



REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Sixty-fifth session

N'Djamena, Republic of Chad, 23–27 November 2015

Agenda item 15

**REGIONAL ORIENTATION ON THE IMPLEMENTATION OF THE WHO
PROGRAMME BUDGET 2016-2017**

Report of the Secretariat

EXECUTIVE SUMMARY

1. The WHO Programme Budget for the 2016-2017 biennium is the second of the three biennial budgets to be formulated within the Twelfth General Programme of Work, 2014–2019. It has been developed on the basis of a bottom-up approach for the definition of priority programmes in the broader context of WHO reform aimed at building in the African Region an Organization that is more effective, efficient, responsive, accountable and transparent.
2. This document contains the regional perspectives for implementation of the Programme Budget 2016-2017 in the African Region. It outlines key priorities, lessons learnt, budget distribution, guiding principles and roles and responsibilities of Member States and the WHO Secretariat. Details of budget figures are provided in the Annex.
3. The World Health Assembly has adopted the overall WHO Programme Budget for the 2016-2017 biennium, totalling US\$ 4384.9 million. The African Region has been allocated a share of US\$ 1 162.3 million (26.5%), which represents an increase of US\$ 42.3 million (3.8%) compared with the approved budget for the 2014-2015 biennium.
4. The adopted bottom-up approach for the priority-setting process led to some shifts in budget allocations across programmes in many countries. Despite increases noted in some programmes, the distribution of the budget across priorities still indicates an unbalanced budget. Thus, Members States and the WHO Secretariat need to intensify efforts to mobilize resources to better fund these regional priorities in order to offset limitations in the budget.
5. The Regional Committee noted and adopted this document.

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INTRODUCTION

1. The WHO Programme Budget for the 2016-2017 biennium is the second of the three biennial budgets to be formulated within the Twelfth General Programme of Work (12th GPW) 2014-2019.¹ It has been structured along six Categories of Work and thirty Programme Areas (Table 1) and developed in the broader context of WHO reform, whose aims include clear programmatic priority-setting, increased accountability, continued budget discipline and clearer roles and functions across all levels of the Organization.
2. The Programme Budget 2016-2017 was developed using a robust bottom-up planning process to identify priorities for technical cooperation within countries in response to Member States' request. It also took into account the current Country Cooperation Strategy (CCS) documents and recent developments in national health contexts. In addition to being the primary tool for technical programming, it is the main instrument for accountability and transparency, as well as for financing and resource mobilization.
3. The Programme Budget 2016-17 was adopted by the World Health Assembly in May 2015, through its Resolution WHA68/1. This resolution allows WHO offices at all levels to formulate work plans for the 2016-2017 biennium, based on country needs and regional priorities.
4. This document outlines health priorities and budget distribution to countries and to the Regional Office. It also proposes guiding principles and shared responsibilities between Member States and the WHO Secretariat for the implementation of the Programme Budget during the 2016-2017 biennium in the African Region.

PRIORITIES

5. The WHO high-level strategic priorities are defined in the 12th GPW which also provides an overall direction for the governance of the global health agenda for a six-year period. Deriving from the global priorities, each WHO region has defined its regional priorities taking into account the context and the specificity of the Region.
6. The 12th GPW describes the six leadership priorities for the 2014-2019 period. These priorities are: (i) advancing universal health coverage; (ii) addressing unfinished and future challenges of health-related Millennium Development Goals; (iii) addressing the challenges of noncommunicable diseases; (iv) implementing the provisions of the International Health Regulations (2005); (v) increasing access to essential, high-quality and affordable medical products; (vi) addressing the social, economic and environmental determinants of health.
7. In the African Region, five strategic priorities have been defined², namely: (i) improving health security; (ii) strengthening/investing in national health systems; (iii) sustaining focus on health-related Sustainable Development Goals (SDGs); (iv) addressing the social and economic determinants of health; and (v) transforming the WHO Regional Office for Africa into a responsive and results-driven Organization.
8. The African Region has made considerable progress over the past years. There has been a significant decline in the incidence of HIV/AIDS, tuberculosis and malaria; progress in the

¹ WHO: Not merely the absence of disease: 12th WHO General Programme of Work 2014-2019, WHO, Geneva, 2013.

² Acceptance Speech by Dr Matshidiso Rebecca Moeti, WHO Regional Director for Africa, at the 136th session of the Executive Board, Geneva, January 2015.

elimination of a number of neglected tropical diseases; increase in immunization rates over the past ten years; reduction in deaths from measles; and a decline in maternal and child mortality.³

9. However, the Region continues to face several challenges, the most notable being the Ebola Virus Disease epidemic in West Africa which has had a devastating impact on families, livelihoods, security and socioeconomic development in the affected countries. Addressing Ebola outbreaks implies significant additional requirements for the Organization's response to similar situations in the future.

10. Taking into account the previous success and challenges experienced in the Region, the Programme Budget 2016-2017 will focus on the implementation of key interventions⁴ aligned with the defined strategic priorities. These include: (i) supporting the Ebola-affected countries in their efforts to reach zero cases and to rebuild their health systems; (ii) advocating for additional investment and strengthening the readiness of the African Region to deal with health threats, within the framework of the International Health Regulations (2005); (iii) supporting Member States to increase domestic investments in health and develop sound national health strategies to strengthen their health systems in driving progress towards equity and Universal Health Coverage; (iv) ensuring that the MDGs are concluded while pursuing the post-2015 development agenda, and tackling the growing burden of NCDs; (v) supporting Member States to improve their ability to tackle the social determinants of health and work successfully with other sectors in promoting health; (vi) building the Organization to be more effective, efficient, responsive, accountable and transparent; and (vii) reinforcing WHO accountability for both programmatic results and management of the resources entrusted to the Organization.

11. At country level, a set of priorities were identified through the bottom-up planning approach to guide technical cooperation with WHO. According to the structure of programme areas as defined in the 12th GPW, each country ranked the top ten identified priorities as "High priorities" and the rest as "Lower priorities". This ranking constitutes the basis for the distribution of budget allocations across programmes for each WHO country office.

12. Overall, priorities defined at global level and the regional priorities are well aligned and address the main country needs. The Programme Budget 2016-2017 and subsequent operational plans offer the opportunity to implement relevant interventions to address these priorities, taking into account lessons learnt during the previous biennia.

LESSONS LEARNT

13. The effective participation of Member States in the review of the Programme Budget document, including the related distribution of allocations across priority programmes, has enhanced the credibility of the budget and will increase efficiency in the operational planning process. Similarly, Member States' participation in the Financing Dialogue engaged with partners in the context of WHO reform has demonstrated effectiveness with a significant improvement in the predictability of WHO income at the beginning of the biennium. The effective participation of Member States in such review mechanisms needs to be encouraged.

14. The establishment of a Compliance Team in the Regional Office is improving the management of operations through efficiency and accountability in finance, procurement and general management. For example, selected key risk areas in operations, including procurement,

³ The health of the people: what works – the African Regional Health Report 2014.

⁴ Acceptance Speech by Dr Matshidiso Rebecca Moeti, WHO Regional Director for Africa, at the 136th session of the Executive Board, Geneva, January 2015.

travel and donor reporting, have been reviewed; and Direct Financial Cooperation (DFC) overdue reports have been reduced from 1947 to 782, representing a 60% reduction, between December 2013 and December 2014. With these improvements, the compliance function needs to be sustained in line with the WHO accountability framework.

15. To respond to future large-scale and sustained outbreaks and emergencies such as the Ebola Virus Disease epidemic, the capacity of the WHO Secretariat in the African Region needs to be strengthened through budget reallocation, resource mobilization, re-structuring and recruitment of additional relevant staff in order to better support Member States. The Ebola Virus Disease epidemic in West Africa has revealed the vulnerability and weakness of health systems in affected countries where even the routine health services were closed. This outbreak hampered implementation of the work plans of ministries of health and WHO as staff were deployed to the field to respond to the Ebola outbreak.

16. The Ebola Virus Disease epidemic has demonstrated the limitations of resources available in the Region for timely response to outbreaks. Therefore, as a matter of urgency and pursuant to Article 50 of the WHO Constitution, Member States of the African Region should consider allocating additional funding to support and contribute to WHO's work in this area.⁵

PROGRAMME BUDGET 2016-2017

17. The Programme Budget 2016-2017 is built as a continuation of Programme Budget 2014-2015. However, as a result of the bottom-up planning approach adopted, and based on the priorities selected by each country, some shifts in allocations across programmes were observed in many countries. Proposals submitted for the distribution of allocations were based on PB 2014-2015, for which an average of 80% of the country office budget envelope has been allocated to the selected top ten priorities, and the remaining 20% of allocations distributed to the selected lower priorities.

18. The overall budget allocated to the African Region for PB 2016-2017 amounts to US\$ 1 162.3 million, representing 26.5% of the overall WHO budget of US\$ 4 384.9 million. Compared with the previous biennium, the PB 2016-2017 for the African Region has increased by US\$ 42.3 million (3.8%). Details of budget figures are presented in Table 1 of the Annex.

19. Across programme areas, some substantive changes and shifts have been observed compared with the previous biennium. These include significant increases for mental health and substance abuse (156.5%), ageing and health (142.9%) and malaria (110.3%). In absolute terms, there have been bigger increases for malaria (US\$ 23.5 million), management and administration (US\$ 16.9 million/25.9%), neglected tropical diseases (US\$ 14.1 million/72.7%) and tuberculosis (US\$ 12.3 million/72.8%).

20. As a whole, programmes under the Health Systems category have been allocated US\$ 17.7 million more compared with the allocation under PB 2014-2015, representing an increase of 24.8%. This category still needs additional resources to address the gaps. However, in absolute terms, the impact of net increases in some of the other programmes such as Mental Health and Substance Abuse as well as Ageing and Health is marginal in the regional budget.

21. Despite the very high priority given to Vaccine-preventable Diseases and Polio Eradication, allocations in the two priority programmes present substantial decreases compared with the

⁵ WHO Resolution EBSS3.R1 of the Executive Board Special Session: Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences.

previous biennium. This trend could be justified by the integrated activities for Polio and Routine Immunization. In addition, Member States of the Region are making efforts to improve their contributions to fund the Vaccine-preventable Diseases programme. The decrease for the Polio Eradication Programme could be foreseen in view of the Polio Eradication Endgame.

22. The distribution of the budget across the six categories and emergency programmes still represents an unbalanced budget with a significant concentration on emergency programmes:

(i)	Communicable diseases	24.4%
(ii)	Noncommunicable diseases	5.3%
(iii)	Promoting health through the life-course	9.1%
(iv)	Health systems	7.7%
(v)	Preparedness, surveillance and response	5.5%
(vi)	Corporate services and enabling functions	12.6%
(vii)	Emergency programmes (Polio & outbreaks)	35.4%

23. The budget distribution between country offices and the Regional Office is 79% and 21% respectively (Table 1). It was 75% and 25% for the previous biennium 2014-2015. The 21% allocated to the Regional Office includes allocations to the Inter-country Support Teams for direct support to countries. Details of the budget allocation to countries are provided in Table 2 of the Annex.

GUIDING PRINCIPLES FOR IMPLEMENTATION

24. The implementation of the Programme Budget 2016-17 will be guided by the following principles:

- (a) Reinforcement of a results-driven WHO Secretariat in the Region which should be accountable for both programmatic results and the management of resources.
- (b) Continuity in implementing WHO's reforms in the Region, including the transformation agenda of the WHO Secretariat in the African Region.
- (c) Strengthening of the Organization's presence in countries.
- (d) Expansion of partnership and WHO collaboration for health with stakeholders and partners in the Region.
- (e) Integration of WHO actions across Categories of work and Programme Areas and across the three levels of the Organization.

ROLES AND RESPONSIBILITIES

25. Countries are expected to:

- (a) Implement activities in line with the WHO operational plans and the Programme Budget 2016-2017. The operational plans should also be aligned with their national health plans and the CCS.
- (b) Participate effectively in meetings of the governing bodies such as Regional Committee and WHO Executive Board meetings as well as in other fora whose agenda includes the review of the WHO Programme Budget.

- (c) Advocate for a clear collective commitment to ensure adequate funding for effective implementation of the Programme Budget to address key priorities.
26. WHO Secretariat should:
- (a) Engage in the development of realistic operational plans, and ensure greater budget discipline in the implementation of the Programme Budget.
 - (b) Enhance advocacy and resource mobilization to fund the Programme Budget.
 - (c) Provide support to countries including developing realistic preparedness plans for outbreak and crisis response.
 - (d) Prepare Budget Centres to reprogramme countries' operational plans in the event of outbreaks and emergencies with health consequences.

CONCLUSION

27. The African Region has been allocated an overall budget of US\$ 1 162.3 million for the biennium 2016-2017, representing an increase of 3.8% relative to Programme Budget 2014-2015. The distribution across priorities and programmes shows an unbalanced budget due to a significant concentration on emergencies and polio programmes. The budget allocations of some key regional priorities are almost the same as in the previous biennium, thus challenging related expected results such as those for health systems strengthening. However, the challenge for Members States and the WHO Secretariat is to intensify efforts to mobilize resources to fully fund the Programme Budget 2016-2017. In addition, specific mechanisms for fund-raising such as the African Public Health Emergency Fund (APHEF) need to be sustained in order to respond to future large-scale outbreaks and emergencies.

28. The Regional Committee noted and adopted this document on the regional overview of the WHO Programme Budget 2016-2017.

ANNEX

Table 1: Budget allocations to the African Region, breakdown for country offices and the Regional Office by Category of Work and Programme Area (US\$ million)

Categories and programme areas	PB 2016-2017			PB 2014-2015 Total	Variance	% change
	Country offices	Regional Office	Total			
1. Communicable diseases						
HIV/AIDS	38.3	10.2	48.5	45.9	2.6	5.7%
Tuberculosis	24.2	5.0	29.2	16.9	12.3	72.8%
Malaria	30.4	14.4	44.8	21.3	23.5	110.3%
Neglected tropical diseases	25.4	8.1	33.5	19.4	14.1	72.7%
Vaccine-preventable diseases	96.1	31.9	128.0	163.7	-35.7	-21.8%
Subtotal	214.4	69.6	284.0	266.7	17.3	6.5%
2. Noncommunicable diseases						
Noncommunicable diseases	29.1	18.2	47.3	48.0	-0.7	-1.5%
Mental health and substance abuse	3.6	2.3	5.9	2.3	3.6	156.5%
Violence and injuries	1.2	0.9	2.1	1.4	0.7	50.0%
Disabilities and rehabilitation	0.4	0.8	1.2	0.9	0.3	33.3%
Nutrition	5.1	0.2	5.3	3.9	1.4	35.9%
Subtotal	39.4	22.4	61.8	56.5	5.3	9.4%
3. Promoting health through the life-course						
Reproductive, maternal, newborn, child & adolescent health	60.9	14.3	75.2	68.9	6.3	9.1%
Ageing and health	1.1	0.6	1.7	0.7	1.0	142.9%
Gender, equity and human rights mainstreaming	1.3	1.0	2.3	2.3	-	0.0%
Social determinants of health	7.5	2.7	10.2	7.3	2.9	39.7%
Health and the environment	9.6	6.2	15.8	12.8	3.0	23.4%
Subtotal	80.4	24.8	105.2	92.0	13.2	14.3%
4. Health systems						
National health policies, strategies and plans	15.5	5.5	21.0	15.2	5.8	38.2%
Integrated people-centred health services	22.5	12.5	35.0	30.0	5.0	16.7%
Access to medicines and health technologies	10.7	5.9	16.6	11.6	5.0	43.1%
Health systems information and evidence	9.7	6.7	16.4	14.5	1.9	13.1%
Subtotal	58.4	30.6	89.0	71.3	17.7	24.8%
5. Preparedness, surveillance and response						
Alert and response capacities	10.4	4.4	14.8	8.4	6.4	76.2%
Epidemic- and pandemic-prone diseases	5.1	2.2	7.3	4.8	2.5	52.1%
Emergency risk and crisis management	30.5	6.5	37.0	37.7	-0.7	-1.9%
Food safety	3.2	2.0	5.2	4.6	0.6	13.0%
Subtotal	49.2	15.1	64.3	55.5	8.8	15.9%
6. Corporate services/enabling functions						
Leadership and governance	33.9	13.3	47.2	47.5	-0.3	-0.6%
Transparency, accountability and risk management		7.3	7.3	7.3	-	0.0%
Strategic planning, resource coordination & reporting		5.7	5.7	5.2	0.5	9.6%
Management and administration	48.2	33.9	82.1	65.2	16.9	25.9%
Strategic communications		4.1	4.1	5.3	-1.2	-22.6%
Subtotal	82.1	64.3	146.4	130.5	15.9	12.2%
Total base programmes	523.9	226.8	750.7	672.5	78.2	11.6%
Emergencies						
Polio eradication	359.3	13.0	372.3	408.2	-35.9	-8.8%
Outbreak and crisis response	31.6	7.7	39.3	39.3	0.0	0.0%
Subtotal	390.9	20.7	411.6	447.5	-35.9	-8.0%
Grand total	914.8	247.5	1,162.3	1,120.0	42.3	3.8%
% shared	79%	21%	100%			

Table 2: Budget allocation to country Budget Centres in the African Region (US\$)

	COUNTRIES	Total Allocation
	Country Ceiling	914 800 000
	Withholding on Cat 1 – 5 (-10 % as per distribution for Reserves)	83 231 000
	Net for work plans	831 569 000
	Country/Budget Centres	
1	Algeria	3 467 000
2	Angola	39 601 000
3	Benin	9 465 000
4	Botswana	3 860 000
5	Burkina Faso	13 765 000
6	Burundi	7 414 000
7	Cameroon	16 581 000
8	Cape Verde	3 585 000
9	Central African Republic	15 444 000
10	Chad	27 520 000
11	Comoros	4 224 000
12	Congo	7 666 000
13	Côte d'Ivoire	18 161 000
14	Democratic Republic of Congo	66 537 000
15	Equatorial Guinea	3 774 000
16	Eritrea	6 942 000
17	Ethiopia	45 160 000
18	Gabon	5 063 000
19	Gambia	5 544 000
20	Ghana	12 862 000
21	Guinea	9 391 000
22	Guinea-Bissau	4 038 000
23	Kenya	37 806 000
24	Lesotho	4 465 000
25	Liberia	11 156 000
26	Madagascar	13 752 000
27	Malawi	11 421 000
28	Mali	17 117 000
29	Mauritania	5 219 000
30	Mauritius	2 129 000
31	Mozambique	10 916 000
32	Namibia	10 469 000
33	Niger	19 332 000
34	Nigeria	188 502 000
35	Reunion	253 000
36	Rwanda	9 269 000
37	Saint Helena	204 000
38	Sao Tome and Principe	2 793 000
39	Senegal	11 056 000
40	Seychelles	1 831 000
41	Sierra Leone	13 770 000
42	South Africa	9 671 000
43	South Sudan	38 016 000
44	Swaziland	5 079 000
45	Tanzania - United Republic	26 604 000
46	Togo	5 280 000
47	Uganda	18 650 000
48	Zambia	12 572 000
49	Zimbabwe	14 173 000
	TOTAL	831 569 000