 million, 76% of which are from voluntary contributions and 24% from Flexible Funds as shown in Table 3. It is worth noting that 39% (US\$ 100 million) of the voluntary contributions are funds mobilized for COVID-19 response (distributed + undistributed).

Table 3. Financing of Programme Budget 2022–2023 by funding source (in US\$ million)

| Funding source | Funds available |
|------------------------------|-----------------|
| Voluntary contributions (VC) | 259.1 |
| Flexible Funds | 81.5 |
| Grand total * | 340.6 |

^{*} Includes undistributed resources to the tune of US\$ 13.1 million.

32. Table 4 shows the contribution of the top 10 donors during the first six months of the biennium. Their contribution accounts for 77% of the total voluntary contributions.

Table 4. Top 10 donors for the SE Asia Region, Programme Budget 2022–2023 (in US\$ millions)

| Donor name | Funds available |
|---|-----------------|
| GAVI Alliance | 49.8 |
| United States Department of State (USDOS) | 49.2 |
| India | 27.0 |
| Bangladesh | 17.2 |
| United States Agency for International Development (USAID) | 16.0 |
| Bill & Melinda Gates Foundation | 10.3 |
| DG for International Cooperation and Development (DEVCO), European Commission | 10.0 |
| Department of Foreign Affairs and Trade (DFAT), Australia | 7.1 |
| Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), European Commission | 6.4 |
| Centers for Disease Control and Prevention (CDC), United States of America | 6.1 |
| Others | 60.0 |
| Total | 259.1 |

The way forward

- 33. It is necessary for WHO to continue to take steps to strengthen its support to countries in recovering from the impact of the COVID-19 pandemic and accelerate progress towards the achievement of the GPW13 Triple Billion targets and the related Sustainable Development Goals.
- 34. The Secretariat is required to continue with efforts to fully fund Programme Budget 2022–2023 through a strong collaboration between Member States and the Secretariat. The Secretariat will continue to ensure regular reporting, monitoring and performance assessment of the approved revised Programme budget 2022–2023.
- 35. WHO will continue to engage with Member States in the implementation of the Thirteenth General Programme of Work Results Framework and conduct the mid-term assessment of the Programme Budget 2022–2023 applying the new approaches and tools developed.

Annex 1

Global Programme Budget 2022–2023: Financing, utilization and implementation by Major Offices
(in US\$ millions)

| Major Office | Approved PB | Distributed resources | % Resources to approved PB | Implementation (Expenditure) | Utilization | % Utilization to approved PB | % Utilization to Resources | % Implementation to approved PB | % Implementation to Resources |
|-----------------------|-------------|------------------------------|----------------------------|---------------------------------|-------------|------------------------------|-------------------------------|------------------------------------|-------------------------------|
| Africa | 1 649.0 | 1 009.3 | 61% | 371.5 | 501.8 | 30% | 50% | 23% | 37% |
| Americas | 309.4 | 142.9 | 46% | 45.3 | 57.3 | 19% | 40% | 15% | 32% |
| Eastern Mediterranean | 1 135.2 | 1 031.7 | 91% | 297.6 | 492.6 | 43% | 48% | 26% | 29% |
| Europe | 469.8 | 398.4 | 85% | 105.6 | 161.1 | 34% | 40% | 22% | 26% |
| Headquarters | 2 207.4 | 1 541.8 | 70% | 456.6 | 673.6 | 31% | 44% | 21% | 30% |
| South-East Asia | 530.2 | 327.5 | 62% | 95.9 | 154.1 | 29% | 47% | 18% | 29% |
| Western Pacific | 425.0 | 228.6 | 54% | 57.0 | 85.2 | 20% | 37% | 13% | 25% |
| Grand total | 6 726.1 | 4 680.2 | 70% | 1 429.4 | 2 125.8 | 32% | 45% | 21% | 31% |

(Annex 1A provides updated figures as on 16 August 2022)

Annex 2

Base Programme Budget 2022–2023, its distributed resources and utilization by outcomes

| Strategic Priority/Outcome | Approved Programme Budget | Distributed resources | Resources as % of approved Budget | Utilization | Utilization as % of approved Budget | Utilization as % of resources |
|--|---------------------------------|------------------------------|-----------------------------------|-------------|-------------------------------------|-------------------------------|
| 1. One billion more ped | ple benefiti | ng from u | niversal hea | alth covera | ge | |
| 1.1. Improved access to quality essential health services | 233.0 | 129.5 | 56% | 64.7 | 28% | 50% |
| 1.2. Reduced number of people suffering financial hardships | 10.5 | 3.7 | 36% | 1.1 | 11% | 30% |
| 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care | 30.3 | 15.5 | 51% | 3.9 | 13% | 25% |
| Subtotal 1 | 273.8 | 148.7 | 54% | 69.7 | 25% | 47% |
| 2. One billion more peop | le better pr | otected fro | om health e | mergencie | s | |
| 2.1. Countries prepared for health emergencies | 31.7 | 4.5 | 14% | 2.6 | 8% | 57% |
| 2.2. Epidemics and pandemics prevented | 15.6 | 3.6 | 23% | 2.0 | 13% | 54% |
| 2.3. Health emergencies rapidly detected and responded to | 22.7 | 2.8 | 12% | 1.5 | 7% | 55% |
| Subtotal 2 | 70.0 | 10.9 | 16% | 6.1 | 9% | 56% |
| 3. One billion more pe | ople enjoyir | ng better h | ealth and v | vell-being | | |
| 3.1. Determinants of health addressed | 7.6 | 3.2 | 42% | 1.4 | 18% | 44% |
| 3.2. Risk factors reduced through multisectoral action | 18.3 | 7.0 | 38% | 3.0 | 17% | 43% |
| 3.3. Healthy settings and Health in All Policies promoted | 11.0 | 4.1 | 37% | 1.7 | 15% | 41% |
| Subtotal 3 | 36.9 | 14.3 | 39% | 6.1 | 17% | 43% |

| Strategic Priority/Outcome | Approved Programme Budget | Distributed resources | Resources as % of approved Budget | Utilization | Utilization as % of approved Budget | Utilization as % of resources |
|---|---------------------------------|------------------------------|-----------------------------------|--------------|---|-------------------------------|
| 4. More effective and efficie | ent WHO pr | oviding be | etter suppo | rt to counti | ries | |
| 4.1. Strengthened country capacity in data and innovation | 25.2 | 9.5 | 38% | 3.5 | 14% | 37% |
| 4.2. Strengthened leadership, governance and advocacy for health | 37.7 | 14.7 | 39% | 6.1 | 16% | 42% |
| 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner | 36.8 | 18.8 | 51% | 11.5 | 31% | 61% |
| Subtotal 4 | 99.6 | 43.0 | 43% | 21.1 | 21% | 49% |
| Grand total | 480.3 | 216.8 | 45% | 103.0 | 21% | 48% |

(Annex 2A provides updated figures as on 16 August 2022)

Annex 3

Programme Budget 2022–2023: Budget, distributed resources, utilization and implementation by country (in US\$ million)

| Budget Centre | Allocated PB | Distributed resources | % Distributed resources vs allocated PB | Implementation (expenditure) | Utilization (expenditure + encumbrance) | Balance available | % Utilization versus allocated PB | % Utilization versus distributed resources | % Implementation versus allocated PB | % Implementation versus distributed resources |
|---------------|--------------|------------------------------|---|---------------------------------|---|-------------------|-----------------------------------|--|--------------------------------------|---|
| Bangladesh | 69.1 | 60.5 | 88% | 17.6 | 25.3 | 35.1 | 37% | 42% | 25% | 29% |
| Bhutan | 9.9 | 5.0 | 50% | 1.4 | 3.3 | 1.7 | 33% | 66% | 14% | 28% |
| India | 123.6 | 83.9 | 68% | 31.0 | 52.9 | 31.0 | 43% | 63% | 25% | 37% |
| Indonesia | 45.1 | 23.0 | 51% | 4.4 | 7.5 | 15.5 | 17% | 32% | 10% | 19% |
| DPR Korea | 20.5 | 6.1 | 30% | 0.3 | 0.5 | 5.6 | 2% | 8% | 1% | 5% |
| Maldives | 6.9 | 4.2 | 60% | 1.5 | 2.4 | 1.8 | 34% | 57% | 22% | 36% |
| Myanmar | 47.7 | 21.4 | 45% | 4.7 | 8.8 | 12.6 | 18% | 41% | 10% | 22% |
| Nepal | 41.0 | 23.9 | 58% | 6.9 | 11.1 | 12.8 | 27% | 47% | 17% | 29% |
| Sri Lanka | 17.3 | 11.8 | 68% | 3.7 | 6.0 | 5.8 | 34% | 50% | 21% | 31% |
| Thailand | 20.6 | 8.8 | 43% | 3.0 | 4.1 | 4.7 | 20% | 46% | 15% | 34% |
| Timor-Leste | 25.5 | 16.0 | 63% | 4.6 | 7.0 | 9.0 | 28% | 44% | 18% | 29% |
| CO reserves | 46.6 | 0.0 | 0% | 0.0 | 0.0 | 0.0 | 0% | 0% | 0% | 0% |
| CO total | 473.7 | 264.5 | 56% | 79.1 | 128.9 | 135.7 | 27% | 49% | 17% | 30% |
| RO total | 136.8 | 62.9 | 46% | 16.8 | 25.2 | 37.7 | 18% | 40% | 12% | 27% |
| Grand total | 610.5 | 327.5 | 54% | 95.9 | 154.1 | 173.4 | 25% | 47% | 16% | 29% |

(Annex 3A provides updated figures as on 16 August 2022)

Annex 4

COVID-19 funds: Distributed resources, utilization and implementation by country (in US\$ million)

| Budget Centre | Distributed resources | Implementation (expenditure) | Utilization (exp. + enc.) | Balance available | % Utilization to resources | % Impl. to resources |
|------------------|-----------------------|---------------------------------|------------------------------|----------------------|-------------------------------------|----------------------|
| Bangladesh | 11.87 | 6.30 | 7.56 | 4.31 | 64% | 53% |
| Bhutan | 2.20 | 0.54 | 1.99 | 0.21 | 91% | 25% |
| India | 20.86 | 6.72 | 13.02 | 7.84 | 62% | 32% |
| Indonesia | 8.16 | 1.38 | 2.96 | 5.20 | 36% | 17% |
| DPR Korea | 0.00 | 0.00 | 0.00 | 0.00 | 0% | 0% |
| Maldives | 1.63 | 0.37 | 0.74 | 0.89 | 45% | 23% |
| Myanmar | 5.14 | 1.28 | 2.59 | 2.56 | 50% | 25% |
| Nepal | 11.03 | 3.15 | 5.38 | 5.66 | 49% | 29% |
| Sri Lanka | 6.24 | 2.18 | 3.41 | 2.83 | 55% | 35% |
| Thailand | 4.51 | 1.07 | 1.94 | 2.57 | 43% | 24% |
| Timor-Leste | 9.87 | 2.69 | 4.53 | 5.35 | 46% | 27% |
| CO total | 81.51 | 25.68 | 44.12 | 37.42 | 54% | 32% |
| RO total | 11.54 | 1.37 | 2.51 | 9.03 | 22% | 12% |
| Grand total | 93.05 | 27.04 | 46.61 | 46.44 | 50% | 29% |

(Annex 4A provides updated figures as on 16 August 2022)

Annex 1A

Global Programme Budget 2022–2023: Financing, utilization and implementation by Major Offices
(in US\$ millions, as on 16 August 2022)

| Major Office | Approved Programme Budget | Distributed resources | % Resources to approved PB | Implementation (Expenditure) | Utilization | % Utilization to approved Programme Budget | % Utilization to Resources | % Implementation to approved PB | % Implementation to Resources |
|--------------------------|---------------------------------|------------------------------|----------------------------|---------------------------------|-------------|---|----------------------------|------------------------------------|----------------------------------|
| Africa | 1 649.0 | 1 180.9 | 72% | 472.0 | 616.2 | 37% | 52% | 29% | 40% |
| Americas | 309.4 | 144.1 | 47% | 60.5 | 81.1 | 26% | 56% | 20% | 42% |
| Eastern Mediterranean | 1 135.2 | 1 142.2 | 101% | 357.4 | 566.3 | 50% | 50% | 31% | 31% |
| Europe | 469.8 | 444.6 | 95% | 135.9 | 191.5 | 41% | 43% | 29% | 31% |
| Headquarters | 2 207.4 | 1 633.0 | 74% | 567.0 | 764.6 | 35% | 47% | 26% | 35% |
| South-East Asia | 530.2 | 342.0 | 65% | 117.3 | 177.4 | 33% | 52% | 22% | 34% |
| Western Pacific | 425.0 | 238.3 | 56% | 72.0 | 100.8 | 24% | 42% | 17% | 30% |
| Grand total | 6 726.1 | 5 125.1 | 76% | 1 782.2 | 2 498.0 | 37% | 49% | 26% | 35% |

Annex 2A

Base Programme Budget 2022–2023, its distributed resources and utilization by Outcomes
(in US\$ millions, as on 16 August 2022)

| Strategic Priority/Outcome | Approved Programme Budget | Distributed resources | Resources as % of approved Budget | Utilization | Utilization as % of approved Budget | Utilization as % of resources |
|--|---------------------------------|-----------------------|-----------------------------------|-------------|-------------------------------------|-------------------------------|
| 1. One billion more people benefiting from | universal he | ealth covera | nge | | | |
| 1.1. Improved access to quality essential health services | 233.0 | 134.3 | 58% | 72.2 | 31% | 54% |
| 1.2. Reduced number of people suffering financial hardships | 10.5 | 3.2 | 30% | 1.4 | 14% | 45% |
| 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care | 30.3 | 15.6 | 52% | 4.5 | 15% | 29% |
| Subtotal 1 | 273.8 | 153.1 | 56% | 78.1 | 29% | 51% |
| 2. One billion more people better protected | l from healtl | h emergenc | ies | | | |
| 2.1. Countries prepared for health emergencies | 31.7 | 5.5 | 17% | 3.0 | 9% | 55% |
| 2.2. Epidemics and pandemics prevented | 15.6 | 4.9 | 31% | 2.3 | 15% | 47% |
| 2.3. Health emergencies rapidly detected and responded to | 22.7 | 4.1 | 18% | 1.9 | 8% | 47% |
| Subtotal 2 | 70.0 | 14.5 | 21% | 7.2 | 10% | 50% |
| 3. One billion more people enjoying better | health and v | well-being | | | | |
| 3.1. Determinants of health addressed | 7.6 | 3.2 | 43% | 1.7 | 22% | 51% |
| 3.2. Risk factors reduced through multisectoral action | 18.3 | 7.2 | 39% | 3.5 | 19% | 49% |
| 3.3. Healthy settings and Health in All Policies promoted | 11.0 | 4.1 | 37% | 2.0 | 18% | 49% |
| Subtotal 3 | 36.9 | 14.5 | 39% | 7.2 | 19% | 50% |

| Strategic Priority/Outcome | Approved Programme Budget | Distributed resources | Resources as % of approved Budget | Utilization | Utilization as % of approved Budget | Utilization as % of resources |
|---|---------------------------------|------------------------------|-----------------------------------|-------------|-------------------------------------|-------------------------------|
| 4. More effective and efficient WHO provid | ing better s | upport to co | ountries | | 1 | |
| 4.1. Strengthened country capacity in data and innovation | 25.2 | 9.3 | 37% | 4.2 | 17% | 45% |
| 4.2. Strengthened leadership, governance and advocacy for health | 37.7 | 14.7 | 39% | 7.2 | 19% | 49% |
| 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner | 36.8 | 18.8 | 51% | 12.2 | 33% | 65% |
| Subtotal 4 | 99.7 | 42.8 | 43% | 23.7 | 24% | 55% |
| Grand total | 480.3 | 224.9 | 47% | 116.2 | 24% | 52% |

Annex 3A

Programme Budget 2022–2023: Budget, distributed resources, utilization and implementation by country (in US\$ millions, as on 16 August 2022)

| Budget Centre | Allocated PB | Distributed resources | % Distributed resources vs allocated PB | Implementation (expenditure) | Utilization (expenditure + encumbrance) | Balance available | % Utilization versus allocated PB | % Utilization versus distributed resources | % Implementation versus allocated PB | % Implementation versus distributed resources |
|---------------|--------------|------------------------------|---|---------------------------------|---|-------------------|-----------------------------------|--|--------------------------------------|---|
| Bangladesh | 69.1 | 62.2 | 90% | 20.8 | 28.2 | 33.9 | 41% | 45% | 30% | 33% |
| Bhutan | 9.9 | 5.0 | 50% | 2.0 | 3.7 | 1.3 | 37% | 74% | 20% | 40% |
| India | 123.6 | 87.5 | 71% | 36.7 | 56.9 | 30.6 | 46% | 65% | 30% | 42% |
| Indonesia | 45.1 | 23.2 | 51% | 5.7 | 9.5 | 13.7 | 21% | 41% | 13% | 25% |
| DPR Korea | 20.5 | 6.1 | 30% | 0.3 | 0.5 | 5.6 | 2% | 8% | 2% | 5% |
| Maldives | 7.2 | 4.7 | 65% | 2.0 | 2.9 | 1.8 | 40% | 62% | 27% | 42% |
| Myanmar | 47.7 | 21.2 | 45% | 6.1 | 10.7 | 10.5 | 23% | 51% | 13% | 29% |
| Nepal | 41.2 | 24.3 | 59% | 8.5 | 13.7 | 10.7 | 33% | 56% | 21% | 35% |
| Sri Lanka | 22.0 | 16.7 | 76% | 4.2 | 7.9 | 8.8 | 36% | 47% | 19% | 25% |
| Thailand | 20.6 | 8.8 | 43% | 4.1 | 5.5 | 3.3 | 27% | 63% | 20% | 46% |
| Timor-Leste | 25.6 | 17.0 | 66% | 5.8 | 8.5 | 8.5 | 33% | 50% | 23% | 34% |
| CO reserves | 41.3 | 0.0 | 0% | 0.0 | 0.0 | 0.0 | 0% | 0% | 0% | 0% |
| CO total | 473.7 | 276.6 | 58% | 96.2 | 148.1 | 128.6 | 31% | 54% | 20% | 35% |
| RO total | 136.8 | 65.3 | 48% | 21.2 | 29.3 | 36.0 | 21% | 45% | 15% | 32% |
| Grand total | 610.5 | 342.0 | 56% | 117.3 | 177.4 | 164.6 | 29% | 52% | 19% | 34% |

Annex 4A

COVID-19 funds: Distributed resources, utilization and implementation by country (in US\$ millions, as on 16 August 2022)

| Budget Centre | Distributed resources | Implementation (expenditure) | Utilization (exp. + enc.) | Balance available | % Utilization to resources | % Impl. to resources |
|------------------|-----------------------|---------------------------------|------------------------------|----------------------|----------------------------|----------------------|
| Bangladesh | 12.5 | 7.6 | 8.6 | 3.9 | 69% | 61% |
| Bhutan | 2.2 | 0.8 | 2.1 | 0.1 | 94% | 34% |
| India | 20.9 | 7.8 | 14.0 | 6.9 | 67% | 37% |
| Indonesia | 8.2 | 1.8 | 3.8 | 4.4 | 46% | 22% |
| DPR Korea | 0.0 | 0.0 | 0.0 | 0.0 | 0% | 0% |
| Maldives | 2.1 | 0.7 | 1.0 | 1.1 | 48% | 32% |
| Myanmar | 5.1 | 1.8 | 3.6 | 1.6 | 69% | 36% |
| Nepal | 11.2 | 3.9 | 6.8 | 4.4 | 61% | 34% |
| Sri Lanka | 11.1 | 2.3 | 4.9 | 6.2 | 44% | 21% |
| Thailand | 4.5 | 1.9 | 3.1 | 1.4 | 68% | 42% |
| Timor-Leste | 10.2 | 3.4 | 5.6 | 4.6 | 55% | 34% |
| CO total | 88.1 | 32.0 | 53.5 | 34.6 | 61% | 36% |
| RO total | 11.6 | 1.6 | 3.0 | 8.6 | 26% | 14% |
| Grand total | 99.7 | 33.6 | 56.5 | 43.2 | 57% | 34% |