

TDR certified financial statement for the year ended 31 December 2021

Agenda item: 5.

Action / Information: JCB is invited to review and endorse the report

Purpose: This document presents financial information for the year 2021, certified by WHO.

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Certification of financial statement

The following tables numbered 1 and 2 and related notes have been reviewed and approved.



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9 May 2022

Trust Fund for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases

Table 1: Statement of financial performance

For the year ended 31 December 2021

(In thousands of US dollars)

Description	Notes	2021	2020
Fund balance as at 1 January		31 268	24 121
REVENUE	3.1		
Voluntary contributions		21 930	19 562
WHO contributions			1 800
Other funding from WHO		309	502
Interest earned		30	417
Total revenue		22 269	22 281
EXPENSES	3.2		
Staff costs		7 125	7 185
Contractual services, transfers and grants		12 587	6 640
Travel		163	254
General operating expenses		493	478
WHO administrative costs		747	577
Total expenses		21 115	15 134
Fund balance as at 31 December	3.3	32 422	31 268

Notes to the financial statement

1. Basis of preparation

The financial results of TDR are consolidated within the General Fund of the World Health Organization (WHO). Revenue and expenses for the TDR Trust Fund are recorded in a separate fund to allow for financial reporting. A separate balance sheet is not available for TDR as all balance sheet transactions are managed in one set of ledgers for WHO.

The TDR statement of financial performance has been extracted from WHO accounts and all transactions have been recorded in accordance with relevant WHO accounting policies, in accordance with International Public Sector Accounting Standards (IPSAS).

2. Significant accounting policies

For a full set of accounting policies, please refer to the WHO Audited Financial Statement for the year ended 31 December 2021 (see document A75/33¹). The policies below support TDR's statement of financial performance.

2.1 Revenue

Revenue is recognized following the established criteria of IPSAS 23 (Revenue from Non-Exchange Transactions).

Revenue from voluntary contributions is recorded when a binding agreement is signed between WHO and the contributor. When an agreement contains "subject to" clauses, WHO does not consider the agreement to be binding and does not record the revenue and amount receivable until the cash is received. Where there are no payment terms specified by the contributor, or payment terms are in the current accounting year, revenue is recognized in the current period. Where payment terms specify payment after the year end, the amount is reported as *deferred* revenue.

Deferred revenue is reported on the WHO balance sheet as a liability and is released in the period in which it falls due.

2.2 Expenses

WHO recognizes expenses at the point where goods have been received or services rendered (delivery principle) and not when cash or its equivalent is paid.

2.3 Budget comparison

TDR's budgets are prepared on a biennial basis. Refer to table 3 for budget comparison.

¹ Available shortly at <https://apps.who.int/WorldHealthAssembly>

3. Supporting information to the TDR statement of financial performance

3.1 Revenue

- **Voluntary contributions**

Voluntary contributions in 2021 totalled US\$ 21.9 million (US\$ 19.6 million in 2020). These contributions represent revenue recognized from governments, intergovernmental organizations, institutions and other United Nations organizations. For details of revenue by contributor, refer to table 2.

The increase in revenue in 2021 compared to 2020 is due to higher contributions from Germany and Sweden (both designated and undesignated) along with an increase in designated funding from the United Nations Development Programme (UNDP).

Deferred revenue represents multi-year agreements signed in 2021 or prior years but for which the revenue recognition has been deferred to future financial periods. As at 31 December 2021, deferred revenue amounted to US\$ 9.8 million (US\$ 15.7 million in 2020).

Deferred revenue by contributor

(In thousands of US dollars)

	2021	2020
Belgium	2 043	
Germany	982	2 642
Sweden	4 737	9 144
Switzerland	1 937	3 862
Medicines Development for Global Health Limited (MDGH)	56	66
Total deferred revenue	9 754	15 714

- **WHO contributions**

Contributions from WHO are recognized on the basis of expenditure; the full US\$ 1.8 million contribution for the biennium 2020–2021 was recognized in 2020.

- **Other funding from WHO**

Other contributions from WHO reflect implementation of research projects on behalf of other technical areas within WHO. These contributions are recognized on the basis of expenditure. US\$ 0.3 million has been recognized in 2021 (US\$ 0.5 million in 2020).

- **Interest allocation**

Interest earned represents income received from the investment of TDR funds by WHO.

3.2 Expenses

Lower operational expenditure in the first year of the biennium and higher expenditure in the second year reflects the normal biennial cycle.

- **Staff costs**

US\$ 7.1 million in 2021 (US\$ 7.2 million in 2020) reflects the total cost of employing staff, including charges for base salary, post adjustment and other entitlements, e.g. pension and insurance. Of this, US\$ 0.4 million in 2021 (US\$ 0.2 million in 2020) reflects the cost of non-TDR staff in other WHO offices and departments, working on TDR activities funded by designated funds.

- **Contractual services, transfers and grants**

US\$ 12.6 million in 2021 (US\$ 6.6 million in 2020) represents expenses for service providers. The main components are:

- Agreements for Performance of Work, consulting contracts given to individuals to perform activities on behalf of TDR;
- Letters of Agreement for research or capacity building grants issued to individuals and institutions;
- Technical Services Agreements that relate to collaborative research activities between TDR and various institutions, universities and laboratories; and
- Expenses for fellows supported by TDR. The main components include stipends, education allowance, travel and insurance. Expenses for training of grantees who are not fellows is also included.

- **Travel**

US\$ 0.2 million in 2021 (US\$ 0.3 million in 2020) reflects the cost of travel for non-staff participants in meetings, consultants and representatives of TDR's governing and advisory bodies. Travel expenses include airfares, per diem and other travel-related costs. This amount does not include statutory travel for home leave or education grants that is accounted for within staff costs. The lower level of cost in both 2020 and 2021 reflects the impact of COVID-19 and the travel ban on TDR staff.

- **General operating expenses**

US\$ 0.5 million in 2021 (US\$ 0.5 million in 2020) reflects the general running costs to maintain the office, including utilities, printing, IT hardware and software, telecommunications (fixed telephones, mobile phones, internet and global network expenses) and office rental.

- **WHO administrative costs**

US\$ 0.7 million in 2021 (US\$ 0.6 million in 2020) reflects the apportionment of WHO administration and management costs. TDR pays administrative costs in accordance with World Health Assembly resolution 34.17.

3.3 Fund balance at end of year

The end of year fund balance of US\$ 32.4 million includes US\$ 12 million working capital (set aside as personnel liability as recommended by WHO), US\$ 2.3 million in legally binding commitments, US\$ 2.0 million activities planned in 2021 but delayed until 2022, US\$ 0.9 million undesignated funds paid at the end of the biennium for use in 2022–2023, US\$ 6.4 million relating to specified funds and US\$ 8.8 million balance of core funding to be utilized in the next biennium.

Table 2: TDR revenue 2016–2021

(In thousands of US dollars)

CONTRIBUTORS	2016	2017	2018	2019	2020	2021
Member States						
Belgium	1 115	721	708	708	708	676
China	55	55	55	110		220
Cuba	5	5				
Germany	666	901	876	1 016	1 361	2 474
India	110		55	55	55	55
Japan	280	280	200	100		50
Luxembourg	1 134	1 074	1 273	1 226	1 695	1 736
Malaysia	25	25	25	25	25	25
Mexico	30	10	20	10	10	10
Nigeria	303					
Norway	952	379	357	325	339	349
Panama		14	7	7		14
Spain	42			112	119	113
Sweden	4 031	5 650	11 168	472	4 682	5 995
Switzerland	1 814	1 677	2 163	1 689	1 995	1 925
Thailand	42	42	93		48	50
Turkey	5	5	5			
United Kingdom of Great Britain and Northern Ireland	3 053	3 726	5 741	4 567	6 471	4 208
United States of America	628	1 254	697	358		987
Total - Member States	14 290	15 819	23 443	10 780	17 508	18 887

1. The core contribution from the Government of China for the two years 2020 and 2021 was recognized in full in 2021 due to timing of receipt of funds.
2. The core contribution from the Government of Sweden for the two years 2018 and 2019 was recognized in full in 2018, in accordance with the terms of the agreement.

CONTRIBUTORS	2016	2017	2018	2019	2020	2021
Bill & Melinda Gates Foundation	2 081	1 338	1 968	1 771	1 200	1 133
International Union against Tuberculosis and Lung Disease (IUATLD)	340	100				
Medicines Development for Global Health Limited (MDGH)					135	93
Robert Koch Institute (RKI)						58
United Nations Development Programme (UNDP)	1 195		1 061	980	650	1 352
University of Oxford					67	
United Nations Peace and Development Trust Fund (UNPDF)						406
Miscellaneous *	(294)	352	1	1	1	1
Refunds to donors			(6)			
Total - Voluntary contributions	17 611	17 609	26 467	13 533	19 562	21 930
WHO Assessed Contribution	802	967	1 100	700	1 800	
WHO Other Funding		113	66	326	502	309
Interest	157	301	319	627	417	30
Grand total	18 570	18 990	27 952	15 186	22 281	22 269

1. The contribution from WHO for the period 2020–2021 was recognized in full in 2020.
2. The contribution from UNDP for the period 2016–2018 was recognized in 2016.
3. Negative amounts in ‘miscellaneous’ represent a decrease in the revenue recognized in a prior period due to changes in contractual terms or a reduction in amounts receivable.

Table 3: Statement of comparison of budget and expenses for the biennium 2020–2021

(In thousands of US dollars)

Expected result	Description	Programme budget (\$40m) 2020–2021	Revised planned costs 2020–2021	Expenses 2020–2021	Implementation (%)
	Research for implementation (IMP)				
1.1.1	Country preparedness for disease outbreaks	150	150	54	36%
1.1.4	Country resilience to the threat of drug-resistant infections	3 500	3 200	2 546	80%
1.3.3	Vector-borne diseases and climate change in Africa	700	500	378	76%
1.1.7	Maximized utilization of data for public health decision-making	210	640	470	73%
1.1.8	Maximized utilization of safety information for public health decision making	420	1 085	991	91%
1.2.1	Strategies to achieve and sustain disease elimination	760	794	653	82%
1.2.6	Optimized approaches for effective delivery and impact assessment of public health interventions	850	2 297	1 792	78%
1.3.12	Gender responsive health interventions	600	252	180	71%
1.1.5	Directions for development and accelerated access to new tools and strategies	110	110	138	126%
1.3.10	Urban health interventions for control of vector-borne diseases	150	142	117	82%
1.3.14	Testing of innovative strategies for vector control	900	150	105	70%
1.3.11	Multisectoral approach on malaria control	400	1 200	493	41%
	Sub-total IMP (a)	8 750	10 519	7 916	75%
	Research capacity strengthening (RCS)				
2.1.1.1	TDR support to regional training centres	1 250	1 705	1 400	82%
2.1.2	Targeted research training grants (MSc, PhD)	3 550	3 953	3 164	80%
2.1.4	Career development fellowship grants	2 400	2 700	2 144	79%
2.1.6	Structured capacity building in IR (ADP)	1 000	426	434	102%
	Sub-total RCS (b)	8 200	8 784	7 142	81%

Expected result	Description	Programme budget (\$40m) 2020–2021	Revised planned costs 2020–2021	Expenses 2020–2021	Implementation (%)
	Global engagement				
1.3.5	Research on social innovation to enhance healthcare delivery	350	1 250	1 108	89%
2.1.1.2	Regional office collaboration and small grants	1 100	700	625	89%
2.2.1	Shaping the research agenda	200	228	170	75%
2.2.2	Capacity strengthening to bring research evidence into policy	200	60	61	101%
2.3.1	Collaborative networks and engagement with global health initiatives	200	200	183	92%
2.3.3	TDR Global	300	300	226	75%
2.3.4	Effective engagement in gender and equity	100	336	276	82%
	Sub-total Global engagement (c)	2 450	3 074	2 648	86%
	Strategic development fund (d)	700	830	624	75%
	Sub-total Operations (e = sum [a:d])	20 100	23 207	18 331	79%
	Operational support				
	Governance meetings	360	60	49	82%
	Director's activities	100	12	2	17%
	Advocacy & communication	240	280	273	98%
	Resource mobilization	100	14	9	64%
	Portfolio planning, monitoring and evaluation	155	26	25	100%
	Financial planning, monitoring and evaluation	40			
	Staff development	95	100	53	53%
	Running costs	720	621	558	90%
	IS / IT platforms	250	758	689	91%
	WHO administrative charges	1 840	1 800	1 220	68%
	Sub-total operational support (f)	3 900	3 670	2 878	78%
	Staff costs (g)	16 000	14 100	13 964	99%
	Total (h = sum [e:g])	40 000	40 977	35 173	86%

Expected result	Description	Programme budget (\$40m) 2020–2021	Revised planned costs 2020–2021	Expenses 2020–2021	Implementation (%)
	Timing differences				
	Expenses transferred from prior biennium workplans			240	
	Expenses charged to prior biennium workplans			836	
	Expenses related to prior biennium workplans			1 076	
	Total expenses as per the Statement of Financial Performance (Statement I)	40 000	40 977	36 249	88%

1. Implementation reflects all expenditures recorded in the WHO accounts.
2. Funds utilized as presented in the financial management report (US\$ 37.7 million) includes expenses as well as commitments (encumbrances) of US\$ 2.3 million but excludes expenses charged on prior biennium workplans (US\$ 0.8 million).