
Results Report 2022 (Programme budget 2022–2023: performance assessment)

Mid-term review of the Programme budget 2022–2023

Report by the Director-General

INTRODUCTION

1. WHO is marking its 75th anniversary this year, with its 194 Member States and partners, by calling for a renewed drive for health equity. The past seven and a half decades have seen extraordinary progress in protecting people from diseases, health risks and harms. However, as this report shows, further progress is needed to achieve the triple billion targets towards attaining the health-related Sustainable Development Goals and meeting other health challenges, such as mental health, antimicrobial resistance and climate change.

2. Five years ago WHO set out to enhance its focus on measurable impacts in countries, with the Thirteenth General Programme of Work, 2019–2023 (GPW 13),¹ which was subsequently extended to 2025. During this time, the Organization set measurable triple billion targets based on the Sustainable Development Goals; established a results framework (see the Annex) to measure country progress and identify the contribution of the Secretariat; reported annually using the framework; launched delivery stock takes to track progress and identify ways for the Secretariat to provide support to countries using specific indicators; developed and revised the first WHO investment case; and continue to help countries to accelerate progress through scaling up innovation, innovative financing, and strengthening collaboration among multilateral agencies.

3. This mid-term review of implementation of the Programme budget 2022–2023 presents the progress in 2022 towards the triple billion targets, outcomes and outputs, based on the GPW 13 results framework, which includes indicators. As various evaluations have recommended simplifying the output monitoring process, this report includes progress on deliverables planned for the biennium with the main results that have emerged in the first year of the biennium as reported by the output delivery teams, leaving the more extensive programmatic assessment using the output scorecard for the end of biennium. In addition, key accomplishments are highlighted based on a selection by senior management and selected impact case studies are presented to exemplify how the Secretariat and Member States work

¹ See resolution WHA75.6 (2022).

together to drive health impacts at the country level, where it matters most. This report summarizes the full results report, which is available online.¹

PROGRESS TOWARDS THE TRIPLE BILLION TARGETS AND SUSTAINABLE DEVELOPMENT GOALS

4. The world is off track to reach most of the triple billion targets and the health-related Sustainable Development Goals. Urgent action is needed to accelerate progress, or the world may fall further off track.

5. **Healthier populations:** The indicators for healthier populations are influenced by multisectoral policy actions to address determinants of health. Substantial progress has been made, and the current trajectory indicates that this target will likely be met by 2025; however, this will be insufficient progress to be on track to reach the related targets of the Sustainable Development Goals by 2030. For example, the global age-standardized prevalence of tobacco use remains high. The prevalence of adult obesity continues to be on the rise in all WHO regions, with no immediate sign of reversal. Air pollution has not been tackled in many areas of the world. Data from the pandemic period continue to be sparse, so the full extent of the impact of the coronavirus disease (COVID-19) pandemic on various health determinants and policies is not yet quantified.

6. **Universal health coverage:** The world is off track to meet the universal health coverage billion target by 2025 and related Sustainable Development Goals by 2030. The disruptions caused by the COVID-19 pandemic have had a significant impact on many indicators, only some of which are recovering. Overall measures of progress are largely driven by increased HIV service coverage. Service coverage for routine childhood vaccination, malaria, tuberculosis, noncommunicable and other diseases and preventive services all continue to lag, while indicators for financial hardship have worsened.

7. **Health emergencies protection:** Progress in health emergencies protection is not on track to reach the billion target by 2025. Improvement in preparedness, measured through core capacities related to the International Health Regulations (2005) and reflected by the Prepare indicator, contributed positively in 2022. However, pandemic-related disruptions to high-priority pathogen vaccination programmes, measured under the Prevent indicator, need to be resolved. Efforts are continuing in order to assess the best way to measure health emergencies protection, including the integration of timeliness targets for detection, notification and response to health emergencies.

HIGHLIGHTED ACCOMPLISHMENTS IN 2022

8. In 2022, the first-ever all-oral treatment regimens for multidrug-resistant tuberculosis were made available. The Secretariat developed and introduced guidelines recommending the use of the new, all-oral treatment of multidrug-resistant tuberculosis, thereby contributing to its uptake in 109 countries. A reduction in treatment time from 18 months to 6 months significantly improves the quality of life for people with multidrug- and rifampicin-resistant tuberculosis.

9. The world's first malaria vaccine, RTS,S/AS01, has been administered to 1.2 million children in Ghana, Kenya and Malawi through continuing pilot programmes, resulting in a substantial drop (an estimated 30%) in admissions of children with severe malaria to hospital and an important decline in

¹ Mid-term review of Programme budget 2022–2023. Geneva: World Health Organization; 2023. (<https://www.who.int/about/accountability/results>, accessed 12 May 2023).

child deaths (a 10% fall in all-cause mortality among children who are of suitable age to receive the vaccine). WHO issued prequalification approval for the RTS,S/AS01 vaccine and is the scientific lead and coordinator of the malaria vaccine implementation programme; an estimated one life is saved for every 200 children so vaccinated.

10. The Contingency Fund for Emergencies released funding, in as little as 24 hours, to 70 graded emergencies in 2022, in line with WHO's Emergency Response Framework. The Secretariat conducted 65 rapid risk assessments for 53 events in 30 countries, as well as 14 assessments for multi-county events. A highlight was the completion and circulation of 21 rapid risk assessment reports within a single week. Risk at the national level was assessed as very high or high for 90% of those events, which were mainly caused by cholera, measles, monkeypox/mpox, COVID-19, dengue, Ebola virus disease, Lassa fever and undiagnosed diseases. In total US\$ 87.77 million were released to fund the initial response to acute events and scale up life-saving health operations in protracted crises in response to escalating needs.

11. A fund dedicated to pandemic preparedness and prevention, the Pandemic Fund, was created with the financing needs and gap validated by G20 finance and health ministers. WHO hosted the secretariat of the G20's Joint Finance and Health Task Force, and contributed expertise on financing pandemic preparedness and prevention. The Pandemic Fund has an initial budget of US\$ 1.6 billion and the WHO-chaired technical advisory panel will make key inputs into the scope of work funded. The Task Force has been extended into a multiyear arrangement.

12. Ground-breaking international targets were set in order to address the use of antimicrobial agents across the animal, farming and human health sectors, and thereby tackle the devastating health and economic impacts of antimicrobial resistance – 1.3 million deaths were attributable to antimicrobial resistance in 2019. The Secretariat supported the development of targets for 2030 by advocating with governments and serving as secretariat for the Quadripartite, which comprises the Food and Agriculture Organization of the United Nations, World Health Organization, World Organization for Animal Health and United Nations Environment Programme.

13. More than 133 countries increased or introduced a new health tax between 2017 and 2022, showing that Member States are increasingly equipped to use fiscal measures to improve health, reduce health care costs and generate a revenue stream for development – owing in part to increased technical support and updated guidance from the Secretariat. Now 146 countries are protected by at least one measure of the MPOWER technical package; 60 countries are on track to achieving the global targets for reducing tobacco use; and health taxes are part of a comprehensive strategy for preventing noncommunicable diseases, which kill 41 million people every year.

14. The mRNA hub in South Africa was established to build vaccine production capacity and enhance outbreak response in low- or middle-income countries. In 2022, the hub's manufacturing process was developed, and mRNA technology started to be transferred from the hub to 15 spokes across all WHO regions. A training hub in the Republic of Korea was set up and has trained 300 staff in low- or middle-income countries on biomanufacturing and undertaking research on alternative uses for medical countermeasures. The model is being explored for applications to other medical technology needs.

15. More than 50 countries transitioned crucial infrastructure from reliance on resources from the Global Polio Eradication Initiative, integrating their polio assets, tools and knowledge to sustain critical functions related to immunization, disease surveillance and emergency response. The 37 countries that have completed the transition in the African Region remain polio-free. Polio networks, which in the Eastern Mediterranean Region have been repurposed to reach high-risk and hard-to reach populations with a broader package of health services, have responded to public health emergencies, such as

outbreaks of cholera. In the South-East Asia Region, the integrated surveillance and immunization networks in the five priority countries were geared towards reversing the impact that the COVID-19 pandemic has had on essential immunization, as the region hosts around 35% of the world's "zero-dose children". WHO's funding commitment of US\$ 33.2 million from the Core Voluntary Contributions Account has been catalytic to sustaining the essential polio functions through integration and ensuring their long-term sustainability.

16. WHO reported an estimated 14.9 million excess deaths globally in 2020–2021 as a result of the COVID-19 pandemic – reversing years of improvement in population health in many countries around the world. The effort to assess the true toll of the COVID-19 pandemic on population health at country, regional and global levels was joined by other United Nations entities and leading scientists worldwide, who consulted extensively with Member States using an effective online country portal supported by the World Health Data Hub. An update on both the magnitude and age/sex distribution of the excess mortality is ongoing and is expected to bring more clarity to the impacts of the pandemic on the triple billion targets and the health-related targets of the Sustainable Development Goals.

17. The 2022 rounded estimates indicate a reduction in the global health workforce shortage to 15 million in 2020 and a projected global shortage of 10 million in 2030 based on current trends (mostly depicting a pre-COVID-19 situation). This is a significant decrease as compared with the earlier projection of a shortage of 18 million by 2030. However, the African and Eastern Mediterranean regions show less progress, will bear an increasing share of the total shortage in 2030 and may need to review their health labour market policies and investments.

18. In addition to these highlights, many other important accomplishments are included in the full results report under the 12 outcomes and 42 outputs as we work towards universal health coverage, healthier populations, protection from health emergencies and a stronger WHO.

PROGRAMME BUDGET FINANCING AND IMPLEMENTATION

19. In May 2022, the Seventy-fifth World Health Assembly adopted resolution WHA75.5 on revision of the Programme budget 2022–2023, in which it further approved the increase in the base budget segment of the Programme budget 2022–2023, as approved in resolution WHA74.3 (2021). Through resolution WHA75.5, the total Programme budget now stands at US\$ 6726.1 million for the financial period 2022–2023.

20. At the end of the first year of the biennium the total Programme budget had a good level of financing, including projections (US\$ 8.3 billion), which surpassed the total approved budget (see Table 1). The good level of financing is explained by two event-driven budget segments: emergency operations and appeals, and polio eradication, the financing for which has needed to exceed the amounts established in the Programme budget in order to keep step with operational needs.

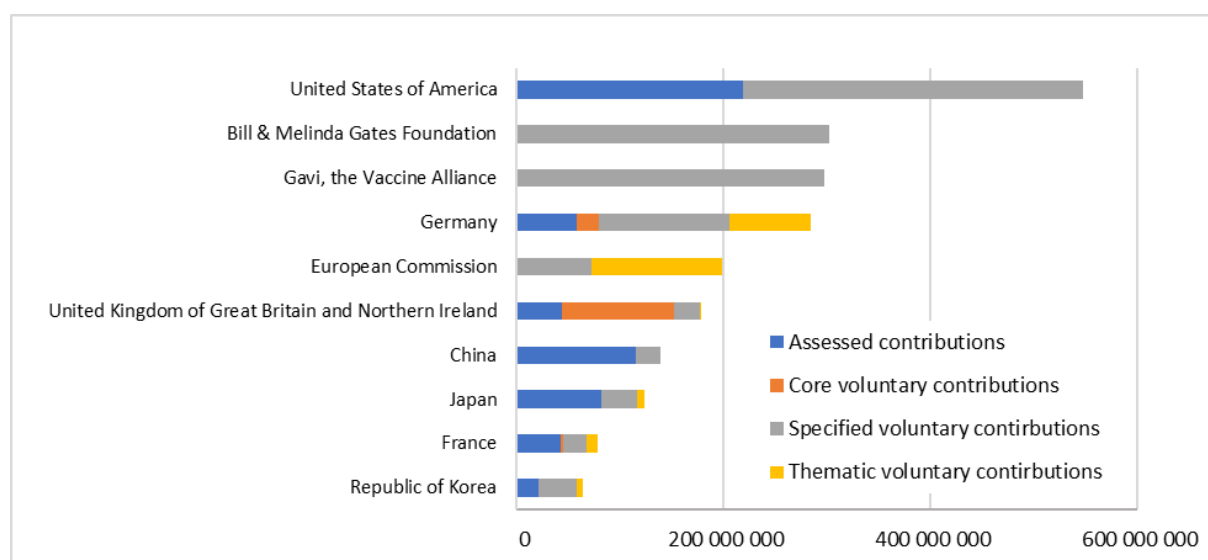
21. Base programmes, representing the core work of the Organization, also had good financing levels for this time in the biennium: 87% when projected voluntary contributions were included. Despite these positive figures, as at 31 December 2022, the base programmes had a funding gap of US\$ 660 million, after including projections of voluntary contributions. The current gap is compounded by the challenge of persisting pockets of poverty – underscoring the urgent need for more sustainable financing.

Table 1. Programme budget 2022–2023 (original and revised) and its financing, including projections and utilization, by segment, as at 31 December 2022 (US\$ millions)¹

Segment	Approved Programme budget 2022–2023 (US\$ million)	Approved revised Programme budget 2022–2023 (US\$ million)	Financing (US\$ million)	Financing as % of approved revised budget	Financing including projections (US\$ million)	Financing including projections as % of approved revised budget	Utilization (US\$ million)	Utilization as % of approved revised budget	Utilization as % of available financing
Base programmes	4 364.0	4 968.4	4 091.1	82%	4 308.0	87%	1 879.1	38%	46%
Polio eradication	558.3	558.3	1 014.4	182%	1 033.5	185%	509.9	91%	50%
Special programmes	199.3	199.3	222.7	112%	223.9	112%	65.3	33%	29%
Emergency operations and appeals	1 000.0	1 000.0	2 639.1	264%	2 771.0	277%	1 357.8	136%	51%
Total	6 121.7	6 726.1	7 967.4	118%	8 336.3	124%	3 812.2	57%	48%

22. The level of financing achieved so far has only been possible thanks to the generosity of Member States and other stakeholders (see Fig.1). The Secretariat greatly appreciates this commitment to WHO and notes the importance of maintaining and increasing the flexibility and predictability of the funds allocated to the Organization, and to strengthening the financing of the Organization’s core work as approved in WHO’s base programmes.

Figure 1. Top 10 contributors to the base Programme budget 2022–2023 (US\$)



23. At 38% (Table 1), levels of utilization of the budget for base programmes were lower than expected (50%) at the end of the first year of the biennium and appeared to be strongly linked with financing levels and time of arrival of funds. Utilization rates were on target when compared against available funding. In the current situation, when a large majority of the base budget segment is financed

¹ The totals may not always add up, due to rounding.

from specified voluntary contributions, the utilization challenge remains in chronically underfunded areas even if otherwise they have capacity to implement the budget.

24. The Secretariat relies on the support of its Member States and other stakeholders to fill the remaining gap with increased efforts to mobilize more timely and flexible funding, which would also help to overcome persisting pockets of poverty and ensure a high rate of implementation of the Programme budget by the end of the biennium.

25. For more details on the financing and implementation of the Programme budget 2022–2023, see the budget section of the results report.

CHALLENGES AND LOOKING FORWARD

26. Sustainable financing remains the major obstacle for the Secretariat to implement the priorities set by the Member States. As described above, “pockets of poverty” continue to exist both thematically and in major offices. These financing gaps imply that the envisaged and required work cannot be fully delivered. Despite much having been done in the past years to improve this situation, from through mobilizing more flexible resources to improving internal resource allocation mechanisms, these efforts can only marginally meet the long-standing financing challenges. It is welcome that Member States have the opportunity to put WHO on a more sustainable financing path at its 75th anniversary: the draft Proposed programme budget 2024–2025 has been developed with the expectation of a 20% increase in assessed contributions, marking a historic move towards a more empowered and independent WHO.

27. A renewed commitment to health equity will be the key to overcoming future health challenges. In the shadow of the COVID-19 pandemic, WHO’s road map to recovery includes an urgent paradigm shift towards promoting health and well-being and preventing disease by tackling its root causes and creating the conditions for health to thrive. Countries are being urged to provide health by prioritizing primary health care as the foundation of universal health coverage. This is the essence of the five priorities through which the Proposed programme budget 2024–2025 is:

- (a) **promoting health** – to support countries to make a radical shift towards promoting health and well-being and preventing disease by addressing its root causes;
- (b) **providing health** – to support a reorientation of health systems towards primary health care as the foundation of universal health coverage;
- (c) **protecting health** – to strengthen the capacities, systems and tools for health emergency preparedness, response and resilience at all levels, underpinned by strong governance and financing and coordinated globally by WHO;
- (d) **powering health** – to harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities; and
- (e) **performing for health** – to empower WHO as the directing and coordinating authority on global health, at the centre of the global health architecture.

28. Moving beyond GPW 13 and in the light of the reversal of progress towards the Sustainable Development Goals, WHO will have to redefine its strategy leading up to 2030. Working closely with Member States, the Secretariat will begin preparations for the draft Fourteenth General Programme of

Work – building on lessons learnt from GPW 13 and realigning our focus to accelerate progress towards achieving the Sustainable Development Goals.

ACTION BY THE HEALTH ASSEMBLY

29. The Health Assembly is invited to note this report and provide further guidance to the Secretariat.

ANNEX

THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2025 RESULTS FRAMEWORK

