



REGIONAL COMMITTEE

Provisional Agenda item 7.2

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SEA/RC72/5

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Programme Budget 2020–2021

The Programme Budget (PB) 2020–2021, approved by the Seventy-second World Health Assembly in May 2019 (resolution WHA72.1 [SEA/RC72/5 Inf.Doc.1]), is the first Programme Budget that fully articulates the implementation of the Thirteenth General Programme of Work (GPW13) and marks a major step forward in the Transformation of WHO.

The overall approved Budget for 2020–2021 is US\$ 4840.4 million, of which US\$ 388.5 million was approved as Base Budget for the South-East Asia (SEA) Region. In line with the GPW13's integrated, health systems and results approach, the allocation of the Budget for 2020–2021 is at the strategic priority level.

Programme Budget 2020–2021 presents a new WHO results framework, demonstrating how results will be monitored and measured from outputs to impacts. It will be the basis for the operational planning, monitoring and accountability for results and resources during 2020–2021.

The attached Working Paper presents an overview of the approved Programme Budget 2020–2021, details on the SEA Region Programme Budget and the way forward for its implementation in the Region. The full approved Programme Budget 2020–2021 is provided as an Information Document (SEA/RC72/5 Inf.Doc.2).

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

Actions by Member States

- (1) Continue active participation in discussions related to the Programme Budget 2020–2021 at regional and global governing body meetings.
- (2) Continue to engage in the development and finalization of country workplans.

Actions by WHO

- (1) Continue to provide the required support to Member States through WHO country offices for timely finalization of workplans for 2020–2021.
- (2) Submit the SEA Region Programme Budget 2020–2021 and draft workplans to the Seventy-second Session of the WHO Regional Committee for South-East Asia.
- (3) Present the draft resolution on the Programme Budget 2020–2021 for consideration by the Seventy-second Session of the WHO Regional Committee for South-East Asia.
- (4) Finalize the Thirteenth General Programme of Work Results Framework in consultation with Member States for presentation to the 146th session of the Executive Board in January 2020.
- (5) Develop the SEA Region Results Measurement Framework and present it at subsequent governing body meetings.

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

Introduction

1. The Thirteenth General Programme of Work 2019–2023 (GPW13) was adopted by the Seventy-first World Health Assembly in May 2018 and the Secretariat is now focused on translating its bold vision into reality to deliver impact and results at the country level.
2. The Programme Budget (PB) is the primary instrument to translate the GPW into specific plans for implementation. Programme Budget 2020–2021 is the first Programme Budget that fully articulates the implementation of GPW13.
3. Programme Budget 2020–21 provides a framework for WHO’s action to achieve the “triple billion” targets of GPW13 and address the health-related targets of the United Nations Sustainable Development Goals. It marks a major step forward in the Transformation of WHO and takes into consideration the ongoing UN Reform.
4. Consistent with the strategic priorities, results and shifts in the GPW13, through Programme Budget 2020–2021 the Secretariat will:
 - a) focus on measurable impacts to improve people’s health;
 - b) prioritize its work to drive public health impacts in every country and demonstrate how resources will be aligned with delivery of these impacts;
 - c) depart from a disease-specific approach to a more integrated and health systems-oriented approach to drive sustainable outcomes; and
 - d) align and build synergies in delivering the work of the three levels of the Organization.

Global Programme Budget 2020–2021 overview

5. The Seventy-second World Health Assembly approved an overall budget of US\$ 4840.4 million with an increase of US\$ 418.9 million (9%) compared to the Programme Budget 2018–2019. The Budget by segment is presented in Table 1.

Table 1. Comparison of approved PB 2018–2019 with PB 2020–2021 (US\$ millions)

Segment	Approved Programme budget 2018–2019	Approved Programme budget 2020–2021	Increase or (decrease) amount
Base	3 400.3	3 768.7	368.4
Polio eradication	902.8	863.0	(39.8)
Special programmes	118.4	208.7	90.3
Total	4 421.5	4 840.4	418.9
Emergency operations and appeals	-	1 000.0	1 000.0

6. The Base Budget for 2020–2021, US\$ 3768.7 million, has an 11% increase compared with Programme Budget 2018–2019. This increase reflects the need for strategic investment in several major areas in line with the objectives of the GPW13, namely to:

- a) strengthen WHO's capacity to deliver at the country level (US\$ 132 million);
- b) increase investment for polio transition to mainstream essential public health functions, such as surveillance, immunization, containment and health emergency preparedness and response, into the Base Budget (US\$ 227.4 million);
- c) increase investment to expand WHO's normative work, primarily data and innovation (US\$ 108 million); and
- d) provide for an efficiency/reallocation target for the biennium 2020–2021 (savings of US\$ 99 million).

7. WHO's portion of the Global Polio Eradication Initiative budget amounts to US\$ 1090.4 million for the biennium 2020–2021, of which US\$ 863 million are reflected in the polio eradication segment and US\$ 227.4 are within the base segment in Table 1. This is the first time that a significant portion of the Budget is shown in the base component to support the transition and integration of essential public health functions that WHO has made a commitment to preserve in line with the Strategic Action Plan on polio transition. The decrease in the polio eradication segments compared with 2018–2019 is due to this shift.

8. The segment for special programmes (US\$ 208.7 million) includes: (i) Special Programme of Research, Development and Research Training in Human Reproduction; (ii) Special Programme for Research and Training in Tropical Diseases; and (iii) Pandemic Influenza Preparedness (PIP) Framework. In Programme Budget 2018–2019, PIP was included outside of the Programme Budget.

9. A budget for emergency operations and appeals is shown as a specific budget line (Table 1). This was not the case in Programme Budget 2018–2019. The estimate for the biennium 2020–2021 is based on spending patterns in previous bienniums and a provisional needs assessment to ensure that WHO has sufficient capacity to respond in this area.

10. As per resolution WHA72.1, budget allocation for the financial period 2020–2021 was approved by the strategic priorities of GPW13 (i.e. the triple billion goals plus the corporate goal of making WHO more effective and efficient in responding to countries) and other areas as per non-Base Budget segments presented in Table 1.

11. Programme Budget 2020–2021 is to be financed from net assessments on Member States adjusted for estimated Member State non-assessed income, for a total of US\$ 956.9 million, and from Voluntary Contributions for a total of US\$ 4883.5 million.

The new results framework and accountability

12. In line with GPW13, Programme Budget 2020–2021 focuses on results. The overarching principle guiding WHO is that financial resources should not be used without an expectation of measurable results.

13. The triple billion targets form the primary axis of the results framework, with implementation and measurement of results based on their achievement. The triple billion targets mark out a clear path towards that eventual aim and the constitutional mandate of WHO on the attainment by all peoples of the highest possible level of health. The fourth pillar (a more effective and efficient WHO providing better support to countries) supports the strengthening of WHO to lead and coordinate global health and enhance data and innovation to accelerate progress towards the attainment of the triple billion targets.

14. Each of the triple billion targets will be underpinned by three outcomes that cut across programmes and systems for a more integrated approach. Work towards achieving the outcomes will be shared among the Secretariat, Member States and partners.

15. The Secretariat will contribute to the achievement of the outcomes and triple billion targets through a set of 42 outputs, for which the Secretariat is accountable.

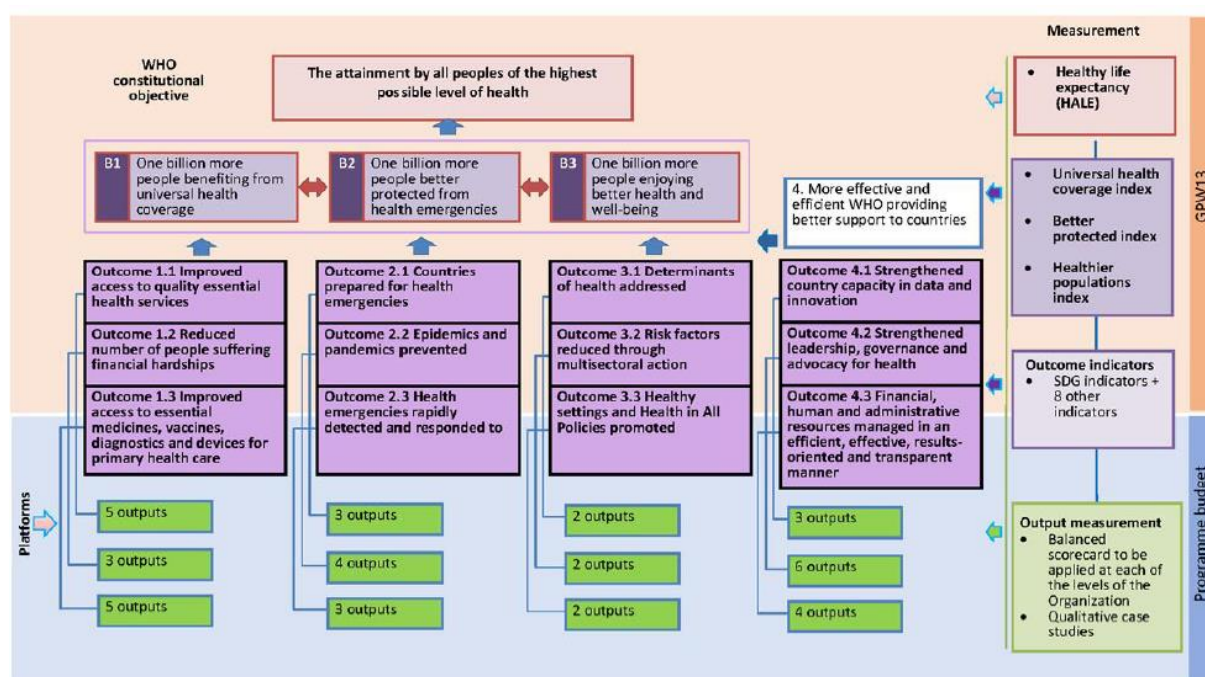
16. Figure 1 displays the GPW13 results framework with a tiered approach for monitoring, measuring and reporting on each element of the results chain, as follows:

- a) At the highest level, healthy life expectancy will be measured, consistent with WHO's constitutional objective of attaining the highest possible level of health and well-being for all people, as well as the achievement of SDG 3.
- b) At the second level, three specific indices will measure success in achieving each of the triple billion targets.
- c) At the third level, the outcomes are measured by 46 indicators, of which 38 are taken from the health and health-related SDG indicators and eight from specific mandates (i.e. the United Nations General Assembly or World Health Assembly resolutions). The latter include key indicators for noncommunicable diseases, antimicrobial resistance, emergencies and polio, which are not covered by the SDGs.
- d) At the fourth level, the Programme Budget 2020–2021 presents a new approach using a balanced scorecard to assess the 42 outputs of the Secretariat across the three levels of the Organization. The output balance scorecard includes six dimensions: (i) effective leadership; (ii) effective delivery of global goods; (iii) effective technical support at country level; (iv) effective mainstreaming of gender, equity and human rights; (v) ensuring value for money; and (vi) delivery of results in ways leading to impact.

17. Per resolution WHA72.1, the Secretariat will continue developing the results framework in consultation with Member States, including through the regional committees, and to present it to the Executive Board at its 146th session (February 2020).

18. WHO will continue to report on results to Member States through the statutory annual reports (mid-term and end-of-biennium) and the WHO Programme Budget portal using enhanced information from the new results measurement methodologies.

Fig. 1. The GPW13 results framework



SEA Region Programme Budget 2020–2021

19. The Seventy-second World Health Assembly approved a US\$ 388.5 million Base Budget for 2020–2021 for the South-East Asia Region with an allocation of US\$ 277.9 for countries and US\$ 110.6 million for the regional level.

20. The Region's Base Budget in Programme Budget 2020–2021 increased by US\$ 99.7 million compared with Programme Budget 2018–2019. The increase is distributed as follows:

- US\$ 69.9 million for polio transition;
- US\$ 19 million for increase in country capacity; and
- US\$ 10.8 million for data and innovation.

21. The SEA Region has the second largest increase in Base Budget allocation among WHO regions due to the polio transition budget. Table 2 shows the comparison of Programme Budget 2018–2019 and 2020–2021 by country offices (CO) and Regional Office (RO) split.

Table 2. *Approved Programme Budget 2018–2019 and PB 2020–21 (US\$ million)*

Approved Programme Budget (Base) 2018–2019			Approved Programme Budget (Base) 2020–2021			Changes from 2018–2019 to 2020–2021		
CO	RO	Total	CO	RO	Total	CO	RO	Total
186.5	102.3	288.8	277.9	110.6	388.5	91.4	8.3	99.7
65%	35%		72%	28%				

22. Consistent with the GPW13 focus on countries, over 90% (US\$ 91.4 million) of the total budgetary increase for the SEA Region has been allocated to countries. This additional allocation to countries has increased the overall proportion of the SEA Region's budget allocation to country office from 65% in 2018–2019 to 72% in 2020–2021.

23. Table 3 contains the Base Budget allocation by strategic priorities and outcomes of GPW13 as approved by the Seventy-second World Health Assembly. The Budget allocations were derived from the bottom-up costing of outputs done as part of the development of the country support plans and regional planning. The overall country and regional budget envelopes were guided by the High-level Programme Budget 2020–2021 endorsed by the Seventy-first session of the Regional Committee and further guidance provided by Member States at the 144th session of the Executive Board. It is noted that the overall Budget allocation for the SEA Region presented to the Seventy-first session of the Regional Committee was reduced by US\$ 5 million due to the removal of the proposed increase related to inflation in the overall Base Budget, as recommended by the 144th session of the Executive Board.

Table 3. SEA Region approved Programme Budget 2020–2021 for Base segment

Strategic Priorities/Outcomes	Approved PB 2020–2021, Base programmes SEARO			
	CO	RO	Total	% of total
B1. One billion more people benefiting from universal health coverage	117.5	43.2	160.7	41%
1.1. Improved access to quality essential health services	95.0	34.8	129.8	33%
1.2. Reduced number of people suffering financial hardships	6.0	1.7	7.7	2%
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	16.5	6.6	23.2	6%
B2. One billion more people better protected from health emergencies	90.8	17.0	107.8	28%
2.1. Countries prepared for health emergencies	11.2	4.1	15.3	4%
2.2. Epidemic and pandemics prevented	72.5	7.5	80.0	21%
2.3. Health emergencies rapidly detected and responded to	7.1	5.4	12.4	3%
B3. 1 billion more people enjoying better health and well-being	23.2	7.6	30.8	8%
3.1. Determinants of health addressed	8.4	3.4	11.8	3%
3.2. Risk factors reduced through multi sectoral action	12.3	3.1	15.4	4%
3.3. Healthy setting and Health in all policies promoted	2.5	1.1	3.6	1%
4. More effective and efficient WHO better supporting countries	46.4	42.8	89.2	23%
4.1. Strengthened country capacity in data and innovation	13.2	8.4	21.6	6%
4.2. Strengthened leadership, governance and advocacy for health	16.2	16.0	32.2	8%
4.3. Financial, human, administrative resources managed in an efficient, effective, result-oriented and transparent manner	17.0	18.4	35.4	9%
Total	277.9	110.6	388.5	100%

24. The largest share of the Programme Budget 2020–2021 is apportioned to Strategic Priority B1 – universal health coverage, which is a priority for countries and incorporates elements of almost all SEA Regional Flagships. The broad scope of this strategic priority is worth noting as it incorporates all the disease-specific and life course programmatic areas from Programme Budget 2018–2019. This will allow for a more integrated health systems approach.

25. Strategic Priority B2 – health emergencies, has the second largest proportion of the Budget. This is largely due to the US\$ 66.9 million increase for polio transition included in Outcome 2.2.

26. Strategic Priority B3 – health and well-being, has the lowest share of the Budget among the strategic priorities. It is noted that Outcome 3.2 (risk factors), which is a priority for countries and the Region, has 50% of the total budget of this strategic priority. It is also worth mentioning that all strategic priorities are inter-related and the work in Strategic Priority B1 in particular supports and contributes to the achievement of B3.

27. Pillar 4, more effective and efficient WHO, it supports the implementation of the three strategic priorities. Further, Outcome 4.1 (data and innovation) which has a special focus on countries, and Outcome 4.2 (leadership and governance) are essential for WHO's leadership to achieve GPW13 and the SDGs.

Country priority-setting

28. Following the adoption of GPW13 by the Seventy-first World Health Assembly, the Regional Director of the WHO South-East Asia Region launched a consultation process with Member States in early June 2018 to identify country priorities in the context of the new GPW. WHO representatives coordinated with the Ministry of Health to conduct the consultations.

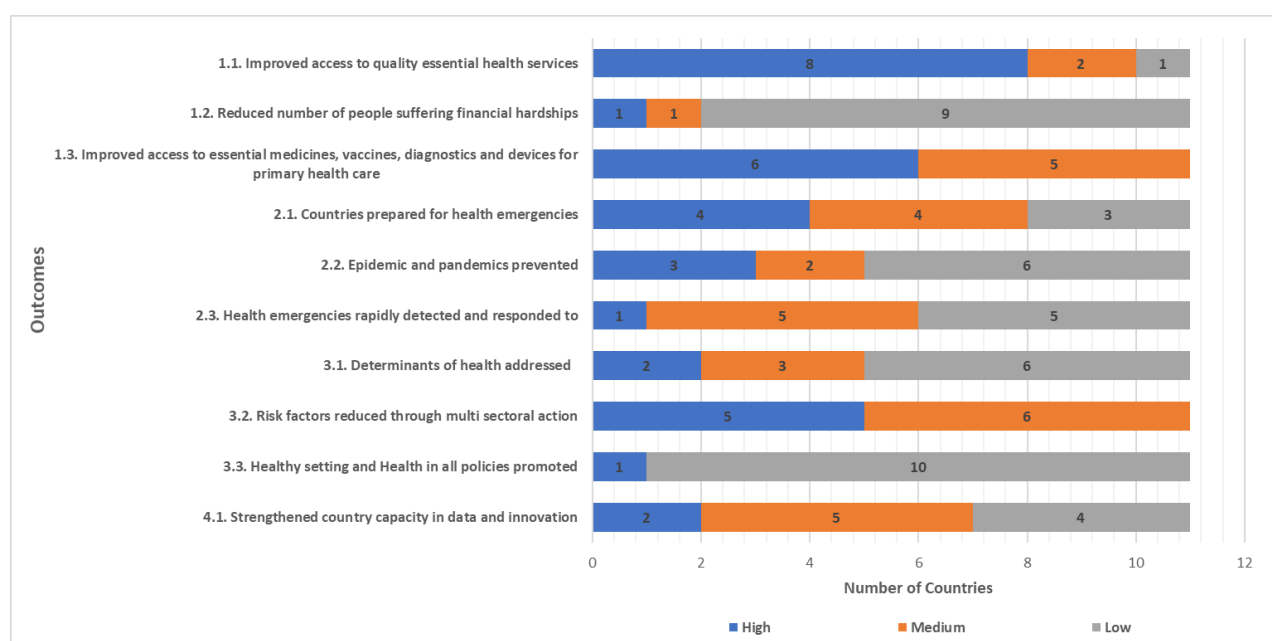
29. The result of these consultations was presented to the Eleventh Meeting of the Subcommittee on Policy and Programme Development and Management in July 2018. The consultations with Member States provided key inputs and guidance for the development of the High-level Programme Budget presented to the Seventy-first session of the Regional Committee in September 2018. Subsequently, bottom-up planning was carried out to develop country support plans and costing of outputs in preparation of the first draft of the Programme Budget presented to Member States at the 144th session of the Executive Board in January 2019. The draft Programme Budget presented to the Executive Board included the budget by strategic priorities and outcomes based on prioritization and bottom-up planning done by the country and regional offices.

30. During the consultations with Member States, a robust prioritization exercise was carried out to identify the top GPW13 outcomes where WHO's technical support was required by countries. This involved a careful review of the 10 technical outcomes and their scope for WHO's work in countries, taking into consideration the country situation, national health plans and strategies, regional Flagship Priorities, and contribution to regional and global commitments. At the end of the exercise, each country identified three high, three medium and four low outcomes based on WHO's comparative advantage. The consultation involved senior and technical-level officials from the ministries of health.

31. Figure 2 shows the prioritization of GPW13 outcomes by Member States of the Region. The outcomes selected by most countries as high and medium priorities are: (i) essential health services; (ii) essential medicines, vaccines and diagnostics; (iii) risk factor reduction; (iv) country emergency preparedness; (v) data and innovation, and (vi) detection and response to health emergencies. It should be noted that WHO is committed to responding to all GPW13 outcomes according to the needs identified by the countries. The high- and medium-rated outcomes indicate where Member States expect additional emphasis and support from WHO, while the low-rated outcomes include topics for which national capacity (including resources) exist and the country may only need specific support from WHO. The individual country prioritization results, included in Annex A, will guide the specific support required by the country.

32. The top priority outcomes identified by Member States are consistent with the overall regional health situation and priorities outlined in the eight Regional Flagships (Annex B). The close alignment between the GPW13 priority outcomes identified by Member States and the Regional Flagships provides an opportunity to sustain the achievements of the Region, accelerate actions to close gaps, and innovate to address ongoing and new challenges.

Fig. 2. Prioritization of GPW13 outcomes by SEA Region Member States



33. The prioritization results will guide the overall response of the Organization (country, regional and global), including budget and resource allocations. Building on the SEA Region's good practice of ensuring focus on priorities and opportunities to drive impact in countries, 80% of the Budget at country level is allocated to high and medium priority outcomes selected by countries.

The way forward

34. The Regional Director held a retreat with WHO Representatives and Programme Directors on 10–11 June 2019 in New Delhi to review the Region's Flagship Priority Programmes. They considered the progress made, evolving context of health development and commitments at the regional and global levels. The revised Flagship Programmes are included in Annex B and a regional results measurement framework with targets for 2023 is being developed in line with the Regional Director's vision for 2019–2023 to sustain gains, accelerate actions to close gaps and innovate to find ways to address ongoing and new challenges. The Regional Flagship Programmes and targets will be essential for guiding the implementation of GPW13 and Programme Budget 2020–2021 in line with the regional context.

35. On 12–13 June 2019, the Regional Director convened a meeting of the Ministry of Health planning focal points, WHO Representatives and Department Directors along with their planning focal points and technical teams to review GPW 13 priorities for the countries and discuss the way forward for the implementation of Programme Budget 2020–2021, including key steps for operational planning. The revised Regional Flagships were also discussed in this meeting.

36. Operational planning for 2020–2021 will be carried out in July–August 2019 in order to submit draft workplans to the Seventy-second Session of the Regional Committee. WHO Representatives will continue to coordinate and consult with the ministries of health and relevant partners during this process. The regional plans will be developed after considering the support requested by countries, regional mandates and the contribution to global priorities relevant to the Region. The Regional Office will also coordinate with WHO headquarters to plan for the support required by the countries.

Annex A

GPW13 outcome prioritization by country

Budget Centre	1.1. Improved access to quality essential health services	1.2. Reduced number of people suffering financial hardships	1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	2.1. Countries prepared for health emergencies	2.2. Epidemic and pandemics prevented	2.3. Health emergencies rapidly detected and responded to	3.1. Determinants of health addressed	3.2. Risk factors reduced through multi sectoral action	3.3. Healthy setting and Health in all policies promoted	4.1 Data and innovation
Bangladesh	H	H	M	L	L	M	H	M	L	L
Bhutan	H	L	M	M	H	L	M	H	L	L
India	H	M	H	L	M	L	L	M	L	H
Indonesia	L	L	M	M	H	L	H	M	L	H
Democratic Republic of Korea	H	L	H	H	M	L	L	M	L	M
Maldives	M	L	H	H	L	L	M	H	L	M
Myanmar	H	L	H	M	L	H	L	M	L	M
Nepal	H	L	M	H	L	M	L	H	L	M
Sri Lanka	H	L	M	H	L	M	L	H	L	M
Thailand	M	L	H	L	L	M	M	H	H	L
Timor Leste	H	L	H	M	H	M	L	M	L	L
HIGH	8	1	6	4	3	1	2	5	1	2
MEDIUM	2	1	5	4	2	5	3	6	0	5
LOW	1	9	0	3	6	5	6	0	10	4

Annex B

SEA Region Flagship Priority Programmes 2014-2023

Flagships 2014–2019	Revised Flagship Programmes 2019-2023
1. Measles elimination and rubella control by 2020	<u>Eliminate</u> measles and rubella by <u>2023</u>
2. Prevention of noncommunicable diseases through multisectoral policies and plans, with a focus on “best buys”	Prevent <u>and control</u> noncommunicable diseases through <u>multisectoral</u> policies and plans, with a focus on “best buys”
3. The unfinished MDG agenda: ending preventable maternal, newborn and child deaths with a focus on neonatal deaths	<u>Accelerate reduction</u> of maternal, <u>neonatal</u> and <u>under-five mortality</u>
4. Universal health coverage with a focus on human resources for health and essential medicines	<u>Continue progressing towards</u> universal health coverage with a focus on human resources for health and essential medicines
5. Building national capacity for preventing and combating antimicrobial resistance	<u>Further strengthen</u> national capacity for preventing and combating antimicrobial resistance
6. Scaling up capacity development in emergency risk management in countries	Scale up capacity development in emergency risk management in countries
7. Finishing the task of eliminating diseases on the verge of elimination (kala-azar, leprosy, lymphatic filariasis and yaws)	Finish the task of eliminating neglected <u>tropical diseases (NTDs)</u> and <u>other</u> diseases on the verge of elimination*
8. Accelerating efforts to end TB by 2030	Accelerate efforts to end TB by 2030

* NTDs: kala-azar, leprosy, lymphatic filariasis, trachoma and yaws; Other diseases on the verge of elimination: malaria and MTCT of HIV and congenital syphilis.