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**WHO PROGRAMME BUDGET 2010-2011:
ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION**

Report of the Regional Director

Executive Summary

1. The present document recalls the health priorities of the African Region and proposes orientations for the implementation of the WHO Programme Budget for the biennium 2010-2011.
2. The World Health Assembly has adopted the WHO Programme Budget for the biennium 2010-2011 from which the African Region will receive a share of US\$ 925 684 million for WHO core programmes, excluding partnerships and crisis response funds. The resources will be provided through Assessed contributions (23%) and Voluntary contributions (77%).
3. The Programme Budget is structured around 13 strategic objectives and related organization-wide expected results defined in the WHO Medium Term Strategic Plan 2008–2013. Budgetary resources have been allocated to each strategic objective and expected result.
4. The Regional Committee is requested to note and adopt the proposed orientations.

CONTENTS

	Paragraphs
INTRODUCTION	1–5
PRIORITIES	6–13
LESSONS LEARNT	14–15
PROGRAMME BUDGET 2010-2011	16–23
GUIDING PRINCIPLES FOR IMPLEMENTATION.....	24–28
ROLES AND RESPONSIBILITIES	29–30
CONCLUSION.....	31–32

ANNEXES

	Page
Tables:	
1a: Programme Budget 2010-2011: budget allocations by strategic objective and major office for WHO programmes, excluding partnerships and outbreak and crisis response (US dollars thousands).....	6
1b: Programme Budget 2010-2011: total allocations to major offices by strategic objective (US dollars thousands)	7
2: Programme Budget 2010-2011: allocations to the African Region by strategic objective split into Regional Office and Intercountry Support Teams and Country Offices (US dollars thousands)	8
3: Programme Budget 2010-2011: allocations to countries by source of financing (US dollars thousands)	9

INTRODUCTION

1. The WHO Eleventh General Programme of Work (GPW) sets a global agenda for action to address health gaps in social justice, responsibility, implementation and knowledge. The responsibility for action lies with all stakeholders: communities, governments, civil society and private sector. The eleventh GPW acknowledges the unique opportunity provided by an ever-increasing number of partners for health, with WHO as the lead agency in international health.
2. WHO has defined its contribution to the global health agenda in its Medium Term Strategic Plan 2008-2013 (MTSP) recently amended by the WHO governing bodies. The MTSP articulates 13 strategic objectives with corresponding organization-wide expected results (OWERs) for each. The MTSP is being implemented through three biennial Programme Budgets and related operational plans (workplans), respectively formulated for the periods 2008-2009, 2010-2011 and 2012-2013.
3. In its effort to maximize 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 promptly address country requests.
4. In May 2009, the World Health Assembly adopted a resolution on WHO Programme Budget 2010-2011. The resolution allows WHO offices at all levels to formulate workplans for the biennium 2010-2011. The workplans will be based on the priorities identified by Member States in their national health development plans and also reflected in the WHO Country Cooperation Strategies.
5. This document briefly describes the global and African Region health priorities and proposes orientations for the implementation of the WHO Programme Budget for the biennium 2010-2011.

PRIORITIES

Global priorities

6. The MTSP set up a six-item agenda related to health development and security, systems and evidence, partnerships and performance. In the context of these global priorities, the WHO Director-General has indicated that, under the current 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. This represents special opportunities to Member States and the WHO Regional Office for Africa.
7. All partners and development agencies now recognize the crucial role of national health systems to deliver quality health interventions. However, the health systems in the African Region are facing daunting challenges with regard to resources needed for infrastructure, equipment, supply of essential medicines and basic operations.
8. The occurrence of severe acute respiratory syndrome and influenza A (H1N1) has highlighted major threats to global health security against which the African Region is ill-prepared. Therefore, there is an urgent need to strengthen national capacities for detection, confirmation, notification and

rapid response to public health emergencies of international concern, in the framework of the International Health Regulations (2005) which came into force in June 2007.

9. The eradication of poliomyelitis remains a priority of the global community which has invested enormous resources in interventions. Three WHO regions—African, Eastern Mediterranean and South-East Asia—still need to maintain the momentum to definitely free the world of wild poliovirus.

Regional priorities

10. The analysis of the WHO Country Cooperation Strategies has shown that the main priorities include strengthening health policies and systems; fighting HIV/AIDS, tuberculosis and malaria; enhancing response to disease outbreaks and emergencies, including human-made and natural disasters; improving maternal and child health; combating neglected diseases; controlling noncommunicable disease common risk factors; and promoting the scaling up of proven cost-effective health interventions.

11. Among several initiatives, Member States and partners in the African Region have endorsed, in 2008, three major declarations: (i) the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: achieving better health for Africa in the new millennium, (ii) the Algiers Declaration on Research for Health, and (iii) the Libreville Declaration on Health and Environment in Africa. These declarations urge Member States to strengthen their health systems using the Primary Health Care approach, to make every effort in line with the 2005 Paris Declaration on Aid Effectiveness, and to establish a health-and-environment strategic alliance as the basis for joint plans of action.

12. While an increasing number of partners and global initiatives in the African Region are providing support to countries for the improvement of health outcomes, the World Health Organization continues to play a leadership role in international health. More than ever there is need to strengthen WHO presence and action at country level in order to better support the promotion of internal and external efforts and partnerships towards improving the health of populations.

13. Only a few countries in the Region are on track towards the achievement of the Millennium Development Goals. There is need, therefore, 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.

LESSONS LEARNT

14. The implementation of previous Programme Budgets shows a steady increase in Voluntary contributions, often earmarked, and no increase in Assessed contributions. While the amount available from Assessed contributions is known and can be easily allocated, the amount available from Voluntary contributions has a high degree of uncertainty, in both volume and timely availability.

15. Past experience has shown that unforeseen expenditures due to big operations in acute and complex emergency situations such as wars often occur in the implementation of the Programme

Budget. As a result, there is a need to withhold a proportion of the Assessed contributions at the beginning of the biennium to face any unforeseen situation.

PROGRAMME BUDGET 2010-2011

16. The Programme Budget 2010-2011 is founded on the principles of results-based management and integration. The WHO Secretariat has refined Medium Term Strategic Plan 2008–2013 indicators and targets for organization-wide expected results (OWERs). On this basis, the Regional Office has adjusted the regional expected results, giving way to the various Divisions and Country Offices to define office-specific expected results (OSERs) for the new biennium.

17. The Programme Budget 2010-2011 is composed of three budget segments: (i) WHO Programmes, covering activities for which WHO has the exclusive budget control; (ii) Partnerships and Collaborative Arrangements (PCA), which WHO is executing in collaboration with partners; and (iii) Outbreak and Crisis Response (OCR), covering WHO response to natural or human-made emergencies.

18. The approved global budget for WHO Programmes, excluding response to outbreaks and crisis, and partnerships, is US\$ 3 367 907 000. The African Region will receive US\$ 925 684 000, representing a proportion of 27.4% of the WHO global budget (Table 1a). In terms of sources of funds, US\$ 209 600 000 (23%) will be provided by Assessed contributions and US\$ 716 084 000 (77%) by Voluntary contributions.

19. Additional budget allocation to the African Region for Partnerships and Collaborative Arrangements, and Outbreak and Crisis Response will be funded from Voluntary contributions. They represent, respectively, US\$ 256 430 000 and US\$ 80 750 000. Thus, the overall budget allocation for the African Region amounts to US\$ 1 262 864 000 (Table 1b), representing a proportion of 83% for Voluntary contributions and 17% for Assessed contributions (Table 2).

20. The allocation of the budget to WHO Country Offices as a whole and the Regional Office by source of financing is detailed in Table 2 (annex). Details of budget allocation to countries are also provided in the annex (Table 3). WHO Country Offices will receive 64% of regional funds, and the Regional Office, including the Intercountry Support Teams, will receive 36% of funds. Since the IST allocations are earmarked to be spent in countries, the proportion of the total amount that will be used in countries is 81%. The balance of 19% constitutes the real portion that will be spent at the Regional Office.

21. The proposed budget distribution by strategic objective reflects the emphasis put on communicable diseases (SO1, 34%), in particular the global partnership and engagement towards poliomyelitis eradication. With 16% of the budget, efforts to tackle HIV/AIDS, malaria and tuberculosis are in second place (SO2). The work of the WHO Secretariat, including strengthening WHO presence in Member States (SO12 and 13), will benefit from 14% of the Programme Budget.

22. Strengthening health systems (SO10 and 11) has also been given prominence with 12%. Child and maternal health, along with adolescent health, sexual and reproductive health and ageing are also given due attention with 9% (SO4) while 8% is devoted to emergency response (SO5).

23. The other strategic objectives to be covered in Programme Budget 2010-2011 relate to nutrition and food safety with 3% of the budget; health promotion and reduction of risky behaviour and risk factors for communicable and noncommunicable diseases with 2%; control of noncommunicable diseases with 2%; healthy environment with 1%; and social and economic determinants of health with 1%.

GUIDING PRINCIPLES FOR IMPLEMENTATION

Results-based management

24. Regional expected results have been defined. The different Divisions of the Regional Office and WHO Country Offices will define their office-specific expected results that will provide the basis for the preparation of biennial workplans, specifying the activities, responsibilities, timeline and both human and financial resources needed for achievement. Country workplans should be informed by CCS documents.

Decentralization

25. The ongoing decentralization policy and process have been strengthened with an enhanced delegation of authority from the Regional Director to Divisional Directors, WHO Representatives and IST Coordinators on issues related to the management of human, financial and logistical resources.

Accountability

26. The implementation of the Programme Budget engages both Member States and the WHO Secretariat vis-à-vis the governing bodies and partners. All are accountable for the use of WHO resources and the achievement of planned results. To this end, there is need for strengthening the monitoring, evaluation and reporting processes at all levels.

Partnership

27. WHO will pursue efforts to strengthen partnerships for health in the Region. Collaboration with the African Union and regional economic communities will be strengthened for synergistic action. The Organization is participating in the ongoing United Nations reform process while ensuring fulfillment of its constitutional mandate. There is a shared responsibility to ensure compliance with the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action and the Harmonization for Health in Africa by UN agencies, bilateral and funding agencies, private sector and civil society groups involved in health action.

Inter-programme collaboration

28. The need for coordinated inter-programme support to countries is recognized in order to ensure integrated implementation and synergy of results attainment across strategic objectives.

ROLES AND RESPONSIBILITIES

29. The countries are expected to engage in the implementation of Programme Budget priority activities which have been identified in line with their national health plans, Country Cooperation Strategies and the agreed strategic objectives of the Medium Term Strategic Plan 2008–2013. Ministries of health should ensure that appropriate action is taken for timely approval of workplans.

30. The WHO Regional Office will give support to countries in the Region to implement the Programme Budget, and to increase efforts in advocacy and resource mobilization while continuing decentralization in the context of an increased delegation of authority. The Regional Director will sign off on 2010-2011 workplans at the end of October 2009.

CONCLUSION

31. The Medium Term Strategic Plan 2008–2013 defines 13 strategic objectives for the WHO contribution to the global health agenda. For the biennium 2010-2011, the African Region will receive a budget of US\$ 1 262 864 000, representing a proportion of 28% of the WHO global budget.

32. The Regional Committee is invited to note and adopt the proposed orientations for the implementation of the Programme Budget 2010-2011 in the African Region.

ANNEXES

Table 1a: Programme Budget 2010-2011: budget allocations by strategic objective and major office for WHO programmes, excluding partnerships, and outbreak and crisis response (US dollars thousands)

Strategic Objective		AFR	AMR	SEAR	EUR	EMR	WPR	HQ	TOTAL	%
1	To reduce the health, social and economic burden of communicable diseases	155 203	24 950	80 907	22 510	88 110	34 345	135 919	541 944	16
2	To combat HIV/AIDS, malaria and tuberculosis	208 208	41 449	83 461	29 755	47 540	50 526	94 941	555 880	17
3	To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries	19 444	9 180	16 603	14 674	17 594	20 261	48 193	145 949	4
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	107 735	25 362	44 702	12 937	36 114	23 329	42 019	292 198	9
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	31 532	14 518	14 002	10 860	8 077	5 031	25 003	109 023	3
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	23 943	12 898	13 702	9 713	22 119	28 172	38 133	148 680	4
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	8 495	6 422	4 501	6 944	11 835	2 011	22 439	62 647	2
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	16 335	10 437	11 002	17 220	14 053	10 702	33 434	113 183	3
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	37 182	13 566	11 670	5 501	8 375	17 898	22 193	116 385	3
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	123 022	32 224	42 007	40 728	59 568	41 441	81 297	420 287	12
11	To ensure improved access, quality and use of medical products and technologies	19 663	7 731	10 002	5 952	15 069	10 227	46 483	115 127	3
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 General Programme of Work.	49 735	16 710	16 503	25 572	31 659	15 779	66 759	222 717	7
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	125 187	29 550	44 508	36 593	31 008	32 910	224 131	523 887	16
TOTAL		925 684	244 997	393 570	238 959	391 121	292 632	880 944	3 367 907	100
Percentage of total		27%	7%	12%	7%	12%	9%	26%	100%	

Table 1b: Programme Budget 2010-2011: total allocations to major offices by strategic objective (US dollars thousands)

Strategic Objective	AFR	AMR	SEAR	EUR	EMR	WPR	HQ	TOTAL	%
1 To reduce the health, social and economic burden of communicable diseases	424 120	30 450	180 357	28 560	134 357	48 485	422 024	1 268 353	28
2 To combat HIV/AIDS, malaria and tuberculosis	208 208	41 449	83 461	29 755	47 540	50 526	172 941	633 880	14
3 To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries	19 444	9 180	16 603	14 674	17 594	20 261	48 193	145 949	3
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	107 735	25 362	44 702	12 937	36 114	23 329	82 519	332 698	7
5 To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	98 782	20 118	63 202	17 960	84 277	7 581	72 103	364 023	8
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	23 943	12 898	13 702	9 713	22 119	28 172	51 133	161 680	4
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	8 495	6 422	4 501	6 944	11 835	2 011	22 439	62 647	1
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	16 335	10 437	11 002	17 220	14 053	10 702	34 615	114 364	3
9 To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	37 182	13 566	11 670	5 501	8 375	17 898	26 193	120 385	3
10 To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	124 035	32 224	44 321	50 528	60 968	42 441	119 687	474 204	10
11 To ensure improved access, quality and use of medical products and technologies	19 663	7 731	10 002	5 952	15 069	10 227	46 483	115 127	3
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 General Programme of Work.	49 735	16 710	16 503	25 572	31 659	15 779	66 759	222 717	5
13 To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	125 187	29 550	44 508	36 593	31 008	32 910	224 131	523 887	12
TOTAL	1 262 864	256 097	544 534	261 909	514 968	310 322	1 389 220	4 539 914	100
Percentage of total	28%	6%	12%	6%	11%	7%	31%	100%	

Table 2: Programme Budget 2010-2011: allocations to the African Region by strategic objective split into Regional Office and Intercountry Support Teams and Country Offices (US dollars thousands)

Strategic Objective		Regional Office & ISTs			Country Offices		Total				
		AC	VC	Total	AC	VC	Total	AC	VC	Total	%
1	To reduce the health, social and economic burden of communicable diseases	4 875	109 782	114 657	11 780	297 683	309 463	16 655	407 465	424 120	34
2	To combat HIV/AIDS, malaria and tuberculosis	4686	79 952	84 638	4662	118 908	123 570	9348	198 860	208 208	16
3	To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries	3226	4446	7672	4934	6838	11 772	8160	11 284	19 444	2
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	5443	36 244	41 687	10 086	55 962	66 048	15 529	92 206	107 735	9
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	1563	22 403	23 966	1877	72 939	74 816	3440	95 342	98 782	8
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	3218	6884	10 102	5151	8690	13 841	8369	15 574	23 943	2
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	2102	1490	3592	2961	1942	4903	5063	3432	8495	1
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	1595	5405	7000	3263	6072	9335	4858	11 477	16 335	1
9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	1729	17 372	19 101	2538	15 543	18 081	4267	32 915	37 182	3
10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	8100	32 407	40 507	10 933	72 595	83 528	19 033	105 002	124 035	10
11	To ensure improved access, quality and use of medical products and technologies	2457	3796	6253	2826	10 584	13 410	5283	14 380	19 663	2
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 General Programme of Work.	8847	6526	15 373	34 362	0	34 362	43 209	6526	49 735	4
13	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	28 831	53 965	82 796	37 555	4836	42 391	66 386	58 801	125 187	10
TOTAL		76 672	380 672	457 344	132 928	672 592	805 520	209 600	1 053 264	1 262 864	100
Percentage of total		6%	30%	36%	11%	53%	64%	17%	83%	100%	

**Table 3: Programme Budget 2010-2011: allocations to countries by source of financing
(US dollars thousands)**

	Assessed Contributions	Voluntary Contributions	Total Budget
Approved Budget	132 928	672 592	805 520
Withholdings	5315	-	5315
Allocated budget	127 613	672 592	800 205
Country			
Algeria	1924	946	2870
Angola	3513	51 338	54 851
Benin	2534	5931	8465
Botswana	2078	1805	3883
Burkina Faso	3155	16 732	19 887
Burundi	3072	8144	11 216
Cameroon	2450	3457	5907
Cape Verde	2177	1083	3260
Central African Republic	2793	3448	6241
Chad	3090	7178	10 268
Comoros	2505	1534	4039
Congo	2354	4638	6992
Congo, Democratic Republic	3564	80 543	84 107
Cote D'Ivoire	2406	7828	10 234
Equatorial Guinea	1825	1636	3461
Eritrea	2385	7722	10 107
Ethiopia	4891	76 793	81 684
Gabon	2019	2743	4762
Gambia	2177	4448	6625
Ghana	2398	11 376	13 774
Guinea	3074	6920	9994
Guinea-Bissau	2393	1108	3501
Kenya	2945	23 636	26 581
Lesotho	2540	3626	6166
Liberia	2821	5902	8723
Madagascar	2752	20 380	23 132
Malawi	2852	19 163	22 015
Mali	3332	5915	9247
Mauritania	2655	5001	7656
Mauritius	1672	1281	2953
Mozambique	3381	13 813	17 194
Namibia	2182	2867	5049
Niger	3357	10 452	13 809
Nigeria	4639	102 404	107 043
Reunion	203	-	203
Rwanda	3189	8089	11 278
Saint Helena	147	-	147
Sao Tome & Principle	1855	908	2763
Senegal	2598	5896	8494
Seychelles	1605	732	2337
Sierra Leone	2809	14 948	17 757
South Africa	3853	10 863	14 716
Swaziland	2155	6008	8163
Tanzania, United Republic	3434	35 911	39 345
Togo	2432	4148	6580
Uganda	3122	17 007	20 129
Zambia	3237	14 358	17 595
Zimbabwe	3069	31 933	35 002
TOTAL	127 613	672 592	800 205