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PROGRAMME BUDGET 2026–2027 UPDATE

This document presents an update on the implementation of the Programme Budget 2026–2027 in the Western Pacific Region as of 31 August 2026.

Since implementation of the Programme Budget 2026–2027 began, the total budget envelope for the Region increased from US$ 397.4 million to US$ 410.7 million, reflecting an increase in funds for segments other than the Base Programme in order to address vaccine-derived polio outbreaks and the receipt of funds from the Pandemic Fund for the Emergency Operations and Appeals segment of the Programme Budget. WHO conducts semi-annual reviews to gauge progress, identify gaps and assess funding projections. Within the Base Programme budget envelope, the allocation for the Promote Health strategic priority was increased by 8.3% to reflect greater focus on climate-resilient health systems (Output 1.1.1) and risk factors for noncommunicable diseases (Output 2.2.1). The share of the Programme Budget earmarked for WHO country offices is protected at 67.8% of the total budget.

As of 31 August 2026, the projected financing rate was 77.9% for the total Programme Budget and 76.0% for the Base Programme segment. The utilization rate as a percentage of financing was 56.2% for the total Programme Budget and 55.9% for the Base Programme segment. When allocating and implementing funds, the WHO Secretariat focused on 11 high-priority outputs identified using a bottom-up process in 2025.

The Regional Committee for the Western Pacific is requested to review and note the updated report on the implementation of the Programme Budget 2026–2027.

1. INTRODUCTION

The Seventy-eighth World Health Assembly adopted resolution WHA78.2, which approved Programme Budget 2026–2027. The Organization-wide Programme Budget includes US$ 4267.1 million for the Base Programme segment, US$ 770.9 million for the Polio Eradication segment, US$ 168.7 million for the Special Programmes segment and US$ 1000.0 million for the Emergency Operations and Appeals segment. Compared with the 2024–2025 financial period, the budget envelope for the Base Programme segment decreased by 14%, reflecting significant changes in the global financing landscape in early 2025.

The budget allocated to the Western Pacific Region was US$ 363.9 million, including US$ 347.2 million for the Base Programme, US$ 2.6 million for Polio Eradication, US$ 4.2 million for Special Programmes, and US$ 10.0 million for Emergency Operations and Appeals. Following the global reductions due to financing constraints, the Base Programme segment allocated to the Western Pacific Region decreased by 15% compared with the Programme Budget 2024–2025.

With the reassignment of Indonesia to the Western Pacific Region, US$ 33.4 million was transferred from the South-East Asia Region to the Western Pacific Region for the Base Programme segment.

Table 1 summarizes the comparison of the approved Programme Budget 2026–2027 (with Indonesia) and Programme Budget 2024–2025 (without Indonesia) by segment.

With an additional allocation for Indonesia of US$ 33.4 million, the Base Programme budget envelope for the Western Pacific Region decreased by 6.7%. However, the proportion of the budget envelope for country offices in the Base Programme segment increased by 6.3% point.

Table 1
Comparison of approved Programme Budget 2026−2027 (with Indonesia) and Programme Budget 2024–2025 (without Indonesia) by segments (US$ million)

	Programme Budget 2026−2027 (after reassignment of Indonesia)			Programme Budget 2024–2025		
	Country offices	Regional Office	Total	Country offices	Regional Office	Total
Base Programme	259.3 (68.1%)	121.3 (31.9%)	380.6	252.1 (61.8%)	155.9 (38.2%)	408.1
Polio Eradication	0.0	2.6	2.6	0.0	0.0	0.0
Special Programmes	0.0	4.2	4.2	0.0	4.1	4.1
Emergency Operations and Appeals	10.0	0.0	10.0	0.0	18.0	18.0
Total	269.3 (67.8%)	128.0 (32.2%)	397.4 (100.0%)	252.1 (58.6%)	178.1 (41.4%)	430.2 (100.0%)

2. BUDGET ENVELOPE MANAGEMENT

Table 2 shows Programme Budget 2026–2027 budget envelopes as of 31 August 2026 by segment, strategic priorities and joint outcomes. Considering the growing uncertainty in global health financing and increasing transactional costs, the Western Pacific Region introduced semi-annual reviews to gauge progress, identify gaps and assess funding projections, as well as to periodically assess the need for budget envelope adjustments and staffing changes. The first semi-annual review was conducted between the end of June and mid-July 2026. The budget envelope changes for the Base Programme segment reflect the results of that review.

The 8.6% budget increase (from US$ 56.3 million to US$ 61.1 million) on the Promote Health strategic priority within the Base Programme segment reflects greater focus on climate-resilient health systems (Output 1.1.1) and risk factors for noncommunicable diseases (Output 2.2.1). Although the budget envelope for the Protect Health strategic priority within the Base Programme segment decreased by 9.4% (from US$ 71.2 million to US$ 64.5 million), the overall budget for Protect Health, including both the Base Programme segment and the other segments (Polio Eradication, Special Programmes, and Emergency Operations and Appeals) increased by 7.4% (from US$ 88.0 million to US$ 94.5 million).

The budget envelope for Polio Eradication increased from US$ 2.6 million to US$ 10.1 million, as the Region tackled vaccine-derived polio outbreaks in the Lao People's Democratic Republic and Papua New Guinea. The budget envelope for Emergency Operations and Appeals also increased from US$ 10.0 million to US$ 15.5 million to manage additional funding from the Pandemic Fund and the response to ongoing emergencies.

Although the proportion of the Base Programme segment earmarked for country offices slightly decreased, the country office share of the budget envelope in terms of the total budget was protected at 67.8%.

Table 2
Programme Budget 2026–2027 budget envelope as of 31 August 2026
by segments, strategic priorities and joint outcomes
(US$ million)

		Initial budget envelope (January 2026)			Adjusted budget envelope (after first semi-annual review)		
		Country offices	Regional Office	Total	Country offices	Regional Office	Total
Promote Health	Outcome 1.1	17.2	5.3	22.5	24.0	5.0	28.9
	Outcome 1.2	1.9	1.0	2.9	1.8	1.0	2.8
	Outcome 2.1	3.9	2.3	6.2	1.9	2.5	4.4
	Outcome 2.2	14.5	6.3	20.8	15.6	6.3	21.8
	Outcome 2.3	2.6	1.3	3.9	1.8	1.3	3.1
	Subtotal	**40.1**	**16.2**	**56.3**	**45.1**	**16.1**	**61.0**
Provide Health	Outcome 3.1	26.2	8.2	34.4	25.2	8.1	33.3
	Outcome 3.2	17.6	9.6	27.2	17.6	10.4	27.9
	Outcome 3.3	8.6	3.0	11.6	9.3	4.2	13.5
	Outcome 4.1	42.6	13.3	56.0	42.0	14.3	56.3
	Outcome 4.2	25.9	7.3	33.2	24.5	9.4	33.9
	Outcome 4.3	1.9	0.5	2.3	2.0	0.5	2.5
	Subtotal	**122.8**	**41.9**	**164.7**	**120.5**	**46.8**	**167.3**
Protect Health	Outcome 5.1	6.7	3.8	10.6	5.9	4.8	10.8
	Outcome 5.2	19.4	8.6	28.0	14.9	8.3	23.2
	Outcome 6.1	17.8	13.1	30.9	16.2	13.1	29.2
	Outcome 6.2	1.4	0.3	1.7	1.0	0.3	1.3
	Subtotal	**45.3**	**25.8**	**71.2**	**38.0**	**26.6**	**64.5**
Power Health	Outcome 7.1	29.3	15.2	44.5	29.3	15.4	44.7
	Outcome 7.2	1.7	5.4	7.1	1.3	6.2	7.5
	Subtotal	**31.0**	**20.6**	**51.6**	**30.6**	**21.6**	**52.2**
	Outcome 8.1	20.1	16.7	36.8	19.0	16.4	35.4
Base Programme		259.3 (68.1%)	121.3 (31.9%)	380.6 (100.0%)	253.1 (66.5%)	127.5 (33.5%)	380.6 (100.0%)
Polio Eradication		0.0	2.6	2.6	8.5	1.6	10.1
Special Programmes		0.0	4.2	4.2	2.6	1.9	4.5
Emergency Operations and Appeals		10.0	0.0	10.0	14.3	1.2	15.5
Total		**269.3 (67.8%)**	**128.0 (32.2%)**	**397.4 (100.0%)**	**278.5 (67.8%)**	**132.2 (32.2%)**	**410.7 (100.0%)**

Note:

- Outcome 1.1: More climate-resilient health systems are addressing health risks and impacts
- Outcome 1.2: Lower-carbon health systems and societies are contributing to health and well-being
- Outcome 2.1: Health inequities reduced by acting on social, economic, environmental and other determinants of health
- Outcome 2.2: Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition reduced through multisectoral approaches
- Outcome 2.3: Populations empowered to control their health through health promotion programmes and community involvement in decision-making
- Outcome 3.1: The primary health-care approach renewed and strengthened to accelerate universal health coverage
- Outcome 3.2: Health and care workforce, health financing and access to quality-assured health products substantially improved
- Outcome 3.3: Health information systems strengthened, and digital transformation implemented
- Outcome 4.1: Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance
- Outcome 4.2: Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved
- Outcome 4.3: Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable
- Outcome 5.1: Risks of health emergencies from all hazards reduced and impact mitigated
- Outcome 5.2: Preparedness, readiness and resilience for health emergencies enhanced
- Outcome 6.1: Detection of and response to acute public health threats are rapid and effective
- Outcome 6.2: Access to essential health services during emergencies is sustained and equitable
- Outcome 7.1: Effective WHO health leadership, through convening, agenda setting, partnerships and communications, advances the sustainably financed WHO Fourteenth General Programme of Work 2025–2028 (GPW 14) outcomes and the goal of leaving no one behind (Corporate Outcome 1)
- Outcome 7.2: Timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products enable health impact at country level (Corporate Outcome 2)
- Outcome 8.1: An efficiently managed WHO with strong oversight and accountability and strengthened country capacities better enables its workforce, partners and Member States to deliver the GPW 14 outcomes (Corporate Outcome 3)

3. FINANCING AND UTILIZATION

Table 3 shows level of financing, projected financing and utilization of Programme Budget 2026–2027 for the Western Pacific Region by segment as of 31 August 2026. It also provides detailed information on the 11 high-priority technical outputs.

As of 31 August 2026, the financing rate for the biennium was 49.6% for the total Programme Budget and 48.3% for the Base Programme segment. Base Programme financing of US$ 183.9 million included US$ 86.5 million in flexible funding for the first year of the 2026–2027 biennium and US$ 97.4 million in voluntary contributions. The 11 high-priority technical outputs account for US$ 219.3 million, which is 74.8% of the budget allocated to the technical outputs. As of 31 August 2026, these outputs were financed at US$ 109.5 million, equivalent to 49.9% of their budget envelope.

As of 31 August 2026, projected financing rate for the biennium was 77.9% for the total Programme Budget and 76.0% for the Base Programme segment. The Base Programme's projected financing of US$ 105.6 million included US$ 85.6 million of flexible funding for the second year of the 2026–2027 biennium and US$ 20.0 million of projected voluntary contributions.

The utilization rate as a percentage of financing was 56.2% for the total fund and 55.9% for the Base Programme segment. Utilization for the 11 high-priority outputs stood at US$ 59.4 million, or 54.2% of available financing.

Overall, the numbers suggest that the 11 high-priority outputs are well positioned in terms of projected financing and implementation. However, continued attention will be required to convert projected resources into available financing and accelerate implementation in areas with lower utilization. Close monitoring through the semi-annual and mid-biennium reviews will help to ensure that funding, work planning and implementation remain aligned with country priorities, regional strategies and expected results.

Table 3
Financing, including projections, and utilization of Programme Budget 2026–2027
(as of 31 August 2026)
(US$ million)

	Budget envelope (A)*	Financing (B)	B/A (%)	Projected financing (C)**	(B+C)/A (%)	Utilization (D) ***	Utilization as % of financing (D/B)
Output 1.1.1	28.6	16.3	57.0	2.3	65.0	9.7	59.5
Output 2.2.1	16.7	7.9	47.5	2.9	64.7	4.5	57.0
Output 3.1.1	25.0	11.4	45.6	7.3	74.8	7.3	64.0
Output 3.2.1	12.7	5.9	46.2	6.8	100.0	3.0	50.8
Output 3.2.3	9.9	5.7	57.3	1.8	75.8	3.2	56.1
Output 3.3.1	13.5	7.0	51.9	2.4	69.6	3.3	47.1
Output 4.1.1	17.9	10.4	58.2	4.8	84.9	4.7	45.2
Output 4.1.3	29.0	17.0	58.8	6.8	82.1	9.1	53.5
Output 4.2.2	24.1	11.1	45.8	2.1	54.8	6.5	58.6
Output 5.2.1	21.0	8.7	41.2	5.0	65.2	4.3	49.4
Output 6.1.1	20.8	8.1	39.1	4.8	62.0	3.9	48.1
Subtotal of 11 high-priority outputs	219.3	109.5	49.9	47.0	71.4	59.4	54.2
Other technical outputs	73.7	31.6	42.8	21.1	71.5	16.4	51.9
Technical outputs	293.0	141.3	48.2	68.1	71.5	75.8	53.6
Enabling outputs	87.6	42.9	48.9	37.6	91.9	26.9	62.7
Base Programme	380.6	183.9	48.3	105.6	76.0	102.8	55.9
Polio Eradication	10.9	9.3	85.3	1.6	100.0	7.2	77.4
Special Programmes	4.5	2.3	51.1	2.2	100.0	1.1	47.8
Emergency Operations and Appeals	15.5	8.6	55.5	6.9	100.0	3.7	43.0
Total	**411.5**	**204.1**	**49.6**	**116.3**	**77.9**	**114.8**	**56.2**

Note: Figures may not add up to the exact total in some cases due to rounding of decimal figures.

* Budget envelope (A) contains estimated planned costs, which are subject to change.

** Projected financing (C) contains estimated funding figures assigned to outputs.

*** Utilization (D) includes projected human resource expenditures for August 2026, as the posting of staff costs was ongoing at the time of this report.

- Output 1.1.1: Climate-resilient health systems
- Output 2.2.1: Address risk factors for communicable and noncommunicable diseases
- Output 3.1.1: People-centred integrated service delivery
- Output 3.2.1: Workforce development
- Output 3.2.3: Product quality assurance
- Output 3.3.1: Health information
- Output 4.1.1: Noncommunicable disease management and "best buys"
- Output 4.1.3: Delivery of communicable disease services
- Output 4.2.2: Quality immunization
- Output 5.2.1: National preparedness and readiness plans
- Output 6.1.1: Surveillance and laboratories

4. EVALUATION

The Western Pacific Region is strengthening the use of country-level and decentralized evaluations to complement routine monitoring and budget performance reporting. A significant milestone is the Mongolia Country Programme Evaluation, commissioned under the WHO Evaluation Workplan 2024–2025. As the first country programme evaluation undertaken in the Region, Mongolia provides an important opportunity to demonstrate the value of strategic, country-level evaluation for learning and decision-making. Lessons from this evaluation will inform future country-level and decentralized evaluations in the Region, including planned evaluations through 2027. The evaluations will also help strengthen links among planning, resource allocation, monitoring, evaluation and learning, and support more evidence-based prioritization in future operational planning cycles.

To further strengthen organizational learning and accountability, the Region established an Evaluation Management Group to oversee implementation of the regional evaluation portfolio, supported by evaluation reference groups for individual evaluations. During the 2026–2027 biennium, the Western Pacific Region plans to undertake country programme evaluations in Indonesia and the Lao People's Democratic Republic, as well as decentralized evaluations of the regional Programme Budget performance review mechanism. The findings will inform planning, implementation and resource allocation, while strengthening accountability and learning across the Region.

5. AUDIT

As part of its 2026 annual workplan, the Office of Internal Oversight Services (IOS) scheduled an integrated audit of the WHO country office in Indonesia. This audit exercise included a field visit to Indonesia from 8 to 19 June 2026. The audit covered the period January 2025 to May 2026.

The objectives of the integrated audit were to assess the governance, risk management and control processes in the areas of programme management and administration with respect to: a) alignment of country office performance with the Organization's strategic objectives; b) the effectiveness, efficiency and economy of programmes and processes; c) reliability and integrity of financial, managerial, programmatic and operational information; d) compliance with WHO regulations, policies and procedures; and e) safeguarding of assets and their appropriate use.

The audit report was finalized by IOS in August 2026. The audit concluded that the performance of the country office was satisfactory, with 65 out of 82 controls tested (79%) found to be operating effectively and 17 controls (21%) found to be ineffective, none of which had a high level of residual risk.

The WHO Representative Office in Indonesia is the only country office in the Organization to have received the highest rating of "satisfactory" during the six years that IOS has been performing integrated audits.

The report contains a total of 10 recommendations of medium priority, which the country office in its management response has committed to implement fully by 30 June 2027. WHO in the Western Pacific Region continues to closely monitor audit recommendations to ensure they are fully implemented within 12 months of issuance.

4. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to review and note the updated report on the implementation of the Programme Budget 2026–2027.