

**Regional Committee for Africa****Original: English**Seventy-fifth sessionLusaka, Republic of Zambia, 25–27 August 2025Provisional agenda item 14**Programme budget 2026–2027: from prioritization to implementation****Executive summary**

1. The Programme budget 2026–2027 sets forth the strategic and operational direction of WHO in the African Region under the Fourteenth General Programme of Work (GPW 14). This biennium marks a turning point to outcome-driven delivery, as it emphasizes measurable results at country level. Aligned with the bold vision of the new Regional Director – *Building a Healthier Africa, Together* – the Programme budget advances universal health coverage (UHC), equity and emergency preparedness through primary health care-centred transformation.
2. Despite a 21% global reduction in the WHO base budget from the initially proposed US\$ 5.3 billion to US\$ 4.2 billion due to evolving fiscal pressures, the African Region has safeguarded its core functions through strategic prioritization and Member State solidarity. With a preserved flexible funding envelope of **US\$ 447.0 million**, the Region retains the largest global share (24%) of such resources, enabling continuity in frontline delivery across the 47 countries of the Region.
3. This Programme budget is also a call to action – to reimagine our health systems, assert African ownership, and co-create sustainable pathways. Rooted in the values of equity, sovereignty and resilience, it urges a renewed compact between the Secretariat and Member States: one that turns commitment into capacity, and vision into results.

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## Strategic framing

1. The Programme budget 2026–2027 sets out the WHO operational and financial road map for the first biennium of GPW 14. It marks a decisive step towards an outcome-oriented delivery model, placing country-level impact at the heart of the WHO mandate. Anchored in a streamlined results framework comprising joint and corporate outcomes, the Programme budget reflects priorities defined by Member States and the Secretariat. These priorities focus on strengthening primary health care, advancing UHC, addressing equity and gender disparities, and enhancing emergency preparedness. In the African Region, the Programme budget offers a platform for targeted technical cooperation aligned with national health strategies to address persistent disease burdens, system fragility, and health emergencies.

## Budget reductions and regional implications

2. In response to an acute and evolving global financial crisis – further exacerbated by the withdrawal of the United States of America – the Programme budget 2026–2027 reflects a substantial downward revision of the WHO base financial envelope from the initially proposed US\$ 5.3 billion to US\$ 4.2 billion. This 21% global reduction necessitates prioritization and austerity across all regions and headquarters. The base budget for the WHO African Region decreased from US\$ 1.326 billion to US\$ 1.139 billion – a 14% reduction in line with other major offices, now representing 27% of the total base envelope.

**Table 1. WHO Programme budget 2026–2027 (base segment) by major office: comparison with 2024–2025 and variance**

Major offices	PB 2024–2025 (in US\$ million)	PB 2026–2027 (in US\$ million)	Variance
<b>Africa</b>	1 326	1 326	–14%
<b>The Americas</b>	295.6	254.8	–14%
<b>South-East Asia</b>	487.3	417.2	–14%
<b>Europe</b>	363.6	308.9	–15%
<b>Eastern Mediterranean</b>	618.4	533.7	–14%
<b>Western Pacific</b>	408.1	347.2	–15%
<b>Headquarters</b>	1 468	1 125	–23%
<b>Global technical centres</b>	<i>Introduced at US\$ 140 million</i>		

3. This budget contraction requires programmatic recalibration – safeguarding essential health functions such as immunization, reproductive and child health, and communicable disease control – while scaling down lower-priority interventions. The Regional Office will adopt a more facilitative and impact-enabling posture, strengthening support to country offices while enhancing performance accountability and alignment with national health strategies.

## Workforce and operational realignment under financial constraints

4. In the context of significant fiscal constraints affecting the WHO base programme budget, the African Region has embarked on a comprehensive operational realignment to preserve high-impact outputs while optimizing the use of available resources and maximizing mobilization of additional

funding. This effort is guided by the principles of strategic prioritization, institutional transparency, and financial sustainability.

### *Strategic workforce alignment*

5. The Region has adopted a results-based approach to workforce planning. All country offices are required to align their staffing structures and activities with high-priority outputs as identified through consultations with Member States. These parameters aim to maintain responsiveness while safeguarding delivery capacity. Country offices are developing detailed sustainability plans that include revised organograms, funding scenarios, and implementation pathways. These plans are being reviewed through the mapping and matching process and validated by regional oversight mechanisms.

### *Organizational streamlining and governance*

6. The Regional Office has reorganized its technical clusters, consolidating overlapping functions and enhancing synergies across programmes. Key domains – including communicable diseases, health systems, and health promotion – have been realigned to reflect a more integrated delivery model anchored in primary health care and universal health coverage. At the Regional Office, this approach has led to a streamlined leadership structure, with the number of directors reduced from eight to six, and team leads from 49 to 33. New team leads have been appointed through a structured process involving the Ad Hoc Review Committee, ensuring leadership continuity and technical excellence. Oversight is provided by the AFRO Transparency and Fairness Committee, which ensures procedural integrity in workforce decisions and provides an institutional grievance channel. This governance framework reinforces fairness and inclusiveness, and aligns with WHO values.

### *Operational risks and mitigation*

7. While these measures are necessary, they are not without risk. The current transition may impact:

- (a) **staff morale**, due to uncertainty over redeployment and contract renewal;
- (b) **institutional memory**, especially in technical areas affected by downsizing;
- (c) **operational agility**, particularly in responding to emerging public health threats;
- (d) **workload distribution**, which may strain the remaining personnel.

8. Mitigation strategies include transparent communication, performance-based planning, internal support mechanisms, and phased implementation of changes. Continuous engagement with Member States is also critical to ensure alignment with country needs and expectations.

### *Efficiency measures*

9. In response to the acute funding constraints, the WHO African Region has instituted a comprehensive set of **efficiency measures**, currently in force and serving as a foundation for more optimized implementation in 2026–2027. These measures are grounded in six strategic domains: (1) rational use of flexible funding; (2) alignment of technical activities with high-priority outputs; (3) workforce cost control; (4) streamlining of travel, meetings and events; (5) lean procurement and operational support; and (6) governance and exception management. Key actions include freezing vacant positions, suspending all non-essential travel and retreats, delaying office expansions and hardware replacements, and prioritizing virtual engagement formats.

10. These cost-containment strategies are not simply temporary austerity steps; they are part of a strategic transformation agenda that balances fiscal discipline with delivery of essential health functions. As WHO prepares for the 2026–2027 biennium, these efficiency measures will be recalibrated to sustain gains, reduce duplication, and sharpen focus on results with maximum impact.

#### *Resource mobilization*

11. In response to the fiscal crisis affecting the Organization, the African Region launched an ambitious campaign – “US\$ 250 Million in 250 Days” – to make up for the shortfall from reduced assessed and voluntary contributions. As of July 2025, US\$ 137 million has been mobilized, representing 55% of the target, with US\$ 113 million still to be secured. This effort spans more than 50 high-priority investment opportunities and has successfully engaged donors such as Gavi, the Global Fund, the Gates Foundation, and key bilateral partners.

12. The AFRO strategy includes:

- (a) **targeted donor outreach** and intelligence;
- (b) **high-impact investment packaging**;
- (c) a **central tracking mechanism** to monitor opportunity pipelines and deal closures.

13. Resource mobilization – alongside efficiency measures and workforce realignment – forms a cornerstone of the Region’s response to ensure financial sustainability and continued delivery at country level.

#### **Integrated flexible funding allocation for 2026–2027**

14. In the face of global financial retrenchment, WHO has adopted an integrated and strategic approach to the allocation of flexible funding for 2026–2027. The aim is to shield country-level health delivery from fiscal volatility, while enhancing resource alignment and transparency.

15. The African Region has notably succeeded in preserving its flexible funding envelope at US\$ 447.0 million, equal to the 2024–2025 level – despite a 6% global reduction. This positions the Region as the largest recipient of flexible funding globally, absorbing 24% of the total global flexible funding envelope. An additional US\$ 28.4 million allocated for post occupancy costs brings the total flexible funding envelope to US\$ 475.4 million for the Region.

16. While this preservation underscores donor confidence and programmatic relevance, it necessitates urgent efforts to rebalance expenditure toward direct programmatic delivery, innovation, and systems strengthening. To that end, the Regional Office has:

- (a) prioritized high-impact outputs identified jointly with Member States;
- (b) initiated programmatic costing and scenario planning aligned with delivery milestones;
- (c) consolidated fragmented flexible funding streams – for example, the WHO Health Emergencies Programme (WHE), the Core Predictable Country Presence (CPCP) initiative, and Preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) – into a unified pool.

17. This approach echoes the Regional Director's transformative platform to enhance efficiency, assert ownership, and modernize operations, while ensuring responsiveness to country needs through empowered leadership.

### **Member States' commitment and role**

18. The Programme budget 2026–2027 would not be viable without the determined support and ownership of Member States. The historic endorsement at the Seventy-eighth World Health Assembly of a 20% increase in assessed contributions represents a bold step towards predictable, sustainable financing – especially crucial for the African Region, where flexibility and continuity are paramount. As Dr Janabi affirms in his manifesto, “Africans must become majority shareholders in WHO-AFRO.” This entails not only financial solidarity, but also leadership in setting regional health agendas, driving accountability, and sustaining institutional resilience.

### **Forward-looking call for action**

19. The success of the Programme budget 2026–2027 hinges on collective ownership and sustained collaboration. Member States play a pivotal role in preserving the operational presence of WHO, safeguarding public health gains, and ensuring delivery at scale. To that end, the actions outlined here below are urgently called for.

#### *Provide cost-sharing support*

20. Member States are invited to contribute to WHO's operational sustainability by:
- (a) offering **rent-free premises**, utilities, or equipment;
  - (b) where possible, **seconding national staff** or providing administrative support to country offices.

#### *Engage in joint planning and accountability dialogues*

21. Active participation in WHO-led processes ensures alignment with national priorities and enhances mutual accountability. Governments are encouraged to:

- (a) participate in **joint workplan development**;
- (b) contribute to **biannual performance reviews**;
- (c) ensure national priorities are integrated into WHO programming.

#### *Mobilize political and financial solidarity*

22. Given the budget contraction, political and financial advocacy by Member States is essential to:

- (a) safeguard WHO's **technical independence and operational capacity**;
- (b) mobilize domestic and external resources for public health investments;
- (c) champion regional solidarity within multilateral forums.

#### *Embed WHO in national health architecture*

23. Reinforce WHO's relevance and impact by:

- (a) integrating WHO technical support into **national health sector strategies**;
- (b) facilitating alignment with **domestic resource planning cycles**;
- (c) strengthening partnerships with ministries and implementing agencies.

24. This renewed compact between the Secretariat and Member States is not only a fiscal necessity: it is a strategic imperative. The African Region's ability to deliver under tighter constraints will depend on sustained political commitment, flexible partnerships, and institutional resilience.