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**WHO PROGRAMME BUDGET 2008-2009:
ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION**

Report of the Regional Director

Executive Summary

1. The WHO Programme Budget 2008-2009 is structured around 13 strategic objectives as presented in the WHO Medium-Term Strategic Plan 2008–2013. Each strategic objective has various proposed organization-wide expected results, and budgetary resources have been allocated accordingly.
2. The World Health Assembly has adopted the WHO Programme Budget 2008-2009 amounting to US\$ 4.2 billion. The African Region will receive a share of US\$ 1.2 billion, representing 28.2% of the total budget. The funds will be provided through Assessed contributions (18%) and Voluntary contributions (82%).
3. The present document recalls the health priorities of the African Region and proposes orientations for the implementation of the WHO Programme Budget 2008-2009.
4. The Regional Committee is requested to note and adopt the proposed orientations.

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DRAFT RESOLUTION

AFR/RC57/WP/5 WHO Programme Budget 2008-2009: Orientations for implementation in the African Region

INTRODUCTION

1. The global health environment is characterized by gaps in terms of social justice, responsibility, implementation and knowledge. There is inequitable access to health services to the disadvantage of the poor and the underprivileged. Inadequate choices and activities often result in harmful environmental modifications with health consequences and human sufferings for which no one claims responsibility.¹

2. Proven health interventions are not fully implemented in some parts of the world, especially in Africa. While unprecedented scientific and technological advances have been achieved during past decades, there is still insufficient knowledge on effective ways to address some of the most important health challenges facing Africa and the rest of developing world.

3. The WHO Eleventh General Programme of Work (GPW)² sets a global agenda for action to fill in the gaps mentioned above. The responsibility for action lies with all stakeholders: communities, governments, civil society and the private sector. The current GPW acknowledges the unique opportunity provided by an ever-increasing number of health partners who recognize WHO as the lead agency in international health.

4. In this environment, WHO has defined its contribution to the global health agenda in its Medium-Term Strategic Plan 2008–2013 (MTSP) recently adopted by the WHO governing bodies. The MTSP articulates 13 strategic objectives and various organization-wide expected results for each objective. The MTSP will be implemented through three biennial Programme Budgets and related operational plans (workplans), respectively formulated for the periods 2008-2009, 2010-2011 and 2012-2013.

5. The Programme Budget 2008-2009 has been approved by the World Health Assembly. In the WHO African Region, the 2008-2009 operational plans will be informed by the *Strategic orientations for WHO action in the African Region, 2005–2009*³ founded on the priorities identified by Member States in their national health development plans and also reflected in the WHO country cooperation strategies.

6. In its efforts to maximize support to Member States, the WHO Regional Office for Africa is strengthening partnerships with regional and global organizations. In addition, to ensure efficiency and closer support to Member States, the Regional Office has established three Inter-country Support Teams (ISTs) based in Ouagadougou for west Africa, Libreville for central Africa, and Harare for southern and eastern Africa. The Regional Office is striving to provide the ISTs with the necessary human, financial and logistical resources to quickly address country requests. The ISTs establish technical linkages with the health desks of regional economic communities for synergistic action to the benefit of Member States.

¹ WHO, *Engaging for health: A global health agenda*, Eleventh General Programme of Work 2006–2015, Geneva, World Health Organization 2006.

² WHO, *Engaging for health: A global health agenda*, Eleventh General Programme of Work 2006–2015, Geneva, World Health Organization 2006.

³ WHO, *Strategic orientations for WHO action in the African Region, 2005–2009*, Brazzaville, World Health Organization, Regional Office for Africa, 2005.

7. The present document recalls the health priorities of the African Region and proposes orientations for the implementation of the WHO Programme Budget 2008-2009. It is submitted to the Regional Committee for review and approval.

PRIORITIES

Global priorities

8. Upon assuming duty, the WHO Director-General indicated that, under her leadership, the success of WHO action would be measured by the results obtained in Africa and through interventions aimed at improving the health of women. These are significant challenges which present numerous opportunities for both Member States and the WHO Regional Office for Africa.

9. All partners and development agencies now recognize the crucial role of national health systems in delivering quality health interventions. However, the health systems in the African Region are facing insufficiency of resources for infrastructure, equipment, essential medicines and operations. Moreover, the world currently faces a major crisis in human resources for health. Poor countries bear the brunt of this crisis as they are unable to train qualified health workers in adequate numbers. The crisis is exacerbated by the increased migration of trained staff due to several factors.

10. The occurrence of severe acute respiratory syndrome and avian influenza has highlighted major threats to global health security, and the African Region is ill-prepared for these and other threats. In response, the World Health Assembly resolved to bring into force, by 15 June 2007, the revised International Health Regulations (2005).⁴ Therefore, there is an urgent need to strengthen national capacities for detection, confirmation, notification and rapid response to public health emergencies of international concern.

11. The global community has invested enormous resources in interventions aimed at poliomyelitis eradication. As a result, the disease has been eradicated from the European, American and Western Pacific regions of the World Health Organization. The African, Eastern Mediterranean and South-East Asian regions still need to maintain the momentum to definitely free the world of wild poliovirus.

Regional priorities

12. An analysis of the WHO Country Cooperation Strategy documents as well as *Strategic orientations for WHO action in the African Region, 2005–2009* show major regional concerns. Priorities are: fighting HIV/AIDS, tuberculosis and malaria; strengthening health policies and systems; enhancing effective rapid response to disease outbreaks such as cholera, and to emergencies, including human-made and natural disasters; improving maternal and child health; combating neglected diseases; controlling the common risk factors of noncommunicable diseases; and promoting the scaling up of proven cost-effective health interventions.

⁴ Resolution WHA58.3, Revision of the International Health Regulations. In: *Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005, Volume I, Resolutions and decisions, and list of participants*, Geneva, World Health Organization, 2005.

13. Noncommunicable disease surveys conducted in more than two thirds of Member States have revealed an alarming high prevalence of risk factors.⁵ Effectively controlling the common risk factors of noncommunicable diseases is feasible and cost-effective and could help prevent 80% of related morbidity and mortality.⁶

14. In its efforts to better support Member States to respond to the above priorities, the Regional Office needs to further decentralize resources and delegate programme implementation to the Inter-country Support Teams. Decentralization and delegation will allow the Regional Office to give greater prominence to strategic planning for technical excellence, managerial efficiency and strengthening WHO country offices.

15. While an increased number of partners and global initiatives are involved in providing support to countries for the improvement of health outcomes, the World Health Organization is recognized as the lead agency in health. More than ever before, there is need to strengthen WHO presence and action at country level in order to support national authorities to promote and coordinate internal and external efforts and partnerships for improving the health of their populations.

16. Most of the countries in the Region are not on track for the achievement of the Millennium Development Goals. There is therefore need to mobilize and sustain political commitment and advocacy to increase resources; realize effective intersectoral collaboration; enhance awareness and response to key determinants of health; and promote the scaling up of essential health interventions related to priority health problems.

LESSON LEARNT

17. One lesson learnt during implementation of previous Programme Budgets is that Voluntary contributions are often earmarked. Therefore, there is a need to advocate for an increase of the portion of non-earmarked funds, which should take care of attractive non-donor programmes. However, it should be noted that while the amount available from Assessed contributions is known and can be easily allocated, the amount available from Voluntary contributions has a degree of uncertainty.

18. There is a need to constitute a reserve to address unforeseen expenditures. Therefore, 4% of Assessed contributions, totalling US\$ 8.5 million, will be withheld at the beginning of the biennium by the Director-General (3%) and the Regional Director (1%). The proportion of the amount withheld is less than that for 2006-2007 which was 6%. The reserve funds will be released during the second year of the biennium.

19. During Programme Budget implementation, careful consideration needs to be given to the possible budgetary impact of the fluctuation of the US dollar vis-à-vis local currencies. Indeed, there are no provisions in the Programme Budget for reimbursement of exchange rate losses due to US dollar depreciation.

⁵ http://www.who.int/ncd_surveillance/infobase/web/InfoBasePolicyMaker/Reports/reportListCountries.aspxHO/ (accessed 9 April 2007).

⁶ WHO, *Preventing chronic diseases: A vital investment*, Geneva, World Health Organization, 2005.

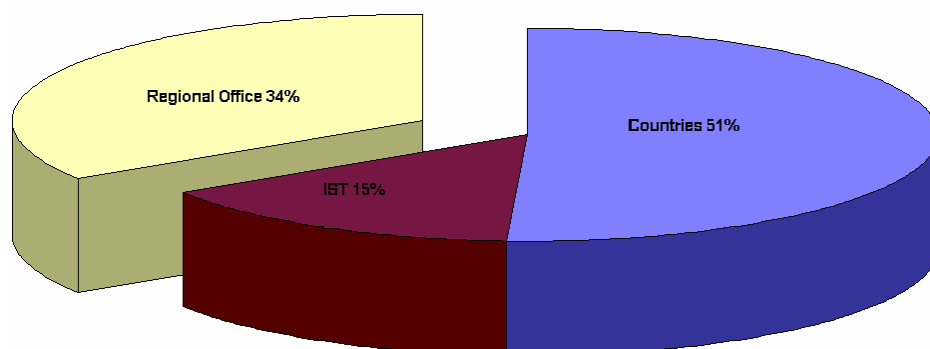
PROGRAMME BUDGET 2008-2009

20. The Programme-Budget 2008-2009 is founded on the principles of result-based management and integration. The WHO governing bodies have agreed on the strategic objectives to be attained at the end of the six-year period (2008–2013) to address global health challenges. The WHO Secretariat has defined organization-wide expected results for the biennium. On this basis, the Regional Office proposes regional expected results, directing the different Divisions and the country offices to devise office-specific expected results.

21. The approved WHO global budget amount is US\$ 4 227 480 000. The African Region will receive US\$ 1 193 940 000, representing 28.2%, which is in line with the validation mechanism of the principles for strategic financial resource allocation.⁷ In terms of sources, US\$ 213 342 000 (18%) will be provided by Assessed contributions, and US\$ 980 598 000 (82%) will come from Voluntary contributions (Annex tables 1 and 2).

22. The budget allocations to the Regional Office and country offices and by source of financing are detailed in Annex tables 3–6. This budget represents an increase of 4.8% for Assessed contributions and of 32% for Voluntary contributions as compared to the Programme Budget 2006-2007. The distribution of the budget shows that WHO country offices as a whole will receive 51% of regional funds and the Regional Office, including the Inter-country Support Teams, will receive 49% of funds. In fact, the inter-country allocations are earmarked to be spent in countries. This brings the proportion of the total amount that will be used in countries to 66%. The balance of 34% constitutes the real portion that will be spent at the Regional Office (Figure 1).

Figure 1: Distribution of budget allocations for the WHO African Region, 2008-2009



23. The proposed Programme Budget (PB) distribution reflects the emphasis on communicable diseases (Strategic objective 1; 26.5% of PB), in particular the global efforts towards poliomyelitis eradication. With 20.3% of PB, efforts to tackle HIV/AIDS, malaria and tuberculosis are the second priority. WHO Secretariat work, including strengthened presence in Member States (Strategic objectives 12 and 13), will benefit from 14.6% of PB.

⁷ WHO, Document EB118/7/2006, Strategic resource allocation, Geneva, World Health Organization.

24. Strengthening health systems (Strategic objectives 10 and 11) has also been given pre-eminence with 13.8% of PB. Child and maternal health, along with adolescent health, sexual and reproductive health and ageing are given due attention with 9.7% of PB (Strategic objective 4). A sizeable proposition (5.5%) of the PB is devoted to emergency response (Strategic objective 5).

25. The other strategic objectives to be met by Programme Budget 2008-2009 relate to nutrition and food safety (3.3%) of the PB; health promotion and reduction of risky behaviour and risk factors for communicable and noncommunicable diseases (2.1%); the fight against noncommunicable diseases (1.7%); healthy environment (1.6%); and socioeconomic determinants of health (0.8%).

GUIDING PRINCIPLES FOR IMPLEMENTATION

26. The Programme Budget 2008-2009 will be implemented in the overall framework of **result-based management**. The priorities discussed above will be addressed through the 13 strategic objectives. Regional expected results have been defined. The different Divisions of the Regional Office and WHO country offices will devise their office-specific expected results. These expected results will provide the basis for the preparation of biennial workplans detailing the necessary activities, responsibilities, timeline and both human and financial resources. Country workplans will be jointly approved by the Ministry of Health and the Regional Director by 30 October 2007 to allow for timely allotment of financial resources and implementation from January 2008.

27. The ongoing **decentralization** process will be pursued in order to reinforce decision-making and action at the most appropriate level. Financial, human and logistical resources will be decentralized accordingly, enhancing technical support at intercountry and country level.

28. **Accountability** for the implementation of this Programme Budget is the responsibility of both Member States and the WHO Secretariat and is an obligation to WHO governing bodies and partners. To this end, there is need for strengthening the monitoring, evaluation and reporting processes at all levels.

29. For greater **efficiency**, the global management system will be rolled out across the Organization. This system standardizes and streamlines key managerial processes and procedures. Most processes will be automated and Internet-based, providing increased speed, real-time action, transparency and better control. Significant economies of scale are expected over time. The introduction of the global management system will have a major impact on the way business is conducted across the Organization, and it will impact on the staffing profile.

30. WHO will pursue efforts to strengthen **partnerships** for health in the Region. Collaboration with the African Union and regional economic organizations will be strengthened for synergistic action. The WHO Secretariat will participate in the ongoing United Nations reform process while ensuring fulfilment of its Constitutional mandate. There is a shared responsibility to ensure compliance with the Paris Declaration on Aid Effectiveness, specifically on the principles of harmonization and alignment, by UN agencies, bilateral and funding agencies, and the private sector and civil society groups involved in health action.

ROLES AND RESPONSIBILITIES

31. The implementation of the Programme Budget is a shared responsibility between Member States and WHO Secretariat who are both accountable for the use of WHO resources and the achievement of planned and expected results.

32. Countries are urged to agree to the prioritization of activities in line with their national health plans, country cooperation strategies and strategic objectives of the Medium-Term Strategic Plan 2008–2013. Each Ministry of Health should ensure that appropriate action is taken for approval of workplans before the end of October 2007.

33. WHO will continue decentralization and delegation of authority. The Secretariat will take appropriate steps to roll out the global management system in the Region, committing necessary efforts and resources, and introducing necessary adjustments in structure and staffing profile. The Regional Director will approve 2008-2009 workplans by the end of October 2007.

CONCLUSION

34. The Medium-Term Strategic Plan 2008–2013 defines 13 strategic objectives for WHO contribution to the global health agenda. For the biennium 2008-2009, the African Region will receive a budget of US\$ 1 193 940 000, representing 28.2% of the WHO global budget. This document provides orientations for the implementation of the Programme Budget 2008-2009.

35. The Regional Committee is invited to note and adopt the proposed orientations for implementation of the Programme Budget 2008-2009 in the African Region.

ANNEX: BUDGETARY TABLES

Table 1: WHO budget by strategic objective and major office, 2008-2009 (US\$ thousand)

	Strategic Objective	AFR	AMR	EMR	EUR	SEAR	WPR	HQ	TOTAL
1	To reduce the health, social and economic burden of communicable diseases	316,203	32,387	101,095	29,925	134,742	53,525	226,166	894,043
2	To combat HIV/AIDS, malaria and tuberculosis	242,912	48,673	53,769	35,926	80,979	59,332	185,341	706,932
3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	20,723	9,848	19,808	15,909	17,679	21,735	52,402	158,104
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	115,695	27,414	39,815	14,418	50,614	25,216	86,661	359,833
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	66,021	19,931	40,912	20,914	24,356	16,722	29,557	218,413
6	To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	25,566	13,862	24,809	9,959	14,590	31,729	41,542	162,057
7	To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive and human rights-based approaches	9,116	6,937	11,975	5,975	4,838	2,496	24,568	65,905
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	18,749	12,057	16,358	17,951	13,827	12,364	39,150	130,456
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	39,778	14,608	8,938	5,975	13,939	19,273	24,423	126,934
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	142,093	37,462	66,206	48,567	57,829	46,607	115,290	514,054
11	To ensure improved access, quality and use of medical products and technologies	22,592	8,940	16,763	6,971	14,290	9,989	54,488	134,033
12	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh GPW	48,966	16,559	26,482	25,341	14,304	15,636	67,056	214,344
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	125,526	29,823	38,040	36,932	49,551	33,214	229,286	542,372
TOTAL		1,193,940	278,501	464,970	274,763	491,538	347,838	1,175,930	4,227,480
Percentage of total		28.2%	6.6%	11.0%	6.5%	11.6%	8.2%	27.8%	100.0%

Table 2: WHO African Region budget by strategic objective and source of financing, 2008-2009 (US\$ thousand)

Strategic Objective		Assessed Contributions	Voluntary Contributions	All Financing
1	To reduce the health, social and economic burden of communicable diseases	20,049	296,154	316,203
2	To combat HIV/AIDS, malaria and tuberculosis	11,364	231,548	242,912
3	To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries	9,869	10,854	20,723
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	18,748	96,947	115,695
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4,172	61,849	66,021
6	To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	10,118	15,448	25,566
7	To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	6,128	2,988	9,116
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	5,857	12,892	18,749
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	5,162	34,616	39,778
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	23,059	119,034	142,093
11	To ensure improved access, quality and use of medical products and technologies	6,411	16,181	22,592
12	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh GPW	35,704	13,262	48,966
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	56,701	68,825	125,526
TOTAL		213,342	980,598	1,193,940
Percentage of total		18%	82%	100%

Table 3: WHO African Region budget by country and the Regional Office (including Intercountry Teams), 2008-2009 (US\$ thousand)

Strategic Objective		Countries	Intercountry/ Regional Office	TOTAL
1	To reduce the health, social and economic burden of communicable diseases	130,422	185,781	316,203
2	To combat HIV/AIDS, malaria and tuberculosis	144,179	98,733	242,912
3	To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries	11,958	8,765	20,723
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	49,461	66,234	115,695
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	47,502	18,519	66,021
6	To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	12,926	12,640	25,566
7	To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	4,995	4,121	9,116
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	9,324	9,425	18,749
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	17,994	21,784	39,778
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	84,072	58,021	142,093
11	To ensure improved access, quality and use of medical products and technologies	13,217	9,375	22,592
12	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh GPW	37,372	11,594	48,966
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	42,935	82,591	125,526
TOTAL		606,357	587,583	1,193,940
Percentage of total		51%	49%	100.0%

Table 4: WHO African Region budget allocation to countries by source of financing, 2008-2009 (US\$ thousand)

Strategic Objective		Assessed Contributions	Voluntary Contributions	All Financing
1	To reduce the health, social and economic burden of communicable diseases	13,991	116,431	130,422
2	To combat HIV/AIDS, malaria and tuberculosis	5,538	138,641	144,179
3	To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries	5,858	6,100	11,958
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	11,981	37,480	49,461
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	2,229	45,273	47,502
6	To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	6,118	6,808	12,926
7	To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	3,517	1,478	4,995
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	3,876	5,448	9,324
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	3,013	14,981	17,994
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	12,989	71,083	84,072
11	To ensure improved access, quality and use of medical products and technologies	3,357	9,860	13,217
12	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh GPW	30,944	6,428	37,372
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	33,128	9,807	42,935
TOTAL		136,539	469,818	606,357
Percentage of total		23%	77%	100.0%

Table 5: WHO African Region budget allocation to the Regional Office (including Intercountry Team) by source of financing, 2008-2009 (US\$ thousand)

	Strategic Objective	Assessed Contributions	Voluntary Contributions	All Financing
1	To reduce the health, social and economic burden of communicable diseases	6,058	179,723	185,781
2	To combat HIV/AIDS, malaria and tuberculosis	5,826	92,907	98,733
3	To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries	4,011	4,754	8,765
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	6,767	59,467	66,234
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	1,943	16,576	18,519
6	To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	4,000	8,640	12,640
7	To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	2,611	1,510	4,121
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	1,981	7,444	9,425
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	2,149	19,635	21,784
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	10,070	47,951	58,021
11	To ensure improved access, quality and use of medical products and technologies	3,054	6,321	9,375
12	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh GPW	4,760	6,834	11,594
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	23,573	59,018	82,591
TOTAL		76,803	510,780	587,583
Percentage of Total		13%	87%	100%

Table 6: WHO African Region budget, distribution by country and source of financing, 2008-2009

Country	Assessed contributions			Voluntary contributions			All financing
	2006-2007	Increase (Decrease)	2008-2009	2006-2007	Increase (Decrease)	2008-2009	
Algeria	1,981	81	2,062	146	39	185	2,247
Angola	3,567	192	3,759	30,147	7,965	38,112	41,871
Benin	2,606	106	2,712	3,043	804	3,847	6,559
Botswana	2,136	87	2,223	482	127	609	2,832
Burkina Faso	3,243	133	3,376	9,441	2,494	11,935	15,311
Burundi	3,155	133	3,288	3,970	1,049	5,019	8,307
Cameroon	2,466	155	2,621	1,665	440	2,105	4,726
Cape Verde	2,223	105	2,328	188	50	238	2,566
Cent. African Rep.	2,871	116	2,987	401	106	507	3,494
Chad	3,176	129	3,305	3,130	827	3,957	7,262
Comoros	2,576	103	2,679	467	123	590	3,269
Rep. of Congo	2,396	120	2,516	2,317	612	2,929	5,445
Côte d'Ivoire	2,483	93	2,576	3,695	976	4,671	7,247
Dem. Rep. Congo	3,664	148	3,812	46,715	12,343	59,058	62,870
Equatorial Guinea	1,673	278	1,951	605	160	765	2,716
Eritrea	2,471	83	2,554	3,741	988	4,729	7,283
Ethiopia	5,033	203	5,236	45,783	12,096	57,879	63,115
Gabon	1,857	302	2,159	1,156	305	1,461	3,620
Gambia	2,164	167	2,331	2,293	606	2,899	5,230
Ghana	2,471	94	2,565	6,335	1,674	8,009	10,574
Guinea	3,162	129	3,291	3,339	882	4,221	7,512
Guinea-Bissau	2,460	100	2,560	168	46	214	2,774
Kenya	2,884	263	3,147	13,323	3,520	16,843	19,990
Lesotho	2,613	107	2,720	1,154	305	1,459	4,179
Liberia	2,898	117	3,015	2,706	715	3,421	6,436
Madagascar	2,827	114	2,941	11,333	2,994	14,327	17,268
Malawi	2,935	119	3,054	8,763	2,315	11,078	14,132
Mali	3,428	138	3,566	2,747	726	3,473	7,039
Mauritania	2,717	122	2,839	2,428	642	3,070	5,909
Mauritius	1,722	69	1,791	39	10	49	1,840
Mozambique	3,478	141	3,619	7,607	2,010	9,617	13,236
Namibia	2,243	91	2,334	1,144	302	1,446	3,780
Niger	3,455	139	3,594	4,235	1,119	5,354	8,948
Nigeria	4,591	372	4,963	63,511	16,780	80,291	85,254
Reunion	206	9	215	-	-	-	215
Rwanda	3,277	133	3,410	4,543	1,200	5,743	9,153
Saint Helena	152	5	157	-	-	-	157
Sao Tome & Principe	1,936	51	1,987	108	29	137	2,124
Senegal	2,688	108	2,796	3,123	825	3,948	6,744
Seychelles	1,631	66	1,697	18	5	23	1,720
Sierra Leone	2,890	114	3,004	9,327	2,464	11,791	14,795
South Africa	3,960	160	4,120	6,115	1,616	7,731	11,851
Swaziland	2,215	91	2,306	2,282	603	2,885	5,191
Togo	2,476	128	2,604	1,926	509	2,435	5,039
Uganda	3,208	132	3,340	9,286	2,453	11,739	15,079
United Rep. Tanzania	3,315	361	3,676	21,417	5,659	27,076	30,752
Zambia	3,187	282	3,469	6,521	1,723	8,244	11,713
Zimbabwe	3,157	127	3,284	18,746	4,953	23,699	26,983
Total	129,923	6,616	136,539	371,629	98,189	469,818	606,357