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IMPLEMENTATION OF THE WHO PROGRAMME BUDGET 2014-2015 IN THE AFRICAN REGION

Report of the Regional Director

EXECUTIVE SUMMARY

1. An overview of the current level of financing and the status of implementation of the 2014-2015 approved budget for the African Region, the tasks initiated from January to July 2014 and the challenges associated with its implementation are presented in this report. The report also highlights the status of internal controls and compliance with rules and regulations as these have implications for both the WHO Secretariat and Member States.

2. The 2014-2015 approved budget for the African Region is US$ 1.12 billion, representing 28% of the global WHO-approved budget of US$ 3.977 billion. Seventy-five per cent (US$ 843.90 million) of the regional budget is appropriated for countries with a balance of US$ 276.1 million (25%) allotted for the Regional Office, including the Intercountry Support Teams (ISTs).

3. Major tasks are being undertaken across the six Categories, in accordance with the Organization's core functions. Through engagement of partners, generation and translation of knowledge, provision of guidance and technical support, Member States are being supported to improve the prevention and control of communicable and noncommunicable diseases. New vaccines and other interventions are being introduced and the quality of implementation of activities has improved to enhance access to health services.

4. Furthermore, WHO is leading advocacy and resource mobilization and providing strategic, technical and logistic support to Member States in response to emergencies in the Region, including the Ebola outbreak in West Africa. Collaboration with the African Union Commission and the United Nations Economic Commission for Africa has been strengthened and is facilitating the implementation of important activities to address the health priorities of the Region.

5. At the time of reporting (July 2014), the total funds received in the Region was US$ 757.76 million, which means an average funding level of 68%. The implementation of the programme budget was US$ 341.5 million, representing 30% of the approved budget and 45% of the available resources, with variations across Categories and Programmes. With 30% of the overall expenditure, after staff costs, Direct Implementation and Direct Financial Cooperation (DFC) are the most utilized

funding mechanisms for implementation of activities at country level. However, although reporting by Member States on DFCs has improved, it does not meet compliance and oversight requirements.

6. Effective implementation of WHO technical cooperation with Member States requires that available resources are strategically allocated to regional priority programmes. While the reprogramming process could help to rectify some of the distortions in the funding of the budget, the ongoing financing dialogue is expected to further improve alignment of funding with the approved programme budget. It is critical that Member States make substantial improvement in the area of financial and technical reporting in accordance with the financial rules of the Organization, while participating more actively in additional resource mobilization to fill the programme budget funding gap.

8. The Regional Committee is invited to examine the report and provide guidance for future action.

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BACKGROUND

Purpose

1. The governance pillar of the global reform process calls for the strengthening of the oversight role of WHO governance mechanisms. As requested by Member States, this report aims to address this requirement through transparent and timely reporting to the Regional Committee, through the Programme Subcommittee.

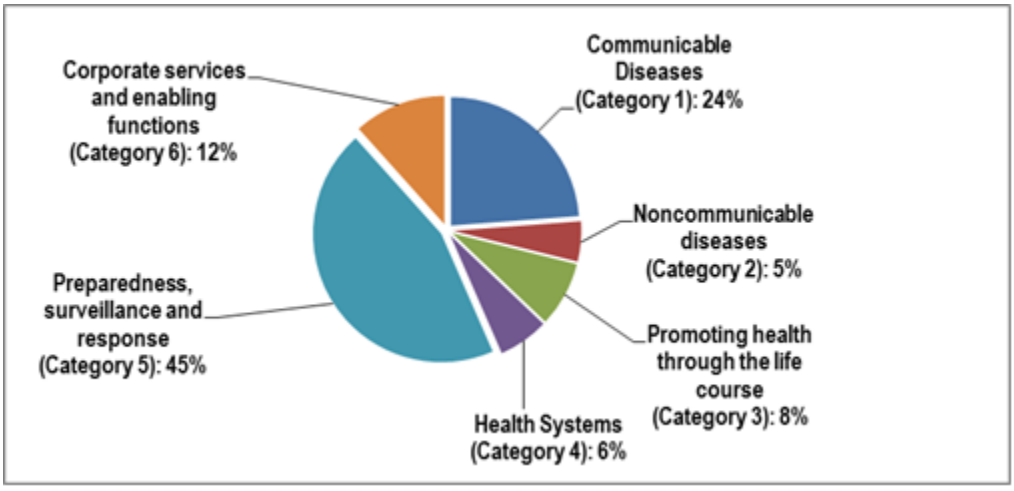
2. This paper presents an overview of the current level of financing and the status of implementation of the 2014-2015 approved Programme Budget for the African Region, and the challenges associated with its implementation. The paper also highlights the current status of internal controls and compliance with rules and regulations as this has implications for both the Secretariat and Member States and is an integral part of the management pillar of the reform process.

Budget allocations

3. The 2014-2015 approved budget for the African Region is US$ 1.12 billion, representing 28% of the global WHO-approved budget of US$ 3.977 billion. Seventy-five per cent (US$ 843.9 million) of the regional budget is appropriated for countries with a balance of US$ 276.1 million (25%) allotted to the Regional Office, including the Intercountry Support Teams (ISTs).

4. Within the regional envelope, the budget appropriations by Category show that Category 5, on Preparedness, surveillance and response, has the largest allocation of 45%. The Polio initiative, which falls under this Category, was allocated 36% of the Region's approved budget while Outbreak, Crisis and Response was allocated 4% of the total budget. This means that in the African Region, the two emergency programmes make up 40% of the total budget, thus making it a highly skewed budget. Other priority Categories and Programmes such as Health systems, Promoting health through the life course, and Noncommunicable diseases continue to be allocated relatively smaller proportions of the budget–6%, 8% and 5% respectively — as illustrated in Chart 1 below.

Figure 1: PB 2014-2015 Budget appropriations by Category for the budget approved by the World Health Assembly



IMPLEMENTATION OF THE PROGRAMME BUDGET

Implementation of the Programme

5. A number of major tasks are being undertaken across the six Categories of the Programme Budget 2014-2015, aligned with the 12th GPW 2014–2019. Implementation is in accordance with the Programme Budget which was approved by the Sixty-fifth World Health Assembly. Activities were undertaken according to the Organization's core functions, namely, (a) providing leadership in matters critical to health and engaging in partnerships where joint action is needed; (b) shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; (c) setting norms and standards and promoting and monitoring their implementation; (d) articulating ethical and evidence-based policy options; (e) providing technical support, catalyzing change and building sustainable institutional capacity; (f) monitoring the health situation and assessing health trends.

6. Category 1 received US$ 140 100 981, representing 53% of the approved budget. Through engagement of partners, generation and translation of knowledge, provision of guidance and technical support, major activities were undertaken to improve the prevention and control of HIV/AIDS, vaccine-preventable diseases and neglected topical diseases. Vaccines against pneumococcal pneumonia, rotavirus diarrhoea and human papilloma virus, which cause cervical cancer, were introduced in some Member States. More eligible people started receiving antiretroviral therapy and voluntary Male circumcision services increased, contributing to a steady decline in deaths due to HIV/AIDS in the Region. With the support of WHO, Member States scaled up prevention, diagnosis and treatment, resulting in further decline in the incidence of both TB and malaria.

7. Category 2 received US$ 39 905 084, representing 71% of the approved budget. This Category seeks to reduce the growing burden of noncommunicable diseases. Member States continued to adopt strategies and integrated plans, build on partnerships, and strengthen surveillance of the risk factors for NCDs. Technical support was provided to Member States to implement global plans for the control and prevention of NCDs. As a result 27 countries have banned smoking in public places, 33 require health warnings on tobacco packages and 27 countries have banned tobacco advertising. This has protected more people from exposure to tobacco, in compliance with the WHO Framework Convention for Tobacco Control. By eliminating tobacco use, reducing harmful use of alcohol and promoting healthy diet, physical activity and a healthier environment, the Region can significantly reduce the burden of noncommunicable diseases.

8. The objective of Category 3 is to promote health through the life-course. The Category received an amount of US$ 69 999 908 (76%). In the area of setting norms and standards, Member States were supported by WHO to update national child health strategies, remove financial barriers to maternal and child health services and enhance access to maternal, newborn and child health (MNCH) services. The declaration of maternal deaths as notifiable, the provision of evidence of action and the improved monitoring of maternal health have contributed to significant reduction in under-five mortality in many countries. The delivery of adolescent health services improved further through development and dissemination of important tools for assessment and identification of appropriate interventions. HPV vaccination against cervical cancer played an important role in improving adolescent health in Ghana, Madagascar, Malawi, Sierra Leone and Tanzania. All of these interventions have led to improvement of child survival and reduction of under-five mortality in some Member States.

9. An amount of US$ 54 742 038, 77% of the approved budget, was received for activities under Category 4. The Category has contributed to the strengthening of health systems by enhancing integrated service delivery and financing to achieve universal health coverage, strengthening human resource capacity for health, building reliable health information systems, facilitating transfer of technologies, promoting access to affordable, quality, safe and efficacious health technologies and promoting health systems research. Technical support was also provided to Member States to develop or renew their national health policy strategic plans (NHPSPs), with a people-centred care and integrated health services approach. WHO is also supporting the building of national regulatory capacity and enhancing convergence of practices through various initiatives to enhance equitable access to health products.

10. Category 5 received US$ 350 839 952, representing a funding level of 70%. Activities were carried out to ensure preparedness for, surveillance of and effective response to disease outbreaks and acute public health emergencies and to effectively manage health-related aspects of humanitarian disasters in the Region. WHO further strengthened its strategic, technical and logistic support to Member States in response to emergencies that occurred in the Region. WHO led resource mobilization and disbursed funds through the APHEF to address the two Level 3 emergencies in Central African Republic and South Sudan. High-level advocacy, partner engagement, resource mobilization and technical support are helping to contain the large outbreak of Ebola in some West African countries and hence to save lives. Increase in the quality of implementation of activities in some polio-infected and polio-free countries in the Region prevented outbreaks and resulted in a reduction of new cases of WPV in Nigeria. Angola, Chad and Democratic Republic of the Congo have been polio-free for at least the past two years.

11. Organizational leadership and corporate services, under Category 6, are critical requirements for maintaining the integrity and efficient functioning of WHO. The Regional Director continued advocacy for increased investment in strengthening national health systems to promote health by undertaking high-level missions to 10 countries within and outside the Region. In addition, the Regional Director participated in one international conference to raise awareness of river blindness and in a special ministerial meeting on Ebola virus disease outbreak in West Africa. These activities have helped to ensure coordination, maintain high level advocacy, expand and further strengthen partnerships and mobilize resources to address the priorities of Member States.

12. Collaboration with the African Union Commission (AUC) and the United Nations Economic Commission for Africa (ECA) was strengthened. The first meeting of African Ministers of Health jointly convened by WHO and the AUC in Luanda, Angola, from 14 to 17 April 2014 culminated in the adoption of the Luanda Declaration and eight commitments, namely: commitment on universal health coverage in Africa; commitment on African medicines agency – setting milestones towards its establishment; commitment on noncommunicable diseases in Africa – policies and strategies to address risk factors; commitment on ending preventable maternal and child deaths in Africa; commitment on establishment of an African centre for disease control and prevention; commitment on accountability mechanism to assess the implementation of commitments; and commitment on terms of reference for the conduct of the AUC-WHO biennial meeting of African Ministers of Health.

13. The implementation of the programmatic pillar of the WHO reform focused on successful planning process for the biennium 2014-2015 using the new WHO framework as stated in the 12th GPW. Following the introduction of the bottom-up approach to priority-setting during the planning process, the Programme Budget has been implemented on the basis of the new results-chain, a clear distribution of responsibilities across the three levels of the Organization and increased role of Member States in oversight of WHO resources through the Financing Dialogue.

14. Under the guidance of the management and governance reform, some managerial functions are being reviewed according to the global WHO administrative procedures and practices to ensure optimal delivery across the Region. In this regard, the compliance function has been strengthened, leading to increased awareness of accountability and transparency among staff and reduction in the number and closure time of audit queries in country offices. Several actions related to the management reform are being implemented in the Region, e.g. the new staff rules on recruitment and continuing appointments and the adoption of the internal control framework to mitigate risk management. The oversight role of the Regional Committee and the Programme Subcommittee (PSC) has been strengthened, with new terms of reference and revised rules of procedure.

Implementation of the budget

15. As of 15 July 2014, the implementation of the Programme Budget was US$ 341.5 million, representing 30% of the approved budget and 45% of the available resources. However, the rates of implementation of available resources vary across Categories and Programmes, ranging from 30% for Category 6 to 57% for Category 5 (Table 1). One of the reasons for the low implementation in some Categories is the need to secure salaries, which are only accounted for on a monthly basis.

Table 1: PB 2014-2015 — Budget implementation as of 15 July 2014

Category		PB Approved by the World Health Assembly	Available resources	Implementation	% Imp of PB Approved by the World Health Assembly	% implementation of available resources
		(1)	(2)	(3)	(4) = (3/1)	(5) = (3/2)
01	Communicable Diseases	266 700 000	140 100 981	53 262 557	20%	38%
02	Noncommunicable Diseases	56 500 000	39 905 084	13 556 839	24%	34%
03	Promoting Health Through the Life Course	92 000 000	69 999 908	22 180 368	24%	32%
04	Health Systems	71 300 000	54 742 038	20 120 387	28%	37%
05	Preparedness, Surveillance and Response	503 000 000	350 839 952	201 559 319	40%	57%
06	Corporate Services and Enabling Functions	130 500 000	102 173 442	30 869 608	24%	30%
Grand Total - All Categories and Programmes		**1 120 000 000**	**757 761 405**	341 549 078	**30%**	**45%**

16. Of the total funds committed, US$ 102 million is for staff costs and US$ 239.5 million for activities (Table 2), representing a staff cost to activities cost ratio of 30%: 70%. Following staff costs, Direct Implementation (DI) and Direct Financial Cooperation (DFC) are the next single largest categories of expenditure accounting for 20% and 18% of the overall expenditure, compared with 6% for General Operating Costs (Table 3). These mechanisms are therefore crucial to the African Region's ability to provide technical support to help strengthen the health development capacity of Member States. These are important means of implementing planned activities at country level, although DFC also presents a challenge when accounting for it. The distribution of expenditure between the Regional Office (including ISTs) and country offices is 18%:82%, which is more or less in line with the projected distribution of the approved programme budget and reflects the required emphasis on countries.

Table 2: Expenditure by Type/Category as of 15 July 2014

Expense type/Category	RO (incl ISTs)	Countries	Total RO + countries	% Expenditure type against grand total
Total Staff Cost	34 982 809	67 035 300	102 018 109	30%
Direct Financial Cooperation	1 443 010	59 181 284	60 624 294	18%
Direct Implementation	589 204	69 348 055	69 937 258	20%
Travel	13 225 296	9 347 077	22 572 373	7%
General Operating Costs	2 620 774	18 953 098	21 573 872	6%
Other Activities	10 122 896	54 700 275	64 823 171	19%
Total Activities	28 001 180	211 529 789	239 530 969	70%
Grand total	**62 983 989**	**278 565 089**	**341 549 078**	100%
% Share of Total Expenditure	18%	82%	100%	

ISSUES AND CHALLENGES

Raising and sustaining coverage of critical interventions

17. A major challenge facing the Organization and Member States is how to improve the quality of implementation of activities, increase and sustain coverage of vital interventions and contribute to achieving the desired health outcomes, notwithstanding the prevailing weakness of health systems.

18. Man-made and natural disasters, including wars and sociopolitical unrests, occurred in a number of countries, causing death, injury, population displacement and destruction of infrastructure including health facilities. The attendant insecurity posed a formidable challenge to the work of WHO in the implementation of the Programme Budget. Important activities such as immunization and disease surveillance were thus affected.

Financing the budget

19. At the time of reporting (July 2014), the total funds received in the Region amounted to US$ 757.76 million. Consequently, the average funding level of the budget approved by the World Health Assembly for the Region currently stands at 68% (Table 1), compared with 61% for the corresponding period in the last biennium. While the level of funding is lower than the 70% anticipated at the beginning of the biennium as a result of the financing dialogue, it is expected that as the process matures, there will be greater alignment of funds with the approved budget and greater predictability of cash flow. Countries have been allocated 78% (US$ 593.76 million) of the funds received so far and 22% (US$ 164 million) have been distributed to the Regional Office, including the ISTs (See Annex 2).

Table 3: PB 2014-15 Financing as of 15 July 2014

Category		PB Approved by the World Health Assembly	Available resources	Funding gap (unfunded PB)	% Funding of PB Approved by the World Health Assembly	% of funding gap
		(1)	(2)	(3)=(1-2)	(4) = (2/1)	(5) = (3/1)
01	Communicable Diseases	266 700 000	140 100 981	126 599 019	53	47
02	Noncommunicable Diseases	56 500 000	39 905 084	16 594 916	71	29
03	Promoting Health Through Life Course	92 000 000	69 999 908	22 000 092	76	24
04	Health Systems	71 300 000	54 742 038	16 557 962	77	23
05	Preparedness, Surveillance and Response	503 000 000	350 839 952	152 160 048	70	30
06	Corporate Services and Enabling Functions	130 500 000	102 173 442	28 326 558	78	22
	Grand Total — All Categories and Programmes	**1 120 000 000**	**757 761 405**	**362 238 595**	**68**	**32**

20. The funding pattern also shows that the African Region continues to be disproportionately funded across Categories and Programmes and, in some cases, within the same Category. For example, although Category 1 accounts for 24% of the approved budget, it has received only 18% (US$ 140 million) of the total available funds, which makes it one of the least funded Categories (percentage wise) in the Region. Within that same Category 1, however, Programme 1.004 (Neglected Tropical Diseases) has received funding of 137%, thus exceeding its approved budget (Annex 1). Other programmes that have significantly exceeded approved allocations include Violence and injuries (2.003) and Nutrition (2.005) under Category 2 and National health policies, strategies and plans (4.001) under Category 4. Such patterns of funding demonstrate the extent to which donor funding continues to influence the work of the Organization. The Polio programme continues to be the best funded programme within the Region, having received the largest share of the available contributions (US$ 301.6 million). Given that Polio funds are earmarked for the Polio programme only, this distorts the financing pattern of distribution across Programmes and Categories within the Region.

21. This distortion and misalignment of funding is also seen in the distribution across Budget Centres, i.e. with financing levels ranging from 26% for Ghana to 92% for Namibia. The distortion of the financing pattern is also seen across Programmes within a given Budget Centre. An example is Nigeria which, although reaching an overall financing level of 91%, has financing ranging from 21% for Category 2 to 100% for Categories 3, 4 and 5.

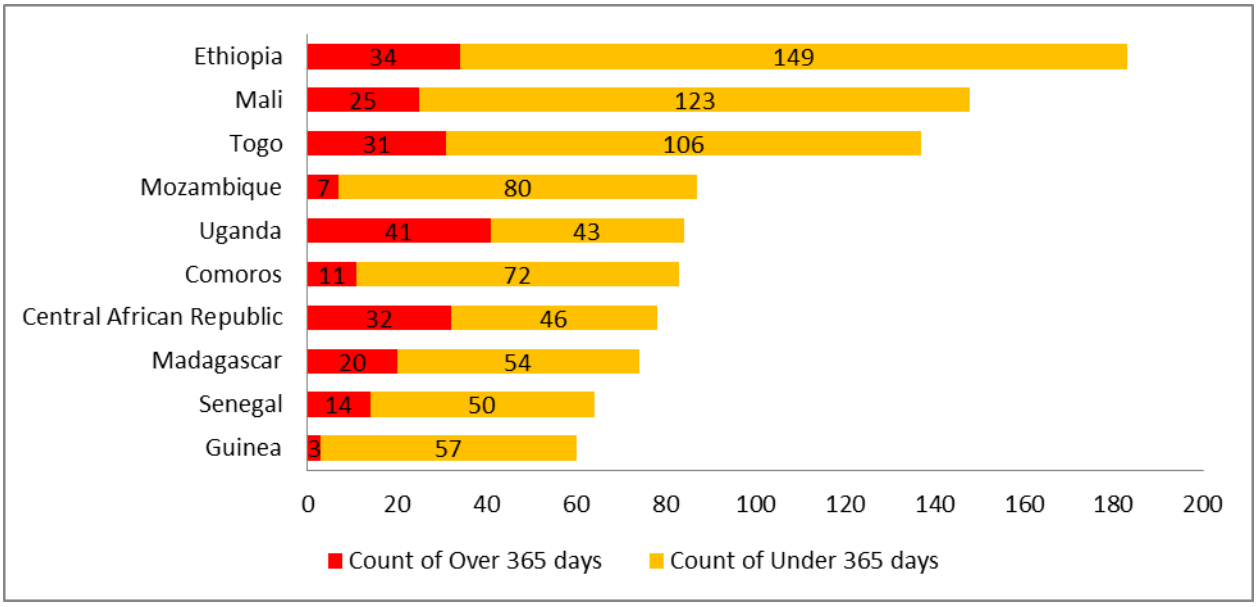
22. Another observation is that a number of regional priority Programmes and Categories such as Noncommunicable diseases, Promoting health through life course and Health systems continue to be relatively poorly funded. Although some level of reprogramming in the course of the biennium could help to rectify some of these distortions, there is a need to improve the criteria for apportioning the approved budget to ensure that allocations to regional priority programmes are strategically balanced.

Direct Financial Cooperation (DFC): compliance and oversight

23. Reporting by Member States and partners on DFC implementation, though improving, continues to be a major issue. According to the Organization-wide DFC monitoring report for the first quarter of 2014, nine out of the top 20 beneficiaries of DFCs were in the African Region and

account for over 60% of the DFC expenditure of WHO. The African Region also had the highest number of overdue DFC reports.

Figure 2: Top ten beneficiary countries with overdue DFC reports as of July 2014



24. The list of the top 10 beneficiary countries with outstanding DFC reports (under 365 days and over 365 days) is presented in Figure 2. Out of the 1957 outstanding reports due from beneficiary countries, 1759 are due from governments and 198 from other partners and nongovernmental organizations.

Staff Financing Risks

25. The Organization has long-term financial commitments in respect of future staff liabilities. At the time of reporting, 56% (1317) of the staff in the Region held continuing appointments, and this has huge financial implications for the Organization. In 2013, 64% of the staff were paid from Voluntary Contribution funds, including staff employed in the Global Polio Eradication Programme which has a limited time frame. Given that two-thirds of the staff are funded by Voluntary Contributions, it is important to ensure that sufficient flexible and predictable funds are made available in a timely manner, to cover future staff costs.

WAY FORWARD

26. Although some level of the reprogramming process during the course of the biennium could help to rectify some of the distortions in the funding of the budget, there is a need for thorough evaluation of the basis of allocation of the budget approved by the World Health Assembly to ensure that resources are strategically allocated to the regional priority programmes. This will facilitate effective implementation of planned activities.

27. The possibility of strategically using the flexible funds such as the Core Voluntary Contributions Account (CVCA) and the 20% withheld Assessed contribution to fund the gaps of priority programmes should help address some of the chronic misalignments. Overall, more flexible funding is needed to address the mismatches in funding across Categories and programmes. This calls for advocacy to persuade the donor community to provide more flexible funds to finance the

programme budget as approved by the World Health Assembly. The possibility of Member States in the African Region increasing their contributions to fund the regional priority programmes should also be considered. This will contribute towards the achievement of expected results and enhance WHO's contribution to the health agenda within the Region.

28. Furthermore, it is expected that the current bottom-up approach to planning, adopted for the PB 2016-2017 and the ongoing collaborative and consultative exercises between Member States and the WHO Secretariat will result in a selection of more realistic regional health priority programmes and a better budget profile with the required budget allocations being approved by governing bodies. This is an important opportunity emanating from the WHO reform agenda and should help rectify the skewed PB allocations that have traditionally been based primarily on historical trends.

29. There is currently a global review of the DFC mechanism by the Office of Internal Oversight Services (IOS) at WHO headquarters, following concerns raised by the Programme Budget and Administration Committee (PBAC) and the Executive Board (EB) over the use of this funding mechanism and the apparent lack of controls. It is critical that reporting and compliance with the WHO rules and procedures, particularly relating to DFC, substantially improve in the Region and senior Management is strengthening compliance functions across the Region. Should this mechanism be discontinued, it could have adverse effects on the delivery of technical cooperation to countries of the Region.

30. In order to strengthen country office capacity, the Regional Director has taken a decision to reintroduce the position of international operations officer in eight country offices. This will bring the total number of country offices with international administrative support to 19. The decision was based on a number of factors influencing the risk profile of offices in the Region. The remaining offices will continue to be supported by the Intercountry Support Teams and the Regional Office, while staff capacity will continue to be improved through the staff development and learning (SDL) programmes.

31. Human resources policies have been reviewed to mitigate the staff financing risk. All new staff joining the Organization with effect from 1 February 2014 will no longer be given continuing appointments and their contract type and duration will mainly depend on the Project for which they are recruited. In addition, to ease the financial burden of this risk on the Organization, an annual actuarial assessment has been commissioned for all future staff liabilities. As a result of these reports, adjustments have recently been made to funding rates, and the most appropriate way to build up the necessary reserves has been proposed to meet possible future liabilities.

32. The implementation of the programme budget will be the subject of a mid-term assessment and end-of-biennium assessment that is expected to provide Member States and the Secretariat with the necessary information to make informed decisions.

33. The Regional Committee is invited to note this report and provide guidance as appropriate.

Annex 1: PB 2014-2015: Funding by Category and Programmes as of 15 July 2014

Category		Programme		WHA Approved PB	Available Awards	Funding Gap (Unfunded PB)	% Funding of WHA Approved PB	% of Funding Gap
				(1)	(2)	(3)=(1-2)	(4) = (3/1)	(5) = (3/2)
01	Communicable Diseases	01.001		45 900 000	23 082 358	22 817 642	50	50
		01.002		16 900 000	15 498 533	1 401 467	92	8
		01.003		21 300 000	20 848 040	451 960	98	2
		01.004		19 400 000	26 492 071	-7 092 071	137	-37
		01.005		163 200 000	54 179 979	109 020 021	33	67
	Communicable Diseases Total			**266 700 000**	140 100 981	126 599 019	53	47
02	Noncommunicable Diseases	02.001		48 000 000	22 312 120	25 687 880	46	54
		02.002		2 300 000	1 357 195	942 805	59	41
		02.003		1 400 000	1 802 561	-402 561	129	-29
		02.004		900 000	1 072 565	-172 565	119	-19
		02.005		3 900 000	13 360 643	-9 460 643	343	-243
	Noncommunicable Diseases Total			**56 500 000**	39 905 084	16 594 916	71	29
03	Promoting Health Through Life Course	03.001		68 900 000	61 000 715	7 899 285	89	11
		03.002		700 000	169 000	531 000	24	76
		03.003		2 300 000	1 344 369	955 631	58	42
		03.004		7 300 000	1 802 961	5 497 039	25	75
		03.005		12 800 000	5 682 863	7 117 137	44	56
	Promoting Health Through Life Course Total			**92 000 000**	69 999 908	22 000 092	76	24
04	Health Systems	04.001		15 200 000	16 536 468	-1 336 468	109	-9
		04.002		30 000 000	16 571 123	13 428 877	55	45
		04.003		11 600 000	9 571 434	2 028 566	83	17
		04.004		14 500 000	12 063 013	2 436 987	83	17
	Health Systems Total			**71 300 000**	54 742 038	16 557 962	77	23
05	Preparedness, Surveillance and Response	05.001		8 400 000	6 114 581	2 285 419	73	27
		05.002		4 800 000	5 351 007	-551 007	111	-11
		05.003		37 700 000	14 492 475	23 207 525	38	62
		05.004		4 600 000	411 381	4 188 619	9	91
	Preparedness, Surveillance and Response Total			**55 500 000**	26 369 444	29 130 556	48	52
06	Corporate Services and Enabling Functions	06.001		47 500 000	39 108 830	8 391 170	82	18
		06.002		7 300 000	2 309 935	4 990 065	32	68
		06.003		5 200 000	3 926 000	1 274 000	76	25
		06.004		65 200 000	53 935 677	11 264 323	83	17
		06.005		5 300 000	2 893 000	2 407 000	55	45
	Corporate Services and Enabling Functions Total			**130 500 000**	102 173 442	28 326 558	78	22
Subtotal — Base Programmes				**672 500 000**	433 290 897	239 209 103	64	36
05	Emergencies	Polio Eradication	05.005	408 200 000	301 635 087	106 564 913	74	26
		Outbreak and Crisis Response	05.006	39 300 000	22 835 421	16 464 579	58	42
Subtotal — Emergency Programmes				**447 500 000**	324 470 508	123 029 492	73	27
Grand Total — All Categories and Programmes				**1 120 000 000**	757 761 405	362 238 595	68	32

Annex 2: PB 2014-2015: Implementation by Budget Centres as of 15 July 2014

Major Office Split	Budget Centre	Allocated PB*	Available Resources	% Funding of Allocated PB	Implement ation	% Imp of Allocated PB	% Imp of Available Resources
		(1)	(2)	(3)=(2/1)	(4)	(5)=(4/1)	(6)=(4/2)
Regional Office	AF/DPC Disease Prevention & Control	51 713 000	47 677 302	92%	14 877 012	29%	31%
	AF/DRD Deputy Regional Director	12 484 000	8 003 297	64%	2 624 316	21%	33%
	AF/GMC General Management	37 796 000	27 514 935	73%	8 824 447	23%	32%
	AF/HPR - Health Promotion	33 161 100	18 106 218	55%	8 760 576	26%	48%
	AF/HSS Health Systems and Services	25 002 000	11 541 743	46%	6 111 239	24%	53%
	AF/IVE Immunization, Vaccines & Emerg	68 916 987	39 931 104	58%	18 167 982	26%	45%
	AF/ORD Office of the Regional Director	15 662 000	11 227 583	72%	3 618 418	23%	32%
	AFR RO Reserved Budget	4 833 325	-	0%	-	0%	0%
Regional Office Total		**249 568 412**	**164 002 182**	**66%**	**62 983 989**	**25%**	**38%**
Countries	AF_AGO Angola	23 996 513	16 916 948	70%	6 939 370	29%	41%
	AF_BDI Burundi	7 090 000	3 388 558	48%	926 519	13%	27%
	AF_BEN Benin	10 005 000	5 624 068	56%	3 416 058	34%	61%
	AF_BFA Burkina Faso	14 981 000	8 626 234	58%	4 974 182	33%	58%
	AF_BWA Botswana	3 499 000	2 334 727	67%	562 485	16%	24%
	AF_CAF Central African Republic	14,222,000	9 640 308	68%	4 891 815	34%	51%
	AF_CIV Cote D'Ivoire	17 005 000	6 108 796	36%	3 425 274	20%	56%
	AF_CMR Cameroon	22 394 000	18 171 167	81%	10 412 651	46%	57%
	AF_COD Democratic Republic of Congo	60 389 000	27 466 155	45%	12 495 473	21%	45%
	AF_COG Congo, Republic of	6 464 000	3 881 847	60%	2 228 227	34%	57%
	AF_COM Comoros	4 037 000	2 497 529	62%	631 303	16%	25%
	AF_CPV Cape Verde	3 951 000	2 531 619	64%	605 286	15%	24%
	AF_DZA Algeria	2 863 000	1 601 871	56%	464 098	16%	29%
	AF_ERI Eritrea	8 054 000	2 688 810	33%	946 595	12%	35%
	AF_ETH Ethiopia	46 413 000	34 926 792	75%	18 159 071	39%	52%
	AF_GAB Gabon	3 528 000	2 479 450	70%	1 208 407	34%	49%
	AF_GHA Ghana	12 812 000	3 420 896	27%	1 561 348	12%	46%
	AF_GIN Guinea	10 717 000	6 215 870	58%	2 457 147	23%	40%
	AF_GMB Gambia	5 137 000	2 707 719	53%	934 120	18%	34%
	AF_GNB Guinea Bissau	7 719 400	4 986 345	65%	860 783	11%	17%
	AF_GNQ Equatorial Guinea	7 160 000	5 396 279	75%	2 155 713	30%	40%
	AF_KEN Kenya	49 404 000	37 789 589	76%	19 261 282	39%	51%
	AF_LBR Liberia	9 760 700	5 066 504	52%	1 767 899	18%	35%
	AF_LSO Lesotho	4 601 000	2 821 672	61%	630 484	14%	22%
	AF_MDG Madagascar	13 323 000	3 949 673	30%	1 445 013	11%	37%
	AF_MLI Mali	17 662 000	14 650 663	83%	6 652 988	38%	45%
	AF_MOZ Mozambique	12 473 ,000	8 679 033	70%	2 735 516	22%	32%
	AF_MRT Mauritania	5 609 000	2 531 181	45%	924 628	16%	37%
	AF_MUS Mauritius	2 317 000	1 460 527	63%	228 451	10%	16%
	AF_MWI Malawi	11 143 000	4 679 868	42%	1 310 647	12%	28%
	AF_NAM Namibia	12 404 000	11 360 994	92%	2 751 605	22%	24%
Countries	AF_NER Niger	18 385 000	12 128 484	66%	7 497 539	41%	62%
	AF_NGA Nigeria	213 680 700	193 918 980	91%	100 897 017	47%	52%
	AF_REU Reunion (allocation only)	254 000	206 000	81%	-	0%	0%
	AF_RWA Rwanda	9 251 000	4 347 551	47%	1 628 346	18%	37%
	AF_SEN Senegal	11 179 000	4 715 165	42%	1 821 316	16%	39%

Major Office Split	Budget Centre	Allocated PB*	Available Resources	% Funding of Allocated PB	Implement ation	% Imp of Allocated PB	% Imp of Available Resources
		(1)	(2)	(3)=(2/1)	(4)	(5)=(4/1)	(6)=(4/2)
	AF_SHN Saint Helena (allocation only)	143 000	95 000	66%	328	0%	0%
	AF_SLE Sierra Leone	11 571 175	5 020 721	43%	1 634 725	14%	33%
	AF_SSD South Sudan	45 192 900	36 647 968	81%	14 554 424	32%	40%
	AF_STP Sao Tome & Principe	2 772 000	1 783 524	64%	524 762	19%	29%
	AF_SWZ Swaziland	5 648 000	2 646 619	47%	656 033	12%	25%
	AF_SYC Seychelles	2 103 000	1 243 762	59%	356 656	17%	29%
	AF_TCD Chad	28 120 000	18 091 462	64%	10 504 170	37%	58%
	AF_TGO Togo	5 908 000	3 573 742	60%	931 740	16%	26%
	AF_TZA Tanzania	30 663 400	13 582 591	44%	5 922 032	19%	44%
	AF_UGA Uganda	22 735 000	12 103 642	53%	5 021 460	22%	41%
	AF_ZAF South Africa	10 467 000	6 783 816	65%	2 064 477	20%	30%
	AF_ZMB Zambia	12 326 000	6 315 238	51%	3 173 356	26%	50%
	AF_ZWE Zimbabwe	15 318 900	5 953 266	39%	3 412 269	22%	57%
	AFR TOC Reserved Budget	17 109 700	-	0%	-	0%	0%
Countries Total		**893 961 388**	**593 759 223**	**66%**	**278 565 088**	**31%**	**47%**
Grand Total		**1 143 529 800**	**757 761 405**	**66%**	**341 549 078**	**30%**	**45%**

* This is actual allocations to Budget Centres net of withholdings as reserves