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# Draft Proposed Programme Budget 2026-2027 (RC version)

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# Content



Introduction: what is new?



WHO Results Framework



Preliminary Results of Country Prioritization



Budget Summary



Monitoring, Performance Assessment and Evaluation



Financing outlook and Increase in Assessed Contributions

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# Draft Programme Budget 2026-2027: what is new?

In line with commitments to continuously improve transparency and accountability as per Secretariat's Implementation Plan on reform

## Incorporates lessons learned from GPW 13

- Recommendations from independent evaluations
- Focus on areas requiring improvement
- Maintains integrity of the results chain and RBM principles

## Key Improvements in Proposed programme budget

- Strengthened & transparent prioritization process driven by Member States
- Alignment with strategic objectives of GPW14
- Better alignment between priorities and budget
- Measurement of results included from outset

## Building Trust and Confidence

- Improving transparency in resource allocation
- Robust monitoring system with joint outcomes consulted with Member States plus outcome and output indicators
- Enhancing results reporting

## Consultative Process for Draft Outputs

- 3 levels of the organization consulted
- Output delivery teams to continue and finalize the work

## WHO Results Framework:

- Systematic and Structured Approach to
  - define, organize, and assess health initiatives
- Includes expected Impacts, Outcomes, and Outputs
  - Clear and logical connection between inputs, activities, and health improvements
  - Every action contributes to overarching goals

### FOURTEENTH GENERAL PROGRAMME OF WORK, 2025–2028 RESULTS FRAMEWORK



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## Results Framework for the Draft Programme Budget 2026-2027

- Builds on lessons from GPW 13, RBM principles and recommendations from independent evaluations
- Focuses on areas requiring improvement and essential changes while maintaining the integrity of the results chain
- Balanced the granularity of outputs, ensuring clarity, and keeping the number of results to a minimum to enhance manageability without sacrificing detail
- **18 GPW14 outcomes** (15 joint outcomes, 3 corporate outcomes); and **42 draft outputs**.
- Still under development and review. Changes may occur before WHA78

## Results Framework for the Draft Programme Budget 2026-2027, number of outcomes and outputs per Strategic Objective

### SO1: Climate change

- 2 outcomes
- 2 outputs

### SO2: determinants of health and root causes of ill health

- 3 outcomes
- 5 outputs

### SO3: Primary health care approach and essential health system capacities

- 3 outcomes
- 7 outputs

### SO4: Health service coverage and financial protection

- 3 outcomes
- 7 outputs

### SO5: Prevent, mitigate, prepare for risks to health

- 2 outcomes
- 5 outputs

### SO6: Detect and sustain effective response

- 2 outcomes
- 4 outputs

### Corporate outcomes

- 3 outcomes
- 12 outputs

**Annex 1:** includes full detail of outcomes, outputs, and respective scopes to date

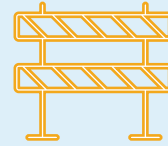
# How will Secretariat support achievement and measure results?

- **Annex 1:** detail on full results framework: Outcomes, outputs, outcome indicators, and detailed scopes of outputs.
- Work underway to finalize outcome indicators, output statements, output indicators and scope of outputs – inclusive processes.
- Different presentations of scope of outputs. Which one is more useful to Member States?
- Joint assessment of results and validation of indicators expected to take place with Member States
- To be fully finalized in time for **WHA78** (May 2025)



## Joint outcome 3.3. Health information systems strengthened, and digital transformation implemented

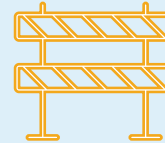
Innovative approaches will be emphasized to enhance the collection (at all levels of care), transfer, analysis and communication of data at the national and subnational levels, as the cornerstone for evidence-based decision-making to drive high-impact interventions. Special attention will be given to helping countries in strengthening capacities and technical standards for surveillance; improving civil registration and vital statistics systems;



Outcome indicator	Baseline	Target
Existence of national digital health strategy, costed implementation plan, legal frameworks to support safe, secure and responsible use of digital technologies for health (New)		
SCORE index (New)		
Resolution WHA71.1. % of health facilities using point-of-service digital tools that can exchange data through use of national registry and directory services (by type) (New)*		

### Outputs

- 3.3.1 WHO builds country capacity and develops tools and platforms to support countries in developing and improving their health information systems to facilitate informed guide decision-making and harness digital transformation, to expand coverage and equity to accelerate impact



Output/leading indicator	Baseline	Target

### Scope of outputs

3.3.1. WHO builds country capacity and develops tools and platforms to support countries in developing and improving their health information systems to facilitate informed guide decision-making and harness digital transformation, to expand coverage and equity to accelerate impact

- Effective data and digital governance frameworks (for example, civil registration and vital statistics, population and facility-based surveys, disease and behaviour surveys and surveillance systems).

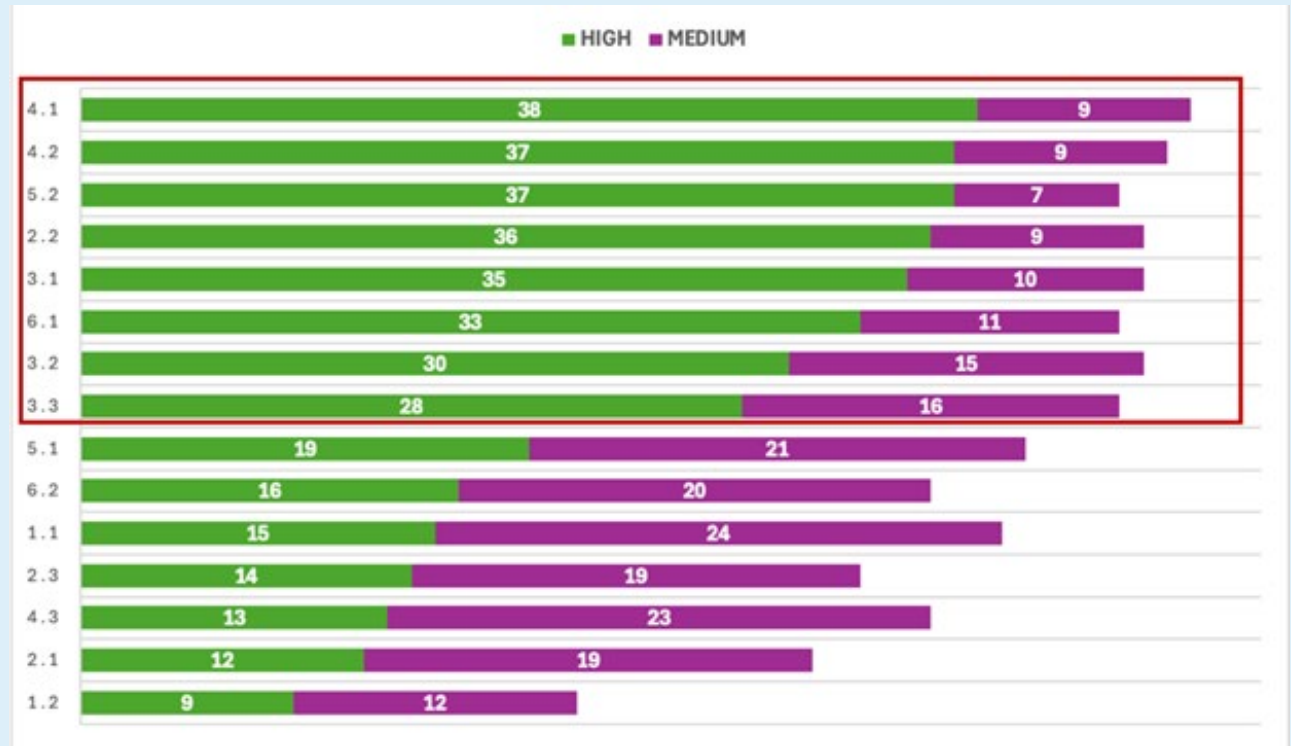
## Establishing country priorities for the duration of GPW 14

- Start at the country level to ensure maximum alignment with country situations, national priorities, evidence
- Informed by country and regional processes
- Key to developing, implementing and monitoring of the Programme budget 2026–2027, informing budget costing, implementation, allocation of resources and resource mobilization efforts.
- Preliminary priority results are similar to prioritization of the Programme budget 2024–2025
- Prioritization results may be further refined with greater understanding of the outputs during the operational planning phase
- Process to be established for changes originated by Member states in updating prioritization if required
- Priority setting process is ongoing



## Joint outcomes ranked as high or medium priority (initial results from 2 Major Offices)

n=47



**Joint outcome 4.1.** Equity in access to quality services improved for NCDs, mental health conditions and CDs, and AMR

**Joint outcome 4.2.** Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved

**Joint outcome 5.2.** Preparedness, readiness and resilience for health emergencies enhanced

**Joint outcome 2.2.** Priority risk factors for NCDs and CDs, violence and injury, and poor nutrition

**Joint outcome 3.1.** The primary health care approach renewed and strengthened to accelerate universal health coverage

Update of country priorities will be available at WHO's Programme Budget digital platform

# AFRO: initial prioritization results

36

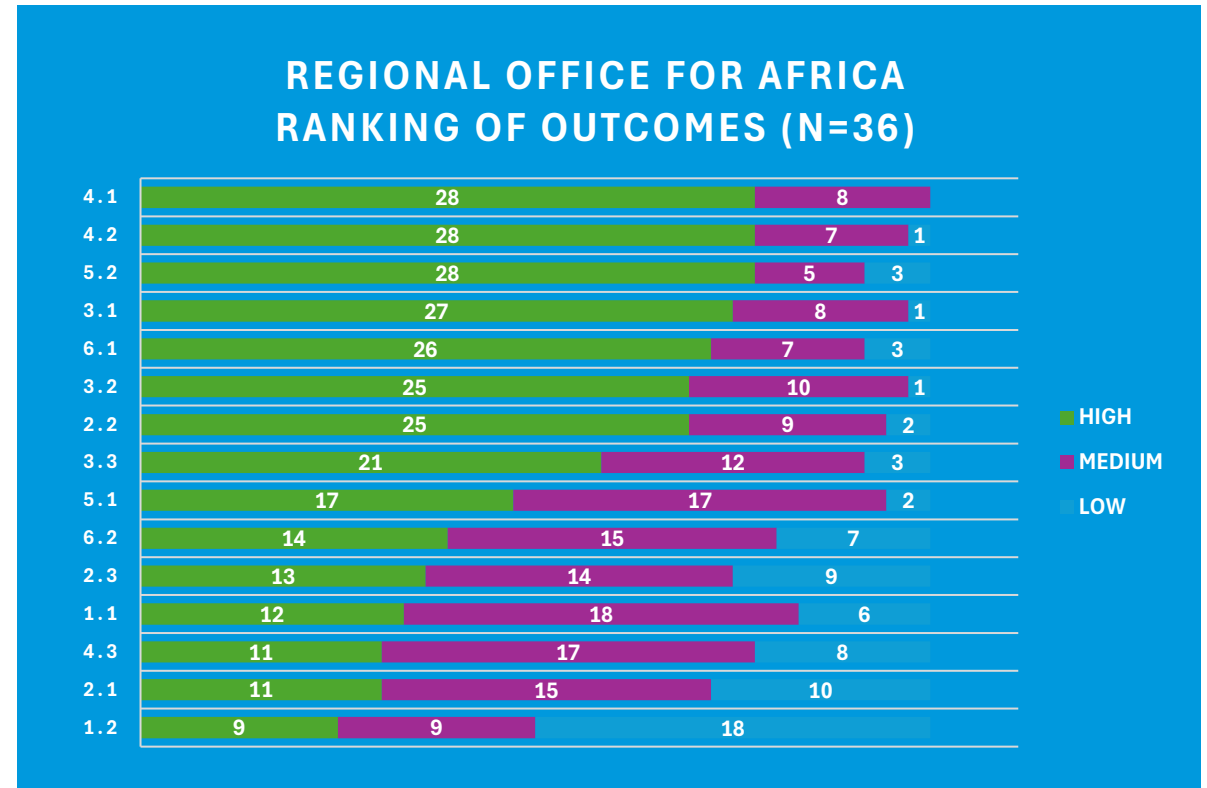
Countries with initial outcome prioritization results

75%+

Prioritized outcomes 4.1, 4.2, 5.2 and 3.1 as high priority

54%

Of all outcomes prioritized as "High"



**Joint outcome 4.1.** Equity in access to quality services improved for NCDs, mental health conditions and CDs, and AMR

**Joint outcome 4.2.** Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved

**Joint outcome 5.2.** Preparedness, readiness and resilience for health emergencies enhanced

**Joint outcome 3.1.** The primary health care approach renewed and strengthened to accelerate universal health coverage



# Budget increase for Base programmes: in line with what was presented in GPW14

## GPW14 document

Table 2. Indicative financial envelope for GPW 14 base segment (US\$ million)

	2025	2026	2027	2028	Total
Programme budget 2024–2025: base	2 484	2 484	2 484	2 484	9 936
Country strengthening		193.5	193.5	193.5	581
Strengthening accountability		50	50	50	150
Polio transition			157.5	157.5	315
Strengthening data and innovation			75	75	150
<b>GPW 14 Envelope</b>					<b>11 132</b>
Assessed Contributions (AC)	(574.2)	(775.1)	(775.1)	(933.1)	(3 057)
Programme Support Costs (PSC)					(938)
<b>Base budget need (net of PSC)</b>					<b>7 137</b>

## Draft Proposed programme budget 2026-2027

Items	Approved Programme Budget 2024–2025	Proposed programme budget 2026–2027
Baseline	4 968.2	4 968.2
Country strengthening	–	387.0
Strengthening data and innovation	–	75.0
Strengthening accountability	–	100.0
<b>Total</b>	<b>4 968.2</b>	<b>5 530.2</b>

- The Proposed programme budget 2026-2027 departs from the budget estimate for GPW14
- Based on the latest information from GPEI, polio transition for Pakistan and Afghanistan not included in 2026-2027
- The proposed base budget of USD 5 530.2 million is allocated by Major office based on GPG decision
- Possible further adjustments

# Budget Summary: segments

Budget segment	Approved programme budget 2024–2025	Proposed programme budget 2026–2027 Scenario 1	Proposed programme budget 2026–2027 Scenario 2
Base programmes	4,968.2	5,530.2	5,530.2
Polio eradication	694.3	976.3	976.3
Special programmes	171.7	162.4	162.4
Emergency operations and appeals (2 scenarios)	1,000.0	1,000.0	2,846.7
<b>Grand Total</b>	<b>6,834.21</b>	<b>7,668.9</b>	<b>9,515.7</b>

## Base programmes

- Core mandate of WHO
- Largest part of the budget
- Reflects global health priorities
- Based on GPW14 overall budget estimate

## Emergency operations and appeals

- Operations in emergency and humanitarian settings
- Two budget scenarios: US\$ 1 billion (same as GPW13) and US\$ 2.8 billion (paired with Global Health Emergency Appeal)

## Polio eradication

- WHO's share for the Global Polio Eradication Initiative

## Special programmes

- Additional governance mechanisms and budget considerations

## Budget Summary: Base Programmes

### Core Mandate of WHO

- Largest part of Proposed Programme Budget 2026-2027
- Includes country, regional, and global strategic priority-setting

Proposed Budget Increase: 11% (US\$562m) explained by main areas of Investment (see previous slides), particularly country strengthening

- Major offices will start budget costing based on priority setting and other considerations within their base budget allocations

## Proposed programme budget 2026–2027: Base segment by Major Office

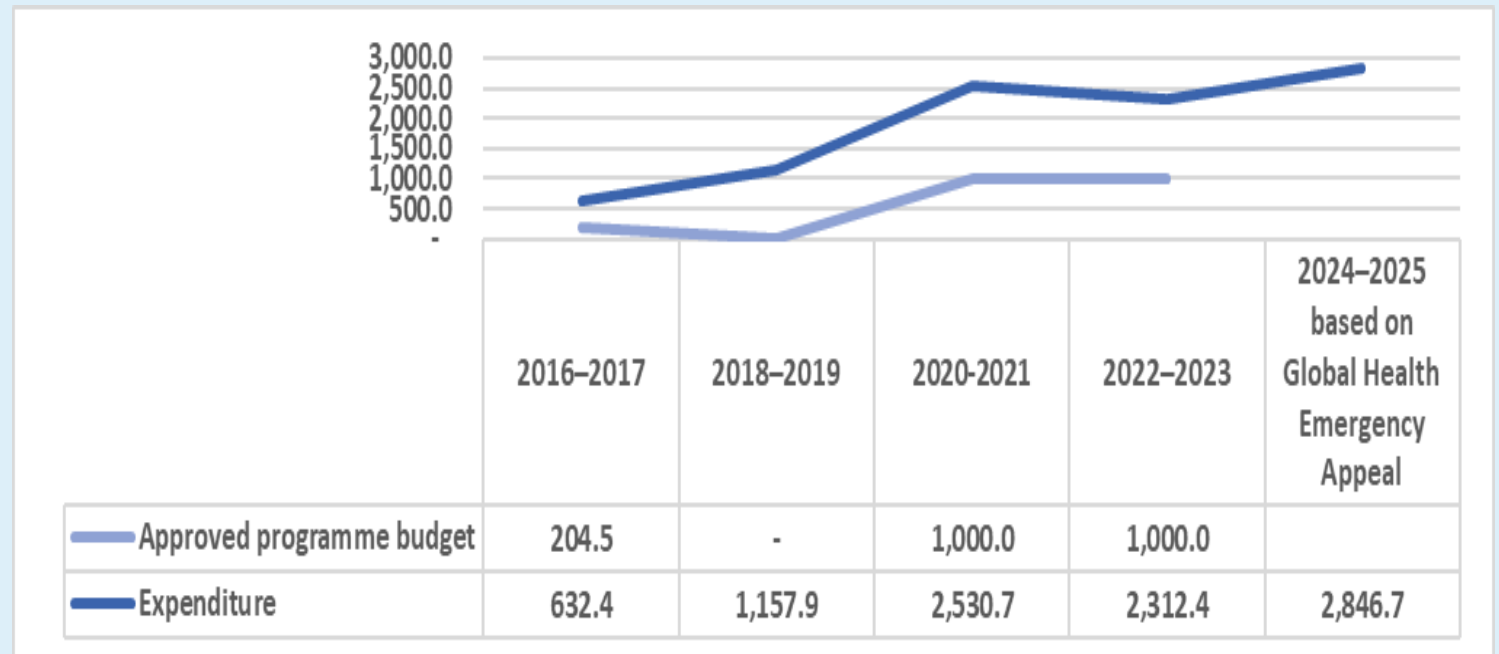
Major Offices	Approved Programme budget 2024–2025 (US\$ million)	Proposed Programme budget 2026–2027 (US\$ million)	Difference between approved and Proposed programme budget 2024-2025(%)
Africa	1,326.6	1,509.5	+14%
The Americas	295.6	349	+18%
South-East Asia	487.3	537.2	+10%
Europe	363.5	419.7	+15%
Eastern Mediterranean	618.4	743.3	+20%
Western Pacific	408.1	463	+13%
Headquarters	1,468.6	1,508.6	+3%
<b>Grand Total</b>	<b>4,968.2</b>	<b>5,530.2</b>	<b>+11%</b>

## Budget segment of emergency operations and appeals

### Why two Scenarios?

- Event driven
- In last two biennia, a proxy amount was used, and subsequently increased in line with the level of operations
- Proxy amount of US\$1B (**Scenario 1**) was significantly below actual expenditures
- This segment now performs an annual planning process, involving all six regions, which is the basis for the Global Health Emergency Appeal (GHEA)
- **Scenario 2** is in line with GHEA

Comparison of the approved budget levels and expenditures for the emergency operations and appeals segment of the programme budget (US\$ million)



# Monitoring, Performance Assessment and Evaluation

- Will build on mechanisms utilized in previous biennia
- While enhancing accountability: measurement of results (indicators with their baselines and targets) to be included in the WHA version of Programme budget. Development currently under way
- Joint validation of indicators is advised, building on priority setting and existing collaboration between country offices and Member States
- Joint assessment of results proposed to be expanded, based on earlier regional experiences and pilots of 2024
- Evaluation functions will continue to be strengthened, and their recommendations will inform the design of new strategies, programmes and country programmes.

## Programme budget implementation: status update

- WHO programme budget web portal: details of the Organization's work, financing and implementation progress ([WHO | Programme budget web portal](#))
- Internal dashboards for programme budget implementation monitoring (major office specific)



## Internal review of operational plans

- A comprehensive Organization-wide review of the operationalized programme budget in the context of strategic priorities, country support requests, projected implementation and realistic financing of the budget



## Mid-term results report

- Mid-term review of progress in implementing the approved programme budget



## Programme budget implementation and financing update

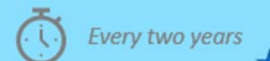
- Reports to governing bodies on the status of programme budget implementation and financing (for example, documents A77/14 and A77/15)



## End-of-biennium performance assessment

- WHO output scorecard: an assessment of the Secretariat's performance in delivering outputs agreed with Member States
- Joint assessment
- Results report: programme budget performance assessment for all three levels of WHO, including the contribution of the Secretariat to the achievement of programmatic outcomes and impacts, measured through an assessment of the delivery of outputs

- [WHO Results Report 2022-2023](#)



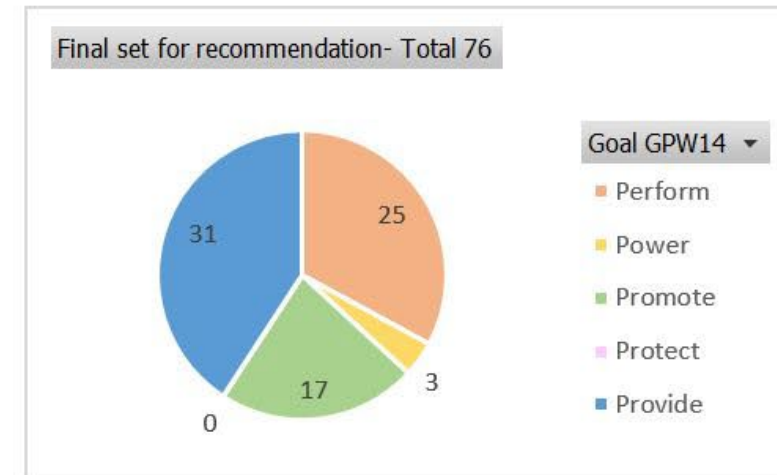
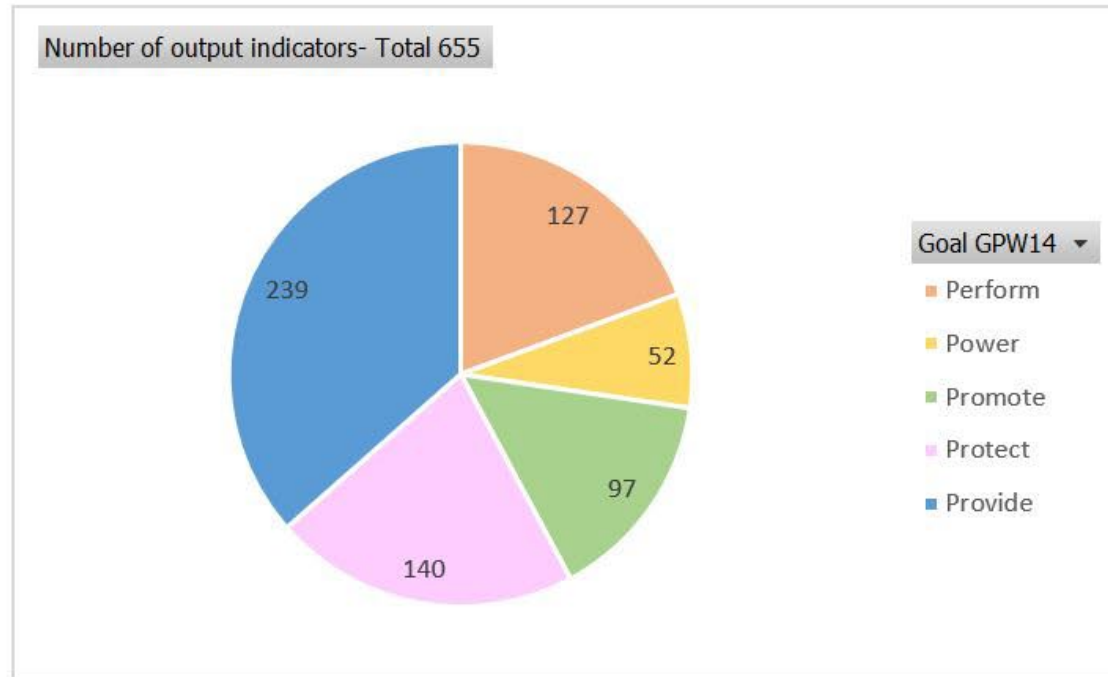
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# Refined selection criteria for output/leading indicators

- 1) Does the output indicator reflect performance and accountability of the WHO Secretariat in countries?
- 2) Is there a direct and clear linkage of output indicator as a measure of the plausible contribution of the output to the health outcome?
- 3) Is the output indicator measurable?
- 4) Is the metadata of the output indicator clearly defined?
- 5) Will the indicator value change each year (exceptionally once every two years)?



# Output/leading indicators candidates and recommendations



NB: Protect, Provide (3s) and additional Power final recommendation will be incorporated into this chart shortly

# Financing outlook of the draft Proposed programme budget 2026-2027

**\$268m**

Voluntary contributions that have been committed for 2026-2027

**\$1 148.3m** + **\$229.6m**  
Assessed Contributions      Expected increase in Assessed Contributions

**\$ 1 645.9m**

Total Financing of 2026-2027 base programmes as of now

It is still 15 months before start of 2026-2027, and 2 months before Investment Round



# Proposed increase in Assessed Contributions

## Assessed contributions increase between 2022 and 2031

As introduced in report on sustainable financing (A75/9) submitted to the Seventy-fifth Health Assembly

Biennium	Total assessed contributions (US\$ million)	Increase over current level of assessment (%)	Increase per biennium (US\$ million)	% of base budget 2022–2023
2022–2023	956.9	–	–	22
2024–2025	1 148.3	20	191.4	26
2026–2027	1 377.9	20	229.6	32
2028–2029	1 722.4	25	344.5	39
2030–2031	2 182.0	27	459.6	50

### Initial assumptions:

(a) use of resolution WHA75.8 (2023) approved scale of assessment for 2024–2025;

(b) target assessed contribution increase is set at 50% of the 2022–2023 approved budget for the base segment, at US\$ 2182 million, to be reached by 2030–2031;

(c) Amount of US\$ 2182 million should not change, even if future programme budgets increase more than the approved Programme budget 2022–2023; and

(d) the increase in assessed contributions is phased, starting from 2024–2025

The first increase in assessed contributions **took place** for 2024-2025 (US\$191.4 million)

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# For consideration and discussion by Member States

- Are Member States in agreement with the draft budget figures presented?
- Which of the scenarios of the Emergency operations and appeals (2 scenarios) shall be considered to go forward?
- How would Member States like to move forward the discussion of the increase in Assessed Contributions for 2026-2027 in preparation for WHA78?

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# Thank you!



# GPW14 outcomes and number of draft outputs within

Outcome text	# Outputs
<b>Joint outcome 1.1.</b> More climate-resilient health systems are addressing health risks and impacts	1
<b>Joint outcome 1.2.</b> Lower-carbon health systems and societies are contributing to health and well-being	1
<b>Joint outcome 2.1.</b> Health inequities reduced by acting on social, economic, environmental and other determinants of health	2
<b>Joint outcome 2.2.</b> Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches	2
<b>Joint outcome 2.3.</b> Populations empowered to control their health through health promotion programmes and community involvement in decision-making	1
<b>Joint outcome 3.1.</b> The primary health care approach renewed and strengthened to accelerate universal health coverage	3
<b>Joint outcome 3.2.</b> Health and care workforce, health financing and access to quality-assured health products substantially improved	3
<b>Joint outcome 3.3.</b> Health information systems strengthened, and digital transformation implemented	1
<b>Joint outcome 4.1.</b> Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance	4
<b>Joint outcome 4.2.</b> Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved	2
<b>Joint outcome 4.3.</b> Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable	1
<b>Joint outcome 5.1.</b> Risks of health emergencies from all hazards reduced and impact mitigated	2
<b>Joint outcome 5.2.</b> Preparedness, readiness and resilience for health emergencies enhanced	3
<b>Joint outcome 6.1.</b> Detection of and response to acute public health threats is rapid and effective	2
<b>Joint outcome 6.2.</b> Access to essential health services during emergencies is sustained and equitable	2
<b>Corporate outcome 1:</b> Effective WHO health leadership through convening, agenda-setting, partnerships and communications advances the draft GPW 14 outcomes and the goal of leaving no one behind	2
<b>Corporate outcome 2:</b> Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level	3
<b>Corporate outcome 3 :</b> A sustainably financed and efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the draft GPW 14 outcomes	7