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IMPLEMENTATION OF THE WHO PROGRAMME BUDGET 2010-2011 IN THE AFRICAN REGION

Report of the Secretariat

Executive Summary

1. This document is a progress report on the implementation of the Programme Budget 2010-2011. It illustrates some of the main achievements and related budget implementation levels in the African Region.

2. An assessment of progress made towards the attainment of Office Specific Expected Results shows that out of a total of 2563 planned results, 1709 (67%) were assessed to be "on track", 523 (20%) were "at risk", 83 (3%) were "in trouble" and 248 (10%) could not be assessed for lack of information. Although the ratings vary significantly across Strategic Objectives, the overall picture shows quite good progress towards the achievement of results by the end of the biennium.

3. From the initial approved budget of US$ 1 262 864 000, US$ 801 130 000 (63%) was available for implementation. Out of this available amount, US$ 528 764 000 (66%) has been implemented.

4. The overall funding gap amounts to US$ 461 734 000 (37% of the initial approved budget). This percentage masks significant discrepancies among the 13 Strategic Objectives. There is uncertainty about new income in 2011 and therefore risks in meeting the funding requirements for all planned activities. Thus, most of Offices at regional and country levels will have to undertake revisions and adjustments in their work plans.

5. The Regional Committee examined the report and provided guidance for future action.

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INTRODUCTION

1. Implementation of the Programme Budget 2010-2011 is guided by the Medium-Term Strategic Plan 2008–2013 (MTSP) through which WHO has defined its contribution to the global health agenda as stated in the WHO 11th General Programme of Work (GPW). The focus of implementation is on WHO core functions and key priorities as stated in WHO country cooperation strategy documents and on the milestones of the regional strategic directions as contained in the document entitled *Achieving Sustainable Health Development in the African Region: Strategic Directions for WHO 2010–2015*.

2. The operational plans of WHO country offices and various programmes of the Regional Office (including Intercountry Support Teams - ISTs) constitute the programmatic framework for the implementation of relevant activities towards the achievement of Office-Specific Expected Results (OSERs) that contribute to the attainment of Organization-Wide Expected Results (OWERs). These are global results grouped under the 13 Strategic Objectives representing the building blocks of the MTSP and the Programme Budget of the Organization.

3. This document is a progress report as at the mid-term review of the Programme Budget 2010-2011. It illustrates some of the significant achievements and related budget implementation levels by Strategic Objective in the African Region.

PROGRAMME IMPLEMENTATION

4. An assessment of the attainment of Office-Specific Expected Results shows that out of a total of 2563 planned results, 1709 (67%) were assessed to be "on track", 523 (20%) were "at risk", 83 (3%) were "in trouble" and 248 (10%) could not be assessed due to inadequate information. Although the ratings vary significantly across Strategic Objectives, the overall picture shows good progress towards the achievement of results by the end of the biennium. The OSERs with "at risk" rating required increased attention and follow-up actions to ensure their achievement. The "in trouble" rating implies that progress towards the OSER is seriously hampered. Thus, in the context of the budget shortfall, results in this category may be cut back or postponed for the next biennium. Notwithstanding some ‘at risk’ and ‘in trouble’ ratings, some achievements have been recorded throughout Strategic Objectives.

5. Regarding programmes on communicable diseases (SO1), significant progress has been made in the introduction of Hepatitis B vaccine in 45 countries. A total of 45.2 million children were reached in measles supplementary immunization activities (SIAs) in 14 countries. Concerning the polio eradication programme, there has been a 60% reduction of the total wild poliovirus (WPV) cases reported in the Region. Meanwhile, to ensure better coordination of response to outbreaks, epidemics, pandemics, natural or man-made disasters and other public health events, the Strategic Health Operations Centre (SHOC) Room is now functioning at the Regional Office in Brazzaville to make responses more timely and efficient.

6. With the technical support and normative role of WHO and in collaboration with governments, Global Fund and other major partners, progress has been made towards achieving Universal Access to HIV/AIDS, tuberculosis and malaria services (SO2). In addition, more than 8278 health facilities in the Region now provide ART services, while over 30 000 provide HIV voluntary counselling and testing services. Fifteen countries attained a tuberculosis treatment success rate of 85%. As a result of scaling up a comprehensive package of interventions, 11 countries have reduced the disease burden due to malaria by more than 50% since 2000.

7. On noncommunicable diseases (SO3), WHO provided technical guidance and convened a regional meeting in Mauritius. The meeting came out with *the Mauritius Call for Action* that represents a significant decision for Member States and nongovernmental organizations to increase political and financial commitment to the prevention and control of diabetes and other noncommunicable diseases (NCDs).

8. By the end of 2010, 42 countries had developed Road Maps for accelerating the reduction of maternal and newborn deaths, towards the attainment of MDGs 4 and 5 (SO4). WHO focused its work on providing technical support and building national capacity to ensure universal access to essential Maternal and Newborn Health (MNH) services at the operational level.

9. Almost all countries in the Region experienced and responded to emergencies in 2010 including floods, mudslides, conflicts and disease outbreaks (SO5). Progress was made, thanks largely to the support of the regional roster of experts established to provide surge capacity during emergencies.

10. On risk factors for health conditions (SO6), efforts have been made to monitor and assess situations and trends. Reports on the results of the STEPS survey based on country data have been produced and put on the AFRO web site for public information and use. In addition, progress has been made in the integration of health risk factors surveillance into the integrated disease surveillance system (IDSR).

11. The Regional Strategy for addressing the social determinants of health (SO7) and a related resolution were adopted by the Regional Committee at its Sixtieth session. As part of the implementation of the strategy, workshops were organized for English-speaking and French-speaking countries for capacity building in gender, equity and human rights issues.

12. In the area of Health and Environment (SO8), a major achievement is the adoption of the Luanda commitment on the implementation of the Libreville Declaration, a joint statement of African ministers of health and ministers of environment including proposed action on climate change and health.

13. The Food Safety and Nutrition programme (SO9) forged partnerships with the West African Health Organisation (WAHO) and *Comité Inter-Etats de Lutte contre la Sécheresse au Sahel (CILSS)* in the implementation of food safety and nutrition interventions including surveillance of nutrition and foodborne diseases.

14. With regard to Health Systems Strengthening (SO10), the focus of activities was on producing and disseminating guidelines, building national capacity and providing technical support to countries for the implementation of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa and the Algiers Declaration on Research for Health in the African Region. In addition, the Regional Office has made significant progress in the development of the African Health Observatory (AHO). Data warehouse has been populated in the AHO web site portal and statistics are now available including those reflecting trends and progress towards achieving the health-related MDGs.

15. The medical products and technologies programmes (SO11) organized a meeting of the Task Force on prevention and control of substandard/spurious/falsely-labelled, falsified/counterfeit medical products in July 2010, bringing together medicine regulatory experts. The meeting proposed actions to prevent and control the sale and distribution of such counterfeit medical products in the Region and provided insights and suggestions contributing to the global debate at the World Health Assembly and the WHO Executive Board.

16. Collaboration with bilateral agencies (USAID, CDC, CIDA, DFID, French Cooperation), multilateral organizations (World Bank, African Development Bank, African Union, European Union, GAVI, Global Fund), and Foundations (Bill and Melinda Gates, Rotary, Packard) has been strengthened as part of work on leadership and partnerships (SO12). Furthermore, within the UN System, WHO is participating in regional mechanisms such as the Regional Directors' Teams (RDTs), Harmonization for Health in Africa (HHA) and the "Delivery as One" initiative (IHP+) with four countries taking part in the pilot project.

17. In order to make WHO a more efficient and effective Organization (SO13), among other deliverables, substantial amounts of time and resources were spent in cleansing finance and human resource data to allow successful implementation of the Global Management System (GSM) in the Region. By 31 December 2010, 287 work plans of 55 Budget Centres had been converted to the GSM. A GSM Training of Trainers (TOT) for 60 staff was held in preparation for AFRO GSM Go-live. These trainers have since provided GSM training in the various training hubs to staff all over the Region. Ministries of health have been informed about the introduction and use of GSM, the new work tool.

BUDGET IMPLEMENTATION

18. The overall budget allocation to the African Region for the 2010-2011 biennium, as approved by the World Health Assembly, amounted to US$ 1 262 864 000 comprising the three budget segments, namely: (i) WHO Base Programmes; (ii) Partnerships and Collaborative Arrangements (PCA); and (iii) Outbreak and Crisis Response (OCR). An analysis of the two sources of funding shows that the more flexible Assessed Contributions (AC) accounted for only 17% of the budget compared with 83% of Voluntary Contributions (VC) that are an estimate of funds to be mobilized.

19. The report of the Mid-Term Review of the implementation of the Programme Budget shows that as at 31 December 2010, the African Region had been allocated a total budget of US$ 1 467 221 000 as the adjusted budget allocation compared with the initial approved budget of US$ 1 262 864 000. From the initial approved budget, US$ 801 130 000 (63%) was available for implementation. Out of this available amount, US$ 528 764 000 (66%) was implemented.

20. With regard to the source of financing, it is noted that while 96% of the AC allocation has been made available, only 67% of the VC component of the Programme budget approved by the World Health Assembly has been funded. The total funds received for Polio programme activities under the SPA component of the Budget was US$ 335 508 525, representing 47% of the total VC funding received.

21. The overall funding gap amounted to US$ 461 734 000 (37% of the initial approved budget as at 31 December 2010). However, this percentage masks significant discrepancies between the 13 Strategic Objectives. The largest funding gap was observed in the Strategic Objectives related to Food safety and nutrition – SO9 (76%); Health systems – SO10 (65%); Child and maternal health –SO4 (60%); AIDS, tuberculosis and malaria – SO2 (60%); Emergencies and crises – SO5 (60%); and Health risk factors - SO6 (52%). Thus, these Strategic Objectives were not adequately funded as funds mobilized were less than 50% of their approved allocations (see Table in the Annex).

CHALLENGES, CONSTRAINTS AND LESSONS LEARNT

Challenges

22. The big challenge for the African Region is how to adjust and mitigate the impact of a severe budget shortfall on priority programmes such as health systems; HIV/AIDS, tuberculosis and malaria; maternal, neonatal and child health; health promotion and primary prevention including for noncommunicable diseases. These are areas in need of increased technical cooperation with countries in the Region.

23. The Mid-Term Review of the implementation of the Programme Budget 2010-2011 provided an opportunity to review and reduce the level of ambition and manage anticipated budgetary constraints in the second year of the biennium through reprogramming work plans. In this regard, another challenge was to make realistic and effective shifts of existing limited funds across OSERs linked to a single Strategic Objective, in order to implement activities of the highest priority while preserving the effectiveness of technical cooperation with countries.

24. In addition, since the Region was still operating in a transitional GSM arrangement, working with both the legacy system and GSM remained a major challenge, as some of the pending backlog transactions from the legacy system are yet to be cleared.

Constraints

25. The budget shortfall has negative implications for staff capacity and morale, due to constrained measures that the Organization has had to take to reduce the number of staff, through abolition of posts and severance of staff working in some priority programmes. Overall, this situation is having a clearly negative impact on the performance of affected programmes. Specifically, the budget shortfall implies a significant reduction in the level of support to countries in HIV/AIDS, tuberculosis, and malaria; health systems; maternal, neonatal and child health; health promotion and primary prevention including for noncommunicable diseases, which are mostly MDG-related areas.

26. The transitional period for the migration to GSM has caused oversight issues such as outstanding payment of salaries and travel advances which are a matter of concern for Management and Auditors. However, these oversight issues are being addressed and the situation should be rectified by the end of the biennium, following the full implementation of GSM in all offices.

Lessons learnt

27. The management of the financial crisis has prompted the Regional Director to introduce efficiency measures to generate savings to compensate for some of the budget shortfalls. This experience should be expanded and applied by each of the country offices, Intercountry Support Teams and Regional Office Clusters.

28. Given the current global financial crisis, the prediction is that the Organization is not expecting any significant new income in 2011. Thus, as available funds would not cover all planned costs, there is a need for WHO to monitor and introduce regular adjustments in its activity and human resource plans.

CONCLUSION AND RECOMMENDATION

29. As a result of the reprogramming exercise, almost all work plans as well as Human Resource plans have been revisited. A significant number of planned activities have been cancelled or redefined in terms of technical support and staffing. In all offices, plans are being adjusted according to actual income. It is clearly predictable that the budget shortfall will impact adversely on the achievement of results both at the Regional Office and in country offices. Further adjustments will need to be made during 2011, with possible loss of more staff.

30. However, the implementation of reprogrammed 2010-2011 work plans should be carefully monitored using the new GSM tool and adjusting ambitions in light of income flow. The process will entail continued prioritization by focusing on the regional WHO 2010–2015 Strategic Directions related to: (i) continued focus on WHO's leadership role in the provision of normative and policy guidance; (ii) supporting the strengthening of health systems; (iii) putting the health of mothers and children first; (iv) accelerated actions on HIV/AIDS, malaria and tuberculosis; (v) intensifying the prevention and control of communicable and noncommunicable diseases; and (vi) accelerating response to the determinants of health.

31. Global, regional and national partnerships including collaboration with Regional Economic Communities and other UN agencies need to be strengthened, particularly for the priority programmes affected by the funding shortfall. Both WHO and Member States should intensify advocacy for mobilizing more resources according to Article 50 of the WHO Constitution which allows Member States to allocate additional flexible funding to the Region, using innovative mechanisms in order to fill funding gaps.

32. The Regional Committee examined the report and provided guidance for future action.

ANNEX

Table 1: Programme Budget implementation rates by Strategic Objective as of 31 December 2010 (in US$ 000)

SO	Budget approved by WHA (1)	Allocated PB (2)	Total Available Funds (3)	% Available against Approved (4)=(3/1)	Budget Implementation (5)	% BI Against Approved PB 6=(5/1)	% BI. Against Allocated PB 7= (5/2)	% BI- Against Available Funds 8=(5/3)
01	424 120	605 635	393 419	93%	298 998	70%	49%	76%
02	208 208	210 020	83 136	40%	51 544	25%	25%	62%
03	19 444	19 675	12 452	64%	5603	29%	28%	45%
04	107 735	108 308	42 623	40%	25 148	23%	23%	59%
05	98 782	100 273	39 672	40%	27 374	28%	27%	69%
06	23 943	24 807	11 421	48%	7081.02	30%	29%	62%
07	8495	9201	6978	82%	3001	35%	33%	43%
08	16 335	17 485	8413	52%	5131.93	31%	29%	61%
09	37 182	37 790	8966	24%	4573	12%	12%	51%
10	124 035	126 332	43 794	35%	24 087	19%	19%	55%
11	19 663	19 958	12 304	63%	7628	39%	38%	62%
12	49 735	51 908	46 323	93%	24 088	48%	46%	52%
13	125 187	135 821	91 630	73%	44 899	36%	33%	49%
Grand Total	1 262 864	1 467 211	801 130	63%	529 156	42%	36%	66%