11 Proposed PB22-23

Contents

In focus

A74/5 presents the Proposed Programme budget 2022–2023, updated in the light of the Board's comments.

The PSRs from meeting 6 and meeting 7 of the EB report the main discussion from the EB, covering both the draft PB22-23 and Sustainable Financing. (The discussion around the draft decision on SF (EB148(12) was informal.)

A74/9 advises that the Board noted the report on progress towards achieving the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (EB148/25 Add.1).

See EB148/26 (the Secretariat report on Sustainable Financing submitted to EB148) and EB148(12), the EB decision establishing the WGSF

In A74/6 - Sustainable financing reports from the first and second meetings of the Working Group on Sustainable Financing which met virtually from 29 to 31 March 2021 and from 28 to 30 April 2021.

See also reports listed for discussion under Item 29.1: WHO programme and financial reports for 2020–2021, including audited financial statements for 2020

A74/28 - Mid-term review of PB20-21
A74/29 - Audited financial statements for year ended 31 Dec 2020
A74/INF.4 - Voluntary contributions by fund and by contributor, 2020

See A73/16 Rev.1 for WHO Results Framework.

Draft programme budget 2022-2023

Background

Budget emphases

Four key areas of strategic focus

- Rethink health emergency preparedness and readiness and bolster response capacities to health emergencies;
- Build resilience by strengthening primary health care-oriented health systems, essential public health functions and the health security nexus;
- Advance who's leadership in science and data;
- Get back on track and accelerate progress towards the triple billion targets and those of the sustainable development goals.

Three streams of additional budget elements

1. Strengthening country capacity to respond to the four strategic focus areas of the Proposed programme budget 2022–2023;
2. Delivering on the transformation agenda of the GPW 13;
3. Polio transition: to mainstream essential public health functions carried out by the polio eradication programme into the WHO base budget.

Budget structure

Each Outcome is explained and proposed budget allocation (and distribution across major offices) indicated.

Each Output is explained and linked outputs noted and then how WHO will contribute to this output is explained in terms of (i) WHO leadership, (ii) Support to countries, (iii) Global public goods to be produced and convening role.

ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

Outcome 1.1 Improved access to quality essential health services ($1,432.8m)

Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Output 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

Output 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

Output 1.1.5. Countries enabled to strengthen their health and care workforce

Outcome 1.2 Reduced number of people suffering financial hardships ($100.5m)

Output 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

Output 1.2.2. Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making

Output 1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority setting and resource allocation and analysis of the impact of health in the national economy

Outcome 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care ($306.6m)

Output 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists

Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems

Output 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services

Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities

Output 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices

ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

Outcome 2.1 Countries prepared for health emergencies ($274.6m)

Output 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported

Output 2.1.2. Capacities for emergency preparedness strengthened in all countries

Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities

Outcome 2.2 Epidemics and pandemics prevented ($231.8m)

Output 2.2.1. Research agendas, predictive models and innovative tools, products and interventions available for high-threat pathogens

Output 2.2.2. Proven prevention strategies for priority/epidemic-prone diseases implemented at scale

Output 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness

Output 2.2.4. Polio eradication plans implemented in partnership with the Global Polio Eradication Initiative

Outcome 2.3 Health emergencies rapidly detected and responded to ($339.5 m)

Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated

Output 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

Output 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings

ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

Outcome 3.1 Safe and equitable societies promoted through addressing health determinants ($96.4m)

Output 3.1.1. Countries enabled to address social determinants of health across the life course

Output 3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach

Outcome 3.2 Supportive and empowering societies through addressing health risk factors ($165.4m)

Output 3.2.1. Countries enabled to address risk factors through multisectoral actions

Output 3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures

Outcome 3.3 Healthy environments to promote health and sustainable societies ($163.0m)

Output 3.3.1. Countries enabled to address environmental determinants, including climate change

Output 3.3.2. Countries supported to create an enabling environment for healthy settings

MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

Outcome 4.1 Strengthened country capacity in data and innovation ($370.6m)

Output 4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

Output 4.1.2. GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored

Output 4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the

ability to effectively and sustainably scale up innovations, including digital technology, in countries

Outcome 4.2 Strengthened leadership, governance and advocacy for health ($485.8m)

- Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
- Output 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation
- Output 4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships
- Output 4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13
- Output 4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda
- Output 4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored

Outcome 4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner ($396.9m)

- Output 4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework
- Output 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery
- Output 4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations
- Output 4.3.4. Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including occupational health and safety

PHM Comment

General

This is a good draft budget, given the circumstances and the constraints. It is well structured including the triple billion motif and the results framework. The classification of strategies set forth under Outputs (leadership, support to countries, and global public goods) is sensible.

The areas of ‘strategic focus’ (in particular emergency preparedness, primary health care and essential public health functions) are appropriate (although not fully integrated into the budget narrative) and the additional emphasis on strengthening country capacity is helpful.

The increased investment in science (various initiatives) and professional education, through the WHO Academy, are most welcome.

The establishment of the WHO Emergency Programme from 2016 has been completely vindicated by its performance in the Covid-19 pandemic.

However, the aggregate expenditure proposed is grossly inadequate and the distortions imposed on aggregate spending and spending relativities by the donor chokehold are evident throughout the draft.

Health issues which are not properly recognised in the Outcome Narratives and strategies, as set out in the Output Narratives, which are lacking in certain respects

Access to quality essential health services

There are stark gaps in the discussion of health systems and health care financing in the draft budget narrative, in particular, concerning private sector health care provision and competitive health insurance markets. WHO needs to speak honestly. There are steep barriers to achieving efficiency and quality in health care which are intrinsic to private sector provision and stratified health insurance financing.

There are deep contradictions between the language of ‘benefit packages’ and the core principles of primary health care. ‘Benefit packages’ clearly imply a standardised list of services which are funded and the exclusion from third party funding of everything else which means such services are not provided or that they are out-of-pocket funded.

A core principle of primary health care is the concept of practitioners working with their communities to achieve better health and well being and better protection from emergencies as well as providing health care. There are references to PHC in relation to emergency preparedness and the social determinants of health in the draft budget but these are not compatible with ‘benefit packages’ or health insurance funding.

Better protected from emergencies

Much of the commentary on emergencies is useful but the absence of any substantive treatment of the ecological dynamics associated with continuing human encroachment into natural ecosystems is a big gap. There are repeated references to the One Health approach but these do not properly address the ways in which threats to biodiversity and biosecurity risks associated with livestock production, are linked to the emergence of new epidemic prone pathogens.

Better health and well being

Gender is mentioned repeatedly, commonly in terms of the ‘empowerment of women and girls’ but there are no references to patriarchy which offers a structural understanding of gender and health.

Racism and casteism are virtually absent from the document but the discrimination and violence which are generated across these boundaries have huge (and ‘evidence-based’) impacts on health. Homophobia is not mentioned.

Poverty and marginalisation associated with income inequality are among the most powerful determinants of poor health but there is nothing here about the political and economic dynamics which drive deepening income inequality globally. There are very general references to economic determinants of health but no consideration of how the prevailing regime of neoliberal globalisation is driving widening inequalities between and within countries.

Alienation has a powerful impact of people’s health chances and, along with racism and economic inequality undoubtedly is playing a role in the deteriorating health status of the USA. One of the key drivers of alienation is the evaporation of decent work associated with globalisation. No mention, notwithstanding the emergence of new forms of fascism driven in part by alienation.

The budget outcomes which correspond to “more people enjoying better health and well-being” involve an unfortunate split between ‘health determinants’ (#3.1) and ‘risk factors’ (#3.2). Many of the risk factors addressed under Outcome 3.2 actually reflect upstream social determinants. These links are obscured by this budget structure.

Expenditure projections for Outcomes which are inadequate to sustain the proposed and necessary strategies

Outcome 1.2, which promises reduced number of people suffering financial hardships from out of pocket health care expenses envisages spending US$50m per year which is one third of the total lobbying expenditure of the insurance industry in the USA in 2020 (Statista).

Outcome 1.3, which promises improved access to essential medicines, vaccines, diagnostics and devices, envisages spending $153m per year across the biennium. This is exactly half the expenditure of the pharmaceuticals and health products industry on government lobbying in the USA in 2020 (Statista). An estimate from Europe published in 2012 estimated the pharmaceutical industry then spent $111m (USD) on lobbying in Europe (HAI & CEO, 2012).

All of the Outputs listed under the three triple billion Outcomes involve WHO supporting countries to work towards those outcomes. The draft budget envisages spending just under $1b per year on country offices. By comparison the NHS spent just under this ($908m) on management consultancies in 2014 (Oliver 2014).

WHO has around 150 country offices so the budget assumes an average spend of $6.6m per office per year. In 2016 WHO had 4,000 staff members working in country offices, an average of 26 per country office (of whom 19% are international professionals, 28% national professionals, and 53% general staff members) (Country presence 2017). By comparison, McKinsey's global health practice, which addresses the merest fraction of the challenges facing WHO, comprised 400 consultants (in 2012) of whom 150 had medical qualifications (Davies 2012).

Note the comment by the IOAC for the WHE in A74/16 that the human resources capacity of country offices to address emergencies remains weak. (As of March 2021 there were 377 WHE positions vacant because of lack of funds.)

The allocations to country offices for each of the outputs further underlines the inadequacy of this budget. $57.9m to support country work on health care financing (#1.2) corresponds to an average of around $200,000 per year for each country office, perhaps two people. Actually these funds are not distributed on a pro-rata basis (see Table 11). The Africa region receives a higher per capita distribution. However, $12.4m for all Afro country offices and $2.4m for country offices for this output in the Americas are ridiculous.

$39m for output 3.1 on social determinants represents an average of $130,000 per year for each office on average. $1.5m for this output for the whole of the Americas is beyond ridiculous. These figures are inadequate in both absolute terms and in proportional terms, presumably reflecting the refusal of donors to support these outputs.

Sustainable financing

Background

Official documents (WGSF)

EB148/26 is the Secretariat report on Sustainable Financing submitted to EB148.

EB148(12) is the EB decision establishing the WGSF

EB/WGSF/1 (29-31 March 2021)
- EB/WGSF/1/3 - WHO sustainable financing: Options for the consideration of the Working Group
- EB/WGSF/1/4 - WHO budgeting and financing:
- EB/WGSF/1/5 - Meeting Report of the Working Group on Sustainable Financing

EB/WGSF/2 (28–30 April 2021)
- EB/WGSF/2/3 - Outlook on WHO's various types of funding, their levels and its contributors
- EB/WGSF/2/4 - WHO governance: costing of decisions and resolutions and its relationship to the programme budget and its financing

EB/WGSF/2/5 - WHO's cost-recovery mechanisms: programme support costs
EB/WGSF/2/6 - Meeting Report of the Working Group on Sustainable Financing

Brief overview

This sustainable financing discussion started with EB148/26 prepared by the Secretariat for EB148 in Jan 2021. The paper set out the disabilities associated with WHO donor dependence including 'pockets of poverty', lack of predictability and flexibility, lack of alignment between funding and WHA directions, dependence on short term contracts, transaction costs.

The paper challenges the member states to set up an intergovernmental working group to explore the issues and propose solutions. The paper canvasses a range of different possible meanings of 'sustainable' (q.v.). The EB took up the challenge and adopted EB148(12) which commissioned the working group.

The Working Group has now met twice, see WGSF webpages including papers prepared for the WG by the Secretariat. See also the reports of the WG meetings.

PHM comment

WHO is grossly underfunded, including the WHE and the CFE. The CFE is undersubscribed and there are hundreds of WHE positions vacant due to lack of funding. As noted above the proposed budget allocation (in PB22-23) for action on social determinants of health is absurd and the funding available for country offices is completely inadequate.

The ACT Accelerator is facing a massive funding gap and the UN's Global Humanitarian Response plan is likewise grossly underfunded.

The bottom line is that donor dependence (the ACs freeze and tight earmarking of VCs) has been imposed deliberately by the rich countries in order to maintain control of global health governance and to marginalise the voices of developing countries by marginalising the governance role of the Assembly.

The only long term solution which preserves WHO's integrity and guarantees sufficient funds for emergency preparedness and response and for full discharge of WHO's constitutional obligations will be for a substantial increase in assessed contributions (ACs). Repeated calls for VCs to be untied are likely to come to nought because donor earmarking is central to the control of the Organisation. Increasing ACs will face opposition, prevarication, and obfuscation from the rich countries and caution and reluctance from many low and middle income countries.

There is an important role here for progressive NGOs and social movements to advocate at the national level for a concerted movement for increased ACs.

Notes of discussion at WHA74