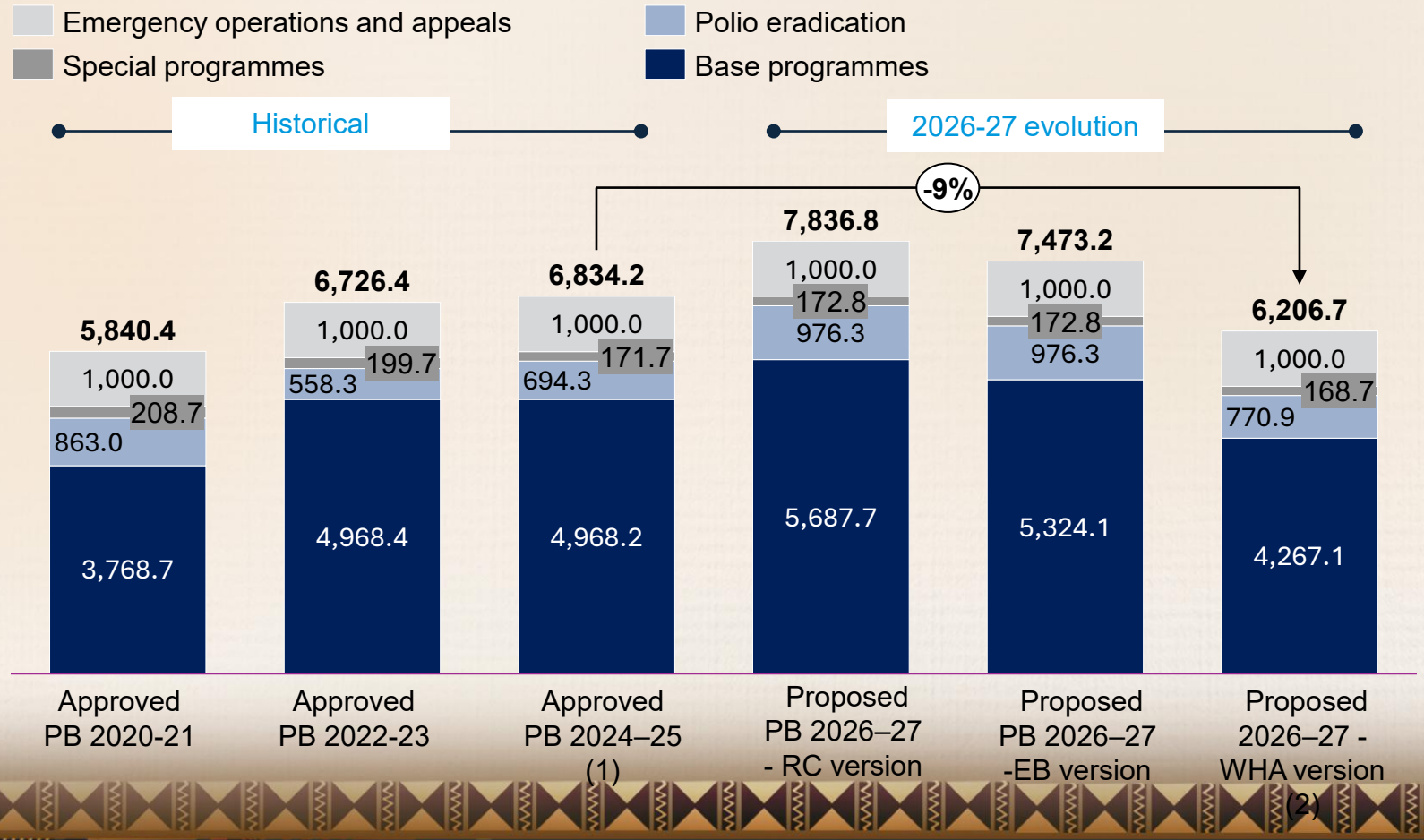
Programme Budget 26-27 – Context, Outlook and Sustainability

Proposed programme budget 2026-27 significantly decreased since its initial draft, in response to a rapidly changing environment

Proposed programme budget 2026–2027 (US$ million)



- 9% decrease compared to PB 2024-25
- Decrease cuts across segments, with largest in base programmes (WHO core mandate)
- EB156 guidance for base:
  - Reflect current financial and economic constraints
  - Build on country priorities for GPW14
  - Revisit costing in line with realistic budgeting
- US$ 4 267 million proposal goes beyond EB156 recommendation of a US$4.9 billion base budget to respond to rapidly evolving global financing environment

Decrease in the Proposed Programme budget 2026-2027 impacts all major offices

Base Programmes segment of Proposed programme budget 2026–2027 compared with 2024–2025, by major office (US$ million)

Major office	Approved Programme budget 2024–2025 (1)	Proposed Programme budget 2026–2027 (2)	Difference between (1) and (2) (%)
Africa	1 326.6	1 139.6	-14%
The Americas	295.6	254.8	-14%
South-East Asia	487.3	417.2	-14%
Europe	363.6	308.9	-15%
Eastern Mediterranean	618.4	533.7	-14%
Western Pacific	408.1	347.2	-15%
Headquarters	1 390.6	1 125.8	-23%
Global technical centres	78.0	140.0	79%
Total	**4 968.2**	**4 267.1**	**-14%**

- Decrease of Base Programme to US$ 4 267 million is top down and based on:
  - Alignment of resources with results and capacity to implement
  - Fair allocation of resources
  - Loss of a major donor
  - Safeguarding country level
- Assumption that the proposed AC increased is approved for 2026-27
- Reduction in all major offices, with largest reduction in headquarters*

*without accounting for US$ 68 million increase for the global technical centers.

HQ and regions: we went through an extensive prioritization and realignment process

Prioritization framework used

Asked HQ and ROs[1] to prioritize GPW14 deliverables along P1-P2-P3

- **P1: Essential**, must be preserved
- **P2: Important, but** can be scaled back or delayed
- **P3: Consider to sunset** or stop

Assigned target of 60%-20%-20% of costs to P1-P2-P3 based on '24-25 planned cost (with delineation between HR & staff costs)

Key questions asked to HQ & ROs

1. What is WHO's **unique comparative advantage**?
2. What did Member States **mandate** WHO to do (resolutions, decisions)?
3. **Country prioritization** results were provided to guide the prioritization

For each core function

Every chosen deliverable to be assessed with specific questions to consider

- Who would do it if WHO doesn't?
- What is WHO's role in the new political and economic environment?
- What are the risks of deprioritizing certain programmes regarding health gaps?
- Is this direct country support?

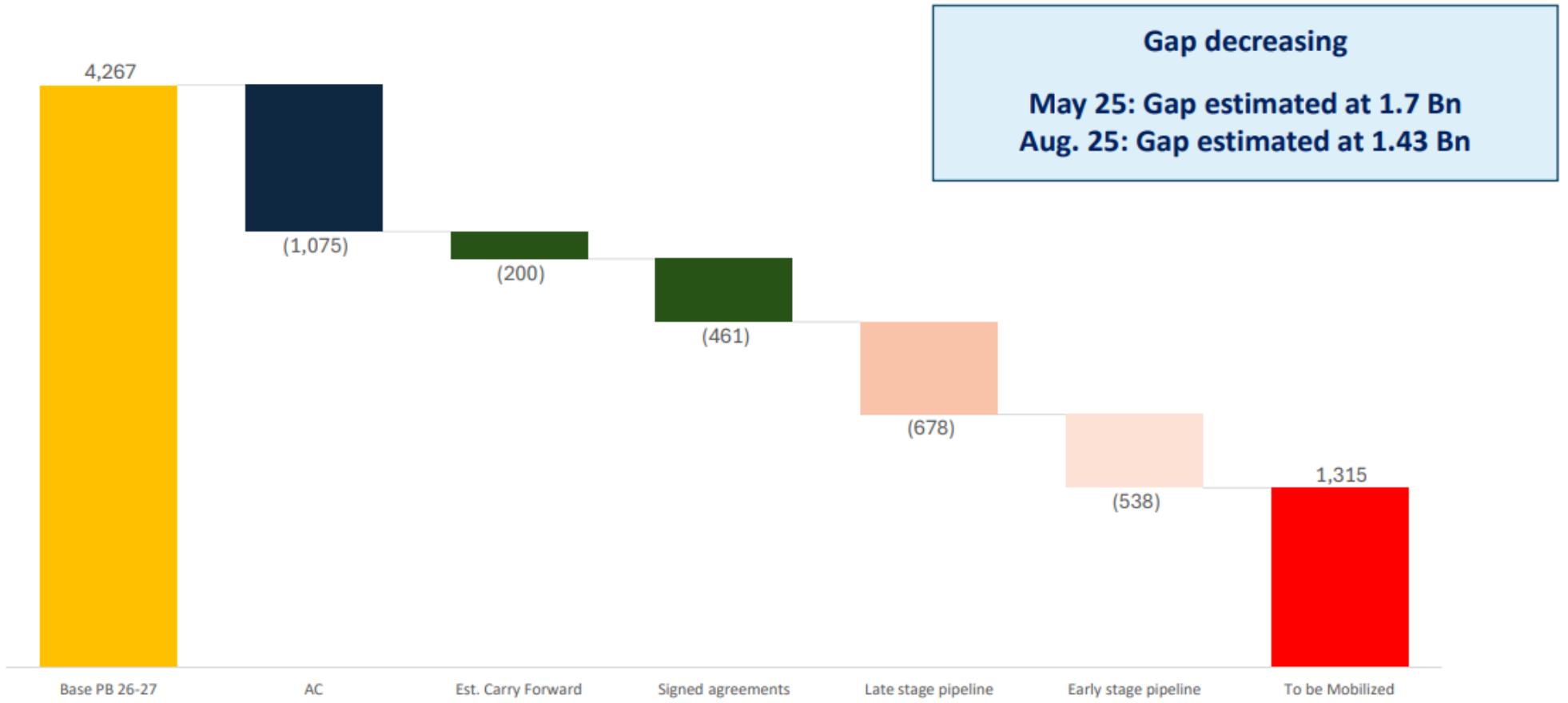
Illustrative examples of work to be safeguarded (P1)

- WHO's core leadership in norms, standards and convening
- Production and maintenance of essential global public goods (e.g. clinical guidelines, surveillance frameworks, classification systems, WHO Collaborating centers)
- Preserving capacity building and normative translation with high country demand
- WHO's global role in data for monitoring disease burden and impact
- Prequalification of vaccines, medicines and diagnostics
- Global health security architecture under the IHR, including preparedness, surveillance and response coordination
- Research agenda for developing and deploying new or improved health interventions (vaccines, treatments) for priority diseases
- Use of digital technology and AI to streamline processes, ie language services, guideline development, etc.
- Fostering robust national and regional science ecosystems
- Health equity and gender mainstreaming in normative work
- Prevention of sexual exploitation, abuse, and harassment
- Preserving our workforce capabilities (e.g., with flagship platform for learning)
- Sound financial and governance practices to ensure transparency, accountability and optimization

Illustrative examples of work to scale down or delay (P2) or sunset (P3)

- The volume of technical products and focus on fewer high quality, country focused impactful normative products
- Duplication and topic scatter across the Organization
- Support to ad hoc policy dialogues with limited expected results
- Technical support for national adaptation of non-essential norms
- Technical assistance to countries with no request or absorption capacity
- Direct delivery of capacity-building initiatives in contexts where partners or regional bodies are better placed
- Support to global alliances or partnerships with limited WHO leadership role
- Maintenance of databases or tools with limited use or overlap with partner platforms
- Development of detailed training tools for low-priority topics
- Ad hoc learning initiatives outside strategic priorities
- WHO-led development of communication campaigns on non-core priorities
- Expansion of monitoring and evaluation frameworks with minimal strategic utility
- Review country office presence in high/middle income countries

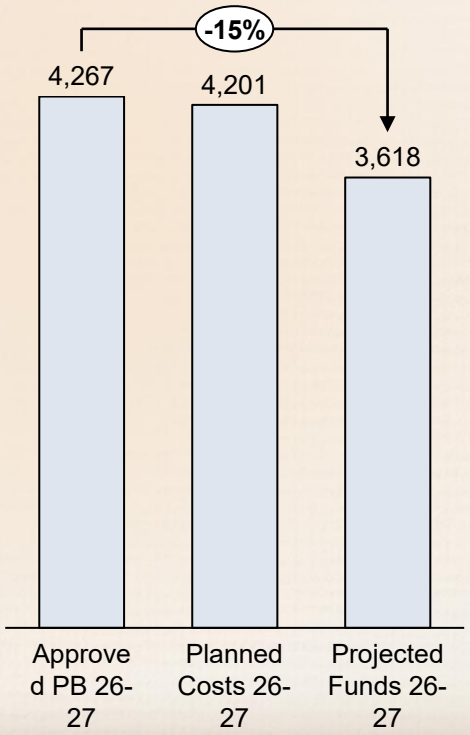
Financial projections as of 25 Sept. 25, Base, Revenue*



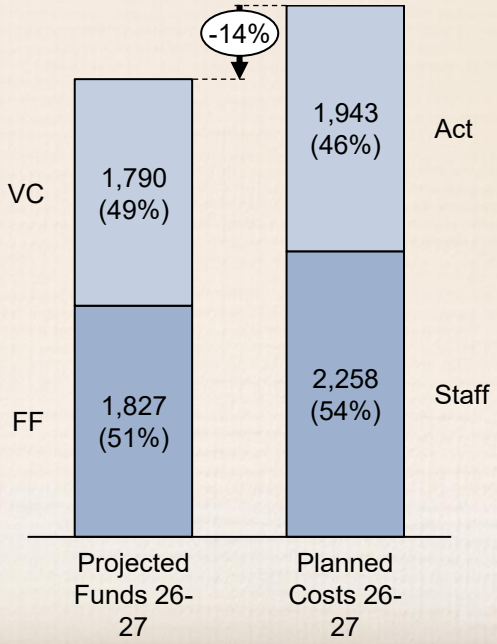
** N.B Revenue based projections will differ from financial projections that are based on funding available due to difference in PSC integration*

Sustainability for 2026/2027

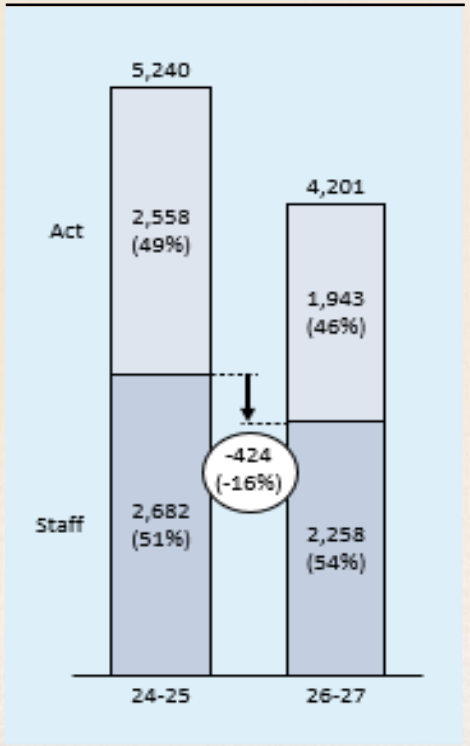
Financing of the 26-27 approved PB is projected at 85%



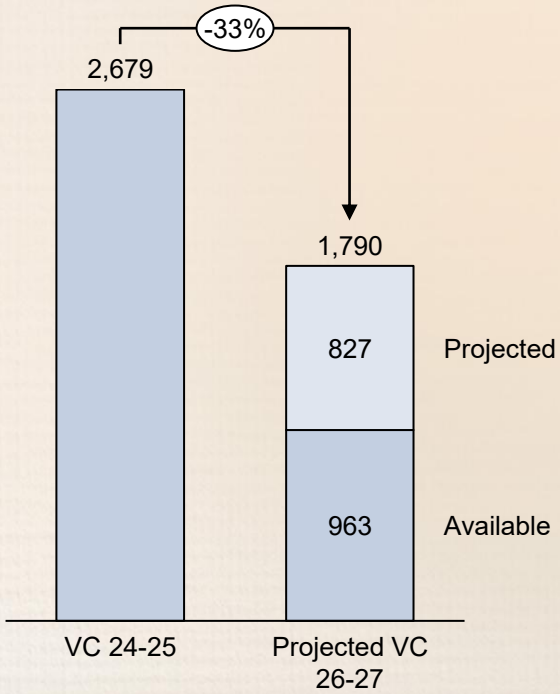
Available or highly certain funds cover 86% of the projected cost



Adjusting to the new budget envelop, staff costs decreased by USD 425 M



Projected VC corresponds to 67% of VC 24–25*



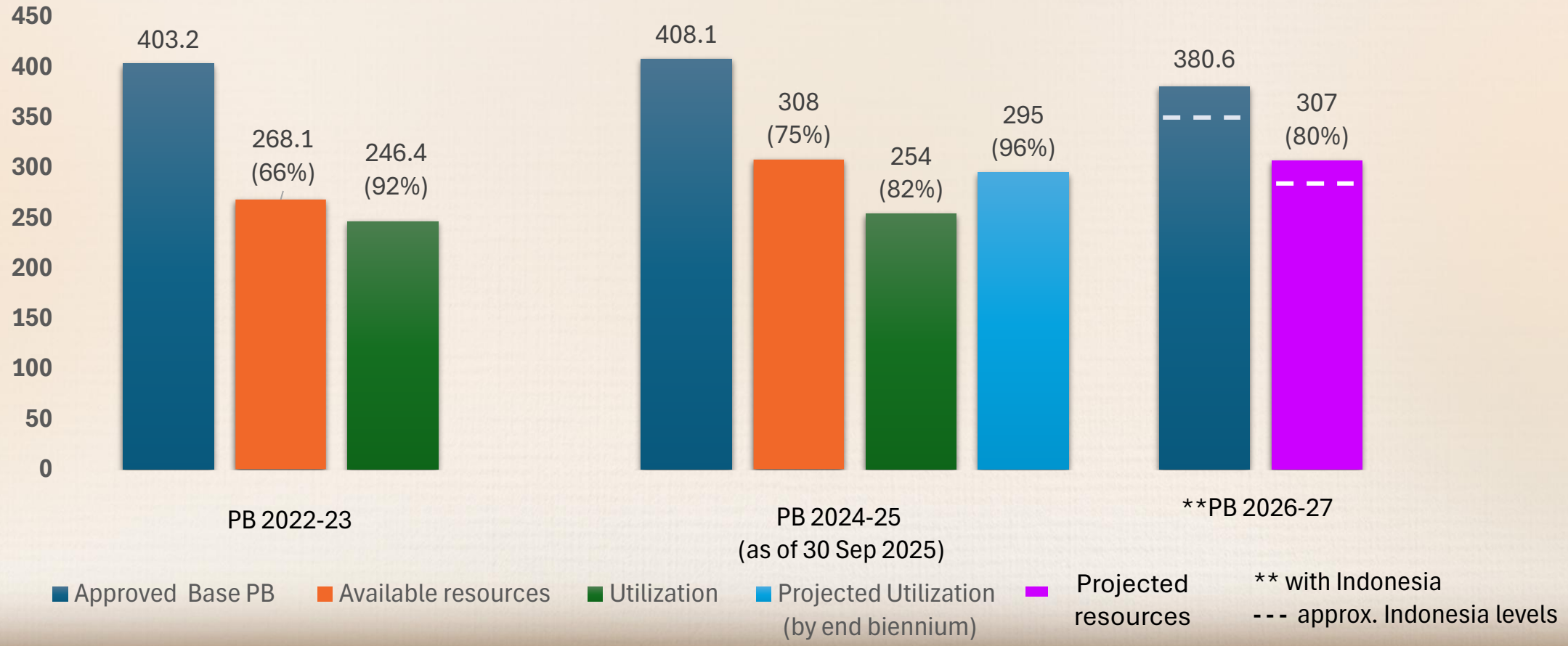
Preliminary Data / Data reflect the current snapshot and may be subject to change as details are further refined.

*(VCT + VCS, *as of Aug 25, excl. US funds*) excl. POC

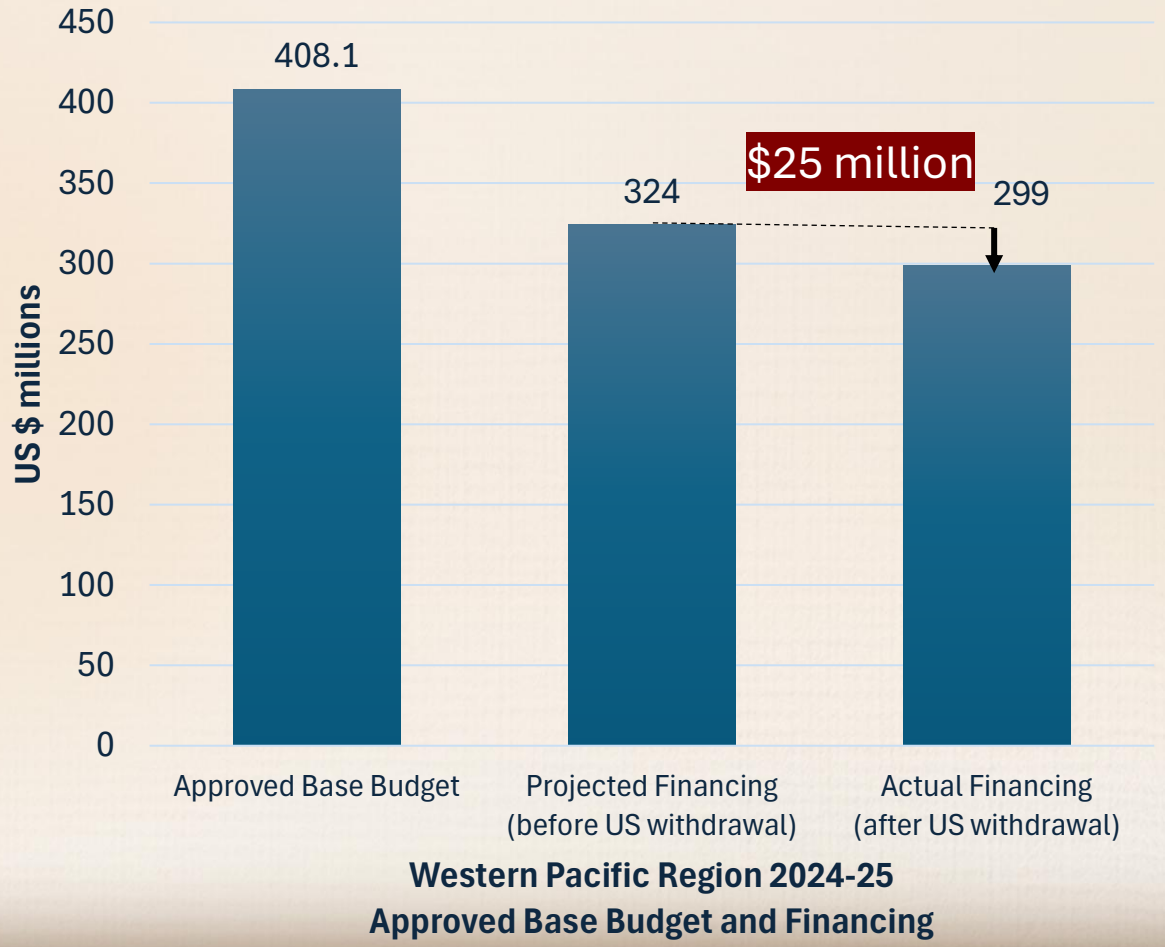
Preliminary – directional only / pending methodology alignment

WPR Programme Budget

WPR - Base PB, Financing and Utilization Trends
(in US$ millions)



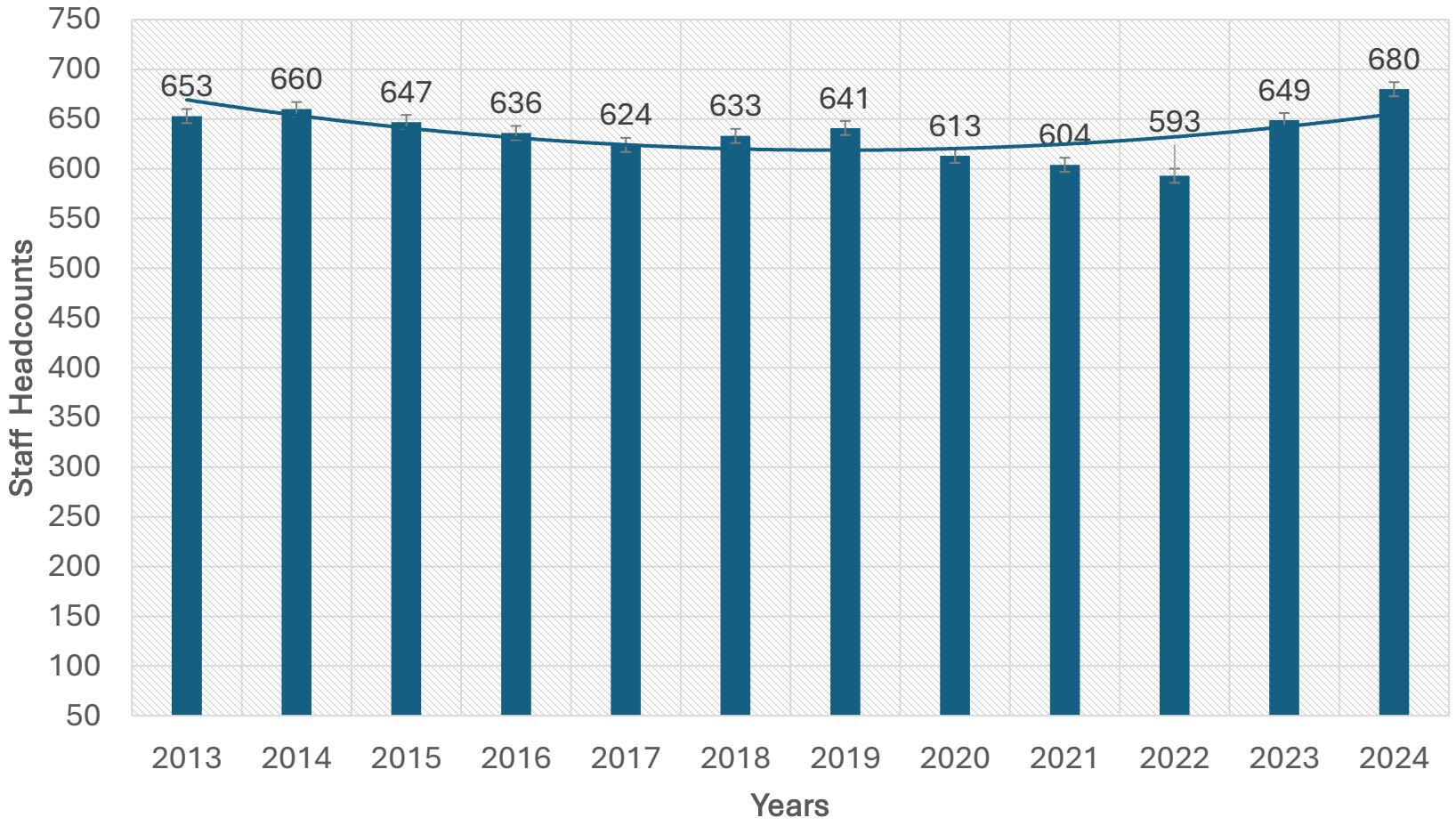
Impact of the US withdrawal on WPR for 2024-25 financing



Western Pacific Region 2024-25 Approved Base Budget and Financing

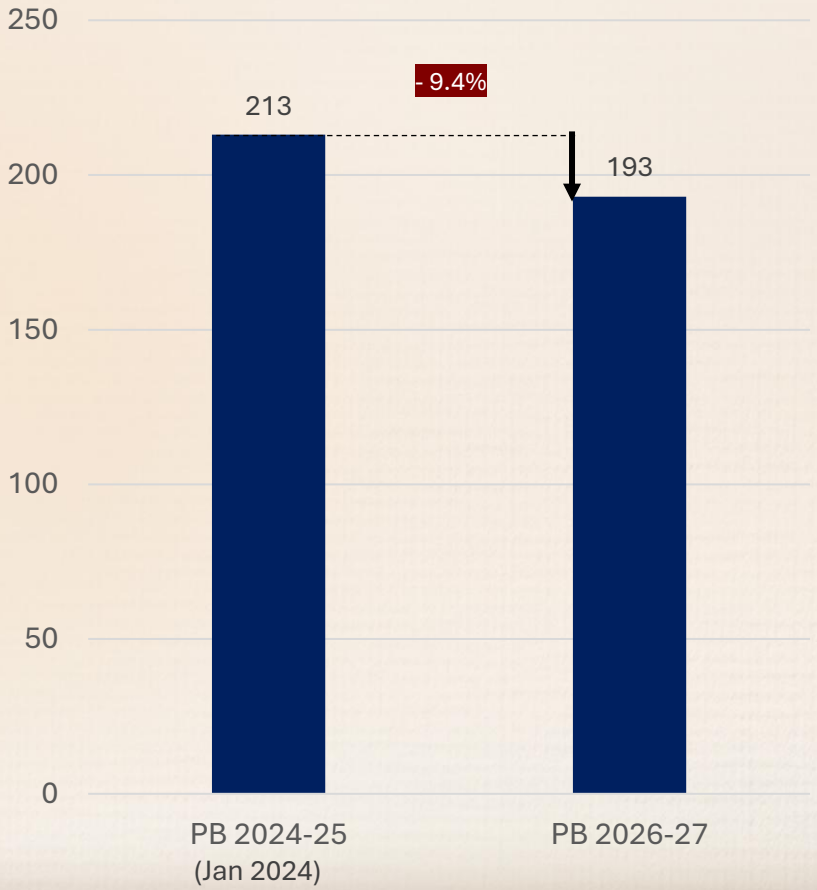
- US intention of withdrawal from WHO resulted in termination of US VC agreements and reduction in flexible funds.
- Overall reduction of US$ 25 million, in both VC and the flexible funds

WPR Staffing Trends

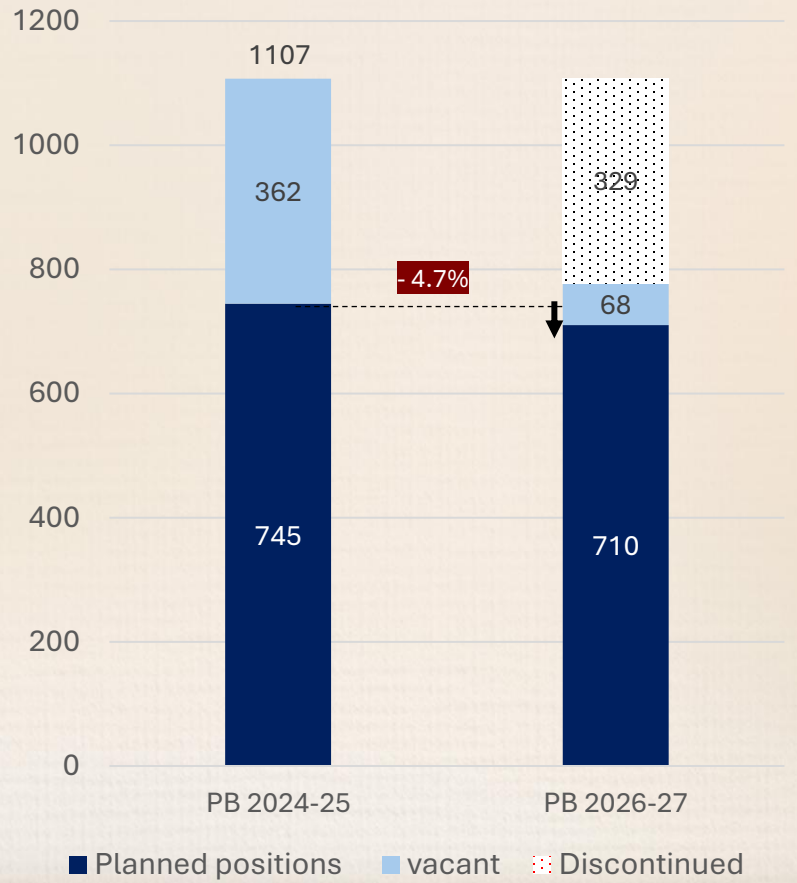


- **Staffing has remained consistent over the years** through prudent budget and HR management.
- During 2020-2022, COVID-19 pandemic period, high number of international staff relocated closer to their home country or left WHO, with #.staff reducing below 600 at end of 2022.
- Rebuilding efforts began in late 2023 and continued in 2024, supported by core predictable country presence.
- Does not include staff from Indonesia.

Human Resource Budget (in US$ millions)

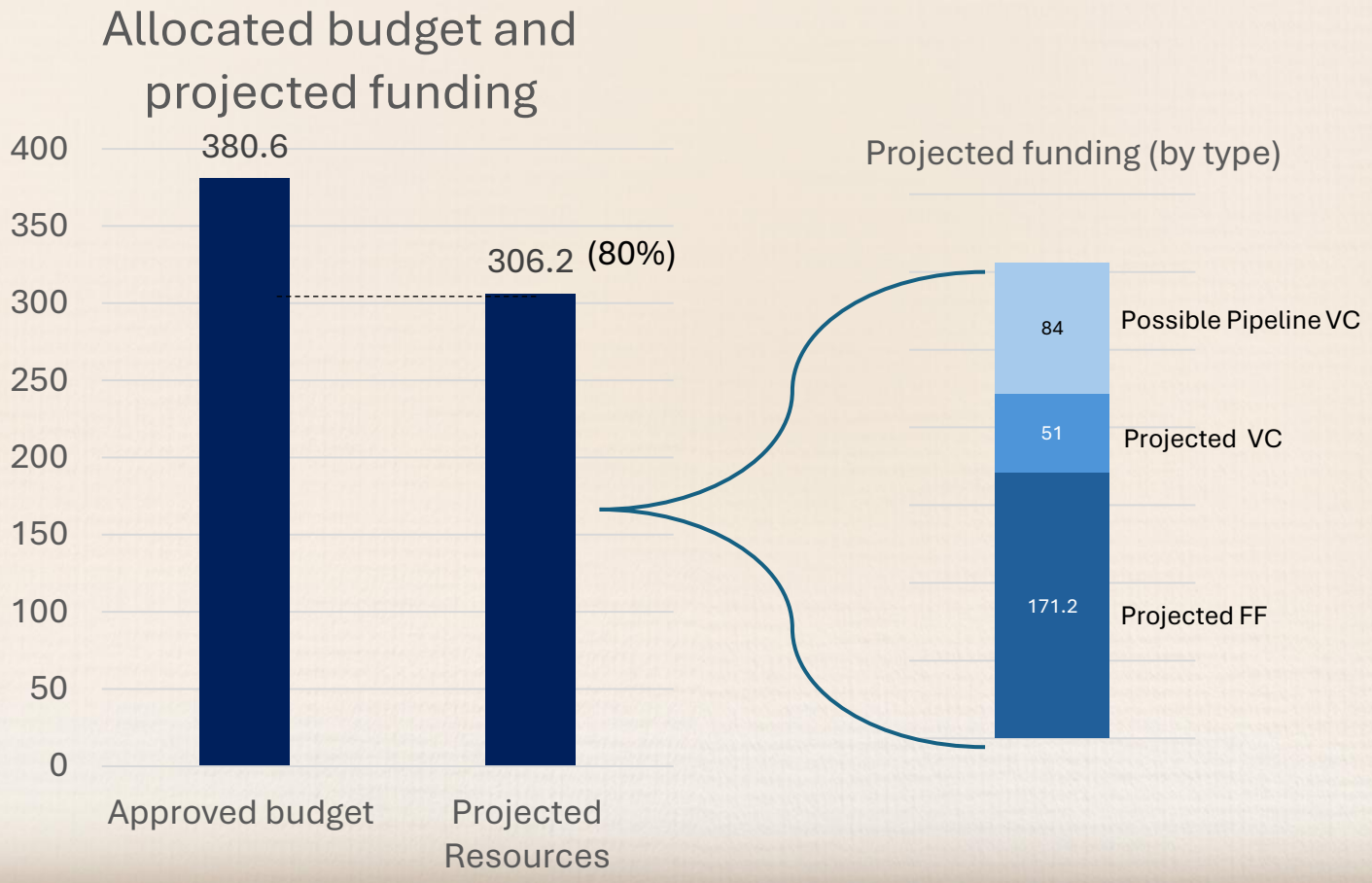


Human Resource Position count (all positions)



PB 2024-25: Occupied positions as of Sept 2025 including Indonesia
PB 2026-27: data as of Sept 25 end and likely to change

WPR – Base PB 2026-27, Financing and Sustainability (in US$ millions)

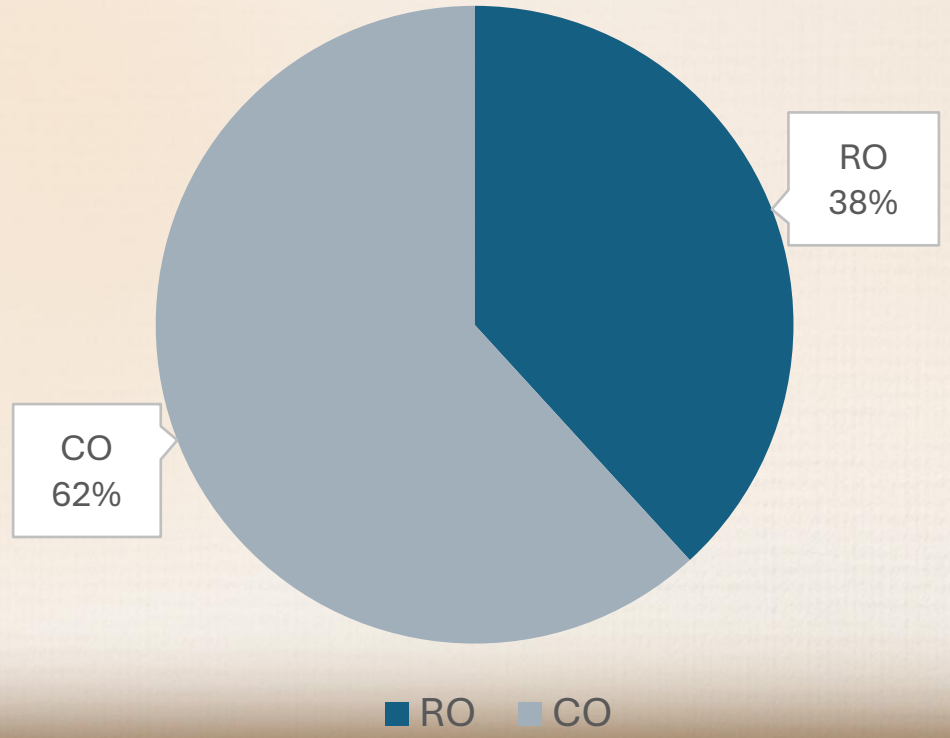


WPR Programme Budget 2026-27 (in US$ millions)

Budget: Country Office budget increased from 62% to 68%

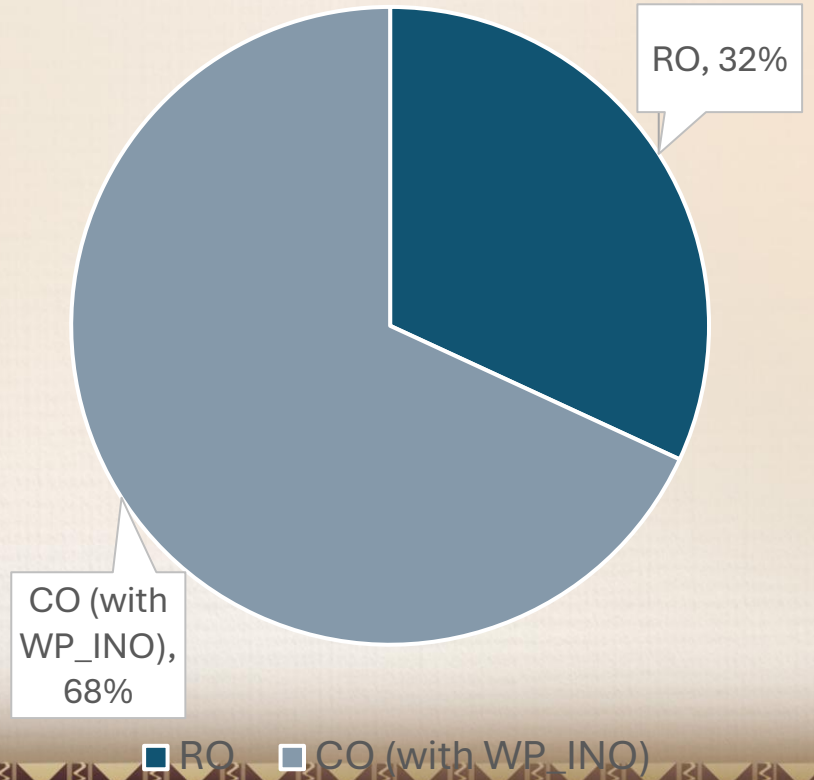
PB 2024-25 Initial allocated budget

$408.1



PB 2026-27 - CO: RO allocation

$381.6



11 Regional Priorities – GPW14 outputs and Regional Vision

GPW 14 Outputs
1.1.1 Climate resilient health systems, One Health
2.2.1 Address risk factors for CDs and NCDs
3.1.1 People-centred service delivery
3.2.1 Workforce development
3.2.3 Product quality assurance
3.3.1 Health information systems/digital health
4.1.1 NCD management and “best-buys”
4.1.3 Delivery of communicable disease services
4.2.2 Quality immunization services
5.2.1 National preparedness and readiness plans
6.1.1 Surveillance and laboratories