PROGRAMME BUDGET

2016–2017

World Health Organization

The Proposed programme budget 2016–2017 was presented to the Sixty-eighth World Health Assembly in documents A68/7 and A68/7 Add.1. The Health Assembly subsequently adopted resolution WHA68.1, in which it approved the budget. With the exception of some adjustments made in order to take account of comments received from Member States, this final version of the approved Programme budget 2016–2017 represents without change the document considered by the Health Assembly in May 2015. “Proposed programme budget” in the text should therefore be taken to refer to the approved Programme budget.

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PROGRAMME BUDGET 2016–2017

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FOREWORD BY THE DIRECTOR-GENERAL

The proposed programme budget for 2016–2017 builds on programmatic and managerial reforms that began with a consultation on the future of financing for WHO held in January 2010. Since then, the changed approach has matured through successive budgets, with expectations of WHO performance now expressed as costed outputs so that achievements can be measured and the Organization held accountable for results and resources.

Programmes and priorities

The proposed programme budget demonstrates three strategic shifts.

The first is the clear application of the lessons we have learnt from the outbreak of Ebola virus disease in West Africa over the last year. At its peak, the Ebola crisis overwhelmed WHO, as it did all other actors in the national and international response. The pressure on WHO was, however, especially great, as the Organization is constitutionally mandated and historically expected to lead the international response to epidemics and other health emergencies. Just as the outbreak laid bare the consequences of weak health systems, so it also laid bare the consequences at WHO of staff and budget cuts. We have therefore planned to strengthen our core capacities in preparedness, surveillance and response, in order to prevent, detect and respond to disease outbreaks and other health emergencies effectively, as a component of resilient health systems.

The second is the response to the post-2015 agenda, with a focus on universal health coverage – enhancing our contribution to reproductive, maternal, newborn, child and adolescent health; accelerating progress towards elimination of malaria; and expanding our work on prevention and control of noncommunicable diseases.

The third is to tackle emerging threats and priorities, such as antimicrobial resistance, hepatitis, ageing and dementia.

A strengthened results chain links the work of the Secretariat to specific improvements in health and development and supports results-based management. Indicators, with baselines and targets, facilitate a more objective measurement of progress and performance against expected results. Programme planning has been bottom-up, driven by health needs at the country level. The distribution of work across the three levels of WHO is more readily visible.

The budget

The proposed programme budget 2016–2017 amounts to nearly US$ 4400 million overall, which comprises the “base” programmes of categories 1 to 6, plus polio, special programmes (those for research and training in tropical diseases and for research, development and research training in human reproduction), and the event-driven component of Outbreaks and crisis response. The “base” budget has increased by US$ 236.6 million for the biennium (equivalent to an 8% increase over the biennium 2014–2015). It is based on a realistic and rigorous calculation of funds needed to support the work that we have been asked to do by our governing bodies.

Efficiency savings

Rising costs and the adverse financial consequences of exchange rate fluctuations have been offset by budgetary discipline and efficiency savings. WHO has become a more cost-conscious Organization. We have made significant savings in staff costs, which have fallen from 47% to 41% of expenditure over the last three years. We have also made savings by off-shoring administrative work to countries where staff costs are lower; by replacing printed copies of documents and publications with online versions; and by better management of travel, with greater use of video teleconferencing instead of face-to-face meetings. Further cost savings will accrue in the coming biennium, with significant efficiencies to be gained through effective procurement of services, rigorous human resource planning and improved management of direct financial cooperation.

Financing

Member States have welcomed the financing dialogue, which helps to coordinate the mobilization of resources and improve oversight of funding commitments and gaps. In addition, another innovation, the programme budget web portal, is providing timely data on implementation of the budget and on the status of financing and shortfalls.

All of these stepwise improvements help me to carry out my administrative responsibilities to Member States with greater diligence. They fit well with the current emphasis in global health on transparency, accountability, and objective monitoring of results.

I want to thank the growing number of Member States that provide flexible voluntary contributions, which are not earmarked for a specific activity or area of work.

I am pleased to submit this proposed programme budget for 2016–2017 for consideration by Member States.

Dr Margaret Chan
Director-General

Geneva, 30 April 2015

INTRODUCTION

1. The Proposed programme budget 2016–2017[1] is the second of the three biennial budgets to be formulated under the Twelfth General Programme of Work, 2014–2019.

2. The Proposed programme Budget 2016–2017 builds on the programmatic and managerial reforms implemented during the development of the Programme budget 2014–2015, further strengthening the bottom-up planning process and clarifying the roles and functions of the three levels of the Organization, as well as scaling up the programme area and category networks.

3. The Proposed programme budget has sharpened the linkage between the programmatic priorities and the assessment of the staff and non-staff resources required in order to respect those priorities. The cost implications of these resources were determined through existing standardized approaches as well as by advance rolling-out of human resources planning across the Organization.

4. Consultations were held with Member States and partners during the different stages of the development of the Programme Budget. This process began at the country level, and was followed by presentations to all six regional committees and the Executive Board. More recently, an electronic platform consultation was put in place before the finalization of the Proposed programme budget for consideration by the Health Assembly.

PROGRAMMATIC PRIORITIES

5. Based on the strategic direction outlined in the Twelfth General Programme of Work, 2014–2019, the bottom-up identification of priorities, deliberations within WHO's governing bodies on the Proposed programme budget 2016–2017, and the experience gained and lessons learnt from tackling the Ebola virus disease outbreak, the Organization will sharpen its focus on: global health security; disease outbreak; and humanitarian response in emergencies; preparedness and surveillance; strong, resilient and integrated health systems in the context of universal coverage; and the scale up of prevention and control interventions for noncommunicable diseases.

6. In addition, WHO will place emphasis on: combating antimicrobial resistance; pursuing the unfinished agenda of the Millennium Development Goals to end preventable maternal, newborn and child deaths; a stronger push towards elimination of malaria; innovative mechanisms for developing vaccines and affordable treatment, especially against neglected tropic diseases; and strengthening regulatory systems.