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***My main comment on the 13<sup>th</sup> GPW would be to understand properly the political-economy behind funding the program. We can hence not exclude a discussion on the 13GPW from its budget discussions (in WHO's talk 'the financing dialogue').***

The overview of financial situation 2016-2017 reads:

*8. As indicated in previous reports, the level of predictability in the financing of the programme budget in advance of implementation has improved incrementally since the introduction of the financing reform. This is also true for the current biennium as WHO started with a predictability of 83% on 1 January 2016, a rate higher than in previous bienniums. However, a significant funding shortfall remains midway through the biennium, which is having a negative impact on implementation rates. While alignment of financing to categories and programme areas has improved since the introduction of the reform, this has been mainly due to the strategic approach to the allocation of flexible resources; several categories and programme areas remain significantly underfunded.*

*10. The financing of WHO was the subject of constructive discussions during the meetings of the Programme, Budget and Administration Committee and the Executive Board in January 2017. Member States shared their concerns about the current situation and recognized that both they and the Secretariat had a shared responsibility in ensuring the full financing and implementation of the programme budget. The significant and persistent imbalance between assessed and voluntary contributions and the decrease in core voluntary contributions were acknowledged as critical issues. There was strong agreement on the need to continue to seek cost-saving measures, emphasize efficiency and prioritization on the parts of Member States and the Secretariat alike, and increase the cost-effectiveness of WHO programmes.*

And a resolution on the 2018/2019 budget:

*“Conscious of the necessity to prioritize and, in a context of limited resources, to concentrate such resources on those programmes that have the greatest impact on public health, as agreed by the Member States”*

The majority of funding goes to communicable diseases, polio, health emergencies (Health security) and health systems (Health security- UHC), much less to the SDHs, health promotion/ prevention and addressing NCDS's.

My main point is that *regardless* what will be covered in the 13 GPW 2020-2025, funders (via the dialogue) remain having the right to prioritize certain areas of work (via voluntary contributions) and *not* fund certain programs (even though covered in the 13GPW) that hence will not be implemented.

Although the assessed contributions have increased with 3 % (and it will be almost impossible that this will be changed in the nearby period) we could somehow explore

any (legal?) provisions, policy statements, safeguards, by MS and/or others that imply that any program agreed upon will be *actually* financed (funding sustainability).

This is basically aligning the GPW 13 discussion with WHO's financing dialogue. This seems 'disconnected' so far, but we could see, perhaps with some interested member states, how this could be overcome. It might require also evaluation of GPW 12, recognizing that some elements were not funded and implemented, (seemingly such as on health equity and SDH's) although detailed analysis is required.

For WHA71 this is one the agenda:

*The DG is "to provide additional information on the prioritization process and a plan, including details of the programmes and activities that should be discontinued, in preparation for the Thirteenth General Programme of Work, 2020–2025, through the Executive Board and its Programme Budget and Administration Committee, to the Seventy-first World Health Assembly"*

This might be an entry point for a broader debate on financing Global Public Goods such as the WHO's program (arguably) and the continued need for doing so.

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Overall comment on GPW13  
not submitted via online form  
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