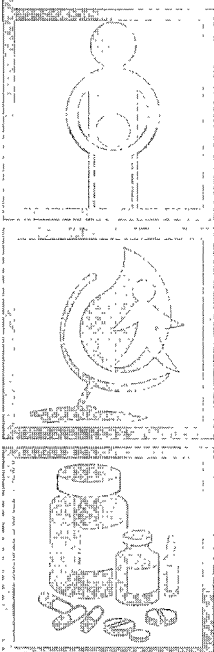


# Financial status report for the biennium 1998 – 1999

HEALTH TECHNOLOGY AND  
PHARMACEUTICALS CLUSTER



*World Health Organization*  
*Geneva*  
*2000*



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ABBREVIATIONS

|                |   |
|----------------|---|
| <b>AFRO</b>    | WHO Regional Office for Africa  |
| <b>AMRO</b>    | WHO Regional Office for the Americas  |
| <b>AS</b>      | Special Account for Servicing Costs   |
| <b>BCT</b>     | Department of Blood Safety and Clinical Technology  |
| <b>CDC</b>     | Centers for Disease Control and Prevention  |
| <b>CIDA</b>    | Canadian International Development Agency   |
| <b>CDS</b>     | Communicable Diseases cluster   |
| <b>CVI</b>     | Children's Vaccine Initiative   |
| <b>DAP</b>     | (former) Action Programme on Essential Drugs  |
| <b>DMP</b>     | (former) Division of Drug Management and Policies   |
| <b>EDM</b>     | Department of Essential Drugs and Medicines Policy  |
| <b>EMRO</b>    | WHO Regional Office for the Eastern Mediterranean   |
| <b>EURO</b>    | WHO Regional Office for Europe  |
| <b>EXD</b>     | Office of the Executive Director (within WHO cluster)   |
| <b>FCH</b>     | Family and Community Health cluster   |
| <b>HQ</b>      | World Health Organization headquarters  |
| <b>HTP</b>     | Health Technology and Pharmaceuticals cluster   |
| <b>IICC</b>    | Interagency Immunization Coordinating Committee for the Newly Independent States of the former Soviet Union |
| <b>MSU</b>     | Management Support Unit (within WHO cluster)  |
| <b>OPEC</b>    | Organization of Petroleum Exporting Countries (Fund for International Development)                          |
| <b>PATH</b>    | Program for Appropriate Technology in Health, USA   |
| <b>PAHO</b>    | Pan American Health Organization  |
| <b>PHT</b>     | (former) Programme on Health Technology   |
| <b>SEARO</b>   | WHO Regional Office for South-East Asia   |
| <b>UNAIDS</b>  | Joint United Nations Programme on HIV/AIDS  |
| <b>UNDP</b>    | United Nations Development Programme  |
| <b>UNFIP</b>   | United Nations Fund for International Partnerships  |
| <b>UNICEF</b>  | United Nations Children's Fund  |
| <b>USAID</b>   | United States Agency for International Development  |
| <b>V&amp;B</b> | Department of Vaccines and Biologicals  |
| <b>VFHP</b>    | Voluntary Fund for Health Promotion   |
| <b>WHA</b>     | World Health Assembly   |
| <b>WHO</b>     | World Health Organization   |
| <b>WPRO</b>    | WHO Regional Office for the Western Pacific   |

# FINANCIAL STATUS REPORT FOR THE BIENNIUM 1998 – 1999



## — 1. INTRODUCTION

This financial status report, for the biennium 1 January 1998 to 31 December 1999, provides information on income, resources and expenditures in relation to the programme budget for the Health Technology and Pharmaceuticals cluster (HTP) of the World Health Organization (WHO). The budget for the report is the 1998-1999 programme budget, as revised and presented in the approved WHO Programme Budget for 2000-2001 (document PPB/2000-2001). The report is presented in US dollars.

The report covers implementation of the headquarters' global budget, including transfers of budget from headquarters to regions, and direct implementation in the regions of the headquarters' budget. It excludes implementation of the budgets of counterpart programmes in the regions.

The report is prepared based on figures as at 31 December 1999, as available in mid-February 2000. At the time of report preparation these figures were subject to final end-of-period adjustments, but these are not expected to materially alter the results in this report. The report is not the subject of a separate audit, but is based on the end of biennium figures from the WHO accounting system, which form the foundation of the audited WHO financial report.

The focus of this report is financial in nature, at a summary level for the cluster. The format used is a standard format developed and adopted jointly by the clusters and approved by WHO Chief Accountant. The departments within HTP also provide annual reports that cover their progress in meeting objectives and priorities from a strategic and technical perspective. These annual reports complement this financial status report and are an integral part of the cluster's reporting.

Cluster management work in this biennium has included the development of a unified cluster strategic plan for 2000-2003 (document WHO/HTP/00.01), which will be implemented for the first time in the 2000-2001 biennium. In future reporting periods, therefore, we will also be able to report, as a cluster, on our ability to meet strategic objectives, and to provide more detailed analysis of budget, income and expenditures in relation to our planned objectives and targets.

### REORGANIZATION

In July 1998, in response to a directive from the Director-General, headquarters programmes were regrouped into nine operational clusters, of which HTP is one. An office of the Executive Director (EXD) for each cluster was formed, each containing a single

Management Support Unit (MSU) to provide efficient and decentralized administrative support to all units within the cluster.

Within HTP, several former divisions and programmes were united to form three new departments: Essential Drugs and Medicines Policy (EDM), Vaccines and Biologicals (V&B), and Blood Safety and Clinical Technology (BCT).

The former Global Programme for Vaccines and Immunization (GPV), with the addition of a component from the former Division of Drug Management and Policies (DMP) for quality and safety, began operating as Vaccines and Biologicals (V&B) in late 1998. The former Programme on Health Technology (PHT), with a component from DMP for quality and safety, began operating as BCT in late 1998. The office of the Executive Director and the Management Support Unit, under which the income and expenditures for the Special Advisor on Informatics are also reported, was formed in August 1998 and fully staffed by December 1998. EDM united the former Action Programme on Essential Drugs (DAP) and most components of the former DMP, and began operating as a unit with combined budgets and expenditures in early 1999.

This report provides a picture of the financial results for the combined cluster, by department and by source of funds (regular budget and other sources), for the full biennial period of 1 January 1998 to 31 December 1999. Since the cluster was not formed until after the beginning of the period, the report necessarily includes income and expenditures originally administered separately by the former units. In addition, the reorganization shifted components and staff members among departments, and in some cases from other clusters, to gain efficiencies. Such shifts, where material, have been recognized in the report in the form of inter-departmental or inter-cluster transfers of budget and income. The resulting adjusted budget (the cluster operating budget) is intended to provide a better basis for comparison with the results by department.

Since this is the first financial report for the cluster as a whole, it is not possible to compare this period's financial status for the cluster to that of previous periods. Comparisons between the current departments and the former divisions and programmes that merged to form them can be made only with caution, since the transformations were not direct. This report will form the basis for future comparisons at cluster level.



## — 2. PROGRAMME BUDGET AND CLUSTER OPERATING BUDGET

This report relates income and expenditures to the WHO Programme Budget for 1998-1999. The WHO Programme Budget for 1998-1999 was originally prepared in 1996 and approved under the former organizational structure. The WHO Programme Budget for 2000-2001 was presented to the World Health Assembly (WHA) under the organization's current structure in May 1999, and included a revised presentation of the 1998-1999 budget reallocated to the current clusters, as a basis of comparison for the following biennium. This approved budget reallocation is the basis for this report.

The original HTP programme budget for 1998-1999 was US\$ 110 million, 18% of which was provided by the regular budget and 82% of which was expected to come from other sources, largely through contributions to the Voluntary Fund for Health Promotion. The budget included use of funds remaining from previous years, and the need to carry funds forward into the following biennium to ensure continuation of operations without disruption.

### ADJUSTMENTS TO THE WHO PROGRAMME BUDGET FOR HTP

The Organization was administered under the previous structure during the first portion of 1998, and many adjustments to the original budget took place throughout the course of that year as a result of the reorganization. Budgetary adjustments which were individually considered material are presented in Table 1 of the detailed financial tables. These may be divided into three types:

- The largest budget adjustment was a reduction of \$US 8.5 million for V&B, representing the deduction of the budget of the Children's Vaccine Initiative (CVI) from the department budget. At the time HTP was created, a decision had been made that the CVI would not become part of the cluster. The CVI was administered separately for the biennium, and ceased to exist at 31 December 1999, following the decision taken by the CVI's co-sponsors and partners in March 1999. In accordance with grant agreements, some CVI resources were provided to V&B for implementation, and these have been shown as transfers of income into the department. The budget adjustment represents 11% of the original V&B budget.
- The second type of budget adjustment represents: decreases in funding as a result of efficiency savings (referred to as the "Sunset" exercise); increases in funding to support the eradication of poliomyelitis and other cluster objectives, and to permit the establishment of the office of the EXD; and new support (called "Sunrise") to reallocate funds to priority areas. Budget adjustments between departments represent shifts of programme components and related resources as a result of reorganization. These adjustments taken together (\$US 45 thousand net) result in a very small overall change (less than 0.1%) in the cluster's total biennial budget, but did impact the budgets of the individual departments.

- In the 1998-1999 biennium, differences between actual and standard (average budgeted) salary costs in the regular budget were handled centrally, and resulted in changes in budget allocations at the cluster and department level. The third type of budget adjustment was the net salary adjustment recorded (\$US 393 thousand), which represents these differences and the total of exchange rate effects on salary costs. In future biennia, it is anticipated that the clusters will accept most of the positive or negative impact of such differences through their own income and expenditures, rather than through centrally administered budget adjustments. The impact of this adjustment was less than 0.5% of the cluster's total biennial budget.

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#### COMMENTS ON THE CLUSTER OPERATING BUDGET

The budget changes and reallocations described above reduced EDM's budget by 2%, V&B's budget by 11% and BCT's budget by 9% to arrive at the adjusted cluster and departmental operating budgets. The office of the EXD and MSU were not foreseen in the original programme budget, and their budget is shown as equal to actual expenditure.

The three departments within the cluster vary considerably in size. EDM accounts for 26% of the cluster's adjusted operating budget, V&B for 66%, and BCT for almost 6%. The office of the EXD, including the Management Support Unit and the Advisor on Informatics, accounts for the remaining 2% of the cluster operating budget.

Among the departments the composition of the budget varies. Regular budget funding was expected to form 22% of EDM's total operating budget, 13% of V&B's operating budget, and 60% of BCT's operating budget. Regular budget funding was expected to provide 83% of the budget of the office of the EXD and 19% of the cluster's revised operating budget.



## — 3. INCOME AND RESOURCES

The 1998-1999 budget was financed from the following sources (Table 2):

- The World Health Organization regular budget;
- Specified and unspecified extrabudgetary contributions during 1998-1999 from donor countries, United Nations organizations and agencies, and other contributors; and
- The balance brought forward from the previous biennium, 1996-1997, including interest accrued during that biennium for use in 1998-1999, net of the balance needed to be brought forward into the biennium 2000-2001, to ensure that operations continue without interruption.

Regular budget income met the operating budget and very slightly exceeded the original programme budget. This income, net of all adjustments, was \$US 19.6 million. It was fully implemented.

Other sources of income received during the biennium, net of adjustments and transfers, totalled \$US 65.3 million, representing 79% of the amount budgeted. This extrabudgetary income was 93% implemented, with expenditures totaling \$US 60.6 million. The primary reason for low receipt of income in relation to budget was a shift in the direction of contributions for the global eradication of poliomyelitis from headquarters to the regions directly. While income received for this purpose did not decline overall, income recorded at headquarters was reduced in favour of recording at the regional level. This is discussed in detail, in relation to expenditures, under Vaccines and Biologicals (Page 12).

Of the income received from sources other than the regular budget, 34% was unspecified and 66% was specified (Table 7a). Both types of income are crucial to support the cluster's priorities. Specified income provides funding to projects that must often be of limited scope or duration to match funding. Unspecified income provides the cluster with greater flexibility to meet its strategic goals, to plan and achieve long-term objectives and to provide support to the regions. A proportion of 50% unspecified income may be considered an adequate minimum to carry out longer-term strategies. The cluster has not received that minimum level in this biennium.

Table 7a provides a list of contributions to the cluster by donor. Table 7b provides the same information, showing the contributions by department. HTP administers many large global contributions which include portions budgeted for implementation in the regions, particularly for the EDM drug action programme and the global eradication of poliomyelitis. For V&B, Table 7b shows only the portions of the grants intended for headquarters implementation, or, as is the case with some contingency funds, the portion held at headquarters which will eventually be used inter-regionally or regionally. In order to provide a global picture of income for HTP activities in the field of vaccines and immunization, voluntary contributions received by WHO at the regional/country level are indicated in Table 8.

In addition to contributions recorded as income, USAID makes available funds in the form of a letter of credit which WHO may draw upon as needed. These funds are recorded in the WHO financial statements as pledges, and are not recorded as income until the funds have been received. As at 31 December 1999, USAID had made \$US 2.9 million available to HTP that were recorded as pledges, of which \$US 2.1 million had been allocated for implementation but not yet received in cash and so not yet recorded as income, and \$US 826 thousand remained available to be drawn.



## — 4. IMPLEMENTATION OF CLUSTER OPERATING BUDGET:

### EXPENDITURES IN RELATION TO BUDGET AND INCOME

Total expenditures for the cluster were \$US 80.3 million (Table 4). Implementation against income received for the cluster was 95%.

Implementation against the cluster operating budget was 78%. This reflects the fact that income actually received was lower than budgeted, at 83% of budget. The reasons for this are described by cluster area.

#### ESSENTIAL DRUGS AND MEDICINES POLICY

##### **Income:**

EDM total income for the biennium, after adjustments, was \$US 23.9 million, representing 90% of its operating budget and 88% of its expenditures. The shortfall of \$US 3.2 million between income and expenditures (Table 3) was funded by a planned spend-down of the carryover balance.

##### **Expenditures:**

EDM expenditures for the biennium were \$27.2 million compared with an operating budget of \$26.6 million, representing an implementation rate of 102% of the budget (Table 4). The high level of implementation was achieved despite the considerable effort required to merge the two formerly separate programmes during the creation of the new department.

##### **Opening and closing balances:**

Opening and closing balances are generally budgeted to offset each other and net to zero, leaving a summary biennial budget assumed to be equal to both biennial income and expenditures. Where a larger than necessary opening balance exists, it may be desirable to use a portion of it during the biennium in order to increase activities and reduce the balance forward. In this case, the budgeted expenditures will be larger than the income expected. EDM budgeted to reduce its balance forward this biennium, and therefore both its budget and actual expenditures were greater than income expected or received. Since the closing balance is now at an appropriate level and is not budgeted to be reduced further, a substantial increase in income will be needed in the next biennium to maintain current activity levels.

#### VACCINES AND BIOLOGICALS

The level of expenditures in relation to budget and to income for V&B (Tables 3 and 4) shows: an income lower than the budget (Table 4); a level of expenditures lower than expected against the department operating budget (Table 4); and a closing balance on 31 December 1999 of \$US 21.6 million versus an opening balance of \$10.9 million on 1 January 1998 (Table 3).

**Income:**

V&B received \$US 52.1 million (77% of budget), in total income after adjustments during the biennium. The V&B budget, as originally submitted in July 1996 for the WHO Programme Budget, anticipated income of \$US 23.5 million to headquarters for the eradication of poliomyelitis, much of it intended for implementation in the regions. Total income received in headquarters for polio was in fact \$US 15.5 million, a difference of \$US 8 million, or 12% of budget.

Funding received worldwide through WHO for the eradication of poliomyelitis in 1996-1997 was \$US 66.7 million. In 1998-99 funding received worldwide for this purpose increased by 139% to \$US 159.7 million (see Table 8). This income has largely been specified by donors to be received and administered in the regions, and is therefore recorded in the regions rather than at headquarters. It should be emphasized that this difference is a question of allocation of income between headquarters and the regions, and does not represent a loss in income for the activity overall. Had the income budgeted for headquarters for this purpose been received at headquarters rather than the regions, income would have been 88% of budget.

Of the income received by V&B in headquarters, a significant portion (approximately \$US 11.1 million) arrived late in 1999 and was intended for implementation through headquarters in 1999 and 2000. These funds included:

- \$US 1.5 million from the United States of America [CDC, year 6]
- \$US 2.2 million from Canada [CIDA, year 2]
- \$US 3.7 million made available in August 1999 by the UN Foundation for International Partnerships for use, in emergency situations, for the global eradication of poliomyelitis into 2000. This contingency funding is held to be spent as required by local situations, in particular to ensure that National Immunization Days can be carried out without delay.

Included in the funds received for implementation in 2000 is \$US 1.4 million for posts for which incumbents will be recruited in early 2000.

In 1996-1997, GPV, the programme which became V&B, received \$US 36 million in total income at headquarters. Although comparisons between the original programme and current department can only be made with caution due to the reorganization, it is clear that V&B income at \$US 52 million has increased significantly over results in the previous biennium, despite not meeting budgeted expectations.

**Expenditures:**

V&B expenditures for the biennium amounted to \$US 45.6 million compared with an operating budget of \$US 68 million, representing an implementation rate of 67% of the budget, but 87% of the actual income received (Table 4). Implementation against budget is low because actual income was lower than budgeted.

The implementation rate against income received, at 87%, is low because of the large portion (\$US 11.1 million) of recorded income received late in the biennium and intended for implementation in 2000. If just half of these contributions had not been included in income for this biennium, implementation against income would have been 98%.

Expenditures, at \$45.6 million, show an increase of approximately 50% over those of GPV in the previous biennium, and reflect the programme's ability to handle the growth in intensity of its activity.

**Opening and closing balances:**

V&B closing balance of \$21.6 million includes \$11.1 million of specified contributions which arrived late in 1999 or are for posts for which the incumbents have not yet been selected. In the absence of those two factors, V&B closing balance at the end of 1999 would have been similar (\$10.5 million) to the one at the end of the previous biennium (\$10.9 million).

BLOOD SAFETY AND CLINICAL TECHNOLOGY

**Income:**

BCT received \$US 5.9 million in income after adjustments, most of it from the regular budget, representing an increase of 5% over budget. BCT expenditures for the biennium were \$US 5.3 million compared with an operating budget of \$US 5.7 million, representing an implementation rate of 95% of the budget (Table 4), which is in line with its target.

**Expenditures:**

BCT expenditures of \$US 5.3 million against an income of \$US 5.9 million indicate an implementation rate against recorded income of 90%.

**Opening and closing balances:**

BCT's closing balance on 31 December 1999 amounts to \$US 1.4 million, versus an opening balance on 1 January 1998 of \$US 600 thousand. This is due to two factors: some team coordinators were not recruited until 1999, thus leading to a delay in the implementation of some BCT activities. In addition, voluntary contributions were recorded late in 1999, and will therefore be implemented in 2000.

OFFICE OF THE EXECUTIVE DIRECTOR

As the office of the Executive Director was not budgeted in the original programme budget, and only became fully staffed in December 1998, budget is shown as equal to expenditures for the year. Income for the year includes cluster-level contributions which have not yet been distributed to the departments. At the time of this report's preparation, income in excess of expenditures had been redistributed to the departments for early implementation in the 2000-2001 biennium, according to organizational priorities.

EXPENDITURES FOR ACTIVITIES AND STAFF

Table 5 of the detailed financial figures shows the breakdown of expenditures by activity and staff for each department. Comparison to budget is not possible because budgets were not originally developed for this breakdown of costs. Expenditures on staff include all staff, fixed-term or short-term, and for any length of term.

Staff costs represent 41% of total expenditures in the cluster, demonstrating a good balance between staff and activity expenditures overall. Excluding the office of the Executive Director, staff costs for the three departments represent 39% of total expenditures, within the cluster's target of 40% on average for the departments for 2000-2001.

In V&B staff costs are 35% of total expenditures, well within the target ratio. EDM's staff costs, at 43%, are somewhat higher as a result of the department's normative functions, which is to be expected. BCT's staff costs, at 54%, reflect the department's lower level of extra-budgetary activity funding in relation to a higher level of regular budget salary funding. This is expected to change as a result of increased funding for activities, projected for the next biennium. The office of the Executive Director, with its administrative functions, shows primarily staff costs, as expected.

#### IMPLEMENTATION IN THE REGIONS

Table 6 of the detailed financial figures shows implementation in the regions from two sources: transfers of funds from headquarters to regional budgets for their implementation; and implementation in the regions of headquarters budget with headquarters participation, often in the form of inter-regional activities or posts.

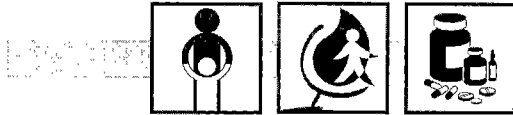
EDM, V&B and BCT budget some or all of their regional participation against the headquarters budget and are closely involved in implementation in the regions. This represents a transfer of \$US 16.4 million by the cluster to the regional/country level. In addition, V&B provides \$US 3.8 million in direct transfers from headquarters to regional budgets for regional control. Unspecified contributed income is generally the source for these transfers by V&B, while EDM transfers are generally from specified contributions.

Table 8 shows income received directly in the regions to support vaccines and immunization, including for the eradication of poliomyelitis. This regional income of \$US 161.8 million is in addition to the total income for V&B at headquarters shown in Table 3, and the implementation of headquarters budget in the regions shown in Table 6.



## — 5. SUMMARY FINANCIAL STATEMENTS

The detailed financial tables presented on pages 16-27 provide information classified by department, by source of funds and by region. Detailed information is also presented on income by donor.



## — 6. CONCLUSION AND PERSPECTIVES FOR THE NEXT BIENNIUM

The cluster's overall implementation rate in relation to income of 95% shows its ability to put the majority of its funds to work immediately. The 5% of income received and not implemented at the close of the biennium represents in part the receipt of several large contributions very late in 1999, and will be implemented early in 2000.

The cluster's overall receipt of income was lower than budget, with 83% of budget received as income. This is primarily the result of two factors in the income forecast:

- EDM was forecasted to implement part of its opening balance in its budget. It therefore did not expect income to equal budget (effect estimated at \$US 3.2 million); and
- Contributions for the global eradication of poliomyelitis were received directly against regional budgets rather than against headquarters as originally forecast (effect estimated at \$US 8 million).

The combined effects of these two factors is equal to approximately \$US 11.2 million. Excluding this amount from the cluster operating budget would yield these overall results: 93% of budget received in income, and 88% of budget implemented.

### NOW AND IN THE FUTURE: ADDITIONAL INFORMATION

Reference should be made to the departments' annual reports for information on their success in meeting their strategic and technical objectives at department level. These reports, together with this financial status report, communicate and present an analysis of the cluster's activities as a whole.

HTP views this biennium as a beginning. For most of this period, the cluster's senior management efforts were focused on unifying the newly-created cluster, developing a strategic plan, and forging a cluster identity. In future periods, this report will include information on meeting cluster-wide strategic objectives, and will relate expenditures to the cluster's priorities, objectives and targets, as expressed in its strategic plan.

We would like to express our gratitude to our partners for their continuing strong support of the departments within HTP and of the new cluster as a whole. The formation of the cluster, and the unification of the former divisions and programmes into three strong departments with their clear individual focuses, forms the basis for still more effective action in the future.

We hope that this first cluster financial status report, along with the departmental reports, provide assurance that funds entrusted to HTP are administered carefully and put to use immediately, responsibly and effectively to meet the cluster's objectives, as intended by our partners and in the service of Member States.



## DETAILED FINANCIAL STATEMENTS

**Table 1: HTP programme budget for 1998-1999**

|  | WHO<br>Programme<br>budget | Programme<br>budget –<br>detailed by<br>department<br>and other<br>components | Programme budget –<br>breakdown by source of funds |                   |
|--|----------------------------|---|--|-------------------|
|  |                            |   | Regular<br>budget                                  | Other<br>sources  |
|  | US\$                       | US\$  | US\$   | US\$              |
| Essential Drugs and Medicines Policy                   | 27,102,000                 | 27,102,000  | 6,201,000  | 20,901,000        |
| Vaccines and Biologicals                               | 76,471,000                 | 76,471,000  | 8,599,000  | 67,872,000        |
| Blood Safety and Clinical Technology                   | 6,850,000                  | 6,243,000   | 4,145,000  | 2,098,000         |
| Adviser on Informatics                                 |                            | 607,000   | 607,000  |                   |
| <b>Programme budget 1998-1999</b>                      | <b>110,423,000</b>         | <b>110,423,000</b>  | <b>19,552,000</b>                                  | <b>90,871,000</b> |
| <i>Reference WHO PPB/00-01</i>                         |                            |   |  |                   |
| <b>Budgetary adjustment</b>                            |                            |   |  |                   |
| WHA resolution: eradication of poliomyelitis           |                            | 750,000   | 750,000  |                   |
| Director-General support for Traditional Medicine      |                            | 30,000  | 30,000   |                   |
| Net effect of Sunset/Sunrise                           |                            | -1,294,400  | -1,657,400   | 363,000           |
| Creation of EXD & MSU                                  |                            | 565,680   | 558,131  | 7,549             |
| Exclusion of CVI from V&B budget                       |                            | -8,492,000  |  | -8,492,000        |
| Regular budget surrendered 31 December 1999            |                            | -5,969  | -5,969   |                   |
| Net salary adjustments                                 |                            | 393,689   | 393,689  |                   |
| <b>Total adjustments</b>                               |                            | <b>-8,053,000</b>   | <b>68,451</b>                                      | <b>-8,121,451</b> |
| <b>Cluster operating budget 1998-1999</b>              |                            | <b>102,370,000</b>  | <b>19,620,451</b>                                  | <b>82,749,549</b> |
| <b>Breakdown by department</b>                         |                            |   |  |                   |
| Essential Drugs and Medicines Policy                   |                            | 26,574,949  | 5,759,054  | 20,815,895        |
| Vaccines and Biologicals                               |                            | 67,965,893  | 8,694,786  | 59,271,107        |
| Blood Safety and Clinical Technology                   |                            | 5,650,977   | 3,361,302  | 2,289,675         |
| Executive Director Office, MSU, Advisor on Informatics |                            | 2,178,181   | 1,805,309  | 372,872           |
|  |                            | <b>102,370,000</b>  | <b>19,620,451</b>                                  | <b>82,749,549</b> |

Table 2: Summary financial status for 1998-1999

|  |               | Breakdown by source of funds |               | Total      | Operating budget |
|--|---------------|------------------------------|---------------|------------|------------------|
|  |               | Regular budget               | Other sources |            |                  |
|  |               | US\$                         | US\$          | US\$       | US\$             |
| <b>Income</b>  | (a) Table 7   | 19,038,289                   | 67,028,479    | 86,066,768 |                  |
| <b>Adjustments:</b>                                    |               |                              |               |            |                  |
| Transfers from other clusters                          | (*)           | 801,385                      | 2,205,681     | 3,007,066  |                  |
| Transfers to other clusters                            | Table 6       | -213,254                     | -19,318       | -232,572   |                  |
| Transfers to regions                                   | Table 6       | 0                            | -3,853,958    | -3,853,958 |                  |
| Contributions returned to donors                       |               | 0                            | -65,753       | -65,753    |                  |
| Regular budget surrendered 31 December 1999            |               | -5,969                       | 0             | -5,969     |                  |
| <b>Total adjustments</b>                               | (b)           | 582,162                      | -1,733,348    | -1,151,186 |                  |
| <b>Total income</b>                                    | (a)+(b) = (c) | 19,620,451                   | 65,295,131    | 84,915,582 | 102,370,000      |
| <b>Expenditures</b>                                    | (d)           | 19,620,451                   | 60,647,379    | 80,267,830 |                  |
| <b>Excess (shortfall) of income over expenditures</b>  | (c-d)         | 0                            | 4,647,752     | 4,647,752  |                  |
| <b>Opening balance 1 January 1998</b>                  |               | 0                            | 26,223,874    | 26,223,874 |                  |
| <b>Interest accrued 1998-1999 for use in 2000-2001</b> |               | 0                            | 5,262,172     | 5,262,172  |                  |
| <b>Excess (shortfall) of income over expenditures</b>  | (c-d)         | 0                            | 4,647,752     | 4,647,752  |                  |
| <b>Closing balance 31 December 1999</b>                |               | 0                            | 36,133,798    | 36,133,798 |                  |

(\*) Transfers from other clusters included \$1.8 million from CVI to VAB, \$163 thousand from FCH to VAB, \$763 thousand for the establishment of the MSU transferred from several clusters and from the Director-General's Office, and several smaller transfers.

Table 3: Summary financial status for 1998-1999 by department and other components

|  |               | Departments and other components |            |           |           | Total      |
|--|---------------|----------------------------------|------------|-----------|-----------|------------|
|  |               | EDM                              | V&B        | BCT       | EXD & MSU |            |
|  |               | US\$                             | US\$       | US\$      | US\$      | US\$       |
| <b>Income</b>  | (a) Table 7   | 24,268,825                       | 54,195,882 | 6,648,508 | 953,553   | 86,066,768 |
| <b>Adjustments:</b>                                    |               |                                  |            |           |           |            |
| Transfers from other clusters                          | (*)           | 89,504                           | 2,059,046  | 87,131    | 771,385   | 3,007,066  |
| Transfers to other clusters                            | Table 6       | -213,254                         | -19,318    |           |           | -232,572   |
| Transfers to regions                                   | Table 6       |                                  | -3,853,958 |           |           | -3,853,958 |
| Interdepartment transfers                              |               | -141,028                         | -263,289   | -809,500  | 1,213,817 | 0          |
| Contributions returned to donors                       |               | -63,369                          | -2,384     |           |           | -65,753    |
| Regular budget surrendered 31 December 1999            |               | -2,488                           | -1,288     | -2,193    |           | -5,969     |
| <b>Total adjustments</b>                               | (b)           | -330,635                         | -2,081,191 | -724,562  | 1,985,202 | -1,151,186 |
| <b>Total income</b>                                    | (a)+(b) = (c) | 23,938,190                       | 52,114,691 | 5,923,946 | 2,938,755 | 84,915,582 |
| <b>Expenditures</b>                                    | (d) Table 2   | 27,162,454                       | 45,593,379 | 5,342,141 | 2,169,856 | 80,267,830 |
| <b>Excess (shortfall) of income over expenditures</b>  | (c-d)         | -3,224,264                       | 6,521,312  | 581,805   | 768,899   | 4,647,752  |
| <b>Opening balance 1 January 1998</b>                  |               | 14,504,273                       | 10,980,558 | 739,043   | 0         | 26,223,874 |
| <b>Interest accrued 1998-1999 for use in 2000-2001</b> |               | 1,098,192                        | 4,089,560  | 66,660    | 7,760     | 5,262,172  |
| <b>Excess (shortfall) of income over expenditures</b>  | (c-d)         | -3,224,264                       | 6,521,312  | 581,805   | 768,899   | 4,647,752  |
| <b>Closing balance 31 December 1999</b>                |               | 12,378,201                       | 21,591,430 | 1,387,508 | 776,659   | 36,133,798 |

**Table 4: Comparison of cluster operating budget, income and expenditures for 1998-1999 by department and other components**

|  | Cluster operating budget | Total income      | Expenditures      | Implementation rates |                     |
|--|--------------------------|-------------------|-------------------|----------------------|---------------------|
|  |                          |                   |                   | Expenditures/budget  | Expenditures/income |
|  | US\$                     | US\$              | US\$              | %                    | %                   |
| EDM – Department of Essential Drugs and Medicines Policy | 26,574,949               | 23,938,190        | 27,162,454        | 102%                 | 113%                |
| V&B – Department of Vaccines and Biologicals             | 67,965,893               | 52,114,691        | 45,593,379        | 67%                  | 87%                 |
| BCT – Department of Blood Safety and Clinical Technology | 5,650,977                | 5,923,946         | 5,342,141         | 95%                  | 90%                 |
| Executive Director & MSU                                 | 2,178,181                | 2,938,755         | 2,169,856         | 100%                 | 74%                 |
| <b>Total</b>   | <b>102,370,000</b>       | <b>84,915,582</b> | <b>80,267,830</b> | <b>78%</b>           | <b>95%</b>          |
|  | Table 1                  | Table 2           | Table 2           |                      |                     |

**Figure 1: Cluster operating budget, income and expenditures for 1998-1999 – by department and other components**



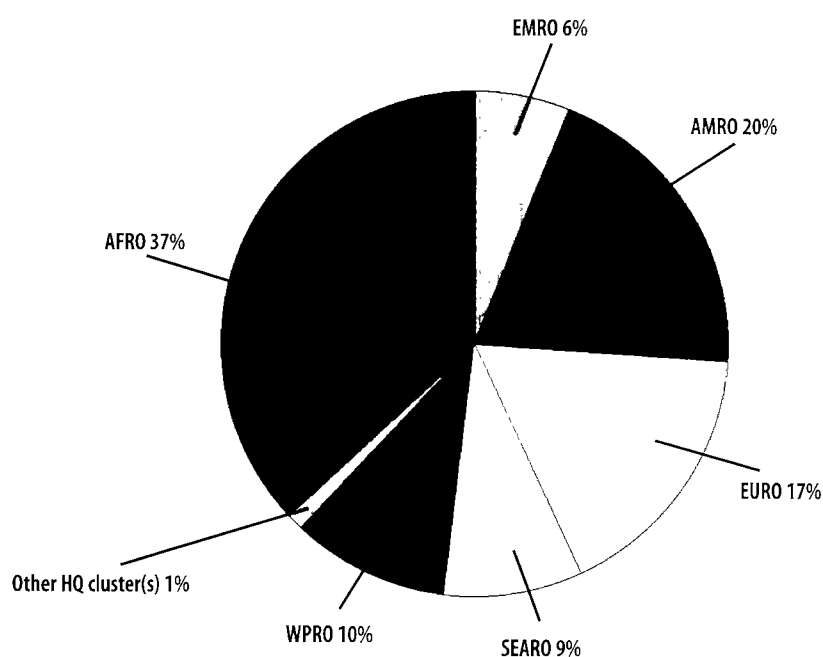
**Table 5: Expenditures for activities and staff for 1998-1999 by department and other components**

|   |            | Expenditures<br>US\$     |     |
|---|------------|--------------------------|-----|
| <b>Essential Drugs and Medicines Policy</b>                   | Activities | 15,421,988               | 57% |
|   | Staff      | <u>11,740,466</u>        | 43% |
|   |            | 27,162,454               |     |
| <b>Vaccines and Biologicals</b>                               | Activities | 29,599,667               | 65% |
|   | Staff      | <u>15,993,712</u>        | 35% |
|   |            | 45,593,379               |     |
| <b>Blood Safety and Clinical Technology</b>                   | Activities | 2,477,091                | 46% |
|   | Staff      | <u>2,865,050</u>         | 54% |
|   |            | 5,342,141                |     |
| <b>Executive Director Office, MSU, Advisor on Informatics</b> | Activities | 255,022                  | 12% |
|   | Staff      | <u>1,914,834</u>         | 88% |
|   |            | 2,169,856                |     |
| <b>Total</b>  | Activities | 47,753,768               | 59% |
|   | Staff      | <u>32,514,062</u>        | 41% |
| <b>Grand total</b>  |            | <u><u>80,267,830</u></u> |     |

**Table 6: Transfers to other clusters and regions/countries in 1998-1999**

|  |         | EDM        | V&B       | BCT     | Total      |
|--|---------|------------|-----------|---------|------------|
|  |         | US\$       | US\$      | US\$    | US\$       |
| <b>Total other HQ clusters *</b>                     | Table 2 | 213,254    | 19,318    | 0       | 232,572    |
| <b>Regions</b>                                       |         |            |           |         |            |
| AFRO   |         | 3,761,399  | 3,907,171 | 30,000  | 7,698,570  |
| AMRO   |         | 3,646,908  | 426,638   |         | 4,073,546  |
| EMRO   |         | 373,607    | 748,123   | 48,314  | 1,170,044  |
| EURO   |         | 2,807,311  | 515,709   | 87,131  | 3,410,151  |
| SEARO  |         | 676,853    | 1,121,490 |         | 1,798,343  |
| WPRO   |         | 637,523    | 1,489,803 | 8,077   | 2,135,403  |
| <b>Total for regions</b>                             |         | 11,903,601 | 8,208,934 | 173,522 | 20,286,057 |
| <b>Grand total</b>                                   |         | 12,116,855 | 8,228,252 | 173,522 | 20,518,629 |
| <b>The total for regions represents two amounts:</b> |         |            |           |         |            |
| Direct transfers from HQ to regional budgets         | Table 2 |            | 3,853,958 |         | 3,853,958  |
| Implementation in the regions from HQ allotments     |         | 11,903,601 | 4,374,294 | 173,522 | 16,451,417 |
| <b>Total for regions</b>                             |         | 11,903,601 | 8,228,252 | 173,522 | 20,305,375 |

(\*) Transfers to other clusters included \$213 thousand in regular budget (posts) for the establishment of MSUs and \$19,000 to FCH for use in the control of childhood diseases.

**Figure 2: Transfers to other clusters and regions/countries in 1998-1999**


The percentages shown represent each region's portion of the total amount transferred to the regions.

Table 7a: Contributions and other income received 1998-1999

|   | Unspecified       | Specified         | Total             |
|---|-------------------|-------------------|-------------------|
|   | US\$              | US\$              | US\$              |
| <b>Contributions to the Voluntary Fund for Health Promotion</b> |                   |                   |                   |
| Australia   | 1,783,375         | 198,438           | 1,981,813         |
| Belgium   | 552,166           |                   | 552,166           |
| Canada  |                   | 6,144,061         | 6,144,061         |
| China (People's Republic of)                                    | 55,000            |                   | 55,000            |
| Denmark   | 2,423,536         | 183,795           | 2,607,331         |
| Finland   |                   | 702,355           | 702,355           |
| France  | 163,934           |                   | 163,934           |
| Gates Foundation  |                   | 1,681,000         | 1,681,000         |
| Germany   |                   | 95,535            | 95,535            |
| Hingis, Ms Martina  | 50,500            |                   | 50,500            |
| IFPMA   |                   | 25,000            | 25,000            |
| Ireland   | 200,528           | 156,371           | 356,899           |
| Italy   | 166,279           | 1,062,863         | 1,229,142         |
| Japan   | 1,015,000         | 2,497,489         | 3,512,489         |
| Luxembourg  | 520,949           | 940,321           | 1,461,270         |
| Netherlands   | 5,009,935         | 2,542,451         | 7,552,386         |
| New Zealand   |                   | 34,957            | 34,957            |
| Norway  | 4,087,986         | 263,992           | 4,351,978         |
| OPEC  |                   | 140,207           | 140,207           |
| PATH  |                   | 45,100            | 45,100            |
| Republic of Korea   | 19,980            |                   | 19,980            |
| Rockefeller Foundation  | 957,000           | 350,000           | 1,325,000         |
| Rotary International  | 7,299             | 3,307,580         | 3,314,879         |
| Spain   | 50,000            | 45,000            | 95,000            |
| Sweden  | 1,521,757         |                   | 1,521,757         |
| Switzerland, World Self Medication                              | 72,500            |                   | 72,500            |
| UK  | 3,630,953         | 6,807,136         | 10,438,089        |
| UNDP  | 400,000           |                   | 400,000           |
| UNFIP   |                   | 2,422,360         | 2,422,360         |
| USA   |                   | 9,814,031         | 9,814,031         |
| World Bank  |                   | 80,540            | 80,540            |
| Miscellaneous   | 118,916           | 137,604           | 256,520           |
| <b>Sub-total</b>  | <b>22,825,593</b> | <b>39,678,186</b> | <b>62,503,779</b> |
| % of category   | 37%               | 63%               |                   |

|  | Unspecified       | Specified         | Total             |
|--|-------------------|-------------------|-------------------|
|  | US\$              | US\$              | US\$              |
| <b>Other income</b>  |                   |                   |                   |
| Associate professional officers                            |                   | 817,292           | 817,292           |
| AS funds   |                   | 1,053,683         | 1,053,683         |
| UNAIDS   |                   | 1,380,087         | 1,380,087         |
| Vaccine Manufacturers                                      |                   | 382,566           | 382,566           |
| UNICEF   |                   | 874,329           | 874,329           |
| UNDP   |                   | 16,743            | 16,743            |
| <b>Sub-total</b>   | <b>0</b>          | <b>4,524,700</b>  | <b>4,524,700</b>  |
| % of category  | 0%                | 100%              |                   |
| <b>Sub-total</b>   | <b>22,825,593</b> | <b>44,202,886</b> | <b>67,028,479</b> |
| % of category  | 34%               | 66%               |                   |
| <b>WHO regular budget</b>                                  |                   | <b>19,038,289</b> | <b>19,038,289</b> |
| <b>Total income*</b>                                       | <b>22,825,593</b> | <b>63,241,175</b> | <b>86,066,768</b> |
| % of total   | 27%               | 73%               |                   |
| <b>Interest accrued in 1998-1999 for use in 2000-2001:</b> | <b>3,639,781</b>  | <b>1,622,391</b>  | <b>5,262,172</b>  |

\* Income received is shown prior to adjustments and transfers, as per Table 2.

Table 7b: Contributions and other income received 1998-1999, by department

|   | EDM              | V&B               | BCT            | EXD            | Total             |
|---|------------------|-------------------|----------------|----------------|-------------------|
|   | US\$             | US\$              | US\$           | US\$           | US\$              |
| <b>Contributions to the Voluntary Fund for Health Promotion</b> |                  |                   |                |                |                   |
| <b>Unspecified</b>  |                  |                   |                |                |                   |
| Australia   | 168,775          | 1,614,600         |                |                | 1,783,375         |
| Belgium   |                  | 500,948           | 51,218         |                | 552,166           |
| China (People's Republic of)                                    |                  | 55,000            |                |                | 55,000            |
| Denmark   | 441,115          | 1,982,421         |                |                | 2,423,536         |
| France  |                  | 163,934           |                |                | 163,934           |
| Hingis, Ms Martina  |                  | 50,500            |                |                | 50,500            |
| Ireland   |                  | 200,528           |                |                | 200,528           |
| Italy   | 50,000           | 116,279           |                |                | 166,279           |
| Japan   | 100,000          | 915,000           |                |                | 1,015,000         |
| Luxembourg  | 96,865           | 424,084           |                |                | 520,949           |
| Netherlands   | 1,431,410        | 3,578,525         |                |                | 5,009,935         |
| Norway  | 1,724,841        | 2,363,145         |                |                | 4,087,986         |
| Republic of Korea   |                  | 19,980            |                |                | 19,980            |
| Rockefeller Foundation  |                  | 975,000           |                |                | 975,000           |
| Rotary International  |                  | 7,299             |                |                | 7,299             |
| Spain   |                  |                   | 50,000         |                | 50,000            |
| Sweden  | 494,682          | 1,027,075         |                |                | 1,521,757         |
| Switzerland, World Self Medication                              | 72,500           |                   |                |                | 72,500            |
| UK  | 2,887,302        | 396,825           | 140,367        | 206,459        | 3,630,953         |
| UNDP  |                  | 400,000           |                |                | 400,000           |
| Miscellaneous   | 38,966           | 59,950            | 20,000         |                | 118,916           |
| Sub-total, unspecified  | <b>7,506,456</b> | <b>14,851,093</b> | <b>261,585</b> | <b>206,459</b> | <b>22,825,593</b> |
| % of total  | 31%              | 27%               | 4%             | 22%            | 27%               |
| <b>Specified</b>  |                  |                   |                |                |                   |
| Australia   | 198,438          |                   |                |                | 198,438           |
| Canada  |                  | 6,144,061         |                |                | 6,144,061         |
| Denmark   |                  | 183,795           |                |                | 183,795           |
| Finland   | 45,200           | 559,089           | 98,066         |                | 702,355           |
| Gates Foundation  |                  | 1,681,000         |                |                | 1,681,000         |
| Germany   | 47,734           | 47,801            |                |                | 95,535            |
| IFPMA   | 25,000           |                   |                |                | 25,000            |
| Ireland   | 156,371          |                   |                |                | 156,371           |
| Italy   | 305,559          |                   | 210,210        | 547,094        | 1,062,863         |
| Japan   | 1,767,489        | 580,000           | 150,000        |                | 2,497,489         |
| Luxembourg  |                  | 293,800           | 646,521        |                | 940,321           |
| Netherlands   | 2,542,451        |                   |                |                | 2,542,451         |
| New Zealand   |                  | 34,957            |                |                | 34,957            |
| Norway  | 263,992          |                   |                |                | 263,992           |
| OPEC  |                  | 140,207           |                |                | 140,207           |
| PATH  |                  | 45,100            |                |                | 45,100            |

|   | EDM               | V&B               | BCT              | EXD            | Total             |
|---|-------------------|-------------------|------------------|----------------|-------------------|
|   | US\$              | US\$              | US\$             | US\$           | US\$              |
| Rockefeller Foundation                                    |                   | 350,000           |                  |                | 350,000           |
| Rotary International                                      |                   | 3,307,580         |                  |                | 3,307,580         |
| Spain   |                   | 45,000            |                  |                | 45,000            |
| UK  | 3,786,152         | 3,020,984         |                  |                | 6,807,136         |
| UNFIP   |                   | 2,422,360         |                  |                | 2,422,360         |
| USA   | 469,500           | 9,344,531         |                  |                | 9,814,031         |
| World Bank  | 80,540            |                   |                  |                | 80,540            |
| Miscellaneous   | 83,588            | 4,752             | 49,264           |                | 137,604           |
| Sub-total, specified                                      | 9,772,014         | 28,205,017        | 1,154,061        | 547,094        | 39,678,186        |
| % of total  | 40%               | 52%               | 17%              | 57%            | 46%               |
| Sub-total, VFHP   | 17,278,470        | 43,056,110        | 1,415,646        | 753,553        | 62,503,779        |
| % of total  | 71%               | 79%               | 21%              | 79%            | 73%               |
| <b>Other income</b>                                       |                   |                   |                  |                |                   |
| Associate professional officers                           | 510,261           | 307,031           |                  |                | 817,292           |
| AS funds  | 222,650           | 331,033           | 300,000          | 200,000        | 1,053,683         |
| UNAIDS  | 242,620           | 394,343           | 743,124          |                | 1,380,087         |
| Vaccine Manufacturers                                     |                   | 382,566           |                  |                | 382,566           |
| UNICEF  |                   | 874,329           |                  |                | 874,329           |
| UNDP  |                   |                   | 16,743           |                | 16,743            |
| Sub-total   | 975,531           | 2,289,302         | 1,059,867        | 200,000        | 4,524,700         |
| % of total  | 4%                | 4%                | 16%              | 21%            | 5%                |
| <b>WHO regular budget</b>                                 | <b>6,014,824</b>  | <b>8,850,470</b>  | <b>4,172,995</b> | <b>0</b>       | <b>19,038,289</b> |
| % of total  | 25%               | 16%               | 63%              | 0%             | 22%               |
| <b>Total income</b>                                       | <b>24,268,825</b> | <b>54,195,882</b> | <b>6,648,508</b> | <b>953,553</b> | <b>86,066,768</b> |
| % of total  | 100%              | 100%              | 100%             | 100%           | 100%              |
| <b>Interest accrued in 1998-1999 for use in 2000-2001</b> | 1,098,192         | 4,089,560         | 66,660           | 7,760          | 5,262,172         |

**Table 8: V&B – Contributions to the Voluntary Fund for Health Promotion recorded for the regional/country level under HTP accounts 1998-1999 for vaccines and immunization**

|   | Global eradication<br>of poliomyelitis | Other<br>purposes | Total             | % of<br>Total | % of<br>Total |
|---|--|-------------------|-------------------|---------------|---------------|
|   | US\$                                   | US\$              | US\$              | %             | %             |
| <b>AFRO</b>                               |  |                   |                   |               |               |
| Canada                                    |  | 3,374,748         | 3,374,748         |               |               |
| De Beers                                  | 1,300,000                              |                   | 1,300,000         |               |               |
| Norway                                    |  | 122,181           | 122,181           |               |               |
| Rotary Foundation                         | 30,014,544                             | 54,000            | 30,068,544        |               |               |
| Switzerland, International Foundation     | 50,000                                 |                   | 50,000            |               |               |
| UK  | 21,231,723                             | 132,500           | 21,364,223        |               |               |
| UNFIP                                     | 9,063,550                              |                   | 9,063,550         |               |               |
| USA                                       | 15,292,917                             | 287,059           | 15,579,976        |               |               |
| USA*                                      | 14,921,944                             |                   | 14,921,944        |               |               |
| USA, Association World Health             | 313,335                                |                   | 313,335           |               |               |
|   | <b>92,188,013</b>                      | <b>3,970,488</b>  | <b>96,158,501</b> | <b>59%</b>    |               |
| % of total within region                  | <b>96%</b>                             | <b>4%</b>         |                   |               |               |
| <b>AMRO**</b>                             |  |                   |                   |               |               |
| Canada                                    |  | 333,400           | 333,400           |               |               |
| Gorgas Institute                          |  | 19,232            | 19,232            |               |               |
| March of Dimes                            |  | 290,000           | 290,000           |               |               |
| Netherlands                               |  | 100,000           | 100,000           |               |               |
| Spain                                     |  | 1,127,525         | 1,127,525         |               |               |
| UK  | 641,028                                |                   | 641,028           |               |               |
| USA                                       |  | 4,613,318         | 4,613,318         |               |               |
|   | <b>641,028</b>                         | <b>6,483,475</b>  | <b>7,124,503</b>  | <b>4%</b>     |               |
| % of total within region                  | <b>9%</b>                              | <b>91%</b>        |                   |               |               |
| <b>EMRO</b>                               |  |                   |                   |               |               |
| Canada                                    |  | 1,507,931         | 1,507,931         |               |               |
| Norway                                    |  | 82,603            | 82,603            |               |               |
| Rotary Foundation                         | 9,404,898                              |                   | 9,404,898         |               |               |
| UK  |  | 239,000           | 239,000           |               |               |
| UNFIP                                     | 6,314,379                              |                   | 6,314,379         |               |               |
| USA                                       | 3,661,232                              |                   | 3,661,232         |               |               |
|   | <b>19,380,509</b>                      | <b>1,829,534</b>  | <b>21,210,043</b> | <b>13%</b>    |               |
| % of total within region                  | <b>91%</b>                             | <b>9%</b>         |                   |               |               |
| <b>EURO</b>                               |  |                   |                   |               |               |
| France                                    |  | 135,135           | 135,135           |               |               |
| France, Centre International de L'Enfance | 20,000                                 |                   | 20,000            |               |               |
| Rotary Foundation                         | 1,620,589                              |                   | 1,620,589         |               |               |
| UNFIP                                     | 553,785                                |                   | 553,785           |               |               |
| USA                                       | 2,553,454                              |                   | 2,553,454         |               |               |
| USA, IICC                                 |  | 176,000           | 176,000           |               |               |
|   | <b>4,747,828</b>                       | <b>311,135</b>    | <b>5,058,963</b>  | <b>3%</b>     |               |
| % of total within region                  | <b>94%</b>                             | <b>6%</b>         |                   |               |               |

|                               | Global eradication<br>of poliomyelitis | Other<br>purposes | Total              | % of<br>Total | % of<br>Total |
|-------------------------------|--|-------------------|--------------------|---------------|---------------|
|                               | US\$                                   | US\$              | US\$               | %             | %             |
| <b>SEARO</b>                  |  |                   |                    |               |               |
| Denmark                       | 6,800,000                              |                   | 6,800,000          |               |               |
| Korea (Republic of)           |  | 700,000           | 700,000            |               |               |
| Norway                        |  | 676,395           | 676,395            |               |               |
| Rotary Foundation             | 5,488,356                              |                   | 5,488,356          |               |               |
| Sweden                        |  | 14,375            | 14,375             |               |               |
| UK                            |  | 372,335           | 372,335            |               |               |
| UNFIP                         | 4,500,425                              |                   | 4,500,425          |               |               |
| USA                           | 7,107,537                              |                   | 7,107,537          |               |               |
|                               | <b>23,896,318</b>                      | <b>1,763,105</b>  | <b>25,659,423</b>  | 16%           |               |
| % of total within region      | 93%                                    | 7%                |                    |               |               |
| <b>WPRO</b>                   |  |                   |                    |               |               |
| Australia                     | 74,098                                 | 1,572,254         | 1,646,352          |               |               |
| Canada                        |  | 721,040           | 721,040            |               |               |
| Japan                         | 78,930                                 | 210,300           | 289,230            |               |               |
| Luxembourg                    |  | 300,000           | 300,000            |               |               |
| Norway                        |  | 107,240           | 107,240            |               |               |
| Rotary Foundation             | 976,839                                |                   | 976,839            |               |               |
| Rotary of Japan               | 175,569                                |                   | 175,569            |               |               |
| UK                            |  | 305,665           | 305,665            |               |               |
| USA                           | 2,066,130                              | 46,914            | 2,113,044          |               |               |
|                               | <b>3,371,566</b>                       | <b>3,263,413</b>  | <b>6,634,979</b>   | 4%            |               |
| % of total within region      | 51%                                    | 49%               |                    |               |               |
| <b>Total for regions</b>      | <b>144,225,262</b>                     | <b>17,621,150</b> | <b>161,846,412</b> | 100%          | 79%           |
| % of total within region      | 89%                                    | 11%               |                    |               |               |
| Contributions at headquarters | 15,520,601                             | 27,535,509        | 43,056,110         |               | 21%           |
| Total worldwide               | 159,745,863                            | 45,156,659        | 204,902,522        |               | 100%          |

\* Recorded under joint HTP/CDS contribution for Strengthening Disease Prevention and Control

\*\* including contributions recorded under the PAHO voluntary fund

