WHO's Budget

What's behind the numbers and how is it financed?
WHO's PROGRAMME BUDGET 2014-15 – What's behind the numbers?

- Communicable diseases
  - HIV/AIDS
  - Tuberculosis
  - Malaria
  - Neglected tropical diseases
  - Vaccine-preventable diseases
- Noncommunicable diseases
  - Noncommunicable diseases
  - Mental health and substance abuse
  - Violence and injuries
  - Disabilities and rehabilitation
  - Nutrition
- Promoting health through the life-course
  - Reproductive, maternal, newborn, child and adolescent health
  - Ageing and health
  - Gender, equity and human rights mainstreaming
  - Social determinants of health
  - Health and the environment
- Health systems
  - National health policies, strategies and plans
  - Integrated people-centred health services
  - Access to medicines and health technologies and strengthening
  - Health systems information and evidence
- Preparedness, surveillance and response
  - Alert and response capacities
  - Epidemic- and pandemic-prone diseases
  - Emergency risk and crisis management
  - Food safety
  - Emergencies
    - Polio eradication
    - Outbreak and crisis response
- Corporate services/enabling functions
  - Leadership and governance
  - Transparency, accountability and risk management
  - Strategic planning, resource coordination and reporting
  - Management and administration
  - Strategic communications
WHO’s Programme Budget 2014-15

3.977 US$ billion
Approved budget

Corporate services/enabling functions
- 17.2%

Communicable diseases
- 841 US$ million
- 21.1%

Noncommunicable diseases
- 318 US$ million
- 8%

Promoting health through the life-course
- 388 US$ million
- 9.8%

Health systems
- 531 US$ million
- 13.4%

Preparedness, surveillance and response
- 684 US$ million
- 7.2%

Outbreak and crisis response
- 228 US$ million
- 5.7%

Polio eradication
- 17.6%

3.977 US$ billion
Approved budget
WHO's Programme Budget 2014-15

How is it financed?
3.977 US$ billion
Approved budget

Assessed contributions

Voluntary contributions

23%
929 $US million

77%
3,048 $US million

3,049 $US million
Categories 1 to 6

228 $US million
Outbreak and crisis response

700 $US million
Polio

World Health Organization
While overall income of 4 $US billion is realistic...
...the predictability of voluntary contributions is such that less than 50% of financing is known at the start of the biennium.
There are still issues with the alignment of financing to the approved Programme Budget

Pockets of over-and-under funding:

- Between categories
- Within categories across programmes
- Within programmes across major offices
## Historical funding challenges

Programmes which received less than 60% in financing against the approved base budgets in either 2008-09 or 2010-11

<table>
<thead>
<tr>
<th>Programme</th>
<th>2008-09</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>42.3%</td>
<td>55.4%</td>
</tr>
<tr>
<td>Reproductive, maternal, newborn, child and adolescent health</td>
<td>54.0%</td>
<td>60.5%</td>
</tr>
<tr>
<td>Ageing and health</td>
<td>56.5%</td>
<td>64.5%</td>
</tr>
<tr>
<td>Emergency risk and crisis management</td>
<td>44.3%</td>
<td>60.2%</td>
</tr>
<tr>
<td>Food safety</td>
<td>43.3%</td>
<td>55.8%</td>
</tr>
</tbody>
</table>

Programmes which received less than 70% in financing against the approved base budgets in either 2008-09 or 2010-11

<table>
<thead>
<tr>
<th>Programme</th>
<th>2008-09</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>82.3%</td>
<td>65.3%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>82.3%</td>
<td>65.4%</td>
</tr>
<tr>
<td>Malaria</td>
<td>52.4%</td>
<td>65.3%</td>
</tr>
<tr>
<td>Noncommunicable diseases</td>
<td>70.5%</td>
<td>68.8%</td>
</tr>
<tr>
<td>Mental health and substance abuse</td>
<td>67.7%</td>
<td>71.4%</td>
</tr>
<tr>
<td>Violence and injuries</td>
<td>67.7%</td>
<td>76.2%</td>
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<tr>
<td>Disabilities and rehabilitation</td>
<td>67.9%</td>
<td>75.6%</td>
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<tr>
<td>Gender, equity and human rights mainstreaming</td>
<td>65.1%</td>
<td>67.8%</td>
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<tr>
<td>Social determinants of health</td>
<td>65.1%</td>
<td>67.8%</td>
</tr>
<tr>
<td>National health policies, strategies and plans</td>
<td>69.3%</td>
<td>68.5%</td>
</tr>
<tr>
<td>Integrated people-centred health services</td>
<td>70.5%</td>
<td>69.3%</td>
</tr>
</tbody>
</table>
There are issues with the flexibility of voluntary contributions to finance staff costs.

<table>
<thead>
<tr>
<th></th>
<th>Activity</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessed Contributions</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Voluntary Contributions</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>Total</td>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>
As well as the **vulnerability** of being overly reliant on the top 10 and top 20 donors

Broadening WHO's donor base would:

- reduce the financial vulnerability of WHO
- achieve a wider constituency of donors and greater sharing of resource burden
What are the expectations of the financial dialogue:

• At least 70% predictable financing at the start of the biennium 2014-15

• Better alignment of resources to results and deliverables in the approved programme budget

• Flexible financing to support better alignment to results

• Expand the traditional donor base

• Increase transparency for a common understanding of financing sources and shortfalls

Towards achieving a fully funded programme budget