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8 August 2018

REGIONAL COMMITTEE DOCUMENT

Programme Budget Performance Assessment: 2016–2017

A new approach, the WHO Results Report: Programme Budget 2016–2017 was placed at the Seventy-first World Health Assembly in May 2018 after it was initially reviewed at the Twenty-eighth Meeting of the Programme Budget and Administration Committee (PBAC) of the Executive Board.

The Committee welcomed the WHO Results Report for the Programme budget 2016–2017, the audited financial statements for the year ended 31 December 2017, and the information report on voluntary contributions by fund and contributor, 2017. It appreciated the new presentational format, including country success stories and achievements, as well as the valuable and detailed information contained in the WHO programme budget web portal, which represents best practice in the United Nations system. The name change reflects the fact that WHO itself is changing. It summarizes the Organization's key programmatic achievments and financial highlights during the biennium. By effectively pairing achievements of results with resources allocated, the Organization is holding itself more accountable for investments made by Member States and donors.

The attached document provides a summary of the WHO Results Report presented to the WHA in May 2018 and findings of the 2016–2017 Programme Budget Performance Assessment exercise as conducted in the WHO South-East Asia Region (SEA/RC71/4-Inf. Doc. 1). SEAR achievments are highlighted at respective country pages at the WHO Programme Budget Portal: http://open.who.int/2016-17/home#tab-4

The attached working paper was presented to the Eleventh Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) for its review and recommendations. The recommendations made by the Subcommittee for consideration by the Seventy-first Session of the Regional Committee for South-East Asia are:

Action by Member States

- Continue with the joint planning and monitoring at the country level to achieve the targets satisfactorily.

Actions by WHO

- Continue with the practice of jointly preparing with Member States the workplans, and facilitate the early release of funds to start implementation.
- Continue with the ongoing monitoring of the Programme Budget to enhance implementation and accountability.
- Continue strengthening resource mobilization efforts focused on raising funds for country and regional priority areas and at the same time requesting for higher levels of flexibility.

This working paper and the SPPDM recommendations are submitted to the Seventy-first Session of the WHO Regional Committee for South-East Asia for its consideration and noting.

Background

1. The WHO Results Report 2016–2017 summarizes the Organization's key programmatic achievements and financial highlights during the biennium. In bringing these two areas together, effectively pairing achievement of results with resources allocated, the Organization is holding itself more accountable for investments made by Member States and donors.

2. The WHO Results Report 2016–2017 seeks to review results through the lens of outcomes and impacts rather than processes and outputs, or by achievements rather than activities.

3. The biennium 2016-2017 marked important changes for WHO, with the Organization embarking on new ventures and setting new directions with the establishment of the new WHO Health Emergencies Programme in 2016. This marks a profound change in the global architecture for health emergencies, and gives WHO a stronger operational arm, beyond its traditional technical and normative roles. The improved management of outbreaks was evident in WHO's coordinated and rapid response to the recent Zika and yellow fever outbreaks, while in Madagascar, an outbreak of plague was rapidly brought under control.

4. The growing realization of the threat to global health posed by antimicrobial resistance has also led to a change of pace in the response to the issue. The need for greater collaboration led to strengthened ties with other international organizations in the "One Health" approach, and in the Global Antibiotic Research & Development Partnership to advance research.

5. Running the "last mile"- most notably the campaign to eradicate poliovirus. New approaches had to be found and the campaign was put on an emergency footing which led to major breakthroughs during the period and now the world is moving closer than ever to polio eradication, with a real possibility of zero new incidence.

6. Progress has also been made in the battle against other diseases. Measles has now been eliminated from the WHO Region of the Americas, and the end is in sight for two or more neglected tropical diseases. In the South-East Asia Region, steady progress has been made toward elimination of communicable diseases with India being verified as yaws-free (2016), Maldives, Sri Lanka (2016) and Thailand (2017) eliminating lymphatic filariasis and Sri Lanka eliminating malaria (2016). Bhutan and Maldives have eliminated measles in 2017.

7. In May 2017, Dr Tedros Adhanom Ghebreyesus was appointed WHO's new Director-General, who conveyed his vision for WHO. Universal health coverage was made a top priority and he called on countries to take concrete steps towards achieving this goal. He pledged WHO's support through "world-class technical know-how" and "relentless political advocacy".

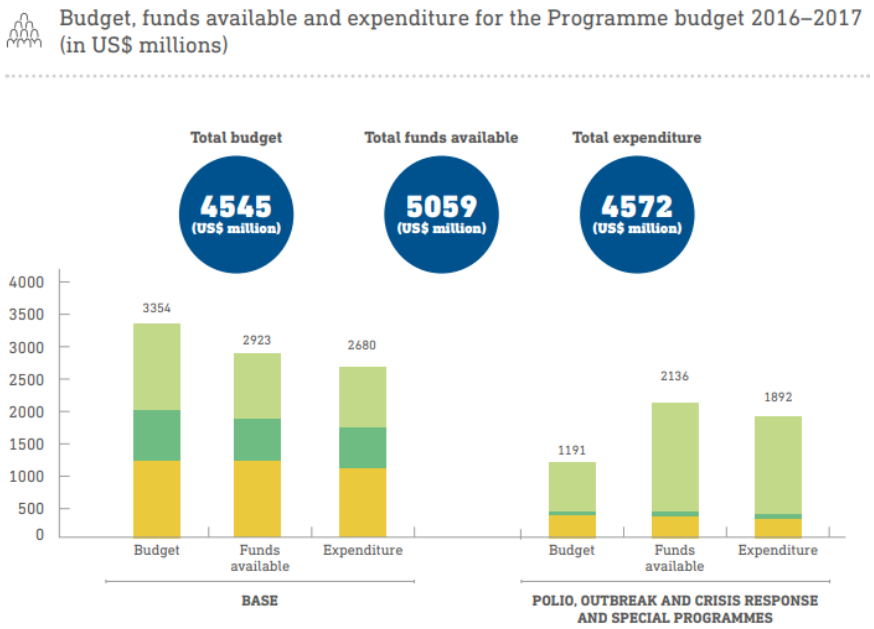
8. During the biennium, all levels of the Organization were involved in developing roadmaps, strategies and plans to lay the necessary foundations for reaching the ambitious health targets by 2030.

9. In championing tobacco control, alerting the world about the grate threats posed by noncommunicable diseases, and advocating for emerging issues such as healthy ageing and adolescent health, WHO is continuing to play a critical leadership role.

10. Building political momentum and advocating for health at the highest level – as well as engaging high-level champions and ambassadors – is an increasingly significant component of WHO's work. For example, an independent high-level commission on noncommunicable diseases is helping to prepare for this year's United Nations General Assembly Third High-level Meeting on the Prevention and Control of Noncommunicable Diseases.

Budget and financial highlights: General overview

Graph 1: ***Budget, funds available and expenditure for the Programme budget 2016-2017 (in US$ million)***



11. The Programme Budget 2016–2017 was originally approved by the Health Assembly in May 2015 at US$ 4385 million. In May 2016, the Health Assembly, in decision WHA69(9), decided inter alia to increase the budget to US$ 4545 million, providing a further US$ 160 million for the WHO Health Emergencies programme. Base programmes represent 74% of the approved Programme Budget, or US$ 3354 million. The remaining 26% (US$ 1191) of the Programme Budget is for other non-base segments, including polio, outbreak and crisis response and special programmes.

12. Total funds available for 2016–2017 amounted to US$ 5059 million, of which US$ 2923 million was available for base programmes, representing 87% of the base programme budget.

13. The available funding US$ 2136 for non-base programmes (polio, outbreak and crisis response and special programmes) was higher than the Programme Budget of US$ 1191 due to the event-driven nature of the work. These could not be predicted at the time of the development of the Programme Budget. For polio, additional resources were required to scale up activities to stop transmission in several key countries such as Afghanistan, Nigeria and Pakistan. For outbreak and crisis response, the increase is due to a number of significant emergency response efforts in countries such as South Sudan, Syria and Yemen.

14. There are two major sources of financing for the Programme Budget: specified voluntary contributions and flexible funds, comprising assessed contributions, programme support costs and core voluntary contributions. Financing from specified voluntary contributions accounted for 72% of the available funds.

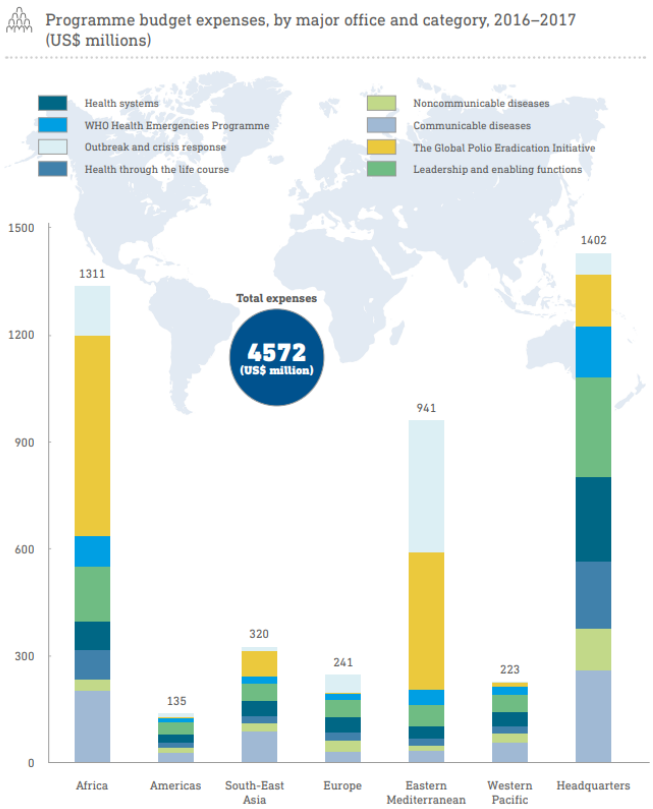
15. Total revenue recorded for the Programme Budget 2016–2017 was US$ 4756 million, comprising assessed contributions from Member States of US$ 928 million and voluntary contributions of US$ 3828 million.

16. Of total voluntary contribution funding for 2016−2017, US$ 148 million (or 4%) is for the Core Voluntary Contributions Account. Funding to the Account has decreased this biennium, with several important contributors reducing or stopping their contributions, mainly due to internal funding decisions.

17. Core voluntary contributions provide flexible funding across many underfunded categories and programmes. Without this catalytic funding it would be difficult to deliver WHO´s programmatic results as per the approved Programme Budget

18. Member States continue to be the largest source of voluntary contributions, contributing 51% of total voluntary contributions in 2016–2017. Compared with 2014-2015, the biggest change has been an increase in revenue from philanthropic foundations resulting from higher contributions to the Global Polio Eradication Initiative.

Graph 2: ***Programme budget expenses, by major office and category, 2016-2017***

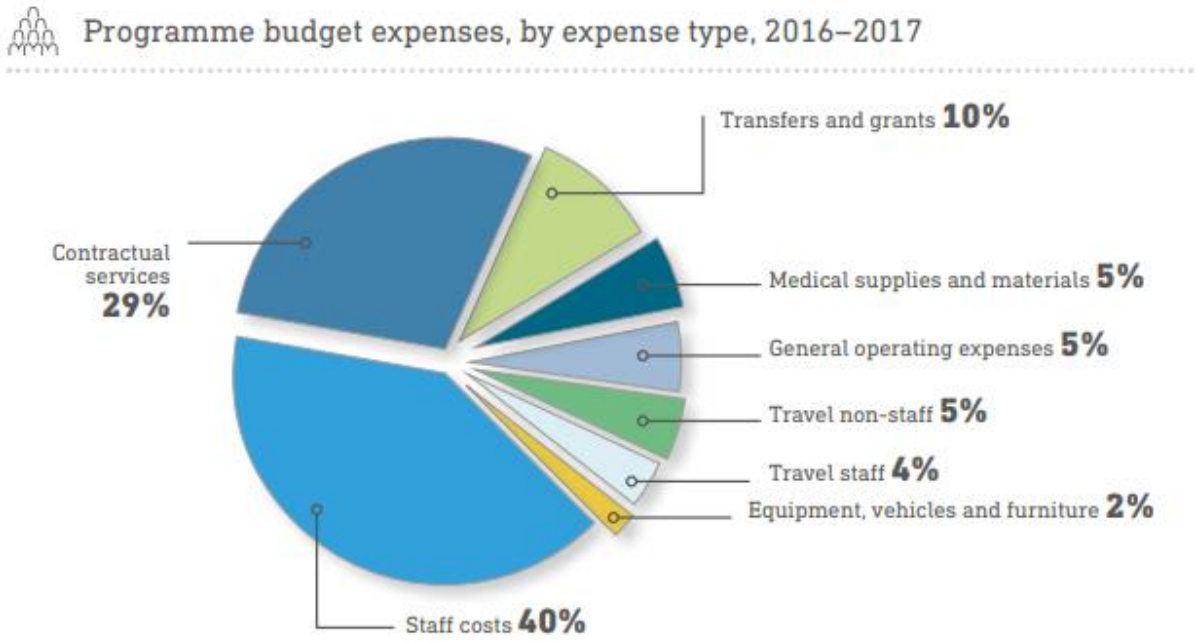


19. In 2016–2017, total Programme Budget expenditure was US$ 4572 million, which represented an increase of 5% from 2014–2015 (US$ 4357 million). The graph above summarizes the expenditure by Region and by category.

20. In 2016–2017, base programmes represented 59% of expenditure (61% in 2014–2015), while polio, emergencies and special programmes represented 41% (39% in 2014–2015). Certain offices are very dependent on polio eradication and emergency activities. In the Eastern Mediterranean Region, 79% of expenditure is on polio eradication and outbreak and crisis response, leaving only 21% as base. This creates financial vulnerability in a number of country offices that are dependent on short-term emergency funds.

21. Programme Budget expenditure for 2016–2017 increased by US$ 215 million, or 5%, from the biennium 2014–2015, which is principally attributable to increased activities in emergency operations.

Graph 3: ***Programme Budget expenses, by expense type, 2016-17***



22. Staff costs are the biggest expenditure type, representing 40% of total costs in 2016–2017. Staff costs increased by 4% compared with 2014–2015, with the largest increases recorded in offices in countries experiencing emergencies and the WHO Health Emergencies Programme. The staff count increased by 5% with a total workforce reported as 8027.

23. The second-largest expenditure type is contractual services, representing 29% of the total costs for the biennium 2016–2017, and covering the expenses of suppliers engaged by WHO to provide services to support WHO programmatic activities. Contractual services increased by 21% from 2014–2015, mainly for direct implementation where WHO carries out immunization campaigns in collaboration with national governments.

24. Travel expenses decreased by 5% between 2014–2015 and 2016–2017. The main reasons for the savings were: a lower overall level of staff travel compared with the period, mainly in 2015, when Ebola-related travel costs peaked, and revised policies and procedures leading to

efficiencies in this expenditure category across the Organization. Of total travel expenditure, only 44% was for staff travel, the rest being for non-staff travel, mainly for meeting participants.

25. Transfers and grants to counterparts decreased by 11% in 2016–2017 compared with 2014–2015. The decrease was mainly due to a reduction in direct financial cooperation, as a consequence of the new policies in this area, also corresponding to an increase in directly managed implementation, as mentioned above.

Programmatic and Financial Assessment Review of the WHO South-East Asia Region

A. Programmatic highlights

26. The Programme Area and category success stories are included in the WHO Results Report Programme budget 2016-17. The WHO Result Report acknowledges the progress in the South-East Asia Region in the field of Health Systems, specifically:

- a regional procurement mechanism to support access to life-saving medicines;
- a regional platform for price and quality information sharing to support cost-effective procurement;
- strengthened regulatory capacity and better cooperation in access to medicines via the South-East Asia Regulatory Network, which has four working groups covering quality assurance and standards of medical products, good regulatory practices, vigilance for medical products and information sharing.

27. Further progress has also been made in the development of an integrated antimicrobial consumption monitoring system in Bangladesh and Thailand. Additionally, all 11 countries in the South-East Asia Region eliminated maternal and neonatal tetanus in 2016, making it the second WHO Region to achieve this historic milestone.

28. The Region has eight flagships and the achievements in these flagship priority areas have been encouraging. The major achievements from all countries are reflected in the country achievement reports. Some of the highlights are represented below.

- In 2016, Bangladesh successfully piloted routine HPV vaccination in schools and outreach sites in the district of Gazipur, achieving an overall coverage rate of 99%. In 2017, Bangladesh introduced fractional Inactivated Polio Vaccine (IPV) in the Expanded Programme of Immunization (EPI) schedule for children, making it the third country in the world, after India and Sri Lanka. to introduce fractional IPV.
- Bhutan is now one of the two countries in the South-East Asia Region to eliminate measles before the target year of 2020. WHO supported supplementary immunization activity (SIA) targeting those in the 9 months to 40 years age group and covering more than 285 000 people in two phases in all 20 districts of Bhutan.
- Government of India, with support from WHO and partners, launched in February 2017 one of the world's largest vaccination campaigns against measles and rubella in five states. The campaign is expected to cover over 400 million children across the

country over the next two years. WHO has advocated for the enhanced political commitment for ending TB in the country by 2025 and provided technical support to the Government for the development of the National Strategic Plan (NSP) 2017-23 for ending TB.

- WHO supported Indonesia's national TB programme to implement a new algorithm for TB screening and diagnosis which aims to find and notify more than 75% of estimated TB cases by 2020. WHO provided technical assistance and deployed 27 additional staff in high-risk areas to ensure that over 35 million children were vaccinated in the first phase of a measles and rubella vaccination campaign in Java.

- WHO has supported DPR Korea in the introduction of a country-specific package of essential NCD interventions (WHO PEN) based on the lessons learned from the small-scale pilot conducted in 2014. Further, WHO supported the successful polio vaccine switch (from trivalent OPV to bivalent OPV) in five of the most remote, northernmost provinces and has helped to maintain high rates of immunization coverage.

- Maldives was amongst the first countries of the South East Asia Region to receive certification for the elimination of lymphatic filariasis in 2016 and endemic measles transmission in 2017. WHO technical support to Maldives also catalyzed the development and launching of the country's Multisectoral National Action Plan for Containment of Antimicrobial Resistance (AMR) and a National Policy and Plan for Food Safety based on the One Health approach.

- To support Myanmar in its commitment to end preventable maternal, child and new-born mortality, WHO has supported the development of a national strategy and the development of advocacy and training materials for the rollout of a Maternal Death Surveillance and Response system across all 17 states and regions. WHO has also supported the rollout of a nationwide Japanese Encephalitis vaccination campaign targeting 14 million children (aged 9 months - 15 years) in schools reaching over 92% of children in the target group.

- In 2017, as a critical step towards universal health coverage, the Government of Nepal, with support from WHO and partners, developed and enacted the National Health Insurance Act, making it mandatory for all citizens to enroll in the insurance programme. To address health inequities, the government covers the premium for all poor citizens.

- In 2016, Sri Lanka made public health history, receiving WHO certification for the elimination of malaria, lymphatic filariasis, and maternal and neonatal tetanus as public health problems. In August 2016, Sri Lanka became the first country in the South-East Asia Region to successfully legislate a mandatory 'traffic light' labelling system for sugary drinks based on WHO's nutrient profiling methodology.

- Thailand became the first WHO certified country in the Asia / Pacific region for eliminating mother-to-child transmission of HIV and syphilis in 2016, and in 2017, it officially eliminated lymphatic filariasis as a public health problem. To tackle the world's second highest traffic fatality rate, WHO provided technical support to the Thai government in the development of stronger road safety legislation which was endorsed by the Cabinet in October 2016.

- In Timor-Leste, under the Saude na Familia (Health in the Family) programme, launched in 2015, health workers are deployed to visit homes so that everyone is able to receive primary health care. By end-2016, the programme had succeeded in visiting and registering 90% of the country's 200 000 households. Several initiatives were undertaken to strengthen health systems, reducing the burden of NCDs and the burden of communicable diseases, strengthening maternal health services and addressing the environmental health issues, surveillance and emergency risk management.

29. Technical implementation of the Programme Budget (PB) is continuously monitored and updated in the GSM by the responsible officers in Regional Office departments and all country offices. Corporate requirements for review of Technical implementation of Programme Budget 2016–2017 was conducted in the form of mid-term review (MTR) at the end of 2016 and end-of-biennium assessment after the close of the biennium 2016-2017 covering both top tasks and outputs. In addition, ad hoc top tasks monitoring was carried out at six-month and 18-month intervals to strengthen the systematic review of the work included in the operational plans of budget centres on a periodic basis.

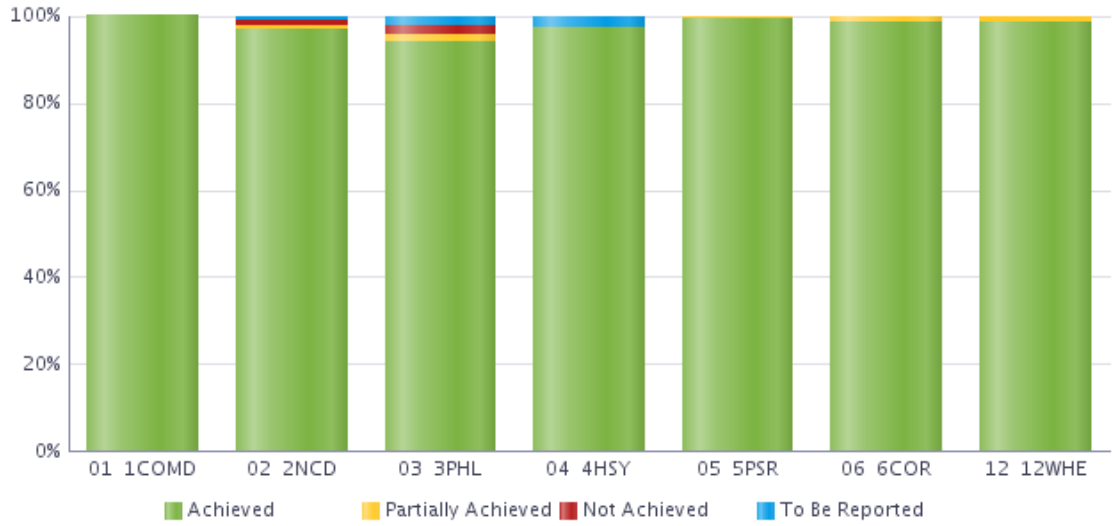
30. The process included review at the WHO country office and Regional Office levels based on self-assessment followed by a systematically qualitative review and analysis of the contribution of the three levels of the Organization to the achievement of the outputs. The Region reported near-100% delivery of its work on its outputs, where 740 of its 756 outputs were fully achieved; seven partially achieved and three not achieved. The achievement rate by category was uniform across all categories, except in categories 2 and 3 where in total three outputs were not achieved.

31. SEAR adhered to the timelines and achieved near-100% reporting compliance during these exercises for all the active top tasks. Of a total of 1583 active top tasks, 99% are on track. The number of top tasks reported "At Risk" or "In Trouble" is 13 and two respectively. The table below (by Country Office and Regional Office split) and category-wise graphic representations below summarize these achievements.

Table 1: *Output Performance Assessment by Country Office and Regional Office*

Major Office Split	No. of Outputs	Achieved	Partially Achieved	Not Achieved	To Be Reported
SEARO Countries	623	611	7	3	2
SEARO Regional Office for the South East Asia	133	129	0	0	4
	756	**740**	**7**	**3**	**6**

Graph 4: ***Category-wise output achievement status***



01 1 COMD	Communicable diseases
02 2NCD	Noncommunicable diseases
03 3PHL	Promoting health through the life-course
04 4HSY	Health systems
05 5PSR	Preparedness, surveillance and response
06 6OCR	Corporate services/enabling functions
12 12WHE	WHO health emergencies programme

Table 2: *Top Task Status by Country Office and Regional Office*

Organization		Top Task Status						Top Task Progress Status			Reporting Compliance		
Major Office	Major Office Split	# of Top Tasks	Not Started	In Progress	Completed	On Hold	Cancelled	On Track	At Risk	In Trouble	% Reported	% To Be Reported	To Be Reported
SE South East Asia	SEARO Countries	1,285	4	128	1,111	3	0	1,233	11	2	97%	3%	39
	SEARO Regional Office for the South East Asia	345	2	120	212	3	0	335	2	0	98%	2%	8
SE South East Asia Total		**1,630**	**6**	**248**	**1,323**	**6**	**0**	**1,568**	**13**	**2**	**97%**	**3%**	**47**

32. In response to current health challenges and disease patterns, and against the backdrop of a changing global health architecture, WHO has unveiled a bold and radical new strategic plan in the form of the draft Thirteenth General Programme of Work (GPW), 2019–2023. The vision, strategic priorities and goals sets out in the new GPW not just to transform WHO, but to transform global health and, ultimately, human lives, is driven by WHO's mission: to promote health, keep the world safe and serve the vulnerable. The endorsement and commitment of Member States to this ambitious agenda and along with the strategic and operational shifts proposed by the Secretariat provide a unique opportunity to continue working towards conquering new horizons for health and well-being of all peoples of the world by building on our collective and individual successes and lessons learnt, and embracing new approaches and innovations.

B. Budget and Financial highlights:

33. The approved Programme Budget for the WHO South-East Asia Region for the period 2016–2017 is US$ 365.1 million. Of this, US$ 282.9 million is the base budget, US$ 77 million for polio and US$ 5.2 million for Outbreak and Crisis Response (OCR). The revised (allocated) Programme Budget as on 31 December 2017 was US$ 385.7 million. The total implementation (expenditure) stands at US$ 323.3 million, which is 84% of the allocated Budget and 96% of the distributed resources.

34. The overall financial summary by Budget Centre for 2016–2017 is provided in the table 3 below.

Table 3: *Financial status by Budget Centres for 2016–2017*

Budget Centre	Allocated Programme Budget	Planned Cost	Distributed Resources	Expenditures	Expenditure as % of allocated PB	Expenditure as % of Distributed Resources
SE_BAN WR Office, Bangladesh	36.2	35.1	32.4	31.0	86%	96%
SE_BHU WR Office, Bhutan	6.0	5.9	5.3	5.3	89%	99%
SE_IND WR Office, India	101.3	101.3	95.9	90.1	89%	94%
SE_INO WR Office, Indonesia	27.9	27.4	24.6	22.9	82%	93%
SE_KRD WR Office, DPR Korea	13.8	13.5	12.4	12.0	87%	97%
SE_MAV WR Office, Maldives	5.2	5.1	5.0	5.0	97%	100%
SE_MMR WR Office, Myanmar	44.3	42.9	39.3	39.0	88%	99%
SE_NEP WR Office, Nepal	21.1	20.7	16.0	15.8	75%	99%
SE_SRL WR Office, Sri Lanka	10.5	9.2	8.0	7.9	76%	98%
SE_THA WR Office, Thailand	9.9	9.7	7.7	7.6	77%	99%
SE_TLS WR Office, Timor-Leste	9.5	8.9	8.4	8.1	85%	97%
CO Reserve	2.8					
Total Country Office	**288.4**	**279.7**	**255.1**	**244.8**	**85%**	**96%**
Regional Office	97.3	91.7	80.6	78.6	81%	97%
Grand Total	**385.7**	**371.4**	**335.7**	**323.3**	**84%**	**96%**

35. The working paper is submitted to the Eleventh meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) for its comments and recommendations to the Seventy-first Session of the Regional Committee for South-East Asia.