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**WHO PROGRAMME BUDGET 2006-2007:  
ORIENTATIONS FOR IMPLEMENTATION IN THE AFRICAN REGION**

**Report of the Regional Director**

**EXECUTIVE SUMMARY**

1. This document explains budget allocations and the guiding principles for the implementation in the African Region of the WHO Programme Budget 2006-2007 which is the first Programme Budget prepared under the Eleventh General Programme of Work and the fourth to be prepared since the introduction of results-based budgeting. Thirty-six programmatic areas of work are used as building blocks in the programme budget.
2. The Director-General has identified six areas of emerging concern. These areas and the proposed 15 regional priorities for 2006-2007 have received substantial funding.
3. The document is divided into six parts: introduction, budgetary analysis, guiding principles for implementation, roles and responsibilities, conclusion and annexes containing budgetary tables.
4. The Regional Committee is requested to review and approve the proposed orientations for implementation of the WHO Programme Budget for 2006-2007 in the African Region.

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## INTRODUCTION

1. Preparation of the 2006-2007 WHO integrated Programme Budget is guided by the broad objectives set out in the 11<sup>th</sup> General Programme of Work which covers the period 2006-2015. It is the first Programme Budget prepared under the Eleventh General Programme of Work.
2. For 2006-2007, the Director-General is committed to pursuing the decentralization policy in order to strengthen WHO's capacity in countries. The policy requires shifting adequate human and financial resources to the country level where they are most needed. This policy does not only enable WHO to provide better support to countries; but is also a key element in strengthening skills and capacities in country offices, with a heightened focus on accountability.
3. A draft proposed integrated WHO Programme Budget for 2006-2007 was reviewed by the fifty-fourth Regional Committee in September 2004, and later by the Executive Board in January 2005. It was subsequently approved by the fifty-eighth World Health Assembly in May 2005. The budgetary information contained in this document was extracted from the approved Programme Budget. Implementation of the related work plans will commence in January 2006.
4. Programme planning in WHO consists of long-term, medium-term and short-term planning cycles. The long-term planning cycle involves the preparation of the General Programme of Work (GPW), while the medium planning cycle consists of the preparation of a strategic plan - 3 biennial budgets. The short-term planning cycle consists of operational planning.
5. Operational planning is the process of preparation of work plans. The purpose of this process is to arrive at specific deliverables required to achieve the results set out in the strategic plan and biennial budget.
6. Country work plans are prepared by country offices in collaboration with the ministry of health. For their part, units within the divisions or departments in the Regional Offices and headquarters also prepare their work plans which, before being finalized, are discussed across all levels including joint planning during Regional Programme Meetings (RPMs). For cross-cutting areas, intra- and inter-divisional plans are prepared. At country level, preparation of work plans by country teams is encouraged.
7. The fifty-first session of the Regional Committee identified 16 areas as priorities, namely: health systems development; HIV/AIDS; malaria; tuberculosis; maternal health; child health; mental health; cancer, cardiovascular diseases, diabetes and obstructive chronic respiratory diseases; blood safety; poverty and health; preparedness for and response to emergencies and epidemics; youth and adolescent health; health promotion; essential medicines (including traditional medicine); nutrition; and health and environment.
8. However, given the current areas of concern identified in the 44 Country Cooperation Strategy (CCS) documents that have been analyzed, it is proposed that the following 15 areas of work be the regional priorities under this programme budget: communicable disease prevention and control; epidemic alert and response; malaria; tuberculosis; HIV/AIDS; surveillance, prevention and management of chronic, noncommunicable diseases; health and environment; making pregnancy safer; child and adolescent health; immunization and vaccine development; essential medicines

(including traditional medicine); health systems policies and service delivery; human resources for health; health information, evidence and research policy; and WHO's core presence in countries.

9. For 2006-2007, the Director-General has identified six emerging areas of global concern. These are: epidemic alert and response; surveillance, prevention and management of chronic, noncommunicable diseases; tobacco; making pregnancy safer; child and adolescent health; and planning, resource coordination and oversight.

10. It is important to note that with the exception of two areas of work, namely tobacco, and planning, resource coordination and oversight, the global emerging areas of concern are also among the regional priorities. Also notable is that, as shown in Annex 4, the regional priorities have received increased allocations and now account for 81.5% of the Regional Programme Budget.

11. Translating the strategic agenda in the CCS into areas of work has been evolving with clearer understanding between ministries of health and country offices. In this regard, the work of WHO in countries will be related to the selected priority areas based on CCS.

12. Despite the increase in the regional budget for 2006-2007, the corresponding funds are, unfortunately, not sufficient to cover the health programme needs of the Member States, given the high disease burden in the Region, the weaknesses of existing health infrastructure and the high cost of interventions. Furthermore, over 78% of this budget is planned to be financed from Voluntary Funds (other sources see Annex 1), which are normally targeted at certain areas of work and/or countries. That leaves the majority of countries primarily dependent on the regular budget. The regular budget has historically continued to be very tight because of WHO's zero growth policy dating back to many years. Under the circumstances, the Regional Office has to be more selective and strategic in responding to Member States' needs.

13. This will be achieved through: effective budget implementation; greater focus on a limited number of prioritized areas of work; well-formulated expected results and indicators as a means of improving monitoring and accountability; and systematic monitoring and evaluation at all levels.

14. In addition, continuing efforts will be made to mobilize additional resources from other sources for priority programmes, and to make effective use of available resources through streamlined and more efficient management and administrative procedures. The Regional Office continues to advocate that countries, through their budgeting processes, earmark at least 15% of their national budgets for Health.

15. This document has been prepared to provide further guidance and budget information specific to the African Region and to serve as a basis for both the preparation of work plans and the implementation, monitoring and evaluation of the Programme Budget 2006-2007.

## **BUDGETARY ANALYSIS**

16. The WHO's Programme Budget is the fourth successive biennial budget that follows an organization-wide, results-based approach. The programme is based on a set of objectives, strategies, and organization-wide expected results. For implementation, office-specific expected results will be developed. Unlike in previous biennia, this programme budget is an integrated budget for the whole of WHO.

17. The programme budget was drawn up through a participatory and iterative process, involving dialogue between countries, regional offices and headquarters. The resulting budget is based on 36 programmatic areas of work defined globally as the building blocks of what is to be achieved.

18. Therefore, the total budget available to the Region under this Programme Budget is based on agreed estimated requirements by area of work resulting from the above participatory and iterative process involving all levels, taking into consideration all the resources that are likely to be made available. It comprises funding from all sources including Voluntary Funds from partners, which are subject to availability during implementation, and Regular Budget funds from Member States. The increases in the budget are purely in programmatic terms and do not include any projected cost increases.

19. The Programme Budget for the African Region for the biennium 2006-2007 totals US\$949.5 million as compared to an estimated US\$ 744.7 million for 2004-2005 (Annex1). A total amount of US\$ 203.6 million, representing 21.4% of the budget is from the Regular Budget (Regular Budget), while US\$ 745.8 million, representing 78.6%, is from Voluntary Funds (Other Sources, see Annex 1). It is important to note the heavy reliance on voluntary funding (compared to Regular Budget funding) during the biennium. While the Regular Budget funds are assured once approved, the Voluntary Funds are not absolutely predictable, both in terms of the absolute amounts and the timeliness of receipt of the amounts.

20. The resources by Region (Annex 1) show that, of all the regions and headquarters, the African Region is allocated the second highest amount both in nominal and percentage terms: US\$ 949.5 million which makes up 28.7% of the total budget. Furthermore, comparing the 2006-2007 approved budget to the 2004-2005 budget, we note that the African Region has the greatest budget increase (US\$ 204.7 million). The details by area of work are shown in Annex 5.

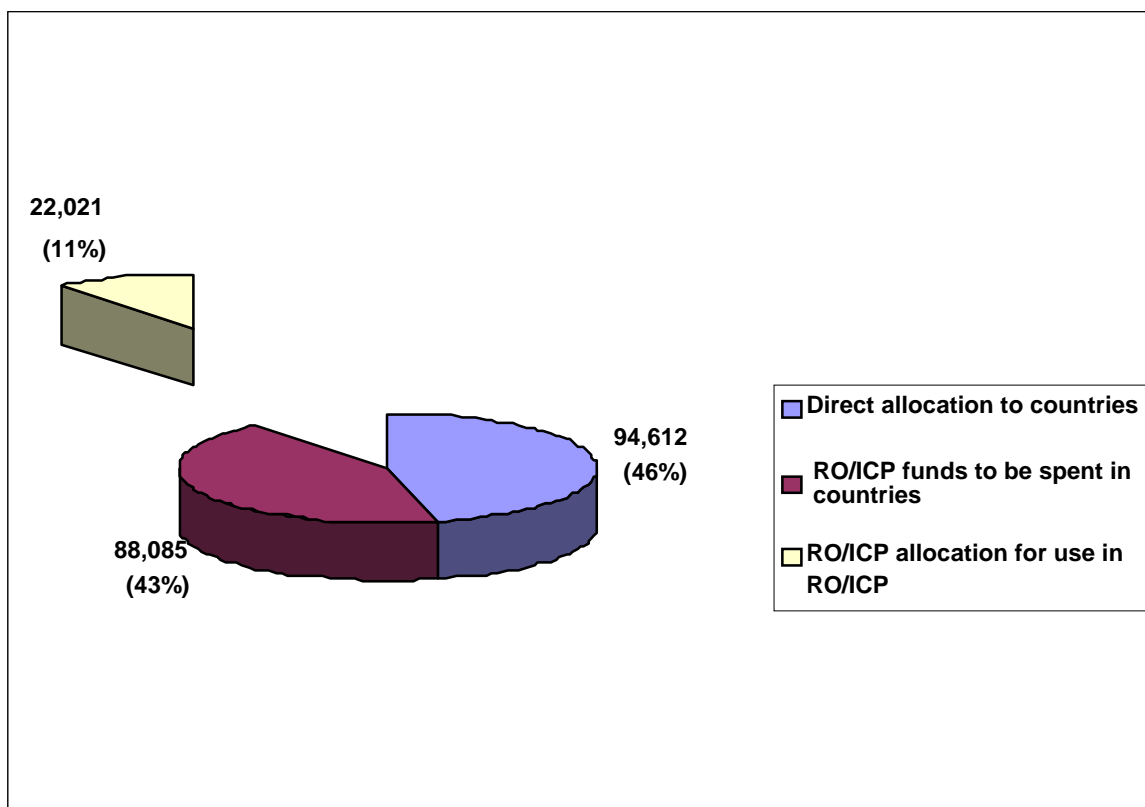
21. A total of US\$ 11.9 million (6%) of the budget increase is from the Regular Budget, while US\$ 192.8 million (94%) is from Voluntary Funds (table 1 below). All the increases in the Regular Budget have been targeted at and allocated to the six areas of work (see paragraph 9) selected by the Director-General as emerging areas of global concern.

**Table 1: Breakdown of budget increase (US\$ thousand)**

<b>Level</b>	<b>Regular budget</b>	<b>% of total regular budget</b>	<b>Voluntary funds</b>	<b>% of total voluntary contributions</b>	<b>Total increase</b>	<b>% of total increase</b>
Countries	7590	64	87 022	45%	94 612	46%
Regional Office/ICP	4302	36	105 804	55%	110 106	54%
<b>Total</b>	<b>11 892</b>	<b>100</b>	<b>192 826</b>	<b>100%</b>	<b>204 718</b>	<b>100%</b>
<b>Percentage of total increase</b>	<b>6%</b>		<b>94%</b>			

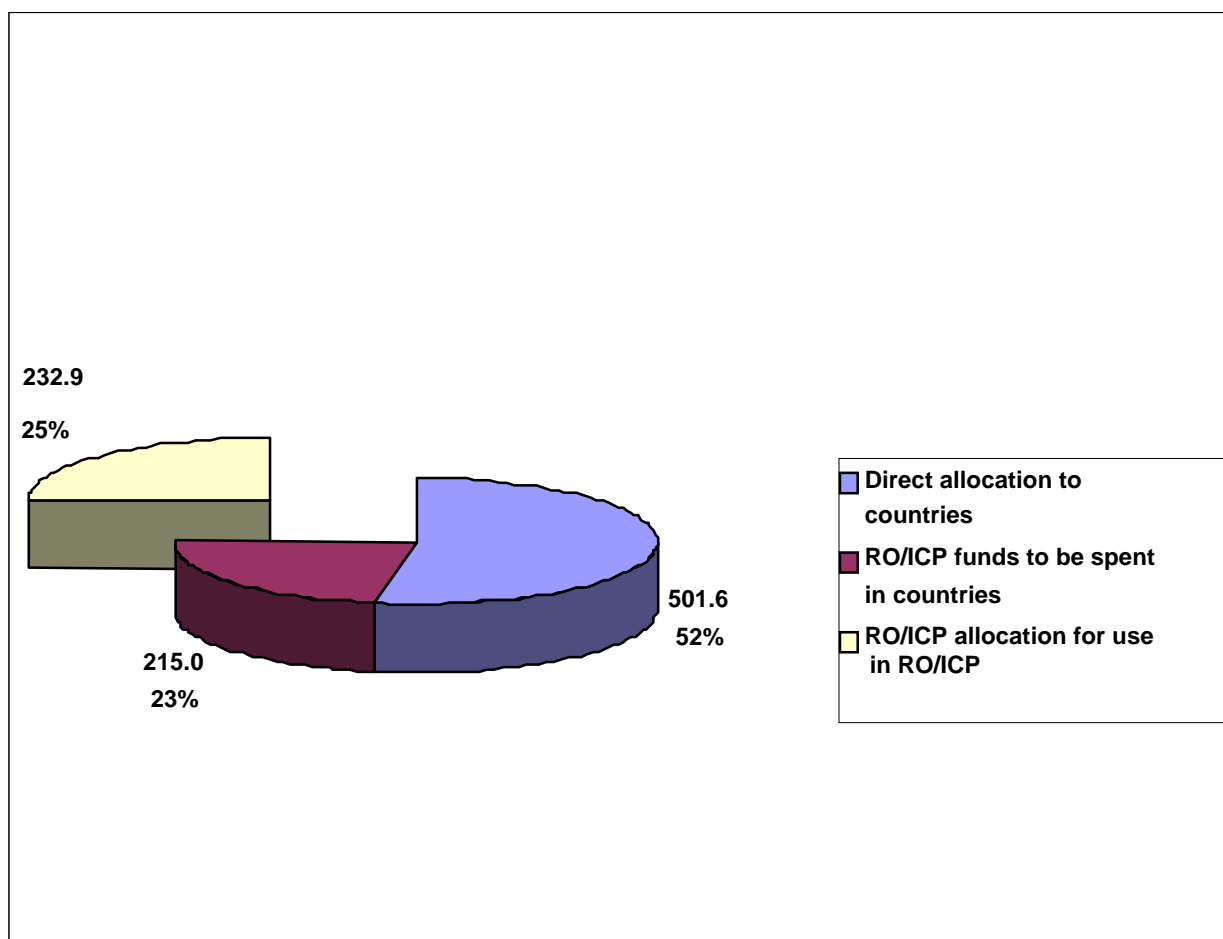
22. A total of US\$182.7 million (89%) of the budget increase is earmarked to be spent in countries. This comprises US\$94.6 million as direct proposed allocations to countries and US\$88.1 million as funds to be transferred from Regional Office/intercountry programmes (ICP) to countries. The balance of US\$ 22.0 million (11%) will be spent at the Regional office.

**Figure 1: Distribution of budget increase by location of spending (US\$ thousand)**



23. Of the approved funds, US\$ 784.3 million has been allocated for Regional Priorities (Annex 3). This represents an increase of US\$ 177.3 million (29.2%) compared to the 2004-2005 Programme Budget. More significantly, this accounts for 86.6% of the total budget increase (Annex 4).

24. Of the funds available to the Region, it is anticipated that US\$ 716.6 million (75%) will be spent in countries (Figure 2 below). This comprises direct proposed allocations to countries of US\$ 501.6 million (Annex 6) and an estimated amount of US\$ 215.0 million for activities implemented at country level from the US\$ 447.9 million funding for Regional Office/intercountry programme activities (Annex 7). The balance of US\$ 232.9 million (25%) will be spent at the Regional Office, including for staffing of intercountry programmes, some of which might be based in countries (see Figure 2 below). It is important to note that, under this Programme Budget, at least US\$ 215 million is being decentralized from the Regional Office to countries, representing an increase of US\$ 46 million over the Programme Budget 2004-2005.

**Figure 2: Distribution of budget by location of spending (US\$ thousand)**

25. The allocation to countries (Annex 8) is presented in two parts, Regular Budget and Voluntary Funds. The Regular Budget allocation has been based on the 2004-2005 approved allocation, increased by 6.2%, as proposed by the Director-General and approved by the fifty-eighth World Health Assembly. The details of the Regular Budget by country are shown in Annex 9.

26. The Voluntary Funds allocation has been based on the past trends of each country's funding from this source. Voluntary Funds are estimated and targeted at certain areas of work and countries, as the logical way to distribute the funds to be received. It should be noted, however, that while the amount available from the Regular Budget is known and can be easily allocated, the amount to be available from Voluntary Funds, is for the most part, unknown at this point. A total of US\$ 129.9 million (25.9%) of the US\$ 501.6 million earmarked for countries is from the Regular Budget while the balance of US\$ 371.6 (74.1 %) is from Voluntary Funds.

27. It is important to note that the final allocation to countries and Regional Office divisions may change. Since several years, the regions have not received the full allocations shown in the approved budget. This is due to the decision of the Director-General to withhold funds in anticipation of non-payment of full assessments by Member States. In 2004-2005, the amount withheld was US\$ 5.8 million (3%) of the African Region's approved budget. Given that the projected amount of US\$ 203.6 million is earmarked for the African Region under the Regular Budget for 2006-2007, and

assuming that the same percentage would apply in this biennium, the amount to be withheld would be US\$ 6.1 million. Essentially, it means that these funds would not be available for implementing activities

28. Of equal importance during implementation is the effect of the currency exchange rate fluctuation. The exchange rate of local currencies of the region to the US dollar continues to be volatile. In particular, the CFA Franc which is linked to the Euro and the Rand have strengthened in value by 14% and 23% respectively (as at March 2005) since the approval of the last programme budget in May 2003. Given that a large portion of expenditure, especially at country level, is in local currencies, if this depreciation of the US Dollar against these and other local currencies continues, implementation of activities will be adversely affected. The impact can be substantial especially since cost increases have remained unfunded over the years, given the longstanding zero budget growth policy of WHO. It is important to note that there is no provision in the budget for reimbursement for exchange rate losses due to depreciation of the US Dollar. Discussions will be initiated with headquarters to see if, in the future, some of the currencies can be protected by including them in the exchange rate facility.

## **GUIDING PRINCIPLES FOR IMPLEMENTATION**

29. The African Region is not only the largest region of WHO in terms of budget allocation, staffing and number of country offices, but also, probably, has the greatest number of challenges which should be taken into account when preparing and implementing the programme budget.

30. The challenges include: a disproportionately high disease burden; frequent man-made and natural disasters; poor health and communication infrastructure; high cost of interventions; and poor economic performance. These factors, together, contribute to the pressing need for continually higher levels of funding in the health sector of the Region. There is a need, therefore, for WHO to play a much greater role in advancing the global health agenda in the Region.

31. In the light of the above, and taking into account the lessons learnt from the budget implementation experience of recent biennia, it is clear that the African Region has to implement the programme budget in a more effective manner, especially at country level, in order to achieve maximum impact.

32. Consequently, a number of guiding principles are being proposed for the 2006-2007 Programme Budget implementation. These are decentralization, integration of interventions, strengthening WHO's core presence in countries, and strengthening monitoring and evaluation.

33. **Decentralization:** the Director General's policy of decentralization of funds to the regional and country levels, should be one of the guiding principles for budget implementation. This means that resources will be directed to where the work of WHO is best and most effectively performed. For the African Region, this is mostly in countries and, accordingly, most of the resources have been programmed to be spent there. Not only do resources need to be decentralized, but also, those implementing offices should be empowered to take decisions without frequent reference to the Regional Office. Therefore, the current decentralization process, initiated in the WHO African Region in 1998 to countries and later expanded to the divisions in the Regional Office, will be continued. The process will, however, be enhanced to enable WHO country representatives and



divisional directors to take implementation decisions at a much higher rate than is currently the case and to be more accountable for their decisions.

34. For decentralization to work effectively, there is need for financial stability especially at country level, and less financial disruption from unforeseen events. Consequently, it is being proposed to withhold 3% of the funds from the Regular Budget allocation as a reserve for unforeseen or unplanned expenditure in the Region.

35. **Integration of interventions:** For efficient use of the resources that have been made available, WHO and countries should implement this Programme Budget in an integrated manner. To that end, in the spirit of ONE WHO, the different areas of work focal points across all levels of WHO should jointly plan activities to be implemented in countries and ensure that they are implemented in a more collaborative and coordinated manner. There is also a need for strong collaboration between UN agencies for planning, implementation, monitoring and evaluation, and for the integration of programmes within one Ministry of Health and one health system to avoid vertical implementation of programmes that undermine the effectiveness of national health systems.

36. Joint planning, implementation and evaluation would improve programme performance at country level and produce results that will have a maximum impact at country level. Collaboration, therefore, between divisions and relevant areas of work across the three levels of the Organization will be an integral part of the implementation of the Programme Budget 2006-2007 and will receive greater emphasis during the implementation period. Countries are also being encouraged to adopt this approach in implementing their own activities in collaboration with other partners.

37. **Strengthening WHO's core presence in countries:** For decentralization to be effective, the implementing office has to be sufficiently equipped to face up to their increased responsibilities and be accountable for implementation. This is currently a critical issue especially at county level. Therefore, strengthening the area of work "WHO core presence in countries" should be another guiding principle. This would entail reprofiling the WHO country offices, taking into account the size, staffing and infrastructure needs of each country office in addition to increased funding of that area of work to enable each office to have the minimum required human resource capacity, and adequate infrastructure. A strengthened WHO country office is a priority for WHO, given the policy of decentralization of resources to countries and the upcoming installation of the Global Management Information System. This Programme Budget therefore reflects increased funding for WHO's core presence in countries.

38. The work of WHO in countries includes a managerial function (the running of the WHO country offices) in addition to technical cooperation with countries. Therefore, the country work plan takes into account all allocated funds. Given that the primary role of WHO is to provide technical support in health to countries, WHO country offices must have technical staff in adequate numbers and with adequate expertise. Similarly, country offices must have adequate infrastructure including effective telecommunications and computer facilities which would enable them to operate optimally. Adequate funds, preferably from the Regular Budget, must be earmarked for salaries of the required technical staff and for the smooth functioning of the country offices, to enable them to continue to provide high-quality technical support.

39. **Strengthening monitoring and evaluation:** Given the increased decentralization and limited resources, monitoring and evaluation processes must be strengthened at all levels. All work plans must be prepared and implemented through the use of the Activity Management System (AMS). This will enhance monitoring and evaluation of the Programme Budget. Production of monthly summary implementation status reports must continue and should be shared, especially at country level, with the relevant staff in the ministry of health. Semi-annual, mid-term and biennial assessments should all be done using the AMS.

## **ROLES AND RESPONSIBILITIES**

40. Implementation of the programme budget is a shared responsibility between countries and WHO.

41. Countries are requested to use the Country Cooperation Strategy (CCS) as a basis for preparing work plans. In addition, they should: agree to the prioritization of activities, focusing on a limited number of areas of work, given the financial constraints especially in the regular budget; ensure that at least 15% of the national budget is earmarked for health; ensure implementation stability; agree to the Regional Director establishing a contingency fund of US\$ 6.1 million representing 3% of the Regular budget, to provide for unplanned activities, with any unused balance being reallocated to countries during the second half of the second year of the biennium; prepare and finalize work plans early enough to enable their approval in November 2005.

42. WHO will: provide detailed procedures for enhanced delegation of authority to WRs and divisional directors; carry out staff reprofiling in countries; review and sign work plans in November 2005; and enhance the implementation, monitoring and evaluation processes. WHO should also play an active advocacy role in encouraging countries to provide at least 15% of their national budget for health.

## **CONCLUSION**

43. For 2006-2007, the African Region has the highest percentage of the WHO global approved budget that it has ever been allocated based on results-based budgeting taking into account the resources needed to achieve the expected results agreed upon under the 2006-2007 Programme Budget. The budget has now been allocated to the various countries and divisions in the Region.

44. What is now required is concerted effort between countries and WHO to ensure that the budget is effectively implemented through well-formulated work plans.

45. The Regional Committee is invited to review and approve the proposed orientations for implementation of the Programme Budget for 2006-2007 in the African Region.

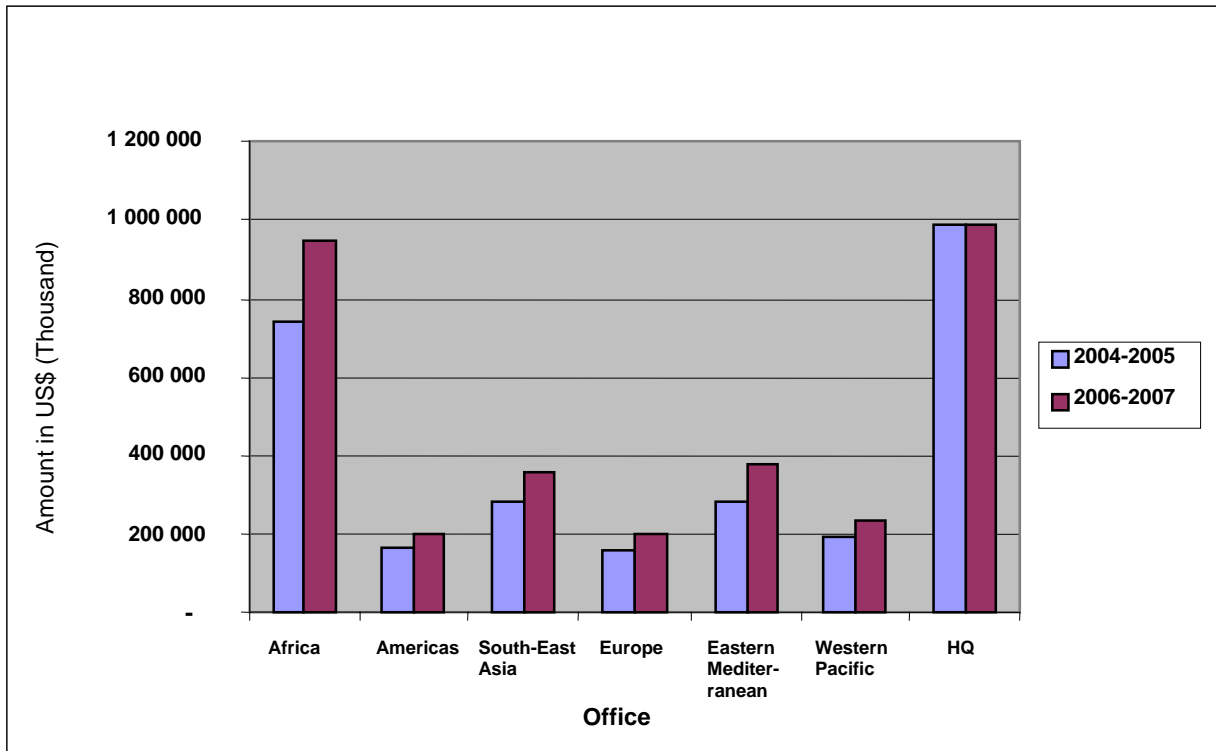
## ANNEX 1

## WHO Approved Programme Budget for 2006-2007 by Office (US\$ thousand)

Office	All Funding						Regular Budget 2006-2007	% of 2006- 2007 total	Voluntary Funds 2006-2007	% of 2006- 2007 total
	2004-2005	% of 2004- 2005 total	2006- 2007	% of 2006- 2007 total	Increase/ decrease over 2004-2005	% increase over 2004- 2005				
Africa	744 735	26.4%	949 453	28.7%	204 718	27.5%	203 627	21.4%	745 826	78.6%
Americas	167 227	5.9%	198 518	6.0%	31 291	18.7%	77 768	39.2%	120 750	60.8%
South- East Asia	284 954	10.1%	357 213	10.8%	72 259	25.4%	99 251	27.8%	257 962	72.2%
Europe	158 282	5.6%	200 575	6.1%	42 293	26.7%	58 180	29.0%	142 395	71.0%
Eastern Mediterra- nean	284 349	10.1%	381 846	11.5%	97 497	34.3%	87 456	22.9%	294 390	77.1%
Western Pacific	193 536	6.9%	232 861	7.0%	39 325	20.3%	76 505	32.9%	156 356	67.1%
HQ	991 028	35.1%	992 975	30.0%	1947	0.2%	312 528	31.5%	680 447	68.5%
<b>Total</b>	<b>2 824 111</b>	<b>100.0%</b>	<b>3 313 441</b>	<b>100.0%</b>	<b>489 330</b>	<b>17.3%</b>	<b>915 315</b>	<b>27.6%</b>	<b>2 398 126</b>	<b>72.4%</b>

ANNEX 2

Comparison of budget levels between 2004-2005 and 2006-2007



## ANNEX 3

## Funding for the African Region's Proposed Priorities (US\$ thousand)

Area of Work	All funding		
	2004-2005	Increase/ decrease	2006-2007
Communicable disease prevention and control	46 316	12 863	59 179
Epidemic alert and response	25 601	19 399	45 000
Malaria	43 140	15 860	59 000
Tuberculosis	21 511	8489	30 000
HIV/AIDS	120 939	14 658	135 597
Surveillance, prevention and management of chronic, noncommunicable diseases	5905	2595	8500
Health and environment	7578	1422	9000
Making pregnancy safer	12 626	2190	14 816
Child and adolescent health	16 240	11 260	27 500
Immunization and vaccine development	182 956	51 724	234 680
Essential medicines	11 767	-267	11 500
Health systems policies and service delivery	23 564	7262	30 826
Human resources for health	17 180	11 053	28 233
Health information, evidence and research policy	4415	9489	13 904
WHO's core presence in countries	67 284	9296	76 580
<b>Total</b>	<b>607 022</b>	<b>177 293</b>	<b>784 315</b>

**ANNEX 4****Breakdown of total budget by category of areas of work (all funding)**

<b>Category of Area of work</b>	<b>Biennium 2004-2005</b>	<b>% of 2004-2005 total</b>	<b>Biennium 2006-2007</b>	<b>% of 2006-2007 total</b>	<b>Increase/decrease over 2004-2005</b>	<b>% total increase</b>	<b>% increase between biennia</b>
AFRO priority areas of work	607 022	81.5%	784 315	82.6%	177 293	86.6%	29.2%
Other areas of work	137 713	18.5%	165 138	17.4%	27 425	13.4%	19.9%
<b>Total</b>	<b>744 735</b>	<b>100.0%</b>	<b>949 453</b>	<b>100.0%</b>	<b>204 718</b>	<b>100.0%</b>	<b>27.5%</b>







ANNEX 5

Approved Consolidated 2006-2007 Programme Budget (US\$ thousand)

Area of Work	All funding			Regular Budget 2006-2007	Voluntary funds 2006-2007
	2004- 2005	Increase/ decrease	2006- 2007		
Communicable disease prevention and control	46 316	12 863	59 179	3130	56 049
Communicable disease research	6585	(4 000)	2585	553	2032
Epidemic alert and response	25 601	19 399	45 000	14 617	30 383
Malaria	43 140	15 860	59 000	2020	56 980
Tuberculosis	21 511	8489	30 000	2371	27 629
HIV/AIDS	120 939	14 658	135 597	4662	130 935
Surveillance, prevention and management of chronic, noncommunicable diseases	5905	2595	8500	7641	859
Health promotion	6512	86	6598	5169	1429
Mental health and substance abuse	4251	429	4680	2530	2150
Tobacco	2449	2551	5000	3113	1887
Nutrition	2791	1709	4500	2589	1911
Health and environment	7578	1422	9000	6210	2790
Food safety	3189	811	4000	1595	2405
Violence, injuries and disabilities	974	1023	1997	751	1246
Reproductive health	5099	3094	8193	2925	5268
Making pregnancy safer	12 626	2190	14 816	9778	5038
Gender equality, women and health	2397	603	3000	1320	1680
Child and adolescent health	16 240	11 260	27 500	8 168	19 332
Immunization and vaccine development	182 956	51 724	234 680	902	233 778
Essential medicines	11 767	(267)	11 500	3556	7944
Essential health technologies	4103	15	4118	2647	1471
Policy-making for health in development	6116	433	6549	3414	3135
Health systems policies and service delivery	23 564	7262	30 826	7358	23 468
Human resources for health	17 180	11 053	28 233	11 258	16 975
Health financing and social protection	478	4696	5174	755	4419
Emergency preparedness and response	40 296	(5 308)	34 988	2236	32 752
Health information, evidence and research	4 415	9489	13 904	864	13 040
Knowledge management and information	17 550	(2 550)	15 000	5753	9247
Planning, resource coordination and	1301	1467	2768	1459	1309
Human resources management in WHO	5423	977	6400	2287	4113
Budget and financial management	8572	1486	10 058	3372	6686
Infrastructure and logistics	14 172	9828	24 000	10 029	13 971
Governing bodies	1363	1779	3142	1287	1855
External relations	2391	3099	5490	2257	3233
Direction	1701	427	2128	1536	592
WHO's core presence in countries	67 284	9296	76 580	63 515	13 065
Exchange rate hedging	-	0	-	-	-
Information technology fund	-	0	-	-	-
Real estate fund	-	4770	4770	-	4770
Security fund	-	0	-	-	-
<b>Total</b>	<b>744 735</b>	<b>204 718</b>	<b>949 453</b>	<b>203 627</b>	<b>745 826</b>

## ANNEX 6

## Approved 2006-2007 Programme Budget (Countries) (US\$ thousand)

Area of work	All Funding			Regular Budget 2006-2007	Voluntary Funds 2006-2007
	2004- 2005	Increase/ decrease	2006- 2007		
Communicable disease prevention and control	20 824	4822	25 646	2062	23 584
Communicable disease research	208	0	208	197	11
Epidemic alert and response	9464	8417	17 881	10 471	7410
Malaria	19 218	6250	25 468	961	24 507
Tuberculosis	8758	3226	11 984	1452	10 532
HIV/AIDS	86 895	10 430	97 325	1836	95 489
Surveillance, prevention and management of chronic, noncommunicable diseases	2467	1673	4140	3908	232
Health promotion	4825	0	4825	4554	271
Mental health and substance abuse	2640	410	3050	1331	1719
Tobacco	553	1314	1867	1441	426
Nutrition	1866	0	1866	1762	104
Health and environment	4461	171	4632	4098	534
Food safety	1292	0	1292	1220	72
Violence, injuries and disabilities	671	660	1331	190	1141
Reproductive health	2646	1856	4502	1365	3137
Making pregnancy safer	3269	3207	6476	5987	489
Gender equality, women and health	952	247	1199	512	687
Child and adolescent health	4348	4040	8388	5961	2427
Immunization and vaccine development	84 804	23 300	108 104	513	107 591
Essential medicines	8330	(206)	8124	2048	6076
Essential health technologies	1563	98	1661	1174	487
Policy-making for health in development	3822	316	4138	1885	2253
Health systems policies and service delivery	16 468	696	17 164	2937	1427
Human resources for health	11 517	6593	18 110	7705	10 405
Health financing and social protection	-	2668	2668	0	2668
Emergency preparedness and response	35 011	(4879)	30 132	1019	29 113
Health information, evidence and research policy	3564	9329	12 893	193	12 700
Knowledge management and information technology	1211	(204)	1007	278	729
Planning, resource coordination and oversight	200	293	493	0	493
Human resources management in WHO	-	0	0	0	0
Budget and financial management	-	0	0	0	0
Infrastructure and logistics	-	0	0	0	0
Governing bodies	-	0	0	0	0
External relations	395	0	395	373	22
Direction	-	0	0	0	0
WHO's core presence in countries	64 698	9885	74 583	62 490	12 093
Exchange rate hedging	-	0	0	0	0
Information technology fund	-	0	0	0	0
Real estate fund	-	0	0	0	0
Security fund	-	0	0	0	0
<b>Total</b>	<b>406 940</b>	<b>94 612</b>	<b>501 552</b>	<b>129 923</b>	<b>371 629</b>

ANNEX 7

Approved 2006-2007 Programme Budget (RO/ICP) (US\$ thousand)

Area of Work	All Funding			Regular Budget 2006-2007	Voluntary funds 2006-2007
	2004-2005	Increase/ decrease	2006-2007		
Communicable disease prevention and control	25 492	8041	33 533	1068	32 465
Communicable disease research	6377	(4000)	2377	356	2021
Epidemic alert and response	16 137	10 982	27 119	4146	22 973
Malaria	23 922	9610	33 532	1059	32 473
Tuberculosis	12 753	5263	18 016	919	17 097
HIV/AIDS	34 044	4228	38 272	2826	35 446
Surveillance, prevention and management of chronic, noncommunicable diseases	3438	922	4360	3733	627
Health promotion	1687	86	1773	615	1158
Mental health and substance abuse	1611	19	1630	1199	431
Tobacco	1896	1237	3133	1672	1461
Nutrition	925	1709	2634	827	1807
Health and environment	3117	1251	4368	2112	2256
Food safety	1897	811	2708	375	2333
Violence, injuries and disabilities	303	363	666	561	105
Reproductive health	2453	1238	3691	1560	2131
Making pregnancy safer	9357	(1017)	8340	3791	4549
Gender equality, women and health	1445	356	1801	808	993
Child and adolescent health	11 892	7220	19 112	2207	16 905
Immunization and vaccine development	98 152	28 424	126 576	389	126 187
Essential medicines	3437	(61)	3376	1508	1868
Essential health technologies	2540	(83)	2457	1473	984
Policy-making for health in development	2294	117	2411	1529	882
Health systems policies and service delivery	7096	6566	13 662	4421	9241
Human resources for health	5663	4460	10 123	3553	6570
Health financing and social protection	478	2028	2506	755	1751
Emergency preparedness and response	5285	(429)	4856	1217	3639
Health information, evidence and research policy	851	160	1011	671	340
Knowledge management and information technology	16 339	(2346)	13 993	5475	8518
Planning, resource coordination and oversight	1101	1174	2275	1459	816
Human resources management in WHO	5423	977	6400	2287	4113
Budget and financial management	8572	1486	10 058	3372	6686
Infrastructure and logistics	14 172	9828	24 000	10 029	13 971
Governing bodies	1363	1779	3142	1287	1855
External relations	1996	3099	5095	1884	3211
Direction	1701	427	2128	1536	592
WHO's core presence in countries	2586	(589)	1997	1025	972
Exchange rate hedging	-	0	0	0	0
Information technology fund	-	0	0	0	0
Real estate fund	-	4770	4770	0	4770
Security fund	-	0	0	0	0
<b>Total</b>	<b>337 795</b>	<b>110 106</b>	<b>447 901</b>	<b>73 704</b>	<b>374 197</b>

## ANNEX 8

**Approved 2006-2007 Programme Budget, Country Allocations (All Funding)**  
**(US\$ thousand)**

<b>Country</b>	<b>2004-2005</b>	<b>Increase/ decrease</b>	<b>2006- 2007</b>	<b>Regular Budget 2006-2007</b>	<b>Voluntary Funds 2006-2007</b>
Algeria	1977	150	2127	1981	146
Angola	26 447	7267	33 714	3567	30 147
Benin	4784	865	5649	2606	3043
Botswana	2380	238	2618	2136	482
Burkina Faso	10 284	2400	12 684	3243	9441
Burundi	6012	1113	7125	3155	3970
Cameroon	3597	534	4131	2466	1665
Cape Verde	2237	174	2411	2223	188
Central African Republic	3010	262	3272	2871	401
Chad	5388	918	6306	3176	3130
Comoros	2783	260	3043	2576	467
Congo	4030	683	4713	2396	2317
Cote D'Ivoire	5168	1010	6178	2483	3695
Democratic Republic of Congo	39 226	11 153	50 379	3664	46 715
Equatorial Guinea	2039	239	2278	1673	605
Eritrea	5192	1020	6212	2471	3741
Ethiopia	39 801	11 015	50 816	5033	45 783
Gabon	2634	379	3013	1857	1156
Gambia	3794	663	4457	2164	2293
Ghana	7179	1627	8806	2471	6335
Guinea	5534	967	6501	3162	3339
Guinea-Bissau	2444	184	2628	2460	168
Kenya	12 919	3288	16 207	2884	13 323
Lesotho	3344	423	3767	2613	1154
Liberia	4801	803	5604	2898	2706
Madagascar	11 341	2819	14 160	2827	11 333

Country	2004-2005	Increase/ decrease	2006- 2007	Regular Budget 2006-2007	Voluntary Funds 2006-2007
Malawi	9475	2223	11 698	2935	8763
Mali	5332	843	6175	3428	2747
Mauritania	4418	727	5145	2717	2428
Mauritius	1651	110	1761	1722	39
Mozambique	9101	1984	11 085	3478	7607
Namibia	2988	399	3387	2243	1144
Niger	6497	1193	7690	3455	4235
Nigeria	52 962	15 140	68 102	4591	63 511
Reunion	194	12	206	206	0
Rwanda	6565	1255	7820	3277	4543
Saint Helena	143	9	152	152	0
Sao Tome & Principe	1906	138	2044	1936	108
Senegal	4923	888	5811	2688	3123
Seychelles	1549	100	1649	1631	18
Sierra Leone	9864	2353	12 217	2890	9327
South Africa	8412	1663	10 075	3960	6115
Swaziland	3834	663	4497	2215	2282
Togo	3806	596	4402	2476	1926
Uganda	10 133	2361	12 494	3208	9286
United Republic of Tanzania	19 523	5209	24 732	3315	21 417
Zambia	7995	1713	9708	3187	6521
Zimbabwe	17 323	4580	21 903	3157	18 746
<b>Total</b>	<b>406 939</b>	<b>94 613</b>	<b>501 552</b>	<b>129 923</b>	<b>371 629</b>

## ANNEX 9

**Approved 2006-2007 Programme Budget, Country Allocations (Regular Budget)  
(US\$ thousand)**

<b>Country</b>	<b>2004-2005</b>	<b>Increase/decrease</b>	<b>2006-2007</b>
Algeria	1865	116	1981
Angola	3359	208	3567
Benin	2454	152	2606
Botswana	2011	125	2136
Burkina Faso	3054	189	3243
Burundi	2971	184	3155
Cameroon	2322	144	2466
Cape Verde	2093	130	2223
Central African Republic	2703	168	2871
Chad	2991	185	3176
Comoros	2426	150	2576
Congo	2256	140	2396
Cote D'Ivoire	2338	145	2483
Democratic Republic of Congo	3450	214	3664
Equatorial Guinea	1575	98	1673
Eritrea	2327	144	2471
Ethiopia	4739	294	5033
Gabon	1749	108	1857
Gambia	2038	126	2164
Ghana	2327	144	2471
Guinea	2977	185	3162
Guinea-Bissau	2316	144	2460
Kenya	2716	168	2884
Lesotho	2460	153	2613
Liberia	2729	169	2898
Madagascar	2662	165	2827

<b>Country</b>	<b>2004-2005</b>	<b>Increase/decrease</b>	<b>2006-2007</b>
Malawi	2764	171	2935
Mali	3228	200	3428
Mauritania	2558	159	2717
Mauritius	1621	101	1722
Mozambique	3275	203	3478
Namibia	2112	131	2243
Niger	3253	202	3455
Nigeria	4323	268	4591
Reunion	194	12	206
Rwanda	3086	191	3277
Saint Helena	143	9	152
Sao Tome & Principe	1823	113	1936
Senegal	2531	157	2688
Seychelles	1536	95	1631
Sierra Leone	2721	169	2890
South Africa	3729	231	3960
Swaziland	2086	129	2215
Togo	2331	145	2476
Uganda	3021	187	3208
United Republic of Tanzania	3121	194	3315
Zambia	3001	186	3187
Zimbabwe	2968	189	3157
<b>Total</b>	<b>122 333</b>	<b>7590</b>	<b>129 923</b>