Introduction

1. The WHO Program Budget 2018-2019—the third and last within the 12th General Program of Work (GPW)—continues from and builds upon the Program Budget 2016-2017. Further, the Program Budget 2018-2019 will be aligned with the strategic direction and programmatic structure set in the 12th GPW. Two new major factors—the 2030 Agenda for Sustainable Development and the reform of WHO’s work in emergencies will further shape the Program Budget 2018-2019.

2. The implementation of the Program Budget 2016-2017 and the start of the development of the Program Budget 2018-2019 will set the stage for reflecting on the 2030 Agenda for Sustainable Development. The biennium 2018-2019 will be the first in which WHO’s work will be articulated within the 2030 Agenda, determining how the Organization will position itself to achieve the health-related targets for the Sustainable Development Goals (SDGs).

Principles and Concepts of the WHO Program Budget 2018-2019

3. This Program Budget will continue to be the primary tool for planning, budgeting, financing, and monitoring all of WHO’s work. The following principles and underlying assumptions will guide the development of the Program Budget 2018-2019:

a) Continuity from the Program Budget 2016-2017: priorities and biennial outputs will be identified in the robust, bottom-up approach for planning and budgeting recommended by Member States. Country-level priorities will be aligned with regional and global commitments and consolidated into Organization-wide outputs.

b) A stable budget similar to Program Budget 2016-2017 of around US$ 4 billion\(^1\) ($3.2 billion for base programs), with adjustments based on the ongoing WHO

\(^1\) Unless otherwise specified, all figures are in US dollars.
reform in emergencies. The allocation to the WHO Regional Office of the Americas (AMRO) will increase if the proposed budget space allocation formula is approved by the World Health Assembly in May 2016.

c) Incorporating the SDGs through the bottom-up process for identifying priorities and refining the results chain and indicators in relation to the SDG targets, but without changing the programmatic and budgetary structure.

d) Focusing technical cooperation work towards achieving each country’s priority outcomes as identified in the 12th GPW health outcomes.

e) Efficiency conscious proposals from every budget center and program area that maximize results achieved for a given amount of resources and/or by minimizing resource use to deliver a set of agreed results.

4. The development of the PAHO Program and Budget 2018-2019 will apply the same underlying principles.

Process

5. The development and operationalization of the WHO Program Budget 2018-2019 will follow the experiences and lessons learned from the Program Budget 2016-2017 development. It will be carried out in four phases:

<table>
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<tr>
<th>Phase 1: Bottom-up consultative process and presentation of full draft to the regional committees (to be completed by June 2016). This phase will identify the list of priorities for WHO technical cooperation at the country level; will describe the scope of products and services to be delivered at the country, regional, and global levels; and will produce initial estimates on staff and non-staff budget requirements. This will result in a consolidated program area proposal using the 12th GPW results structure.</th>
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<tr>
<td>Phase 2: Prepare the program budget version for the Executive Board (by November, 2016). This version will reflect feedback from the Category Network review, the Global Policy Group review, and the consultations with the regional committees, including PAHO’s Directing Council.</td>
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<tr>
<td>Phase 3: Finalization for the 2017 World Health Assembly (WHA) (by March 2017).</td>
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6. PAHO/WHO Representative Offices will be consulted to revalidate priorities for cooperation at the country level identified late in 2015 during the development of the PAHO Program Budget 2016-2017 to see if any shifts are anticipated for 2018-2019. The results will be used to arrive at an estimate of AMRO budget requirements, to be submitted to WHO in May 2016. A more extensive consultation with countries and
territories in the Region will take place later in 2016, as part of Phase 2 and concurrently with the development of the PAHO Program and Budget 2018-2019.

**Action by the Executive Committee**

7. The Executive Committee is requested to take note of the report. A full draft WHO Program Budget, including regional allocations, will be presented to the Directing Council in September 2016 for comment.