World Health Organization
REGIONAL OFFICE FOR Africa

AFR/RC63/11
5 September 2013

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: ENGLISH**

Sixty-third session
Brazzaville, Republic of Congo, 2–6 September 2013

Agenda item 17

WHO PROGRAMME BUDGET 2014–2015: ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION AND INFORMATION ON THE FINANCING DIALOGUE

Report of the Secretariat

EXECUTIVE SUMMARY

1. The WHO Programme Budget for the biennium 2014–2015 is the first in the twelfth General Programme of Work 2014–2019. It is also the first Programme Budget that is implementing the programmatic aspects of the WHO Reforms.

2. The document outlines priorities and budget distribution and presents guiding principles for implementing the Programme Budget 2014–2015 in the African Region. The budget has been distributed per category, programme area and level, i.e. in country offices and the Regional Office, with detailed description per country.

3. The World Health Assembly has adopted the overall WHO Programme Budget for the biennium 2014–2015 totalling US$ 3 977 000 000. The African Region has been allocated a 28% share or US$ 1 120 000 000 which represents a slight increase of 2.5% over the initial budget for the 2012–2013 biennium.

4. However, distribution of the Budget across priority programmes shows an imbalance due to a large concentration in emergencies and polio and under-budgeting in other key regional priorities and in programmes related to the Millennium Development Goals. Thus, Member States and the Secretariat need to intensify resource mobilization to better fund all priorities and compensate for limitations in the Budget.

5. The Regional Committee is requested to note and provide further guidance on implementation of the Programme Budget 2014–2015 adopted by the Sixty-sixth World Health Assembly.

CONTENTS

I. WHO PROGRAMME BUDGET 2014–2015: ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION

INTRODUCTION

1. The WHO Programme Budget 2014–2015 is the first to be developed in line with decisions on WHO Reforms and the first of the three biennial programme budgets to be formulated within the period covered by the twelfth General Programme of Work (GPW) 2014–2019.[1] The development and subsequent implementation of Programme Budget 2014–2015 are essential means of advancing the WHO Reform process. It has been structured along six category and programme areas, shifting from the strategic objectives and organization-wide expected results structure of previous Programme Budgets. It also provides a new framework for financial resources and expenditures with more flexibility expected in the funding of the Organization. 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.

2. Following the recommendation from the one-hundred-thirty-second session of the Executive Board, the Sixty-sixth World Health Assembly adopted Resolution WHA66.2 in May 2013. The resolution allows WHO offices at all levels to formulate workplans for the biennium 2014–2015 based on country needs and regional priorities.

3. This document outlines health priorities and the 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 implementation of the Programme Budget during the biennium 2014–2015 in the African Region.

PRIORITIES

4. Under the WHO Reforms, Member States established clear criteria for defining the new set of six leadership priorities for the period 2014–2019 as described in the twelfth General Programme of Work (GPW). The priorities represent key areas in which WHO seeks to play a significant leading role in global health. They are (a) advancing universal health coverage; (b) addressing unfinished and future challenges of the health Millennium Development Goals (MDGs); (c) addressing the challenges of noncommunicable diseases (NCDs); (d) implementing the provisions of the International Health Regulations (2005); (e) increasing access to essential, high-quality and affordable medical products; and (f) addressing the social, economic and environmental determinants of health.

5. The leadership priorities do not attempt to represent the totality of WHO work. However, they represent the most important contribution that WHO will make to global health over the period of the twelfth GPW. These global priorities have been presented in six categories of work which constitute the framework of the Programme Budget 2014–2015.

6. At regional level, Member States have endorsed the regional priorities set out in the document on Strategic Directions for the WHO African Region[2] to sustain achievements and to tackle current, emerging and re-emerging priorities. The document emphasizes six priority areas based on the core functions of the Organization; they are action-oriented and aim at improving health outcomes in the Region. The priority areas are (a) continued focus on WHO leadership in

---

[1] WHO, Not merely the absence of disease: twelfth WHO General Programme of Work 2014–2019, Geneva, World Health Organization, 2013.

[2] WHO, Achieving sustainable health development in the African Region: strategic directions for WHO, 2010–2015, Brazzaville, Republic of Congo, World Health Organization Regional Office for Africa, 2010.

the provision of normative and policy guidance as well as strengthening partnerships and harmonization; (b) strengthening of health systems based on the primary health care approach; (c) putting the health of mothers and children first; (d) accelerated actions on HIV/AIDS, malaria and tuberculosis; (e) intensifying the prevention and control of communicable and noncommunicable diseases; and (f) accelerating response to the determinants of health.

7. At country level, priorities have been defined for each specific country in the WHO country cooperation strategy (CCS) documents.[3] The analysis of these documents has shown that in the Region the focus has been placed on the following priorities: health policies and systems; fighting against HIV/AIDS, tuberculosis and malaria; enhancing response to disease outbreaks and emergencies including man-made and natural disasters; improving maternal and child health; combating neglected diseases; controlling common risk factors for noncommunicable diseases; and promoting the scaling up of proven, cost-effective health interventions.

8. Overall, priorities defined at global and regional levels are well-aligned and are addressing the main country needs. The Programme Budget 2014–2015 and subsequent operational plans offer opportunities to plan for operationalizing the implementation of relevant interventions to address the priorities.

LESSONS LEARNT

9. Various lessons have been already learnt during the implementation of the Programme Budget 2012–2013. Such lessons are described below and can be applied to improve the implementation of PB 2014–2015.

10. The global financial crisis, which is still affecting the volume of resources available to WHO, has prompted the WHO Regional Office for Africa to introduce efficiency measures to generate savings and compensate for some budget shortfalls. The lesson learnt is that cost containment measures are feasible and effective; they need to be pursued and applied at country and regional levels.

11. An operational planning process based on unpredictable resources has resulted in limited deliverables and achievements as well as unrealistic implementation plans. The financing dialogue with partners in the context of WHO Reforms intends to create a more realistic budget, improve budget credibility and reduce the high degree of uncertainty of voluntary contributions. This would result in more effective programme operational planning and implementation.

12. The Paris Declaration on Aid Effectiveness,[4] Accra Agenda for Action[5] and Harmonization for Health in Africa (HHA)[6] offered opportunities for mobilizing additional resources. In the African Region, WHO has learnt the importance of pursuing efforts to strengthen partnerships which represent new opportunities for leveraging technical and financial resources for effective implementation of the Programme Budget. Building on this experience, new strategic alliances need to be forged and existing partnerships strengthened for synergistic action including with the African Union, regional economic communities (RECs) and global health initiatives (GHIs).

---

3 WHO, WHO country cooperation strategies: global analysis 2012, Geneva, World Health Organization, 2012.

4 Paris Declaration on aid effectiveness; ownership, harmonization, alignment, results and mutual accountability, High Level Forum, Paris, 28 February–2 March 2005.

5 Accra Agenda for Action, High Level Forum, Accra, Ghana, 2–4 September 2008.

6 WHO, UNICEF, UNFPA, UNAIDS, African Development Bank and World Bank, Harmonization for Health in Africa (HHA): an action framework, 2007.

13. Article 50 of the WHO Constitution allows Member States to allocate additional funding to the Region. On this basis, the African Public Health Emergency Fund (APHEF) has been created as an innovative mechanism to fill funding gaps in the African Region. Member States should contribute to APHEF and similar mechanisms; both WHO and Member States should intensify advocacy to mobilize more resources.

PROGRAMME BUDGET 2014–2015

14. The Programme Budget 2014–2015 presents a detailed description of what will be done to realize the health vision of the twelfth GPW. It is the primary instrument expressing the full scope of the work of the Organization and identifies roles, responsibilities and budget allocations. The document is structured around six categories of work and related programme areas.

15. Five categories focus on the technical aspects of WHO work, namely: (a) communicable diseases; (b) noncommunicable diseases; (c) promoting health through the life-course; (d) health systems; and (e) preparedness, surveillance and response. The sixth category, corporate services and enabling functions, ensures the proper functioning of the Secretariat and the delivery of technical programmes.

16. The budget allocation for 2014–2015 is based on budget implementation during the 2010–2011 biennium; PB allocations for 2012–2013; projection of income expected in 2014–2015; and disease burden. The budget allocated to the African Region for 2014–2015 amounts to US$ 1 120 000 000 (Table 1). This budget represents 28% of the overall WHO budget, the same proportion as for the biennium 2012–2013. However, this budget is made up of 40% (US$ 447 887 000) for emergencies (mainly polio eradication) and 60% (US$ 672 113 000) for non-emergency programmes.

17. The distribution of the budget of the Programme Budget 2014-2015 across the six categories compared with the Programme Budget 2012-2013 is as follows:

Category	Approved PB 2014-2015	% per Category	Approved PB 2012-2013	% per Category	Changes in budget allocation	% of change per Category
	(a)	(b)	(c)	(d)	(e)=(a-c)	(f)=(e/c)
1	266 700 000	24%	276 609 000	25%	-9 909 000	-3.6%
2	56 500 000	5%	24 992 500	2%	31 507 500	126.1%
3	92 000 000	8%	120 834 000	11%	-28 834 000	-23.9%
4	71 300 000	6%	97 614 000	9%	-26 314 000	-27.0%
5	503 000 000	45%	450 801 500	41%	52 198 500	11.6%
6	130 500 000	12%	122 215 000	11%	8 285 000	6.8%
Total	**1 120 000 000**	**100%**	**1 093 066 000**	**100%**	**26 934 000**	**2.5%**

18. This distribution presents an unbalanced budget across the six categories with a significant allocation for preparedness, surveillance and response due to polio. The share of the total 2014–2015 budget allocated to polio eradication is 36% (US$ 408.25 million); 93% (US$ 379.67million) of the polio eradication budget is allocated to countries where polio is still a problem (Table 3).

19. The overall ratio of allocations between the Regional Office and country offices is 25%:75% (US$ 276.5 million: US$ 844.2 million) (Table 2). The 25% allocated to the Regional

Office includes allocations to the Intercountry Support Teams (ISTs) to be spent mainly in direct support to countries. Details of budget allocations to countries, including South Sudan which has recently moved from the WHO Eastern Mediterranean Region to the WHO African Region, are provided in Table 4.

20. Despite the high level of priority accorded to health systems which seek to achieve overall health improvement, the related Category 4 has been allocated a low proportion of the budget. Therefore, during the implementation of the Programme Budget, Member States and the Secretariat should consider using some proportion of the resources allocated to the other Categories to increase the funding of health systems activities. In addition, there is need to explore new opportunities for leveraging resources of Global Health Initiatives to strengthen national health systems.

GUIDING PRINCIPLES

21. Implementation of the Programme Budget will be guided by the following principles:

(a) results-based management approach;

(b) decentralization policy through CCSs and more supportive role of ISTs in WHO country operations;

(c) accountability of both Member States and the Secretariat vis-à-vis the WHO governing bodies;

(d) strengthening of partnerships for health in the Region;

(e) integration of WHO action across the three levels of the Organization and across priority programmes;

(f) continuity throughout the biennium;

(g) adapting changes introduced by WHO Reforms on new programmatic categories and priorities.

ROLES AND RESPONSIBILITIES

22. Countries are expected to implement activities as agreed in the Programme Budget in line with their national health plans, Country Cooperation Strategies and the WHO twelfth General Programme of Work 2014–2019. In order to mitigate the influence of the global financial crisis, Member States are requested to advocate for a clear collective commitment to ensure adequate funding for the effective implementation of the Programme Budget to address key priorities through new and innovative financial mechanisms such as the African Public Health Emergency Fund.

23. WHO should engage in the development of realistic operational plans and more discipline in implementing the Programme Budget. Focus should be on support to countries and increased advocacy and resource mobilization to fund the PB. The decentralization policy should facilitate greater alignment of WHO country office workplans with ministry of health plans and increase WHO contributions to national health outcomes and impact.

CONCLUSION

24. For the biennium 2014-2015, the African Region has been allocated an overall budget of US$ 1 120 000 000; this is a slight increase over Programme Budget 2012-2013. However, distribution across priority programmes shows an imbalance due to a significant concentration in emergencies and polio programmes leaving other key regional priorities and others related to the MDGs under-budgeted; these include health systems; maternal, newborn and child health; health promotion; and primary prevention including NCDs. Thus, Member States and the Secretariat need to intensify efforts for resource mobilization to better fund regional priorities.

25. The Regional Committee is invited to note and adopt the proposed orientations for implementation of the Programme Budget 2014-2015 in the African Region.

Table 1: WHO global budget by category of work and Regional Office, PB 2014-2015 (US$ 000)

	Category	AFRO	AMRO	SEARO	EURO	EMRO	WPRO	HQ	Total
1	Communicable diseases	266 724	19 433	107 313	32 405	89 786	71 592	255 186	842 439
2	Noncommunicable diseases	56 536	21 701	21 770	32 796	23 573	41 981	119 479	317 836
3	Promoting health through the life-course	91 986	32 156	23 593	40 189	23 034	21 563	156 073	388 594
4	Health systems	71 510	30 775	44 874	55 974	41 668	56 177	242 151	543 129
5	Preparedness, surveillance and response	55 023	16 189	16 922	13 654	16 839	29 491	138 482	286 600
6	Corporate services and enabling functions	130 334	44 612	50 943	46 004	73 360	42 294	282 371	669 919
	Sub-total (excluding Emergencies)	672 113	164 866	265 415	221 022	268 260	263 098	1 193 742	3 048 517
	% of global budget	22%	5%	9%	7%	9%	9%	39%	100%
	Emergencies (Category 5)	447 887	11 134	74 585	8978	291 739	6901	87 258	928 483
	Total *(including Emergencies)*	1 120 000	176 000	340 000	230 000	560 000	270 000	1 281 000	3 977 000
	% of global budget	28%	4%	9%	6%	14%	7%	32%	100%

Table 2: Budget allocations to the African Region, breakdown for Regional Office and country offices by category of work, PB 2014-2015 (US$ 000)

	Category	Regional Office	Country offices	Total	% Shared
1	Communicable diseases	69 583	197 141	266 724	*24%*
2	Noncommunicable diseases	23 218	34 117	56 536	*5%*
3	Promoting health through the life-course	31 108	60 878	91 986	*8%*
4	Health systems	31 805	39 705	71 510	*6%*
5	Preparedness, surveillance and response	53 508	449 402	502 910	*45%*
6	Corporate services and enabling functions	67 301	63 033	130 334	*12%*
	TOTAL	**276 523**	**844 276**	**1 120 000**	***100%***
	% RO vs COs	***25%***	***75%***	***100%***	

Table 3: Budget allocations to the African Region, breakdown for Regional Office and Country Offices by Category of work and Programme Areas PB 2014-2015 (US$ 000)

Categories and Programme Areas			Total	Regional Office	Country Offices
Category 1: Communicable diseases			**266 700 000**	**69 600 000**	**197 100 000**
1	1.01	HIV/AIDS	45 900 000	15 600 000	30 300 000
	1.02	Malaria	16 899 000	3 800 000	13 099 000
	1.03	Tuberculosis	21 300 000	5 000 000	16 300 000
	1.04	Neglected tropical diseases	19 399 000	6 000 000	13 399 000
	1.05	Vaccine-preventable diseases	163 202 000	39 200 000	124 002 000
Category 2: Noncommunicable diseases			**56 500 000**	**23 300 000**	**33 200 000**
2	2.01	Noncommunicable diseases	48 000 000	19 200 000	28 800 000
	2.02	Mental health	2 300 000	1 600 000	700 000
	2.03	Violence and injuries	1 400 000	500 000	900 000
	2.04	Disabilities and rehabilitation	900 000	800 000	100 000
	2.05	Nutrition	3 900 000	1 200 000	2 700 000
Category 3: Promoting health through life-course			**92 000 000**	**31 100 000**	**60 900 000**
3	3.01	Reproductive, maternal, newborn, child and adolescent health	68 899 000	20 000 000	48 899 000
	3.02	Healthy ageing	700 000	600 000	100 000
	3.03	Gender, equity and human rights mainstreaming	2 301 000	1 600 000	701 000
	3.04	Health and the environment	7 300 000	2 900 000	4 400 000
	3.05	Social determinants of health	12 800 000	6 000 000	6 800 000
Category 4: Health systems			**71 300 000**	**31 800 000**	**39 500 000**
4	4.01	National health policies, strategies, and plans	15 200 000	6 100 000	9 100 000
	4.02	Integrated people-centred services	30 000 000	13 500 000	16 500 000
	4.03	Access to medical products and strengthening regulatory capacity	11 600 000	4 900 000	6 700 000
	4.04	Health system information and evidence	14 500 000	7 300 000	7 200 000
Category 5: Preparedness, surveillance and response			**503 000 000**	**53 400 000**	**449 600 000**
5	5.01	Alert and response capacities	8 400 000	4 100 000	4 300 000
	5.02	Epidemic and pandemic-prone diseases	4 800 000	2 300 000	2 500 000
	5.03	Emergency risk and crisis management	37 700 000	7 700 000	30 000 000
	5.04	Food safety	4 600 000	3 200 000	1 400 000
	5.05	***Polio eradication***	***408 200 000***	***28 400 000***	***379 800 000***
	5.06	***Outbreak and crisis response***	***39 300 000***	***7 700 000***	***31 600 000***
Category 6: Corporate services and enabling functions			**130 500 000**	**66 900 000**	**63 600 000**
6	6.01	Leadership and governance	47 500 000	14 500 000	33 000 000
	6.02	Transparency, accountability and risk management	7 300 000	7 300 000	0
	6.03	Strategic planning, resource coordination and reporting	5 200 000	5 200 000	0
	6.04	Management and administration	65 200 000	34 600 000	30 600 000
	6.05	Strategic Communication	5 300 000	5 300 000	0
Grand Total			**1 120 000 000**	**276 100 000**	**843 900 000**
% share			**100%**	**25%**	**75%**

Table 4: Budget allocation to country budget centres in the African Region PB 2014-2015 (US$ 000)

	COUNTRIES	TOTAL
	Country Ceiling	**843 900 000**
	Withholding for Reserves: -5 % for Cat 1 to 5; excluded Cat 6 = 0%	**38 961 000**
	Net for workplans	**804 939 000**
	Country / Budget Centre	
1	Algeria	2 935 000
2	Angola	36 989 000
3	Benin	9 915 000
4	Botswana	3 668 000
5	Burkina Faso	15 293 000
6	Burundi	8 734 000
7	Cameroon	11 597 000
8	Cape Verde	3 688 000
9	Central African Republic	9 080 000
10	Chad	26 210 000
11	Comoros	4 213 000
12	Congo	6 628 000
13	Democratic Republic of Congo	60 961 000
14	Côte d'Ivoire	17 017 000
15	Equatorial Guinea	3 854 000
16	Eritrea	8 189 000
17	Ethiopia	41 942 000
18	Gabon	4 310 000
19	Gambia	5 719 000
20	Ghana	13 376 000
21	Guinea	10 841 000
22	Guinea-Bissau	3 668 000
23	Kenya	28 247 000
24	Lesotho	5 251 000
25	Liberia	9 662 000
26	Madagascar	16 822 000
27	Malawi	13 254 000
28	Mali	11 702 000
29	Mauritania	6 473 000
30	Mauritius	2 368 000
31	Mozambique	13 854 000
32	Namibia	4 423 000
33	Niger	17 917 000
34	Nigeria	194 606 000
35	Reunion	223 000
36	Rwanda	10 029 000
37	Saint Helena	143 000
38	Sao Tome and Principle	2 740 000
39	Senegal	10 478 000
40	Seychelles	2 129 000
41	Sierra Leone	14 768 000
42	South Africa	10 742 000
43	South Sudan	28 198 000
44	Swaziland	6 619 000
45	Tanzania - United Republic	30 636 000
46	Togo	5 966 000
47	Uganda	15 992 000
48	Zambia	13 975 000
49	Zimbabwe	18 895 000
	TOTAL	**804 939 000**

II. INFORMATION ON THE FINANCING DIALOGUE

1. In response to World Health Assembly Decision WHA66(8), the Director-General on 24 June convened the Launch of WHO's Financing Dialogue. Two hundred and fifty-six participants from 87 Member States, six other United Nations agencies and 14 non-State partner organizations, participated in the meeting in person or via webcast.

2. The meeting was chaired by Dr Dirk Cuypers, Chairman of the Programme, Budget and Administration Committee of the Executive Board. The meeting started with general statements by participants, followed by dedicated sessions on programme, budget and financing aspects and next steps. Ms Maria Luisa Escorel de Moraes of Brazil, Mr Saud Faisal Alsaati of the Kingdom of Saudi Arabia and Dr Anders Nordstrom of Sweden moderated the sessions. Dr Zsuzsanna Jakab, Director, WHO Regional Office for Europe and Dr Mohammed Jama, Assistant Director-General, General Management introduced the topics on behalf of the Secretariat.

3. The Financing Dialogue seeks to facilitate a dialogue both *with* and *among* Member States and other funders and is underpinned by the following key principles:

3.1 ***Alignment:*** Member States and other funders to commit to allocating funding in a way that is fully aligned with the approved Programme Budget.

3.2 ***Predictability & Flexibility:*** Member States and other funders to commit to striving for increased predictability and flexibility of their funding.

3.3 ***Transparency:*** Member States and other funders to commit to making public their funding allocations (firm pledges as well as provisional figures), to allow for a shared understanding of available income against budget category, programme and major office.

4. The participants re-emphasized the unique role of WHO in advancing the global health agenda and the need for WHO to have the necessary capacity, skills, competencies and the financial resources to pursue its work plan as articulated in the Programme Budget 2014-2015.

5. The decision to embark upon the Financing Dialogue was strongly supported by meeting participants, with several noting that it will facilitate their future funding decisions. There was a broad acknowledgement that it will be a learning process and there were invitations by Member States and other funders to continue the dialogue and exchange of views. Participants were invited to provide feedback on the meeting via an on-line survey and this feedback will help to inform both the work that will take place over the next six months and the design of follow-up meeting to be held in November.

6. The meeting resulted in specific commitments on the following:

6.1. ***Alignment***: The commitment to respect the priorities set by the World Health Assembly was strongly re-affirmed, with participants who expect to continue to provide funds that are earmarked for a particular location, programme or category, committing that this earmarking would be aligned to the priorities agreed by Member States and presented in the Programme Budget. WHO shall not take on the implementation of projects which are not in line with the priorities in the Programme Budget.

6.2. ***Predictability***: The value in Member States and other funders increasing the predictability of their funding, for, by example, making public in advance their provisional commitments and moving toward multi-year commitments was noted, though several participants highlighted internal constraints that would prevent them from doing so. A number of Member States provided general indications of the amount and shape of their funding for 2014-15 and committed to confirming their contributions by November. Others committed to be ready to share at least indicative information by November.

6.3. ***Flexibility***: Several Member States and other funders expressed their commitment to increase the flexibility of their funding, for example by moving the level of earmarking from project to programme level, or from programme level to category level. Some participants encouraged the Secretariat to explore incentives for contributors to provide more flexible funding.

6.4. ***Broadening the contributors base***: Ten contributors provide more than 60% of WHO ’s funding, with the top 20 donor s providing more than 80% of WHO’s funding. The vulnerability inherent in this situation was highlighted and the importance of broadening the donor base, in the first instance among Member States, was underscored. One Member State announced that it had provided a supplement to assessed contributions on a voluntary basis.

6.5. ***Transparency***: Meeting participants endorsed a prototype of a web portal WHO is developing in response to Member State calls for increased transparency and accountability around WHO financing. The portal will provide access to real-time results and programmatic, budgetary and financial and monitoring information. It could also allow for tracking of pipeline funding. It was widely acknowledged that the web portal will be a key tool in supporting the Finance Dialogue principles and it was noted that the portal would also help facilitate policy coherence within Member States.

6.6. ***Continuing the discussion***: The discussion shall continue at the Regional Committees, to allow full understanding of this work so that member states can fulfill their responsibility also for the financing of the organization. It was also suggested that a specific discussion, complementary to bilateral discussions, should take place with partners providing core voluntary contributions.

7. In her closing remarks the Director-General paid tribute to Member States for the constructive dialogue, and their commitment to the principles of alignment, transparency, predictability, flexibility and broadening of the contributors base. Based on feedback received during the course of the meeting, she highlighted several actions the Secretariat will be taking that will feed into planning for the follow-up Financing Dialogue meeting in November.

7.1. The web portal will be further developed based on feedback received, with the goal of having it operational in October. There was recognition that this would remain a work in progress for some time, including relating to the level of access to/openness of the web portal.

7.2. Operational planning, a bottom-up process reflecting country-level priorities, is underway. It will establish costed outputs to complement the higher level information provided at the meeting.

7.3. WHO will conduct bilateral follow-up with Member States and other funders as requested, to assist in funding decisions and will work with Member States and other funders to share this information ahead of the November meeting.

7.4. The report of this meeting will be provided to Regional Committees and a synthesis of the Regional Committee discussions will be made available ahead of the November meeting.

7.5. WHO will respond to Member State calls for a more coordinated approach to resource mobilization and income planning across all levels of the Organization as well as a plan for the work beyond November.

7.6. WHO will work to broaden the contributors base, starting with Member States, and will continue to explore additional opportunities to increase income, including through "voluntary" assessed contributions, as has been suggested by some Member States.

7.7. At the November meeting of the financing dialogue, the Director-General will give an indication of the strategic use of assessed contributions to ensure core programs are operational.