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Draft Proposed programme budget 2020–2021

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INTRODUCTION

1. The draft Proposed programme budget 2020–2021 marks a major step forward in the transformation of WHO. The draft Proposed programme budget aims to turn the bold vision of the Thirteenth General Programme of Work, 2019–2023 (GPW 13) into reality: by delivering impact for people at the country level. It is the first Proposed programme budget developed under GPW 13 and a vital element for ensuring implementation of the strategy set forth in GPW 13.

2. The vision of GPW 13, impact for people at the country level, is also the overarching objective of the draft Proposed programme budget 2020–2021. To achieve this objective, the form of the draft Proposed programme budget will differ from that of previous programme budgets; in particular, the Secretariat will:

- **focus on measurable impacts** to improve people's health;
- **prioritize its work to drive public health impacts in every country** and demonstrate how resources will be aligned with delivery of these impacts;
- **depart from a disease-specific approach to a more integrated and health systems-oriented approach to drive sustainable outcomes;**
- **align and build synergies** in delivering the work of the three levels of the Organization.

3. Driving impact is the primary focus of WHO's accountability. The Secretariat will be guided by the overarching principle that financial resources should not be used without an expectation of measurable results in terms of improving people's health. Efforts will focus on delivering sustainable outcomes and impacts at the country level to which programmes will contribute, and not merely on sustaining programmatic activities. The Secretariat will increasingly promote approaches that build synergies between health systems and programmes, and coherence and integrated working between the levels of the Organization.

OVERALL CONTEXT

THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023

4. *"Promote health, keep the world safe, serve the vulnerable"* – this is the mission of WHO as expressed in its strategy, GPW 13, which was adopted by the Seventy-first World Health Assembly in 2018.¹

5. GPW 13 outlines a clear vision to achieve three strategic priorities through the triple billion targets:

- **Achieving universal health coverage** – 1 billion more people benefiting from universal health coverage
- **Addressing health emergencies** – 1 billion more people better protected from health emergencies
- **Promoting healthier populations** – 1 billion more people enjoying better health and well-being

6. The triple billion targets provide a framework for WHO's action to address the health-related targets of the Sustainable Development Goals. Each strategic priority contains three health outcomes that define the action that WHO will take to meet the triple billion targets. The triple billion targets and the enabling functions constitute the four pillars of the draft Proposed programme budget 2020–2021.

7. According to the investment case for WHO, hitting the triple billion targets would result in 30 million lives saved, 100 million healthy life years improved and 2–4 % economic growth in low- and middle-income countries over the five-year implementation period of GPW 13 (2019–2023). Of the projected lives saved, 24.4 million would be through universal health coverage (with a return on investment of US\$ 1.4 for every dollar spent);

¹ See resolution WHA71.1 (2018).

1.5 million through better protection from health emergencies (with a return of US\$ 8.30 for every dollar spent); and 3.8 million through healthier populations (with returns ranging from US\$ 1.50 to US\$ 121 for every dollar spent, depending on the intervention).

SUSTAINABLE DEVELOPMENT GOALS

8. Like GPW 13, the draft Proposed programme budget 2020–2021 is fundamentally aligned with the Sustainable Development Goals and provides a pathway to achieve some of the health-related targets. The triple billion targets support the same ambitious drive as the Sustainable Development Goals and take forward the 2030 Agenda for Sustainable Development.

9. The first of the triple billion targets is aligned with target 3.8 of the Sustainable Development Goals (to achieve universal health coverage). Many of the other targets under Sustainable Development Goal 3 are also influenced by target 3.8. The second of the triple billion targets is aligned with target 3.d of the Sustainable Development Goals (to strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction and management of national and global health risks), and with target 1.5 (to build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters). The third of the triple billion targets is aligned with the other Sustainable Development Goal targets including those for Sustainable Development Goals 1, 2, 3, 4, 5, 6, 11, 13, 16 and 17.

10. To accelerate progress towards the health-related Sustainable Development Goals, global organizations active in health, coordinated by WHO, worked together to develop **the draft global action plan for healthy lives and well-being for all**. The draft global action plan represents a historic commitment to advance collective action and it is expected that additional organizations will join those efforts. The final draft global action plan will be presented to the United Nations General Assembly in September 2019 and will provide a context for WHO's work in the biennium 2020–2021.

11. By basing GPW 13 on the Sustainable Development Goals, WHO is making a commitment to the Sustainable Development Goals' mission to leave no one behind. The right to the highest attainable standard of health is enshrined in the WHO Constitution and underpins all WHO's work. In line with this approach, WHO is committed, at all levels of engagement, to the implementation of gender equality and will seek opportunities to advocate for mainstreaming Sustainable Development Goal 5 (to achieve gender equality and empower all women and girls).

UNITED NATIONS DEVELOPMENT SYSTEM REFORM

12. Another important context for the draft Proposed programme budget 2020–2021 is the evolving reform of the United Nations development system, which was the result of a call from Member States for the United Nations system to show itself equal to the ambition of the Sustainable Development Goals and provide the necessary support for their achievement.

13. In formulating and implementing the WHO transformation agenda, the Organization has demonstrated its full commitment to and engagement in the implementation of United Nations system reform. WHO supports the strengthening and simplification of interagency mechanisms to enhance cooperation among business operations, while at the same time avoiding possible duplication of functions.

14. The reform of the United Nations development system has several implications for the work of WHO, especially at the country level: a reinvigorated Resident Coordinator system will be implemented; country programming and implementation of activities will be strengthened and coordinated, including through United Nations Development Assistance Frameworks (UNDAFs) and enhanced partnering with United Nations agencies; and approaches to common business operations and common premises will be piloted and introduced. The full implications of the United Nations development system reform for WHO are yet to be fully assessed.

15. WHO leads the health component of UNDAFs in almost all countries whose UNDAFs have a health component; this enables WHO to adapt its leadership of efforts to achieve Sustainable Development Goal 3 according to the context of United Nations reform. WHO will also increasingly align its country cooperation strategies with the UNDAF cycle. Country cooperation strategies, together with the country support plans that underpin them, will serve as a bridge between draft Proposed programme budget and UNDAFs.

NEW WAYS OF WORKING: THE WHO TRANSFORMATION AGENDA

16. The WHO transformation agenda has influenced the way in which the draft Proposed programme budget 2020–2021 has been shaped. The new results framework and planning process (see Annex) have also informed its development.

17. The WHO transformation agenda aims to reposition, reconfigure and recapacitate the Organization within the broader United Nations reform agenda to ensure that its normative and technical work is of an even higher quality; that it is more sharply focused on the needs, demands and obligations of Member States; and that it translates directly into impact at the country level by:

- focusing WHO's work on increasing country-level impact by aligning the operating model across all three levels of the Organization and introducing new, agile ways of working that increase work quality and responsiveness;
- articulating a strategy that clarifies and prioritizes the role played by WHO in relation to the global effort to achieve the Sustainable Development Goals, that clearly defines the Organization's goals and targets and that drives the work of all staff;
- redesigning, optimizing and standardizing core WHO technical, business and external relations processes to meet best practices and allow harmonization across major offices in support of the Organization's overall strategy;
- creating a culture and environment that enables effective internal and external collaboration, optimizes the work of Secretariat staff and continues to attract and retain top talent; and
- taking a new approach to partnerships, communications and resourcing so that WHO is positioned to shape global health decision-making and generate appropriate and sustainable financing.

18. The report by the Director-General on WHO reform processes, including the transformation agenda and implementation of the United Nations development system reform,¹ provides details of the reform processes and the resulting implications on the new ways of working within WHO. The results of the transformation agenda will feed into the development of the programme budget and operational planning.

BUDGET OVERVIEW

19. The total draft Proposed programme budget 2020–2021 amounts to US\$ 4785.8 million (see Table 1 below), including base programmes (US\$ 3987.8 million) and the polio eradication programme (US\$ 798 million). The total draft Proposed programme budget represents an increase of about 8% compared with the total Programme budget 2018–2019.

20. A budget for emergency operations and appeals is now shown as a budget line. This was not the case in the Programme budget 2018–2019 given the difficulty in providing estimates for an event-driven budget line. The estimate for the biennium 2020–2021 is based on spending patterns in previous bienniums and a provisional needs assessment to ensure that WHO has sufficient capacity to respond in this area.

¹ See document EB144/31.

Table 1. Comparison of the Programme budget 2018–2019 with the draft Proposed programme budget 2020–2021 (US\$ millions)

Segment	Approved Programme budget 2018–2019	Draft Proposed programme budget 2020–2021	Increase or (decreased) amount
Base	3 518.7	3 987.8	469.1
Polio eradication	902.8	798.0 ^a	(104.8)
Total	4 421.5	4 785.8	364.3
Emergency operations and appeals	–	1 000.0	–

^a This figure differs from the one presented to the regional committees in 2018 owing to the recent decision of the Polio Oversight Board regarding the extension of the Global Polio Eradication Initiative. To be refined for the Proposed programme budget document that will be presented to the Seventy-second World Health Assembly.

21. The base component of the draft Proposed programme budget 2020–2021 has increased by 13% compared with the Programme budget 2018–2019, reflecting the need for strategic investment in several major areas in line with the objectives of GPW 13, namely to:

- (1) strengthen WHO's capacity to deliver at the country level;
- (2) increase investment for polio transition in order to mainstream essential public health functions, such as surveillance, immunization, containment and health emergency preparedness and response, into the base budget;
- (3) increase investment to expand WHO's work supporting data and innovation;
- (4) ensure the provision of financing for the United Nations reform levy to support the strengthening of the Resident Coordinator system;¹
- (5) factor in a 1.5% increase per annum to take account of inflation rates;
- (6) provide for an efficiency/reallocation target for the biennium 2020–2021.

22. The high-level budget by major office, which incorporated the above-mentioned strategic investments, was presented to the regional committees for consultation in the period August–October 2018. The detailed budget by outcome and strategic priority has been developed using a bottom-up approach based on country priorities and a costing of the support required to deliver impact at the country level as articulated in country support plans.

23. Further details on the budgeting process and budget figures are presented in the "Budget" section below.

GLOBAL POLIO ERADICATION INITIATIVE

24. While good progress has been made in achieving the polio eradication goal, the transmission of wild poliovirus continues. In response, the Polio Oversight Board approved a new five-year strategy for the period 2019–2023 to achieve global certification of eradication of wild poliovirus. The strategy will focus primarily on new and intensified key interventions in countries in which wild poliovirus is endemic and in countries at highest risk. It also provides lower-risk countries with strategies to sustain essential functions and remain polio-free while building upon polio eradication programme infrastructure and assets in order to enhance complementary programmes.

¹ See United Nations General Assembly resolution 72/279 (2018).

25. WHO's portion of the Global Polio Eradication Initiative budget, which amounts to over 60% of the total and equates to about US\$1 billion for the biennium 2020–2021, is fully reflected in the draft Proposed programme budget 2020–2021. For the first time, a significant portion will be shown in the base component of the draft Proposed programme budget and will be used to support the transition and integration of essential public health functions that WHO has made a commitment to preserve (such as surveillance, immunization, containment and health emergency preparedness and response). Over the period 2019–2023, as the goal of polio eradication draws closer, more functions currently supported by the polio eradication programme will be absorbed into WHO's base component of the budget to ensure sustainability.

NEXT STEPS IN DEVELOPING THE DRAFT PROPOSED PROGRAMME BUDGET 2020–2021

26. The next steps in developing the draft Proposed programme budget 2020–2021 will be to refine the present version based on the guidance provided by Member States during the 144th session of the Executive Board in January 2019. The Secretariat will conduct further consultations on remaining issues and continue to refine the strategy within which the delivery plan for the achievement of the triple billion goals will be developed. The measurement methodologies must also be further refined, especially for the outputs and the delivery of results at the country level. The budget will continue to be shaped taking into account the results of the country support plans and further planning at all levels of the Organization based on the evolving implications of the WHO transformation agenda and the reform of the United Nations development system.

FOCUS ON IMPACT: THE NEW RESULTS FRAMEWORK

27. In line with GPW 13, the draft Proposed programme budget 2020–2021 focuses on results. The overarching principle guiding WHO is that financial resources should not be used without an expectation of measurable results.

28. The draft Proposed programme budget 2020–2021 presents a new results framework, demonstrating how its inputs and outputs translate into and are crucial to achieving the triple billion targets and maximizing impact on people's lives at the country level. The results framework is described in the following paragraphs and outlined in Figure 1.

THE TRIPLE BILLION TARGETS AND THE THEORY OF CHANGE

29. The triple billion targets are the primary axis of the results framework, with implementation and measurement of results based on their achievement. The triple billion targets demonstrate a clear line of sight towards that eventual aim and a constitutional mandate of WHO on the attainment of the highest possible level of health.

30. Each of the triple billion targets will be underpinned by **three outcomes** that cut across programmes and systems for a more integrated approach. Work towards achieving the outcomes will be shared among the Secretariat, Member States and partners.

31. To achieve the outcomes, a set of related **outputs** have been developed to define the results that the Secretariat will be accountable for delivering. The outputs are based on a new planning process at the country level to identify the contributions required from WHO.

32. The triple billion targets are not mutually exclusive; rather, they offer opportunities for synergies and cross-cutting work, thereby ensuring a far more integrated approach than previously.

33. Achievement of the triple billion targets will be underpinned by nine outcomes, with a dedicated set of three for each target. The outcomes are set out below.

(1) 1 billion more people benefiting from universal health coverage

- Outcome 1.1. – Improved access to quality essential health services
- Outcome 1.2 – Reduced number of people suffering financial hardships
- Outcome 1.3 – Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Outcomes 1.1 and 1.2, part of target 3.8 of the Sustainable Development Goals, constitute the very definition of universal health coverage, while outcome 1.3 is essential in order for services to be effective and in cases where access to such products is a cause of financial hardship.

(2) 1 billion more people better protected from health emergencies

- Outcome 2.1 – Countries prepared for health emergencies
- Outcome 2.2 – Epidemics and pandemics prevented
- Outcome 2.3 – Health emergencies rapidly detected and responded to

Outcome 2.1 focuses on the work under the International Health Regulations (2005) and joint external evaluations to support countries to prepare for health emergencies. Outcome 2.2 focuses on preventing

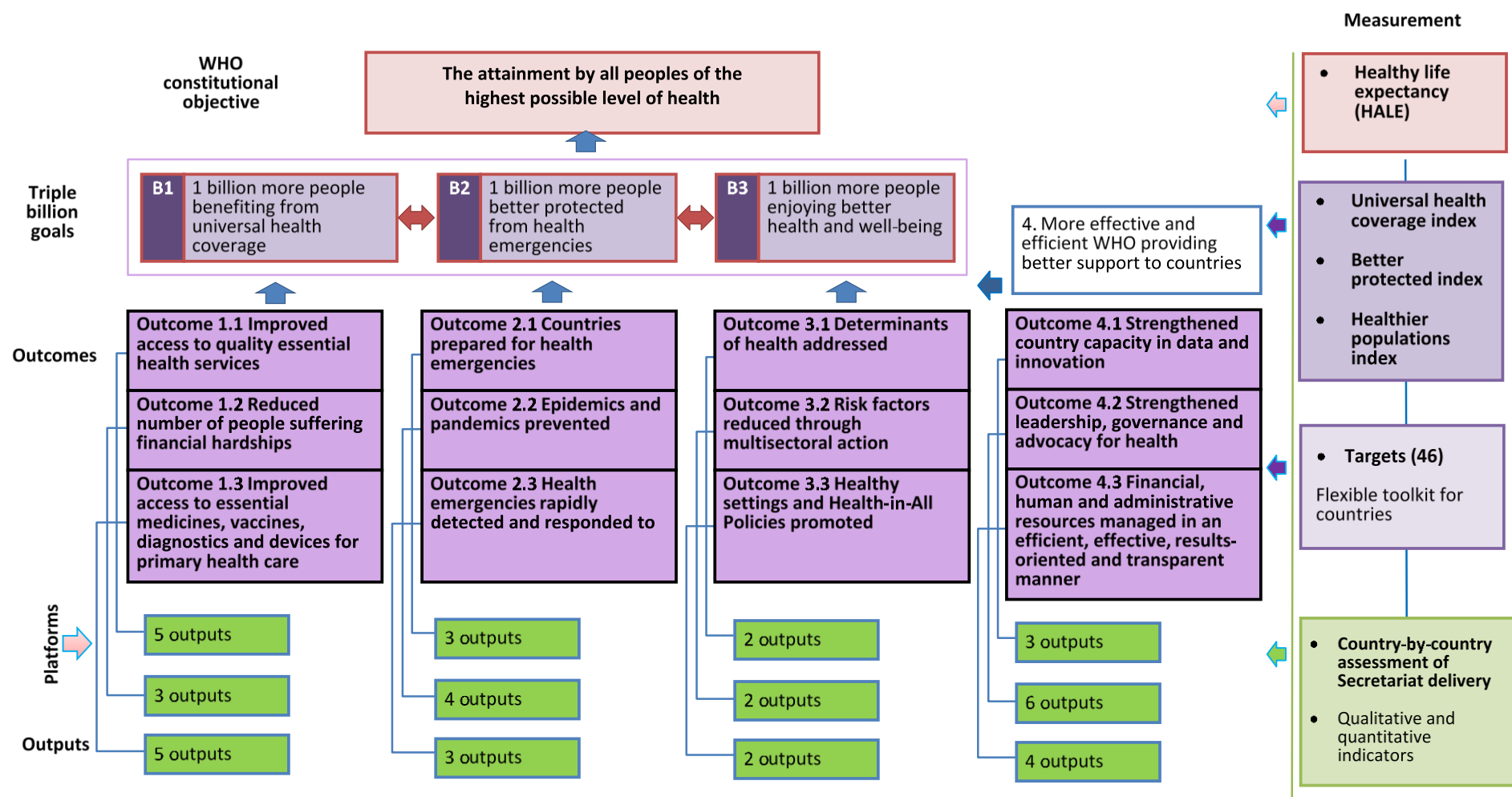
diseases such as cholera, yellow fever and influenza, as well as high-threat pathogens, that can thrive in health emergencies or indeed cause them. The focus of outcome 2.3 is on supporting countries to detect and respond to health emergencies.

(3) 1 billion more people enjoying better health and well-being

- Outcome 3.1 – Determinants of health addressed
- Outcome 3.2 – Risk factors reduced through multisectoral action
- Outcome 3.3 – Healthy settings and Health-in-All-Policies promoted

This pillar supports multisectoral action outside health systems as well as the stewardship of health ministries regarding policy, advocacy and regulatory action. Outcome 3.1 includes specific health determinants – nutrition, violence, water and sanitation, climate and air pollution. Outcome 3.2 addresses the risk factors for noncommunicable diseases, such as tobacco, salt, obesity, physical activity and *trans*-fatty acids, as well as other important risk factors to health. This pillar also supports work to involve the channels required to tackle these determinants and risks, including private sector and civil society partnerships; settings such as cities, schools and workplaces; and multilateral agreements. Certain areas that are heavily dependent on multisectoral action, such as child development and suicide prevention, are also covered by the work that this pillar supports, in addition to the multisectoral aspects of interventions to tackle communicable diseases.

Figure 1. The new results framework



34. The **fourth pillar** of the results framework supports the strengthening of WHO to lead and coordinate global health and enhance data and innovation to accelerate progress towards the attainment of the triple billion targets. It also comprises three outcomes:

- Outcome 4.1 – Strengthened country capacity in data and innovation
- Outcome 4.2 – Strengthened leadership, governance and advocacy for health
- Outcome 4.3 – Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

35. Outcome 4.1 is designed to ensure effective use of data and will enable WHO to perform its role of setting standards and monitoring trends, as well as measuring the performance of GPW 13. Outcomes 4.2 and 4.3 will enhance the Organization's effectiveness through improved leadership and governance, as well as better management of all resources (financial, human and administrative).

36. The work and budget of the Organization will thus be organized to focus on the nine outcomes that underpin the triple billion targets and on the three outcomes to be achieved through the enabling functions of the Organization. The triple billion targets were developed based on a results chain that drives integrated work and reflects greater accountability for results.

Outputs

37. The Secretariat will contribute to the achievement of the outcomes and triple billion targets through a set of **42 outputs**. The outputs have been defined in such a way that their delivery will require multiple programmes to work together through strengthened health systems and multisectoral action.

38. The approach to defining the outputs represents a significant shift away from previous programme budgets, where the outputs were defined by programme area based on specific diseases. The integrated approach to the draft Proposed programme budget 2020–2021 reflects a more precise theory of change, which recognizes that actions from a single programme alone will not achieve specific programmatic results; results will instead be achieved by combining the efforts of multiple programmes and health systems and through multisectoral action. The framing of the outputs recognizes the synergies between these actions.

39. The results framework has been developed in such a way that the platforms of GPW 13 will drive results across the triple billion targets. For example, antimicrobial resistance has its own output under the first strategic priority (to achieve universal health coverage), but also appears under the two other strategic priorities.

MEASURING RESULTS

40. A three-level Impact Framework that reflects the theory of change has been developed for the draft Proposed programme Budget 2020–2021. The Secretariat will monitor, measure and report on the achievement of the results framework, including by explaining how the Secretariat is contributing towards the achievement of the hierarchy of results in the results framework.

41. The WHO Impact Framework demonstrates how each tier of results will be measured. At the highest level, healthy life expectancy will be measured, consistent with the WHO constitutional objective of attaining the highest possible level of health and well-being for all people, as well as the achievement of Sustainable Development Goal 3. At the second level, three specific indices will measure success in achieving each of the triple billion targets – one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being. At the third level, the programmatic targets set out in the WHO Impact Framework provide indices to measure the achievement of the priorities selected by each country in the country support planning process. The targets of the Impact Framework are to be jointly achieved by the Secretariat, Member States and partners.

42. Member States often ask, “What will the Secretariat do?” In the draft Proposed programme budget 2020–2021, a reply to this question is provided for each output, in a section entitled “How will the Secretariat deliver?” This enhanced emphasis on “how” is new and is an essential element of the draft Proposed programme budget.

43. The Secretariat is also making a significant shift in its approach to measuring its contribution from a top-down aggregate approach to an approach that measures WHO’s impact at the country level. The Secretariat will measure the delivery of outputs as a way of demonstrating its contributions towards the achievement of outcomes, as well as the impact in each country. For this purpose, the Secretariat will increasingly use qualitative case studies. The Secretariat will link its measurements of its contribution with the reporting on the achievement of Impact Framework targets at the country level.

44. The Secretariat will develop a specific plan for the delivery of the triple billion targets, which will include a description of the strategy and delivery chain for their achievement; the identification and assessment of the levers of change; the prioritization of actions that have the greatest potential to drive the achievement of the triple billion targets; targets for implementation; and the establishment of trajectories. This delivery planning process will lead to the development of key indicators that measure how the Secretariat contributions are influencing the delivery of outcomes and impacts. These additional indicators will be included in the version of the draft Proposed programme budget 2020–2021 to be presented to the Seventy-second World Health Assembly in May 2019.

45. The Secretariat will continue to report to Member States on programme budget implementation through the mid-term review and the end-of-biennium assessment. The first full report to be prepared using the monitoring, measurement and reporting methodology will be the mid-term review in 2020. The end-of-biennium assessment of the Programme budget 2018–2019 will be used to transition to this new methodology, and should provide for more detailed analysis of baselines.

46. This focus on results is also a prerequisite of WHO’s approach to **value for money**. To measure value for money, effectiveness of delivery must also be measured, which will be done through the results framework measurement system, as shown in Figure 1.

BUDGET

47. The draft Proposed programme budget was developed in two consecutive phases. The first phase involved the development of a primarily top-down, high-level programme budget 2020–2021, setting overall budget levels at major offices for consultations at the regional committees. The second phase, which focused on the development of country support plans, provided an opportunity to cost the budget from the bottom up, within a given high-level budget by major office, ensuring that the budget takes full account of country priorities and is results-driven.

48. The resulting draft Proposed programme budget 2020–2021 reconfirmed the overall directions for the budget set out in the document presented to the regional committees, by refocusing investments to implement the strategic priorities and putting WHO on track towards achieving the Sustainable Development Goals; increasing investments in countries to drive public health impacts in every country; and making greater investments in normative work to drive change and achieve greater impact in countries.

49. As shown in Table 1 above, the overall proposed budget represents an 8% increase in comparison with 2018–2019. It is important to note the reallocation and shifts between levels, between the core budget and special programmes and changes to strengthen certain WHO functions to deliver the impacts, namely, global public goods, data and innovation and technical assistance in countries.

50. GPW 13 outlines five major areas for increased investment in the base component of the programme budget. The shifts between the Programme budget 2018–2019 and the Proposed programme budget 2020–2021 are outlined below and set out in Figure 2.

(a) The cost of strengthening the capacity of WHO to deliver in countries is estimated at US\$ 132 million. This infusion of resources would allow country offices to strengthen their capacity in line with the implementation of GPW 13 and will be needed in order to reorient and implement a new operating model at the country level that will respond better to country support needs.

(b) Significant investment of US\$ 227.4 million is planned to support surveillance, immunization, containment and health emergency preparedness and response that will be affected by the scaling down of polio activities. The exact details of these plans will need to be further refined taking into account the extension of the Global Polio Eradication Initiative to the end of 2023, which may affect timing of transition implementation in certain countries.

(c) Additional investments amounting to US\$ 108 million are proposed in order to expand the work of WHO in support of data and innovation. The aim of these proposed investments is to put into effect the GPW 13 strategic shift on focusing global public goods on impact, which includes normative guidance, data, research and innovation. Accurate and timely data are an essential resource for Member States to achieve Sustainable Development Goals targets and goals for universal health coverage, health emergencies and healthier populations. As the steward and custodian of monitoring progress towards the health-related Sustainable Development Goals, WHO needs data in order to measure performance, improve programme decisions and increase accountability. The Secretariat will therefore need to step up its activities to support capacity-building to strengthen data systems as well as analytical capacity to track progress towards universal health coverage and the health-related Sustainable Development Goals. These activities will necessarily include ensuring equity and data disaggregation, reporting at national and subnational levels and developing timely, high-quality normative guidance that drives impact on the GPW 13 priority areas at the three levels of the Organization.

(d) The amount of US\$ 42.4 million, proposed in the context of the United Nations reform levy to support strengthening the resident coordinator system pursuant to United Nations General Assembly resolution 72/279, is an estimate based on the resolution. It includes both the increase to support strengthening the

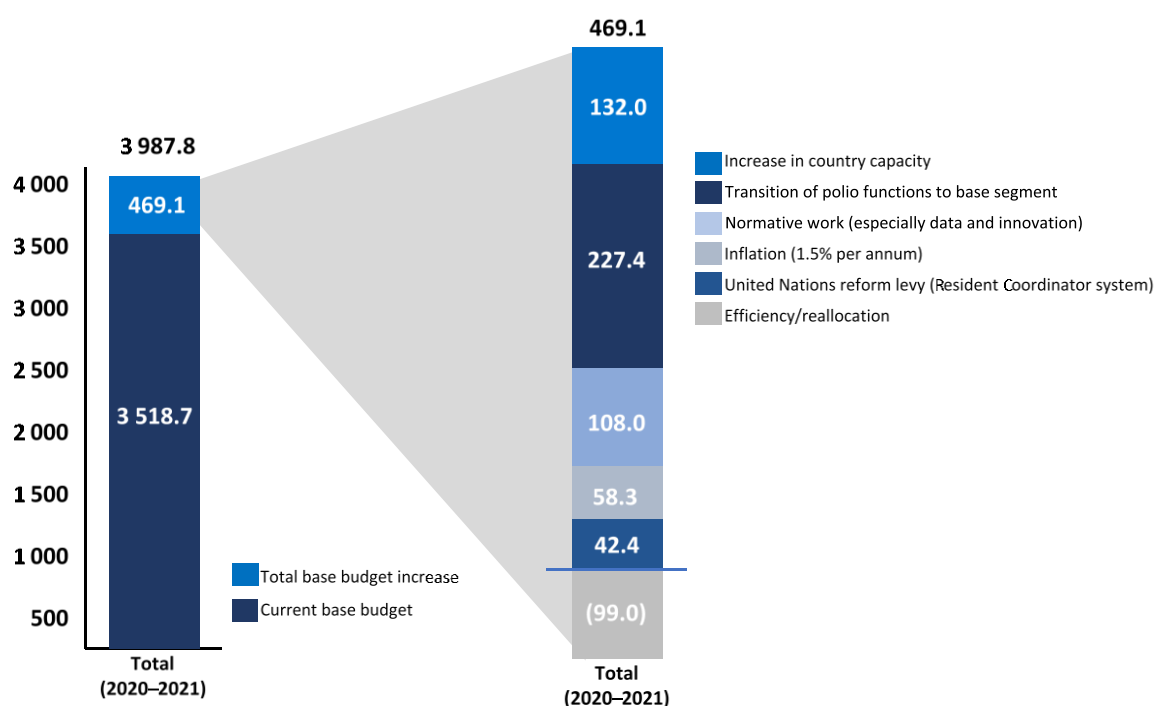
resident coordinator system and WHO's increased cost sharing arrangement for the United Nations Sustainable Development Group.

(e) Inflation rates have been estimated at 1.5% per annum to maintain WHO's purchasing power during the biennium, amounting to an increase of US\$ 58.3 million. This figure is realistic, as the Secretariat works in many places where inflationary pressures are high.

(f) The proposed target of US\$ 99 million for savings through reallocation and efficiencies offsets part of the proposed budget increase for 2020–2021; the entire amount is absorbed by headquarters budget.

51. The high-level budget envelopes for the major offices, within which the bottom-up detailed budget costing took place, were based on these strategic investments.

Figure 2. Proposed programme budget 2020–2021 increases in detail (US\$ million)



COUNTRY LEVEL PROGRAMME BUDGET

52. The draft Proposed programme budget 2020–2021 demonstrates the essence of the new strategy, which is to significantly increase the budget at the country level. Table 2 shows a budget increase of 4.6% (US\$ 341 million) in comparison with the 2018–2019 budget for base programmes at the country office level. It is proposed to decrease regional offices and headquarters budgets by 0.4% and 4.1% respectively in comparison with the 2018–2019 base segment.

Table 2. Draft Proposed programme budget 2020–2021, base segment only, by level of the Organization, (US\$ million)^a

Major office	Country offices		Regional offices		Headquarters ^b		Total	
	2018–2019	2020–2021	2018–2019	2020–2021	2018–2019	2020–2021	2018–2019	2020–2021
Africa	551.7	698.2	282.4	308.9	–	–	834.1	1 007.1
Americas	118.0	127.9	72.1	91.1	–	–	190.1	219.0
South-East Asia	186.5	281.3	102.3	112.2	–	–	288.8	393.5
Europe	94.0	112.8	162.4	169.2	–	–	256.4	282.0
Eastern Mediterranean	223.8	271.7	112.2	126.3	–	–	336.0	398.0
Western Pacific	163.7	187.1	117.6	126.7	–	–	281.3	313.8
Headquarters	–	–	–	–	1 332.0	1 332.0	1 332.0	1 332.0
Total	1 337.7	1 678.9	849.0	934.4	1 332.0	1 332.0	3 518.7	3 945.4
United Nations reform levy (resident coordinator system)	–	–	–	–	–	–	–	42.4
Grand total	–	–	–	–	–	–	–	3 987.8
Allocation by level (% total)	38.0	42.6	24.1	23.7	37.9	33.8	100.0	100.0

^a Unless otherwise indicated.

^b The Programme budget 2018–2019 base segment for headquarters includes the budget for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and for the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. Budgets for both programmes are integrated into the Proposed programme budget 2020–2021.

53. The major increases at the country office level are in the African and South-East Asia regions, amounting to US\$ 147 million and US\$ 95 million respectively. The large increase in the South-East Asia Region is mostly due to the transition of key polio activities into essential public health functions, especially in India and Bangladesh.

54. Table 3 shows the growth in US dollar terms of WHO's investment in technical capacity in country offices (that is, segment 1 as defined in document EB137/6, less category 6 at the country office level). This growth demonstrates a serious intent to increase country capacity, with a substantial budget shift towards the country office level. This component of the budget is expected to grow from US\$ 906.9 million in 2014–2015 to US\$ 1427 million in 2020–2021. The largest increase from one biennium to another is the projected increase of US\$ 313 million from 2018–2019 to 2020–2021. If this trend is realized, the country-level budget will have increased by almost 60% since 2014.

Table 3. Evolution of WHO budgets for technical capacity in country offices (segment 1),^a by region (US\$ million)

Region	2014–2015 (Model C) ^b	2016–2017 ^c	2016–2017 Revised ^d	2018–2019	Proposed programme budget 2020–2021	Increase from 2018–2019 to 2020–2021
African	369	447	483	470	621	151
Americas	78	98	98	105	108	3
South-East Asia	146	158	154	159	248	89
European	42	57	62	68	77	9
Eastern Mediterranean	133	148	165	175	214	39
Western Pacific	138	136	135	138	159	22
Total	907	1 044	1 097	1 115	1 427	313

^a As outlined in document EB137/6.

^b Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

^c Without the WHO Health Emergencies Programme.

^d Revised in 2016, taking into account the WHO Health Emergencies Programme.

55. The aim of the increases is to bring the needed support to countries in the most effective, efficient, comprehensive and timely manner. They are intended to ensure that country offices have sufficient capacity to support the achievement of the health-related Sustainable Development Goals.

56. Table 4 shows the relative share of the strategic budget space allocation specifically for segment 1. The relative share of the country-level budget per region is within the trajectory of the agreed percentage share that should be achieved by 2022–2023 and in line with decision WHA69(16).

Table 4. Evolution of strategic budget space allocation for technical cooperation at the country level, for segment 1 only^a

Region	Strategic budget space allocation (%)					
	2014–2015 (Model C) ^b	2016–2017 ^c	2016–2017 Revised ^d	2018–2019	2020–2021	2022–2023 (Model C) ^b
African	42.3	42.8	44.0	42.1	42.1	43.4
Americas	8.4	9.4	9.0	9.5	8.3	11.3
South-East Asia	15.7	15.1	14.1	14.2	17.6	14.1
European	4.5	5.5	5.7	6.1	6.0	6.4
Eastern Mediterranean	14.3	14.2	15.0	15.7	15.3	14.2
Western Pacific	14.8	13.0	12.3	12.4	10.7	10.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

^a As outlined in document EB137/6.

^b Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

^c Without the WHO Health Emergencies Programme.

^d Revised in 2016, taking into account the WHO Health Emergencies Programme.

57. However, the relative size of the budget space in the South-East Asia Region has grown substantially compared with that in other regions due to the transition of the budgets for certain polio functions to the base segment. In the case of the Region of the Americas, while the budget for segment 1 decreases in percentage terms it increases in terms of the overall amount in US dollars.

DRAFT PROPOSED PROGRAMME BUDGET 2020–2021 BY STRATEGIC PRIORITY AND LEVEL

58. Table 5 presents the draft Proposed programme budget 2020–2021 by strategic priority and level; in addition, it offers a comparison with the Programme budget 2018–2019.

Table 5. Draft Proposed Programme budget 2020–2021 by strategic priority and level in comparison with the Programme budget 2018–2019^a

	Approved programme budget 2018–2019 (US\$ millions)	Share of 2018–2019 strategic priorities of total base %	Proposed programme budget 2020–2021 (US\$ millions)	Share of 2020–2021 strategic priorities of total base %	Shifts between 2018–2019 and 2020–2021 (US\$ millions)
B.1. One billion more people benefiting from universal health coverage	1 328.9	38	1 379.6	35	50.8
Country offices	607.6	46	650.1	47	42.6
Regional offices	283.5	21	314.0	23	30.5
Headquarters	437.8	33	415.5	30	-22.3
B2. One billion more people better protected from health emergencies	635.5	18	948.7	24	313.2
Country offices	233.7	37	490.1	52	256.4
Regional offices	190.4	30	230.4	24	40.1
Headquarters	211.4	33	228.2	24	16.8
B3. One billion more people enjoying better health and well-being	409.6	12	433.2	11	23.6
Country offices	163.2	40	193.9	45	30.7
Regional offices	112.8	28	112.5	26	-0.3
Headquarters	133.6	33	126.8	29	-6.8
4-More effective and efficient WHO providing better support to countries	1 144.7	33	1183.9	30	39.2
Country offices	333.0	29	344.8	29	11.8
Regional offices	262.5	23	277.5	23	15.0
Headquarters	549.2	48	561.5	47	12.3
United Nations reform levy	0.0		42.4		42.4
Subtotal base budget	3 518.7		3 987.8		469.1
Polio	902.8		798.0		-104.8
Total	4 421.5		4 785.8		364.3

^a Programme budget 2018–2019 transposed to the new planning framework for 2020–2021 to allow comparison.

59. The increased share of the country office budget in all strategic priorities indicates that organizational resources are being refocused on work to drive public health impacts in countries.

60. The largest share of both the Programme budget 2018–2019 and the draft Proposed programme budget 2020–2021 is apportioned to universal health coverage, which plays a central role in WHO's work. However, the features that will distinguish the delivery of the Proposed programme budget 2020–2021 from previous budgets are its integrated approach to tackling health challenges, its departure from a disease-specific programmatic model and its focus on impact at the country level.

61. The budget share of strategic priority B2 is increased from 18% to 24% under the Proposed programme budget 2020–2021. This strengthening is due in part to the US\$ 227 million increase for polio transition and a shift of the budget for the Pandemic Influenza Preparedness (PIP) Framework into the proposed base budget 2020–2021.

62. Strategic priority B3 has also been strengthened. Although its share of the total Proposed programme budget 2020–2021 decreases by 1%, in absolute terms the budget for this priority is increased by US\$ 23.6 million as a result of increases at the country level.

63. The correlation between priority-setting at the country level and the bottom-up built budget for 2020–2021 is clearly illustrated in Figure 3 and Table 6. Figure 3 shows that the highest number of Member States rank outcomes 1.1 (Improved access to quality essential health services), 2.1 (Country health emergency preparedness

strengthened), 3.2 (Reduced risk factors through multisectoral approaches), and 4.1 (Strengthened country capacity in data and innovation) as high priority.¹ Table 6 shows that these outcomes have the highest budget within their respective priorities. (The fact that outcome 2.2 has a higher budget than outcome 2.1 is entirely due to the budget for polio transition and PIP; if those elements are removed, the budget for outcome 2.1 is higher than that for outcome 2.2.)

Figure. 3. High priority outcomes as identified during bottom-up priority setting

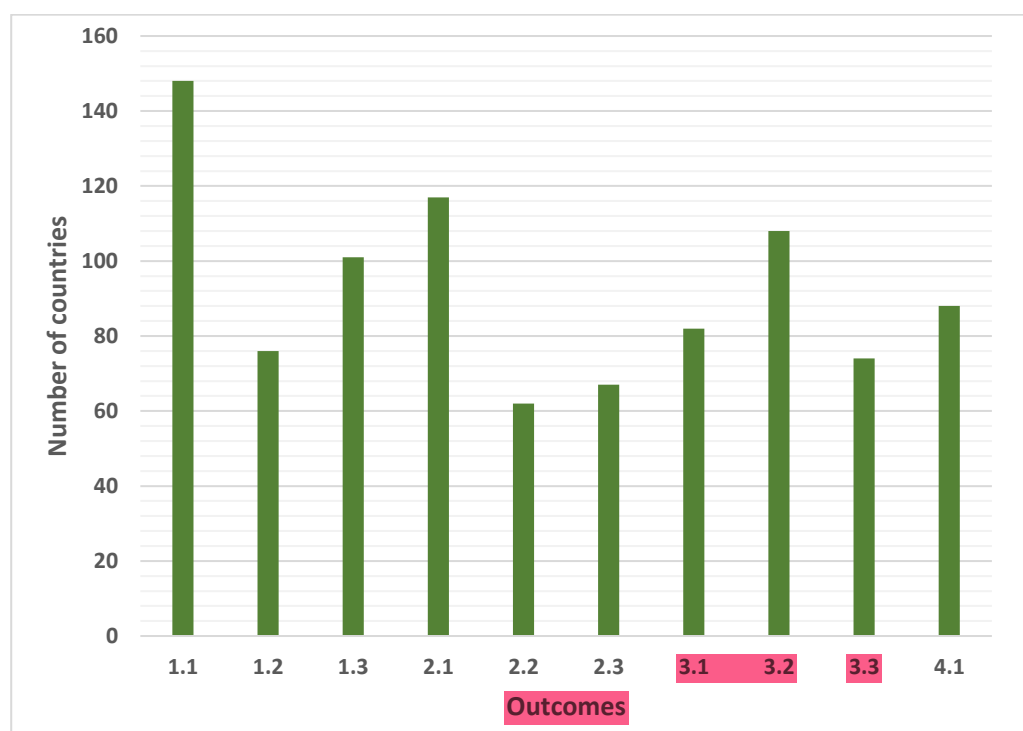


Table 6. Draft Proposed programme budget 2020–2021, base segment (US\$ millions)

Strategic priorities/outcomes	Draft Proposed programme budget 2020–2021, base programmes				
	Country offices	Regional offices	Headquarters	Total	% of total
B.1. One billion more people benefitting from universal health coverage					
1.1. Improved access to quality essential health services	521.1	192.3	258.2	971.6	24
1.2. Reduced number of people suffering financial hardships	50.7	30.0	26.0	106.7	3
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	78.3	91.8	131.3	301.3	8
Subtotal B1	650.1	314.0	415.5	1 379.6	

¹ High priority means that the country has limited capacity and requires the full support of WHO to address the situation/needs.

B2. One billion more people better protected from health emergencies					
2.1. Countries prepared for health emergencies	125.4	37.2	58.1	220.8	6
2.2. Epidemics and pandemics prevented	250.4	142.3	97.1	489.7	12
2.3. Health emergencies rapidly detected and responded to	114.3	50.9	73.0	238.2	6
Subtotal B2	490.1	230.4	228.2	948.7	
B3. One billion more people enjoying better health and well-being					
3.1. Determinants of health addressed	57.5	33.3	45.0	135.8	3
3.2. Risk factors reduced through multisectoral action	92.7	54.5	56.4	203.6	5
3.3. Healthy settings and Health-in-All Policies promoted	43.7	24.7	25.4	93.8	2
Subtotal B3	193.9	112.5	126.8	433.2	
4-More effective and efficient WHO providing better support to countries					
4.1. Strengthened country capacity in data and innovation	93.3	77.6	260.2	431.2	11
4.2. Strengthened WHO leadership, governance, and advocacy for health	121.4	110.0	156.6	388.0	10
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	130.1	89.9	144.7	364.6	9
Subtotal 4	344.8	277.5	561.5	1 183.9	
United Nations reform levy				42.4	
Total Base draft Proposed programme budget 2020–2021	1 678.9	934.5	1 332.0	3 987.8	

64. Table 7 presents indicative planning envelopes for 2020–2021 for the GPW 13 platforms, namely: noncommunicable diseases, communicable diseases, antimicrobial resistance, life course and health effects of climate change. These figures are not for budgeting purposes but demonstrate that these areas were emphasized in the draft Proposed programme budget 2020–2021 in view of the high priority given to them by Member States in the Programme budget 2018–2019. Table 7 indicates clearly that the Secretariat seeks continuity in these areas in 2020–2021; delivery is planned across multiple outcomes and strategic priorities, in an integrated manner. These indicative envelopes may change during the operational planning phase of the process; updated information will be provided on the programme budget web portal.

Table 7. Selected areas of emphasis in the Programme budget 2018–2019 and the draft Proposed programme budget 2020–2021 (US\$ million)

Area of emphasis	Programme budget 2018–2019	Draft Proposed programme budget 2020–2021	Variance
Improving human capital across the life course	498.2	521.4	23.2
Accelerating action on preventing noncommunicable diseases and promoting mental health	351.4	362.8	11.4
Accelerating elimination and eradication of high impact communicable diseases	491.7	511.5	19.8
Tackling antimicrobial resistance	41.7	42.7	1.0
Addressing health effects of climate change in small island developing States and other vulnerable States	107.6	109.9	2.3
Total	1 490.6	1 548.2	57.6

65. The budget figures presented in this document are the initial results of the ongoing work on country support plans and global goods planning and costing. They are in the process of being fully validated by the regional offices and WHO headquarters and are therefore subject to adjustments in the subsequent version of the draft Proposed programme budget 2020–2021.

66. A full Proposed programme budget 2020–2021 by strategic priority, outcome, major office and level is presented in Table 8.

Table 8. Draft Proposed programme budget 2020-2021 by major office (US\$ million)

Outcomes	Africa			The Americas			South-East Asia			Europe			Eastern Mediterranean			Western Pacific			Headquarters	Total
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total		
B1. One billion more people benefitting from universal health coverage																				
1.1. Improved access to quality essential health services	212.2	32.2	244.4	37.4	21.9	59.3	97.1	35.4	132.5	33.4	44.1	77.4	77.9	24.2	102.1	63.1	34.6	97.6	258.2	971.6
1.2. Reduced number of people suffering financial hardships	22.4	15.2	37.6	1.4	1.4	2.8	6.1	1.7	7.9	4.7	6.4	11.1	10.4	2.8	13.2	5.7	2.3	8.1	26.0	106.7
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	26.3	55.4	81.7	5.6	6.6	12.2	16.2	6.7	22.9	5.5	10.3	15.9	12.3	5.2	17.6	12.3	7.5	19.8	131.3	301.3
B1 total	260.9	102.8	363.7	44.4	30.0	74.3	119.5	43.8	163.3	43.6	60.8	104.4	100.6	32.2	132.9	81.1	44.4	125.5	415.5	1 379.6
B2. One billion more people better protected from health emergencies																				
2.1. Countries prepared for health emergencies	54.6	0.2	54.8	3.6	2.2	5.8	11.7	4.2	15.9	10.5	8.7	19.3	31.3	11.7	43.0	13.6	10.2	23.8	58.1	220.8
2.2. Epidemics and pandemics prevented	120.9	100.1	221.0	10.2	5.7	15.9	72.5	7.5	80.0	1.8	12.1	13.9	35.7	12.0	47.7	9.2	4.9	14.2	97.1	489.7
2.3. Health emergencies rapidly detected and responded to	57.0	0.2	57.2	21.6	7.4	28.9	7.2	5.4	12.6	5.0	7.5	12.4	18.1	15.1	33.2	5.4	15.4	20.8	73.0	238.2
B2 total	232.5	100.5	333.0	35.4	15.3	50.6	91.4	17.2	108.6	17.3	28.3	45.6	85.2	38.8	123.9	28.3	30.5	58.7	228.2	948.7
B3. One billion more people enjoying better health and well-being																				
3.1. Determinants of health addressed	18.3	4.5	22.8	4.0	3.5	7.5	8.5	3.5	11.9	2.7	16.4	19.2	6.6	2.0	8.6	17.3	3.5	20.8	45.0	135.8
3.2. Risk factors reduced through multi-sectoral action	41.3	25.7	67.0	9.2	6.6	15.8	12.4	3.2	15.6	7.0	9.4	16.4	7.3	3.6	10.9	15.5	6.0	21.5	56.4	203.6
3.3. Healthy settings and Health in All Policies promoted	19.0	4.4	23.4	10.0	7.1	17.1	2.6	1.1	3.7	1.9	5.6	7.5	4.0	2.5	6.5	6.3	3.9	10.2	25.4	93.8
B3 total	78.6	34.6	113.2	23.2	17.2	40.4	23.5	7.7	31.2	11.6	31.5	43.1	17.8	8.1	25.9	39.1	13.4	52.6	126.8	433.2

EB144/5

Outcomes	Africa			The Americas			South-East Asia			Europe			Eastern Mediterranean			Western Pacific			Headquarters	Total
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total		
4-More effective and efficient WHO providing better support to countries																				
4.1. Strengthened country capacity in data and innovation	49.0	18.7	67.7	5.5	7.3	12.8	13.4	8.5	21.9	4.3	11.3	15.6	10.2	20.0	30.1	10.9	11.9	22.8	260.2	431.2
4.2. Strengthened WHO leadership, governance, and advocacy for health	33.1	22.4	55.5	7.4	9.1	16.5	16.6	16.2	32.8	24.3	27.9	52.2	23.7	15.6	39.4	16.4	18.7	35.1	156.6	388.0
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	44.1	29.9	74.0	12.0	12.3	24.3	16.9	18.7	35.6	11.6	9.4	21.0	34.1	11.7	45.8	11.3	7.8	19.1	144.7	364.6
4 Total	126.2	71.0	197.2	24.9	28.7	53.6	46.9	43.5	90.4	40.2	48.6	88.9	68.0	47.3	115.3	38.6	38.4	77.0	561.5	1 183.9
United Nations reform levy																				42.4
Subtotal base	698.2	308.9	1 007.1	127.9	91.1	219.0	281.3	112.2	393.5	112.8	169.2	282.0	271.7	126.3	398.0	187.1	126.7	313.8	1 332.0	3 987.8
Polio ^a																				798.0
Total	698.2	308.9	1007.1	127.9	91.1	219.0	281.3	112.2	393.5	112.8	169.2	282.0	271.7	126.3	398.0	187.1	126.7	313.8	1 332.0	4 785.8
Emergency operations and appeals																				1 000.0

^a To be refined for Proposed programme budget document that will be presented to the Seventy-second World Health Assembly.

POLIO CAPACITY AND TRANSITIONING POLIO FUNCTIONS TO THE BASE SEGMENT OF THE PROGRAMME BUDGET

67. A new multiyear budget from 2019 for the polio programme, including the WHO's polio-related budgets for 2020–2021 and 2022–2023, have been approved by the Polio Oversight Board. The approved polio budget of US\$ 1025 million is US\$ 98 million higher than the figure provided in the programme budget document presented to the regional committees.

68. The strategic action plan on polio transition and post-certification¹ is aligned with the GPW 13. Investments in continuing work on polio and the related implications of the transition can be grouped into three main sections:

- (a) continued polio eradication operations;
- (b) transition and integration of functions performed by the polio programme into the base segment of the programme budget;
- (c) pre-cessation immunization campaigns and polio vaccine stockpiles.

69. A phased approach was adopted for the evolution of the WHO polio-related budgets. Polio operations will be scaled down over the course of the GPW 13. Resources to boost WHO's capacity to strengthen surveillance, immunization, containment and health emergency preparedness and response will be increased in the bienniums 2020–2021 and 2022–2023. Lastly, increased resources will be allocated in 2022–2023 to sustain a polio-free world after the eradication of poliovirus.

REALISTIC BUDGET AND FINANCING

70. Considering the ambitious goals set by the GPW 13, the suggested increase in the proposed base programme budget 2020–2021 is at the lower end of the estimated cost of implementing the GPW 13 during that biennium. Several elements have been taken into consideration, including realistic financing, to arrive at the budget for implementing the GPW 13. Further increases in investments to fully implement GPW 13 and scale up efforts to achieve the health-related Sustainable Development Goals will be needed in subsequent bienniums.

71. Finance levels for the Programme budget 2018–2019 as at 31 October 2018 were 101% for the base programme budget (US\$ 3 429 million),² an improvement of 4% in comparison with the same date in 2016. However, further efforts are required to broaden the donor base and increase flexibility in funding, which will enable more efficient use of funds and ensure more balanced resource allocation for all priorities of GPW 13.

72. Consequently, WHO is working to transform its interaction with donors, including by requesting that unearmarked fund and soft-earmarked funds be more closely aligned with the higher-level strategic priorities.

73. Ambitious goals require bold investments. The Proposed programme budget 2020–2021 represents a strong move towards increasing resources at the country level, coupled with strategic investment in much needed global public goods, such as data, that can deliver results in countries synergistically. These ambitious goals and bold strategy will need to be matched by strong commitment and new approaches to the mobilization of resources and financing, which are being implemented as part of the Organization's transformation agenda. The financing envisaged for the Proposed programme budget 2020–2021 is reflected in Table 9; all increases in the budget are to be met through voluntary contributions, for which ambitious targets will be set. As a result, there will be no request to increase assessed contributions for the Proposed programme budget.

¹ Document A71/9.

² See document EB144/43, Overview of financing and implementation of the Programme budget 2018–2019.

Table 9. Financing of the Proposed programme budget 2020–2021 (US\$ millions)

Funding	Draft Proposed programme budget 2020–2021
Assessed contributions	956.9
Core voluntary contributions	300.0
Voluntary contributions specified	2 730.9
Total	3 987.8

IMPLEMENTATION OVERVIEW

ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

Universal health coverage allows everyone to receive essential health services without suffering financial hardship. It is a top priority for WHO and a target in the Sustainable Development Goals. Sustainable Development Goal target 3.8 focuses on achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

In working towards Sustainable Development Goal target 3.8, WHO pursues the concept of effective coverage: seeing universal health coverage as a vehicle to for achieving better health and ensuring that services are delivered with quality and to have their intended effect.

The Proposed programme budget 2020–2021 follows this logic closely, mirroring the two key concepts of access to quality essential health services and reduced financial hardship, while expanding access to health products (medicines, vaccines, diagnostics and devices).

WHO's concept of universal health coverage spans the range of services across health promotion, prevention, treatment, rehabilitation and palliation, while also spanning the life course. This concept is the basis from which tracer indicators were selected for the universal health coverage index, which also incorporates financial protection.

WHO emphasizes primary health care as a stepping stone to universal health coverage and leaving no one behind. WHO will coordinate support to countries, with partners, through a joint working team to ensure a comprehensive, coherent, balanced and flexible approach tailored to each country. The team will work closely with the Universal Health Coverage 2030 Partnership, a multisectoral platform hosted jointly by WHO and the World Bank that coordinates health system strengthening and is made up of countries and territories, multilateral and philanthropic organizations, civil society and the private sector. WHO will also use an agile primary health care approach, forming an Organization-wide team to work intensively with countries on request. The Organization will help to assess progress in primary health care and provide feedback to countries. It will also collaborate with other groups supporting countries, such as the Disease Control Priorities project.

Outcome 1.1. Improved access to quality essential health services

It is estimated that 3.5 billion people lack access to essential health services worldwide. Even when accessible, services are often of poor quality and unsafe, and are fragmented and inequitably distributed. They also often fail to address vital public health considerations, namely: the life course in its entirety; population-specific needs; the growing burden of noncommunicable diseases; and the unfinished challenges of communicable diseases. Implementation of robust strategies for primary health care is of critical importance to provide universal health coverage access to 1 billion more people. Targets associated with outcome 1.1 are set out in Box 1 and the proposed budget by major office is set out in Table 10, below.

Box 1. TARGETS ASSOCIATED WITH OUTCOME 1.1

- Increase access to quality essential health services (including promotion, prevention, curative, rehabilitative and palliative care) with a focus on primary health care, measured using a UHC index
- Increase coverage of essential health services among vulnerable groups, and women and girls in the poorest wealth quintile to 70%
- Reduce the global maternal mortality ratio by 30%
- Reduce the preventable deaths of newborns and children under 5 years of age by 30%
- Increase the proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods to 66%

- Increase coverage of human papilloma virus vaccine among adolescent girls (9–14 years) to 50%
- Increase proportion of women between 30–49 years who have been screened for cervical cancer to 25%
- Increase coverage of 2nd dose of measles-containing vaccine (MCV) to 85%
- Eliminate at least one neglected tropical disease in 30 additional endemic countries (cumulative total number of countries)
- Reduce tuberculosis deaths (including TB deaths among people with HIV) by 50%
- Increase treatment coverage of RR-TB to 80%
- Reduce malaria deaths by 50%
- Reduce the number of HBV or HCV related deaths by 40%
- Reduce number of new HIV infections per 1000 uninfected population, by sex, age, and key populations by 73%
- 20% relative reduction in the premature mortality age (30–70 years) from NCDs (cardiovascular, cancer, diabetes, or chronic respiratory diseases) through prevention and treatment
- 20% relative reduction in the prevalence of raised blood pressure
- Increase service coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for severe mental health conditions to 50%
- Increase health workforce density with improved distribution
- Reduce the number of older adults 65+ years who are care dependent by 15 million

TABLE 10. PROPOSED BUDGET FOR OUTCOME 1.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1. Improved access to quality essential health services	244.4	59.3	132.5	77.4	102.1	97.6	258.2	971.6
Total outcome 1.1	244.4	59.3	132.5	77.4	102.1	97.6	258.2	971.6

Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

For health care to be truly universal, health systems must be redesigned around people, rather than around diseases and health institutions. People-centred health systems cost less, are more effective and are more able to respond to health crises and promote better health literacy. A renewed focus on integrated service delivery, with an emphasis on quality primary health care services, is critical to improving health outcomes and to reaching underserved populations to ensure no one is left behind.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to:

- improve the performance of the spectrum of health services, in particular public health and primary health care, and improve the quality of care, including testing and implementation of essential service packages and standards for quality of services at all levels of delivery, especially at the primary health care level;
- integrate programme-specific health services, especially for disease control, within the primary health care approach, and promote integrated service delivery strengthening;
- review health services delivery, including essential service packages;
- build the capacity to strengthen services, including in areas such as governance, accountability, quality and safety, including by enhancing hygiene and infection prevention and control practices in health care facilities, according to WHO recommendations;

- respond to the need to engage subnational levels in order to strengthen service delivery, including by working with national counterparts to strengthen provincial and district health systems and their standards of service delivery at subnational levels;
- facilitate the exchange of experiences on successful models of service delivery;
- promote and disseminate successful approaches based on public health principles in order to reduce inequalities, prevent diseases, and protect and increase well-being;
- foster innovation to improve the effectiveness, efficiency and equity of health services;
- promote the use of digital technologies to empower the health workforce, as well as to meet the needs of communities and vulnerable groups to help shape health services;
- work towards effective partnership between the public and private sector for primary health care and integrated service delivery networks that include primary health care, hospitals, long-term care facilities, community and home-based care;
- scale up primary health care, which will provide a comprehensive range of services and care, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health.

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Sustainable health systems provide the foundation to deliver effective interventions for communicable and noncommunicable diseases and mental health conditions. The programmes concerned will be a major contributor to the target of 1 billion more people benefiting from universal health coverage. Health system capacity is also essential in order to reach the target of 1 billion more people being better protected from health emergencies. To achieve this output, the Secretariat will support and promote integration across programmes, optimize service delivery and leverage the strengths among disease control programmes.

High-impact communicable diseases, including HIV/AIDS, tuberculosis, malaria, vaccine-preventable diseases, viral hepatitis, sexually-transmitted infections and neglected tropical diseases, still pose a major public health challenge, affecting more than 2 billion people and killing an estimated 4 million annually, despite being preventable and treatable. Tuberculosis accounts for the most deaths at about 1.3 million, followed by HIV (940 000) and malaria (435 000), while neglected tropical diseases affect about 1.5 billion people per year. Reports in 2017 show that flagging progress in several areas will result in Sustainable Development Goal target 3.3 not being met. Government commitment to immunization is inadequate and global vaccine action plan targets are off course.

Noncommunicable diseases cause 15 million premature deaths (in adults aged between 30 and 69 years) annually, mostly in low- and middle-income countries. Cardiovascular diseases account for most deaths resulting from noncommunicable diseases (17.9 million annually), followed by cancers (9 million), respiratory diseases (3.9 million) and diabetes (1.6 million). In addition, mental health conditions (including neurological and substance use disorders) cover 10% of the global burden of disease and account for 25% of years lived with disability worldwide. High-impact essential noncommunicable diseases interventions – for early detection, effective management and timely treatment – can be delivered through primary health care.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will provide guidance and technical assistance to strengthen health systems, widen coverage of essential health services, improve integrated service delivery and scale up appropriate interventions. Equity will continue to be a strong driver to ensure that everyone benefits from treatments and immunization, in particular the most disadvantaged, marginalized and hard-to-reach populations, including those affected by emergencies, to ensure that no one is left behind.

On communicable diseases, WHO will direct efforts to accelerate progress in the highest-burden countries and the most affected groups, and to increase donor coordination, whole-of-government approaches and accountability, in synergy with key partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, UNAIDS, the International Drug Purchase Facility (UNITAID), the Stop TB Partnership and the Roll Back Malaria Partnership.

The Secretariat will work with countries to strengthen primary health care approaches and the integrated, people-centred delivery of essential health services for achieving communicable diseases targets. Using this approach, the Secretariat will support countries to:

- implement emergency catch-up plans in Africa to address the HIV treatment shortfall which calls for a tripling of HIV treatment coverage in the region within the next three years;
- scale up the tuberculosis response and treatment to 40 million people by 2022, including for multidrug-resistant tuberculosis, and prevent tuberculosis in 30 million people;
- implement the initiative “High burden to high impact: a targeted malaria response” in order to reduce cases and deaths in Africa and India; this will involve designing context-specific, data-driven approaches and supporting countries to implement them;
- achieve malaria elimination in at least 10 countries;
- implement programmes to address viral hepatitis, with a focus on hepatitis B and C;
- reduce the burden of neglected tropical diseases and vector-borne diseases through effective preventive chemotherapy, intensified diseases management, and strengthened vector surveillance and regional action plans;
- strengthen their national immunization systems as part of the health emergency preparedness and health security agenda;
- develop cost-effective point-of-care tests for a variety of infections, coordinate a roadmap to develop vaccines for many sexually transmitted infections and address antimicrobial resistance to gonorrhoea.

The Secretariat will also work with countries to strengthen health systems for the prevention and management of noncommunicable diseases (cardiovascular diseases, diabetes, cancer and chronic respiratory diseases), to address mental health conditions (including neurological disorders and substance use disorders) and disabilities and to improve emergency care, trauma care, rehabilitation and palliative care.

The Secretariat will support countries to:

- strengthen integrated approaches to implementing, scaling up and evaluating the package of essential noncommunicable disease interventions for primary health care and technical packages such as “HEARTS” and the WHO mental health Gap Action Programme (mhGAP), as well as emerging priorities such as cervical cancer screening;
- adopt guidelines and adapt them to their unique needs, and pursue programme implementation, monitoring and evaluation and as well as the development of digital innovations and data systems to monitor and optimize the coverage and performance of interventions;
- increase capacity for cross-sectoral collaboration, develop mechanisms for civil society participation and strengthen health system components for noncommunicable disease interventions (such as those for supply chain and information management);
- develop evidence-based guidelines so that countries can adopt the most effective interventions to meet specific health needs and improve access to those most vulnerable and at risk;
- develop guidelines and implementation tools to establish quality standards for interventions and services and for efforts to reduce the cost of medicines and technology.

Output 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

Interventions addressing health through the life course (covering women, men, newborns, children, adolescents and the elderly) contribute to the delivery of integrated primary health care. Equity, quality, access and cost-of-care and monitoring mechanisms are essential to ensure comprehensive access to services that cater to the needs of all ages and pay special attention to those most vulnerable and at risk. A life-course approach is critical to operationalize the worldwide commitment of using people-centred primary health care as the means to cover 1 billion more people of all ages.

Maternal mortality is currently at 300 000 deaths per year and has proven difficult to reduce, while 5 million children die each year, more than half of them in the newborn period. Although child deaths have fallen, newborn deaths – especially in the first few days of life – have been more difficult to reduce. An estimated 1.8 million children under five years of age die of sepsis, pneumonia, diarrhoea and malaria, while respiratory infections are among the top five causes of mortality among adolescents. One of the most cost-effective interventions for children is immunization, which saves 2 to 3 million lives a year. If global immunization coverage improves, a further 1.5 million lives could be saved. However, in 2017, nearly 20 million children were not reached with routine immunization. Also, progress on the elimination of some diseases is off-track to meet targets. Measles, for example, is once again endemic in all regions. It is crucial that national immunization programmes address this problem and obtain the political commitment and investment needed.

HOW WILL THE WHO SECRETARIAT DELIVER?

Taking the life course approach and strengthening primary health care and integrated people-centred delivery of essential services, the Secretariat will support countries to:

- implement guidelines to improve the quality of primary health care during pregnancy, labour, childbirth and the postnatal period in order to reduce maternal and newborn mortality and morbidity;
- maximize the Global Financing Facility investments and report back on the implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and make the data publicly available;
- undertake the development, testing, introduction and scale-up of innovations to reduce the key causes of maternal and newborn mortality (haemorrhage, sepsis, hypertension and labour and delivery complications), with a focus on countries with the highest burden of mortality, especially those engaged in WHO's "Quality of Care network";
- implement normative guidelines on antenatal care, intrapartum and post-partum care and newborn health, and to update these as needed;
- scale up key innovations to reduce maternal and newborn mortality and morbidity, including tools to improve labour monitoring and action; early and exclusive breastfeeding; kangaroo mother care for pre-term and low-birth-weight babies; appropriate complementary feeding; responsive caregiving, and simplified outpatient diagnosis and treatment of newborn sepsis when referral is not possible;
- scale up integrated community case management of pneumonia, diarrhoea and malaria while reducing vulnerabilities and increasing resilience, including through improved nutrition;
- lead in the development of immunization policies, implementation guidance, capacity-building and impact-monitoring, and strengthen and expand immunization systems along the life course with new vaccines, technologies, partnerships and interventions;
- accelerate efforts in the control of prioritized vaccine-preventable diseases such as polio, measles, rubella, hepatitis B and maternal and neonatal tetanus, and respond to disease outbreaks;

- strengthen the surveillance of vaccine-preventable diseases by expanding laboratory networks, enabling better evidence-based national immunization programmes to achieve the greatest impacts, and continuing to help to collect, analyse and disseminate good-quality information on vaccine-preventable diseases;
- deliver community-based integrated care that responds to the needs of older adults, reduces or delays care dependency and ensures that priority interventions for older adults, including for dementia, are also included in the universal health coverage essential service package;
- develop policies for leaving no one behind, that address the impact of gender inequalities and include strengthening capacity to address the needs of vulnerable populations and other populations who are not often reached by services, such as refugees and migrants;
- strengthen the capacity to conduct routine monitoring and reporting on health inequalities among population groups across the life course;
- foster innovation and digital technologies across the life course.

Output 1.1.4. Countries enabled to ensure effective health governance

Strong governance of health systems is characterized by appropriate investment by communities in health, transparency, accountability and responsiveness to public expectations. By addressing these issues, health institutions and relevant laws and regulations can be strengthened. Inclusive and participatory mechanisms are essential to provide access to 1 billion more people by 2023.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to:

- develop comprehensive and costed national health policies and strategies that enable effective implementation of primary health care towards universal health coverage, including health security;
- strengthen and reform health institutions, laws and regulations, including legal frameworks for universal health coverage that contribute to access, quality and financial risk protection;
- establish mechanisms to support whole-of-society approaches, promote the empowerment of people and communities in oversight functions and the representation of citizens in health decision-making processes and gender equality;
- work with parliamentarians to support laws and budgets for universal health coverage;
- institutionalize whole-of-government and whole-of-society approaches, together with the Health in All Policies approach, through multisectoral, multistakeholder and inclusive collaboration with all national and international stakeholders that is accountable and transparent, with specific efforts to harness the private sector in order to help to achieve universal health coverage;
- develop norms and standards for monitoring national universal health coverage policies and strategies, strengthen national monitoring and improve their reporting on trends and coverage and the establishment of legal frameworks that promote, enforce and monitor equity, gender and human rights;
- in the harmonization and alignment of costed and financed national action plans for health security with national health strategies.

Output 1.1.5. Countries enabled to strengthen their health workforce

The growing demand for health workers is expected to add 40 million health sector jobs by 2030, mostly in high-income countries. There is a need for 18 million health workers to achieve and sustain universal health coverage by 2030, with gaps remaining primarily in low-income and lower middle-income countries, sometimes aggravated by migration issues. Key WHO standards in this area include the WHO Code of Practice on the International Recruitment of Health Personnel.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to:

- scale up the implementation and monitoring of national health workforce policies based on robust labour market analysis that accounts for demographic, epidemiological, economic, social and political factors and changes, including in migration, by facilitating policy and social dialogue across the health, education, finance and labour sectors and improving health labour market data;
- develop and implement quality improvement plans for health training and education institutions (such as nursing schools, community health worker training schools and medical schools), including guidance and tools for training needs assessment, and improvement of curricula to provide adequate regulation, licensing and accreditation and online courses (such as the Pacific Open Learning Health Net for the Pacific island States) that build capacity of the health workforce where training institutions have limited reach;
- develop and implement health workforce strategies to address major human resource gaps impeding the achievement of universal health coverage;
- strengthen institutional capacity in human resource planning, distribution and competencies to meet changing population needs, and to manage reporting mechanisms through the platform for national health workforce accounts;
- build institutional mechanisms and capacity to coordinate an intersectoral health workforce agenda at national and subnational levels;
- monitor and review the implementation of health human resources strategies, plans and policies at all levels of health care delivery;
- develop guidance on the implementation of national health workforce accounts, health labour market analysis and capacity-building, health policy and system support to optimize community-based health workers, and a global competency framework.

Outcome 1.2. Reduced number of people suffering financial hardship

Every year, about 800 million people suffer severe economic hardship as a consequence of payments made at the point of use in care; of these, an estimated 100 million are pushed into poverty. Effective national policies to manage the financing of health are an essential element to address these challenges in order to provide 1 more billion people worldwide with access to universal health coverage by 2023. Targets associated with outcome 1.2 are set out in Box 2 and the proposed budget by major office is set out in Table 11, below.

Box 2. TARGETS ASSOCIATED WITH OUTCOME 1.2

- Stop the rise in percent of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services
- Increase percent of publicly financed health expenditures by 10%

TABLE 11. PROPOSED BUDGET FOR OUTCOME 1.2, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.2. Reduced number of people suffering financial hardship	37.6	2.8	7.9	11.1	13.2	8.1	26.0	106.7
Total outcome 1.2	37.6	2.8	7.9	11.1	13.2	8.1	26.0	106.7

Output 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

Strong, adaptive and resilient health financing systems must be aligned with national health policies, strategic plans and budget processes and public financial management mechanisms to enable 1 billion more people to benefit from universal health coverage by 2023.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to:

- develop and implement health financing policies, including by facilitating the analysis of health financing systems, addressing political economy challenges, identifying financing options and developing and applying technical frameworks and diagnostics related to the governance of financing arrangements in fragile and conflict-affected situations;
- design pro-health (such as on tobacco, alcohol and added sugar) and pro-poor fiscal policies;
- formulate results-oriented health budgets and align health financing reforms with national public financial management arrangements that ensure more efficient and equitable use of resources;
- implement strategic purchasing of health services, including mixed provider payment systems, tailoring payment mechanisms towards specific interventions, aligning payment systems with benefit entitlements, designing information systems and using data to guide policy, and ensuring governance of purchasing agencies and markets;
- strengthen capacity in health financing through eLearning and face-to-face training programmes, knowledge exchanges, managed study tours and peer-to-peer learning;
- use the health financing “progress matrix” (a tool for systematic assessment of progress in national financing policies) to track the extent of country progress consistent with good practices, and to provide a basis to link future quantitative findings to specific health financing actions.

Output 1.2.2. Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making

Households who make out-of-pocket payment for health services should not suffer financial hardship as a result. The evidence shows a strong inverse relationship between government spending on health and dependence on out-of-pocket spending. The work to deliver this output is focused on producing high-quality data and analyses to track health expenditure and on financial protection and monitoring so as to inform health financing and related policies, which are central to global, regional and national monitoring processes for universal health coverage. The Secretariat is committed to supporting the monitoring of indicators on catastrophic and impoverishing out-of-pocket payments.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will help countries to produce high-quality and policy-relevant data to track health expenditures by:

- developing expenditure estimation methods and guides for the national System of Health Accounts,¹ including programme-specific expenditures, spending on inputs (such as workforce and medicines), out-of-pocket expenditure and external aid;
- strengthening the capacity for data collection, analysis, and use for policy dialogue;

¹ The System of Health Accounts 2011 tracks all health spending in a given country over a defined period of time, generating consistent and comprehensive data on national health spending.

- institutionalizing production of high-quality Health Accounts data;
- conducting in-depth studies using routine reporting data and survey data that is linked with policy analyses;
- updating and analysing the WHO Global Health Expenditure Database.

To monitor financial protection in Member States, the Secretariat will:

- set global and regional standards and methods for improving the quality of the information;
- foster institutionalization of data production and analysis in countries;
- reduce the information gap by producing regional and country-specific analyses, monitoring reports and scientific papers, and disseminating data and evidence through databases and publications.

Output 1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy

Universal health coverage requires countries to have the capacity to make evidence-informed decisions based on fair and transparent processes, on what to include within publicly-funded service entitlements and related health system investments for implementation. The WHO investment case focuses attention on the impact of health and health systems on economic growth, as does the World Bank's recently released human capital index, creating increased interest on the part of countries in WHO's work in this area.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to build the institutional capacity for transparent decision-making in priority-setting and make resource allocation decisions across three facets of decision-making.

- **Data:** development of costing and cost-effectiveness tools to provide evidence for decision-making related to health benefit packages and health determinants and risks, as well as guidance to collect and analyse the data, including generic health gains/impact/projection models as part of the Choosing interventions that are cost-effective (WHO-CHOICE) project.
- **Dialogue:** supporting countries in the dialogue process to ensure fair choices.
- **Decision:** promoting institutionalization of the decision-making process, including legal frameworks, institution-building, the procedural aspects of data analysis and utilization, and monitoring and evaluation.

To strengthen priority-setting, the Secretariat will help countries to improve their institutional capacity for analysis of the impact of health in the national economy by:

- supporting disease-control programme investment cases by developing robust scientific methods to estimate the economic impact of changes to health status;
- identifying how changes in health status affect economic growth, such as the physical labour supply, through changes in mortality, absenteeism, early retirement and disability;
- identifying how changes in health status make an impact on economic growth through modifications to the effective labour supply, including the contribution of skills, experience, competencies and attributes to the creation of economic value;
- determining the impact of the growing health sector on the economy as a whole.

Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Every disease management strategy requires access to health products for prevention, diagnosis, treatment, palliative care and rehabilitation. Access is a global concern, given the high prices of new pharmaceuticals and rapidly changing markets for health products that place increasing pressure on all health systems' ability to provide full and affordable access to quality health care. Improving access to health products is a multidimensional challenge

that requires comprehensive national policies and strategies. At the same time, the threat of antimicrobial resistance must be addressed. Targets associated with outcome 1.3 are set out in Box 3 and the proposed budget by major office is set out in Table 12, below.

Box 3. TARGETS ASSOCIATED WITH OUTCOME 1.3

- Increase availability of essential medicines for primary health care, including the ones free of charge to 80%
- Increase the availability of oral morphine in facilities caring for patients in need of this treatment for palliative care at all levels from 25% to 50%
- ACCESS group antibiotics at $\geq 60\%$ of overall antibiotic consumption

TABLE 12. PROPOSED BUDGET FOR OUTCOME 1.3, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	81.7	12.2	22.9	15.9	17.6	19.8	131.3	301.3
Total outcome 1.3	81.7	12.2	22.9	15.9	17.6	19.8	131.3	301.3

Output 1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists

Equitable access to health products and the availability, accessibility, acceptability and affordability of safe, effective quality health products are essential for achieving universal health coverage. WHO's guidance and standards in this area also consider individuals and communities who can be vulnerable, marginalized or denied access, such as the disabled, the elderly, migrants, refugees, asylum seekers, internally displaced persons and neglected minorities.

Every disease management strategy depends on access to health products for prevention, diagnosis, treatment, palliative care and rehabilitation. This is a multidimensional challenge that requires comprehensive regulatory frameworks and national policies and strategies that cover the entire product life cycle from research and development to manufacturing, product evaluation and registration, selection of products, procurement and use. Standard-setting expertise and resources will not be sufficient in any one Member State to address all these needs. The convergence of international norms and standards is increasingly recognized as a key solution to establish effective and efficient health systems.

Prequalification promotes the access of developing countries, via donor-funded access initiatives, to the products of acceptable quality and suitability that they need for public health challenges. Products that have been assessed and prequalified by the Secretariat provide additional safeguards of quality, safety efficacy and performance. Drawing on the expertise of some of the best-functioning national regulatory authorities, prequalification provides a list of products that comply with unified international standards.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to support countries with unified references for consistent regulation and evidence based policy-making through the development of guidelines, norms and standards for health products.

The Secretariat will encourage manufacturers to submit more applications for prequalification to increase applications for medicines and for vaccines, in vitro diagnostics, vector-control products and other medical devices. The scope of products assessed will be expanded to include essential in vitro diagnostics, biological products for the treatment of cancer and other noncommunicable diseases, new diagnostics and vaccines for emerging infectious diseases.

The Secretariat will support countries:

- in the assessment of technologies and in selecting medicines, vaccines, diagnostics and medical devices for procurement and reimbursement based on evidence;
- in capacity-building and the development of policies and guidelines on improving governance and stewardship of pharmaceutical services and other health technologies;
- in the development, review and updating of national lists of essential medical products.

Output 1.3.2. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Many people worldwide do not have adequate and regular access to quality health products. Access depends on having appropriate products available at affordable prices. The introduction of new medicines and other health products and the rise of noncommunicable diseases put increasing pressure on health care systems globally and on individuals who pay out-of-pocket. Lack of access can affect patient outcomes if patients go undiagnosed or untreated or receive suboptimal treatment.

Challenges for improving access occur throughout the system, from research and development and the lack of effective policies, efficient regulatory systems and health workforces through to weak procurement and supply chain management, inappropriate prescription and irrational use of health products. Inadequate financing and ineffective policy processes to manage expenditure and out-of-pocket expenditure contribute to a lack of access and unaffordable prices. Inefficient procurement and supply chain management is another major challenge, particularly in countries with inaccessible terrain, complex border controls and conflict zones. The supply chain requires a specialized workforce, strong infrastructure and accurate data management systems.

Since the adoption of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) in 1994, the WTO intellectual property regime for access to affordable medicines has been robustly discussed. WTO members have used the flexibilities provided in the TRIPS Agreement to varying degrees. Concerns remain that regional and bilateral trade agreements that require higher levels of protection ("TRIPS-plus") create additional challenges for ensuring access to affordable medicines and health products. The Secretariat will support transparent and fair pricing and policies to reduce costs to both governments and individuals.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will:

- contribute to the global understanding of supply and demand dynamics;
- support transparent and fair pricing and implementation of policies to reduce costs to both governments and individuals;
- support collaborative efforts to optimize the procurement and supply chain for health products and build relevant competencies;
- contribute to platforms for collaborative approaches to procurement and facilitate the development of policies to improve capacity;
- continue to collaborate with relevant organizations (including UNCTAD, WIPO and WTO) as requested by the global strategy and plan of action on public health, innovation and intellectual property;
- help foster innovation and facilitate access to health products through appropriate intellectual property rules and management and providing technical support and capacity-building.

The Secretariat will support countries to:

- ensure that prescribers have the capacity to implement clinical guidelines and that policy guidance is aligned from selection of medicines to prescribing;

- ensure that responsible use and access will be reinforced to guarantee the appropriate prescription and use of medicines and other health products, including through recommendations for first- and second-line antibiotics and the adoption of the “access, watch and reserve” or “AWARE” categories for better monitoring and stewardship actions;
- develop policies and regulations to ensure access, including the access of migrants and other vulnerable populations and addressing gender bias to access;
- ensure appropriate prescribing, dispensing and use of controlled medicines while minimizing the risk of abuse;
- in specific circumstances, the Secretariat will support Member States to access essential medicines through donations, in particular for neglected tropical diseases;
- to develop the capacity for, and facilitate negotiation for, preferred or tiered prices to improve access for public-sector use in eligible countries.

Output 1.3.3. Country and regional regulatory capacity strengthened and supply of quality-assured and safe health products improved

A weak regulatory system can have an impact on patient outcomes and can potentially impair efforts to improve access. Unfortunately, the capacity of many low- and middle-income countries to assess and approve health products remains limited: less than one third of national regulatory authorities globally have the capacity to perform all core regulatory functions for medicines. This hampers efforts to ensure timely access to the quality, efficacy and safety of health products. Key challenges include inadequate resources, overburdened staff, and incoherent policy frameworks.

Regulatory systems that differ from country to country also cause delays for researchers and manufacturers, who must navigate multiple regulatory systems to register the same health product in different countries. The introduction of new therapeutic classes such as biotherapeutics will require additional expertise and capacities. The under-reporting of, and lack of reactive measures against, adverse drug reactions and adverse events highlight the need for better post-marketing surveillance. In addition, the rise in substandard and falsified products hampers efforts to ensure health products’ quality, efficacy and safety.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to deliver regulations that protect the public yet enable timely access to, and innovation for, quality products. Activities will focus on regulatory system strengthening and market surveillance of quality, safety and performance.

The Secretariat will support countries to:

- expand reliance on national regulatory authorities that meet international performance benchmarks (WHO listed authority) as assessed via WHO’s global benchmarking tool;
- facilitate work-sharing and convergence to ensure greater efficiencies and the more rapid registration of health products;
- ensure that there is appropriate policy and regulatory capacity for the domestic production of safe and quality-assured health products;
- to strengthen post-market surveillance, monitor substandard and falsified health products and collect safety data on adverse drug effects;
- review national regulatory frameworks, policies, plans, treatment guidelines and formularies and provide training workshops, technical support and knowledge-sharing in focus countries in order to build capacity for pharmacovigilance and safety reporting, as well as fostering fellowship exchanges in regulatory agencies to build capacity for drug and device safety monitoring (including countries reporting to the

Programme for International Drug Monitoring, the VigiBase global database of individual case safety reports and the Global Vaccine Safety Initiative);

- facilitate knowledge sharing between countries;
- ensure the required laboratory infrastructure, high-quality laboratory supplies and training of laboratory workers are included in adequately budgeted plans for national laboratory services, including for high-impact diseases such as tuberculosis, malaria, hepatitis, noncommunicable diseases and antimicrobial infections.

Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities

The current market-driven research and development system does not deliver all the products most needed for health systems. In addition, progress in vaccine formulations have increased the need for innovative technologies that simplify vaccine delivery.

The Secretariat is playing a catalytic role in research and development in neglected areas where there is a compelling unmet public health need for new products, in line with the above-mentioned global strategy and plan of action on public health, innovation and intellectual property, which recommends prioritizing needs for, and promoting, research and development.

The Secretariat will generate a medical and health product needs assessment that is aligned with the triple billion targets, develop WHO target product profiles for priority products, coordinate efforts of different actors so that they develop needed products in a timely fashion and reform its evaluation of products by better linking WHO prequalification and policy recommendations by technical units.

The Secretariat will also engage with the donor community for global research and development to resource public-private partnerships for investment in and coordination of product pipelines in priority areas, thus facilitating the development of affordable and suitable health products.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to develop the Global Observatory on Health Research and Development dedicated to setting priorities for product development, tracking product pipelines and to contributing to coordinated actions on health research and development.

The work of the Secretariat on research cuts across different areas. The work that is articulated here is synergistic with research-related work under outputs 2.2.1 and 4.1.3.

The Secretariat will promote the acceleration of research against emerging pathogens by promoting and facilitating timely and open sharing of research findings, as well as sharing of pathogens and pathogen sequences using appropriate mechanisms.

Corresponding research and development activities shaping product needs towards public health objectives will continue in HIV, tuberculosis, malaria, neglected tropical diseases, and noncommunicable diseases including cancers, maternal and child health, reproductive health and vaccine research and development.

The Secretariat will continue to work with the Drugs for Neglected Diseases initiative in the Global Antibiotic Research and Development Partnership to develop new treatments for bacterial infections.

The Secretariat will update and further develop its “Portfolio to impact (P2I)” research and development modelling tool to support global efforts and guide planning and costing to facilitate achieving access to medicines.

The Secretariat will work also to improve the capacity for research and development, including translational research.

Output 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices

Antimicrobial resistance is a growing global challenge that will have significant consequences for morbidity, mortality and economic activity. WHO has developed the global action plan on antimicrobial resistance to support countries in addressing the risks. Antimicrobial resistance threatens the achievement of the Sustainable Development Goal targets on health, environment, economic development and sustainable production and consumption, and is also a risk that will impact the achievement of many of the GPW 13 targets.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to develop and implement national action plans on antimicrobial resistance, with strong engagement by other sectors, including the private sector; to implement antibiotic stewardship in hospitals and capacity-building of health care workers; and to update national antimicrobial formularies to include WHO “AWARE” restriction principles.

The Secretariat will also provide guidelines and support for the strengthening of the recommended core components for infection and prevention control programmes, including the water, sanitation and hygiene strategy (WASH), in health care facilities. It will help build functional national and regional antimicrobial resistance surveillance systems, including by providing support for reference laboratories that will contribute data to the Global Antimicrobial Resistance Surveillance System (GLASS), and will contribute to the development and validation of an integrated antimicrobial resistance surveillance protocol for food borne bacteria across the human, animal and environment sectors.

The Secretariat will also track country progress against specific indicators of the global antimicrobial resistance monitoring and evaluation framework.

The Organization’s standard-setting is key to establishing policies and practices that will continue to support monitoring of antimicrobial resistance/antibiotic consumption and optimize the use of antibiotics. WHO will work to ensure adherence to global standards through technical assistance, global surveys, training and advice.

The Secretariat will:

- provide guidance on the development of specific policies and regulations, including for food safety and the stewardship of antibiotic use, and on the environmental impact of antimicrobial residues;
- review the availability of appropriate antimicrobials and diagnostics, identify gaps and recommend products that need to be developed through the regular analysis of the development pipeline and the creation and dissemination of target product profiles. WHO will collaborate with organizations such as the Global Antibiotic Research and Development Partnership to increase investments in new medicines, vaccines, diagnostics and interventions;
- help build sustainable operational research capacity to generate and use evidence on the emergence, spread, health impact and effective containment of antimicrobial resistance;
- raise public awareness through targeted global, regional and national efforts, and will disseminate the inter-professional core competency framework for antimicrobial resistance education for health workers, develop a standard curriculum and support the implementation of training programmes.

ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

Countries are under constant threat from infectious diseases, conflict, food contamination, antimicrobial resistance and chemical or radio-nuclear events, and increasingly face threats related to the greater frequency and severity of natural disasters. WHO, together with partners, provides support to countries to prepare for, prevent, detect and respond to health emergencies.

Since 2011, there have been more than 1200 outbreaks of epidemic-prone diseases in 168 countries. Large-scale emergencies cause widespread death and suffering and disproportionately affect the poorest and most vulnerable populations. The impact of these emergencies on often fragile health systems is considerable: they damage health facilities, interrupt health programmes and overburden services. The toll on people is huge.

- Every year, approximately 190 million people are directly affected by emergencies caused by natural and technological hazards, resulting in more than 77 000 deaths.
- More than 172 million people are affected by conflict annually.
- As at December 2017, an estimated 135 million people required humanitarian assistance.

An estimated 100 epidemic-prone events occur each year, including those caused by new or re-emerging infectious diseases. A severe influenza pandemic could cost the global economy between 1% and 5% of gross domestic product through its effects on productivity, trade and travel, which is comparable to the effects of threats such as climate change.

Many emergencies are complex and can have significant public health, social, economic and political impacts. Currently, an estimated 1.4 billion people live in fragile, conflict and vulnerable settings; this number is projected to increase to 1.9 billion by 2030. It is in these settings where the vast majority of current outbreaks occur and where people are most affected by health emergencies. Meanwhile, a record number of people around the world – more than 69 million – have been forcibly displaced and are cut off from accessing even many basic services.

Ensuring that core public health capacities for emergency preparedness and risk management are in place is critical. The resilience of national systems to emergencies depends on strong health systems, which is why the Secretariat and partners support countries not only to respond quickly to manage crises and prevent international spread of outbreaks, but also support efforts to strengthen national capacities and health systems before a crisis occurs.

Diseases know no borders; WHO's role is thus critical as a convener and leading health agency to ensure a swift, efficient response and effective international cooperation. Outbreaks of infectious diseases, natural and technological disasters, and conflict have highlighted that the world remains vulnerable to health emergencies that can have a global impact. Significant gaps remain in the capacity of many countries to manage all-hazards health emergencies and disaster risks. Transparent reporting of country capacity, increased information sharing and facilitating regular and open dialogue to build trust and mutual accountability between countries are critical.

The Secretariat's support remains flexible, with a "no regrets" policy that allows it to adjust its response to the severity of the crisis, to the Member State's capacity to respond and to the risk of international spread. Thus, the response to an outbreak of a high-threat pathogen in a conflict-affected fragile country with a weak health system will be very different from the response to the potential global spread of a virus with pandemic potential.

In recent years, the Secretariat has taken on a more operational role, especially to support countries with weak health systems. Protracted conflict and lack of national capacity mean that many countries cannot deliver basic health, nutrition and social services. It is in these vulnerable settings where most deaths among children under 5 years of age occur, as well as the highest rates of maternal mortality, unintended pregnancy, sexual and gender-based violence, malnutrition, mental disorders, under-immunization and infectious disease outbreaks.

As health emergencies continue to impact communities and countries around the world, the role of the Secretariat in coordinating and convening partners, providing technical guidance and preparedness and response support, sharing information, and conducting operational and logistical missions remains critical.

Outcome 2.1. Countries prepared for health emergencies

Targets associated with outcome 2.1 are set out in Box 4 and the proposed budget by major office is set out in Table 13, below.

Box 4. TARGETS ASSOCIATED WITH OUTCOME 2.1

- Increase in countries International Health Regulations capacities

TABLE 13. PROPOSED BUDGET FOR OUTCOME 2.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.1. Countries prepared for health emergencies	54.8	5.8	15.9	19.3	43.0	23.8	58.1	220.8
Total outcome 2.1	54.8	5.8	15.9	19.3	43.0	23.8	58.1	220.8

Output 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported

WHO's work in emergency preparedness builds on the International Health Regulations (2005), a set of procedures to prepare for and respond to public health threats. Implementation of the Regulations is a national responsibility in order to fulfil global obligations to ensure health security. International consensus has been achieved on the establishment of a global network of national focal points, health emergency notification mechanisms and verification procedures for public health risks, transparency and information sharing, and monitoring and reporting.

Significant progress has been made in the last few years on the form and frequency of monitoring and reporting using a range of both qualitative and quantitative measures, that include annual reporting to the World Health Assembly, voluntary joint external evaluations, after-action reviews and simulation exercises. Developing standard methods of measuring the capacity of a country's public health system to manage health security is critical. It has served to improve confidence and trust in national assessments of core capacities while also promoting mutual accountability for improved global public health security.

The Monitoring and Evaluation Framework is instrumental in evaluating the status of national preparedness capacities, monitoring areas of work, developing strategies and documenting best practices. It serves as operational guidance for national action plans and country capacity-building and, importantly, considers the human–animal health interface through a One Health approach.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will:

- work closely with countries and partners to monitor and report all-hazards emergency preparedness capacities. This work will include assessing preparedness capacity for traditional health security risks, such as infectious diseases, contaminated food and water, environmental hazards and natural disasters. It will also address newer health security challenges, such as antimicrobial resistance, mass gatherings and changing patterns of known diseases due to climate change, and biosafety and biosecurity;
- continue to develop normative guidance and tools; provide training and support to countries to conduct annual reporting, voluntary joint external evaluations, after-action reviews and simulation exercises on emergency preparedness capacities in coordination with national focal points; and prepare and disseminate regular reports on the implementation of countries' core capacity requirements;

- continue to support countries to improve their prevention, detection and response capacities by looking at gaps in systems already in place and identifying concrete solutions to strengthen them. This process will ensure that the results of country capacity assessments are continuously analysed against the actual outcomes of public health events and emergencies within the context of the changing risks that countries face.

Output 2.1.2. Capacities for emergency preparedness strengthened in all countries

Countries continue to face risks from infectious diseases, conflict, disasters associated with natural hazards, climate change, unplanned urbanization, migration, chemical or radio-nuclear incidents, and food contamination. Risks are dynamic and may emerge quickly and evolve, resulting in significant public health, social, economic and political impacts on health systems and affected populations, and may also impact neighbouring countries and the wider international community. Building and maintaining core public health capacities for emergency preparedness and risk management is critical.

Under the International Health Regulations (2005), Member States have made a commitment to develop, strengthen and maintain the national capacities necessary for the surveillance, verification of and response to acute public health events with the potential to threaten the health of populations worldwide, while minimizing interference with world travel and trade. The Regulations are complemented by other risk management frameworks, such as the Sendai Framework for Disaster Risk Reduction 2015–2030.

Strengthening emergency capacities reinforces the ability of public health systems to handle the initial impact of emergencies, as well as subsequent recovery. It provides opportunities for longer-term health systems strengthening and attainment of the targets of the Sustainable Development Goals, including the pathway to universal health coverage. Many of the capacities to prevent and contain outbreaks of multidrug-resistant pathogens – such as infection prevention and control, and improved water and sanitation – overlap with those to prevent outbreaks of all infectious hazards, such as cross-sectoral coordination, and laboratory and surveillance systems.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will:

- provide support for the development, implementation and monitoring of costed multisectoral national action plans for emergency preparedness and risk management based on assessments of country capacities, including identification of financing and partnerships to fill critical core capacity gaps;
- provide technical support to countries to develop and strengthen core capacities such as laboratories, efficient national surveillance systems, rapid response and emergency medical teams, preparedness at points of entry, multisectoral cooperation and coordination, safe hospitals and risk communication, and will help to ensure that standard operating procedures, legislation, institutional arrangements, and domestic resources for emergency preparedness and risk management are in place;
- work with countries and stakeholders to implement an all-hazards preparedness approach by investing in broader health systems strengthening for health security at all administrative levels and use targeted approaches to build the resilience of communities and national health systems;
- provide support to ensure that capacities are in place for both routine and emergency situations of varying size and context, and to introduce risk reduction interventions and strengthen capacities to reduce the risk of future events and break the cycle of recurring emergencies.

WHO's work on building emergency and preparedness capacities relies on collaboration among a range of specialized health programmes, including universal health coverage; health workforce development; health information systems; safe hospitals; emergency medical and trauma care; emergency operations coordination; supply management systems; risk communication; disease-specific programmes (such as vaccine-preventable diseases, including poliomyelitis, yellow fever, meningitis, influenza, foodborne diseases and cholera); infection

prevention and control; antimicrobial resistance; maternal and child health; sexual and reproductive health; mental health; nutrition; environmental health (in relation to chemical and radio-nuclear events, climate change, water, vector control, sanitation and hygiene); and other communicable and noncommunicable diseases.

Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities

Operational readiness is essential if countries, communities and organizations are to respond quickly and effectively to health emergencies of national priority. Readiness is based on the identification of risks with the highest likelihood and targeted preparedness for response. Many countries currently lack the minimum capacities necessary to rapidly detect and respond to known vulnerabilities and likely events.

HOW WILL THE WHO SECRETARIAT DELIVER?

As the risk that countries face is continuously evolving, the Secretariat and partners will work closely with governments to identify potential and anticipated risks using standardized tools such as vulnerability and risk analysis and mapping, and the tools for strategic risk assessment, and, where necessary, will accelerate the provision of support for an emerging or anticipated event. Readiness activities should begin well before the onset of an event or seasonal peaks in outbreaks occur. In cases of slow-onset emergencies (such as drought) or outbreaks, the focus is on areas where there is greater potential for the emergency to escalate.

As required under the International Health Regulations (2005), the Secretariat will work with Member States to annually review country requirements for vaccinations and prophylaxis for specific diseases such as yellow fever, malaria and poliomyelitis and will provide regular travel advice for international travellers to areas affected by outbreaks or other health emergencies.

Large-scale events often exceed the capacity of a single government or agency to respond and require coordinated multi-partner/multisectoral actions. To tackle this, the Secretariat will work with countries across multiple networks and partnerships, such as the Global Outbreak Alert and Response Network, emergency medical teams, the Public Health Emergency Operations Centres Network, the Global Health Cluster, the water, sanitation and hygiene cluster, the Strategic Partnership Network, WHO collaborating centres, global laboratory networks, the Radiation Emergency Medical Preparedness and Response Network, the BioDoseNet network, and clinical toxicology and pandemic supply chain networks – to build a global health emergency corps.

The Secretariat will also work with networks and partnerships to establish minimum readiness standards, map response capacities for surveillance, early warning and laboratory diagnostics, and conduct training sessions and simulation exercises to strengthen readiness capacities and interoperability with partners.

The Secretariat will monitor country risks to identify operational and technical capacity gaps and implement targeted activities to address them. These activities will include developing country readiness profiles to identify risks, vulnerabilities, capacities and resources for emergency response. As part of the “no regrets” policy, pre-response measures will be activated for the rapid establishment of incident management systems and emergency operations centres, the implementation of contingency plans and the pre-positioning of critical resources, including supplies and personnel.

The Secretariat and partners will work with governments, sister organizations of the United Nations system, nongovernmental organizations, the International Federation of Red Cross and Red Crescent Societies and other civil society partners to:

- map and prioritize health emergency risks and strengthen surveillance, laboratory diagnostic capacity and alert mechanisms to ensure early warning of emerging/re-emerging high threat events;
- develop hazard-specific scenario-based contingency plans to address high, very high and imminent risks;
- ensure the availability of sufficient resources to implement contingency plans and readiness measures;

- implement specific measures to mitigate risks and increase readiness for response;
- test operational readiness through simulation exercises, measure progress and adjust strategies accordingly.

To be effective and sustainable over the long term, all the actions listed above must build on and be integrated into existing national health systems.

Outcome 2.2. Epidemics and pandemics prevented

Targets associated with outcome 2.2 are set out in Box 5 and the proposed budget by major office is set out in Table 14, below.

Box 5. TARGETS ASSOCIATED WITH OUTCOME 2.2

- Increase immunization coverage for cholera, yellow fever, meningitis and pandemic influenza
- Eradicate poliomyelitis: zero cases of poliomyelitis caused by wild poliovirus or circulating vaccine-derived poliovirus

TABLE 14. PROPOSED BUDGET FOR OUTCOME 2.2, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.2. Epidemics and pandemics prevented	221.0	15.9	80.0	13.9	47.7	14.2	97.1	489.7
Total outcome 2.2	221.0	15.9	80.0	13.9	47.7	14.2	97.1	489.7

Output 2.2.1. Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards

As a result of increased human mobility, urbanization and climate change, the list of infectious hazards is growing. To tackle outbreaks at source in order to ensure that they do not develop into epidemics or pandemics, it is essential to be able to gather rapidly the best available knowledge and evidence on the disease and information on the available countermeasures. For emerging pathogens, harnessing the best expertise in the world in a timely manner enables the global community to effectively respond to infectious threats and make the world safer.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will foster research and information sharing for high-threat hazard prevention and control, including by developing and coordinating expert technical networks and advisory groups from various fields to provide guidance, drive knowledge development and develop new countermeasures or update existing ones with the latest technological advances.

The Secretariat will convene, lead and coordinate global networks of expertise to support preparedness and response to outbreaks. These networks include the Global Laboratories Alliance for the Diagnosis of High-Threat Pathogens (which allows for rapid sharing of biological materials); the Emerging Diseases Clinical Assessment and Response Network (which assesses risks in order to improve the treatment of patients and reduce mortality); SocialNET (a network of trained social scientists for risk communication and community engagement); and the Emergency Communications Network (which aims to build a cohort of trained, tested and trusted communication officers). These networks or centres of expertise bring together the latest expertise and institutional knowledge to identify innovative solutions to tackle any pandemic or epidemic. They ensure the rapid characterization of diseases, treat patients and manage “infodemics” (damaging “epidemics” generated through the rapid spread of rumours and false or misleading information during outbreaks) that are amplified by social media.

A specific element of the Secretariat’s work with global expert networks is the **research and development blueprint for action to prevent epidemics**, a global strategy to foster research on pharmaceutical interventions for high-threat

pathogens by supporting the fast-track development of effective diagnostic tests, vaccines and medicines that can save lives and prevent the spread of large-scale epidemics (such as Ebola virus vaccines and related therapeutics). The research and development blueprint prioritizes the pathogens that are most likely to spark an epidemic, identifies the areas in which investments are most urgently needed and facilitates the rapid instigation of research and development action when epidemics strike.

Beyond the development of medical countermeasures, the Secretariat will drive the development of a public health research agenda to manage new and evolving high-threat infectious hazards, including by assessing social distancing measures and developing innovative interventions, such as safe and easy-to-use personal protective equipment for frontline health workers.

The Secretariat will work with a range of stakeholders to harness new technologies such as artificial intelligence and novel analytical techniques as well as a wide variety of data sources to develop epidemic forecasting tools which can accelerate preparedness efforts. When countries receive warning signs of a likely outbreak – from sources including qualitative analysis of social media trends – they can increase awareness and detection capacity and prepare their response in a timely manner, for example by procuring vaccines or medicines.

Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale

Since 2011, there have been more than 1200 outbreaks of epidemic-prone diseases in 168 countries. Large-scale emergencies cause widespread death and suffering, disproportionately affect the poorest and most vulnerable populations, and lead to social, economic and political disruption.

With increased human mobility, urbanization and climate change, even the known threats for which countermeasures exist are still causing outbreaks with a significant public health impact. In addition, for many developing countries, access to existing countermeasures remains difficult.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will develop global strategies with partners from a wide range of fields to bring together all globally available resources (technical, human and financial) to prevent and control high-threat infectious hazards and scale such strategies to the regional and country levels. Flagship global strategies include:

- the **Eliminate Yellow Fever Epidemics** strategy to eliminate the risk of yellow fever epidemics by 2026;
- **Ending Cholera: A Global Roadmap to 2030** to reduce cholera mortality by 90% globally and to eliminate cholera in 20 high-risk countries by 2030;
- the **Defeating Meningitis by 2030** strategy, currently under development, which will provide a global roadmap to control meningitis by 2030;
- the **Global Strategy for Influenza 2018–2030**, which outlines global priorities to strengthen pandemic influenza preparedness and response, enhance influenza vaccine efficacy and availability, expand seasonal influenza prevention and control policies and programmes, and promote research and innovation.

The Secretariat will work with countries and partners (such as the European Centre for Disease Prevention and Control, the GAVI Alliance, UNICEF, the United States Agency for International Development, the US Centers for Disease Control and Prevention, vaccine manufacturers and the World Bank) to improve cooperation in and coordination of epidemic preparedness and response. The Secretariat will support countries to:

- implement local prevention and control measures, ensuring access to life-saving interventions (vaccines, medicines, laboratory reagents);
- evaluate interventions and develop guidance and standard protocols for managing diseases;
- develop innovative approaches to prevent and control epidemics;

- develop country core capacities for prevention, surveillance and control of epidemic- and pandemic-prone diseases;
- strengthen implementation of the Pandemic Influenza Preparedness Framework;
- revise and update pandemic plans.

The Pandemic Influenza Preparedness Framework is an excellent illustration of an innovative and bold public–private partnership with Member States, the Global Influenza Surveillance and Response System network, civil society and vaccine manufacturers. It contributes significantly to country preparedness and global solidarity in case of a pandemic by ensuring access to life-saving interventions in resource-limited countries.

The Secretariat is also a partner of the Measles & Rubella Initiative and will provide support to advance the elimination of measles and rubella as part of the global vaccine action plan.

Health systems strengthening – particularly where resources are scarce – is essential for these strategies to work over the long term. WHO will form partnerships and alliances to ensure equitable management of scarce resources at the global and regional levels. For example, continuing to partner with the International Coordinating Group on Vaccine Provision will ensure vaccine stockpiles for cholera, yellow fever and meningitis that can be accessed by any country if needed.

Output 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens

Exposure to highly infectious pathogens and dangerous biological materials threatens global public health and security. Today, 75% of emerging pathogens are of zoonotic origin. It is not certain what will emerge next, or where. New diseases, even if they remain localized, may have a disproportionate impact on some of the world's most vulnerable countries and regions, which may not have the capacity to respond rapidly to destructive outbreaks.

Health care workers are frontline workers; they have an essential role in detecting outbreaks and reducing mortality through clinical management. They are also at risk of dying from emerging pathogens. Keeping health care workers and patients safe by preventing the spread of disease in health care settings is another important part of WHO's work.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will work with its network of partners from a broad range of technical areas to mitigate the risk of the re-emergence of high-threat pathogens and the emergence of new and unknown pathogens such as viral haemorrhagic fevers, respiratory pathogens, vector-borne diseases, biosecurity threats and antimicrobial resistance.

The Secretariat will provide support to countries to build diagnostic capacities to prevent, detect and respond to such risks. It will continue to work with partners to develop risk communication capacities, better understand community beliefs and behaviours, and implement community engagement activities, so that when an outbreak occurs, affected communities understand the risks and know how to protect themselves and their families from becoming infected.

The Secretariat will work with the world's leading experts to rapidly develop and transfer expert knowledge, guidelines and strategies, and accelerate research on emerging pathogens, with the aim of improving capacity to prevent, detect, diagnose and treat diseases and scale up interventions across five main categories of disease:

- viral haemorrhagic fevers, including Ebola virus disease, Marburg virus disease, Lassa fever, Rift Valley fever and Crimean-Congo haemorrhagic fever;
- respiratory pathogens, including Middle East respiratory syndrome coronavirus, severe acute respiratory syndrome and other coronaviruses;
- vector-borne diseases, including Zika virus disease, chikungunya and other arboviruses;

- biosecurity threats, including smallpox, plague and monkey pox virus;
- the emergence of drug-resistant pathogens (antimicrobial resistance).

The Secretariat will promote information sharing and collaboration among all partners, which will be critical to taking effective action to minimize these risks. Networks such as the **Emerging and Dangerous Pathogens Laboratory Network**, the **Global Polio Laboratory Network**, the **Global Antimicrobial Resistance Surveillance System**, the **Global Infection Prevention and Control Network** and the **United Nations Model Regulations for the transport of infectious substances** will play an important role in fostering collaboration, setting standards and improving the rapid characterization of dangerous pathogens.

The Secretariat will continue to operate the **WHO Advisory Committee on Variola Virus Research** and oversee the biosecurity inspections of the two global repositories of smallpox virus where the last remaining stocks of live variola virus have been held since the eradication of the disease.

The Secretariat will provide guidance, training and operational support to implement infection prevention and control strategies to ensure that core components needed are adequate and that sufficient water and sanitation facilities are in place. It will also seek to mitigate the transmission of high-threat pathogens, including pathogens resistant to antibiotics.

Output 2.2.4. Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

Efforts are continuing to eradicate all remaining strains of wild poliovirus. The last reported case of poliomyelitis due to wild poliovirus type 2 was reported in 1999: wild poliovirus type 2 was officially certified as eradicated in September 2015. Wild poliovirus type 3 has not been detected globally since November 2012, when the last case of poliomyelitis due to this strain was reported in Yobe State, Nigeria. Since that time, all cases of paralytic poliomyelitis due to wild poliovirus have been caused by wild poliovirus type 1, which continues to circulate in three countries in which the disease is endemic: Afghanistan, Nigeria and Pakistan.

The **Global Polio Eradication Initiative** is a public–private partnership led by national governments with five core partners: the Bill & Melinda Gates Foundation, Rotary International, UNICEF, the US Centers for Disease Control and Prevention and WHO. It aims to: complete the interruption of wild poliovirus transmission globally; rapidly detect and interrupt any outbreaks due to vaccine-derived polioviruses; strengthen immunization services and increase population immunity against polioviruses; expand the use of inactivated rather than oral poliovirus vaccine in routine immunization programmes; certify polio eradication globally; and enhance long-term global security from poliomyelitis.

The Global Polio Eradication Initiative also oversees the transition and post-certification plans to sustain investments already made in polio eradication and its assets, ramping up immunization and disease surveillance and emergency preparedness capacities in priority countries to ensure that the world remains polio-free. It also contributes to future health goals and policy development by providing guidance to countries on best practices and lessons learned and the transfer of assets funded by the Global Polio Eradication Initiative.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will provide support to priority countries in the transition of polio-associated assets and functions away from Global Polio Eradication Initiative resources through national transition plans; it will also develop the investment case to meet national financial needs for the integration of health workforce-related capacities into other services and the transfer of knowledge across impacted subject areas. The Secretariat will support the transition of polio containment functions to ensure the sustainability of support for the safe and secure retention of polioviruses in laboratories and vaccine production facilities for research, diagnostics and vaccine production.

The Global Polio Eradication Initiative partnership will revise the initiative's strategy to achieve the certification of eradication by 2023. Intensive interventions will continue in Pakistan and Afghanistan, including several rounds of

campaigns to immunize all children aged 5 years and under. Additional efforts will be made to reach missed children, for example through micro-planning, expanding the role of community-based vaccinators and targeting mobile populations. The Secretariat will work in tandem with immunization programmes to strengthen population immunity through routine immunization to prevent outbreaks of circulating vaccine-derived poliovirus occurring in weak health systems.

Certification-level surveillance capacity will be sustained in countries in which polio is not endemic. Over time, these polio-free countries will look for other sources of support to sustain this essential activity both up to and after certification. To hasten eradication and maintain a polio-free world thereafter, research will continue for the development of a more efficacious vaccine.

The Secretariat will develop a framework to monitor and evaluate implementation of the strategic action plan on polio transition 2018–2023.

In accordance with the strategic action plan on polio transition, the Secretariat will provide guidance to national authorities to support the implementation of national polio transition plans and will provide support to strengthen national capacity to ensure the safe and secure retention of polioviruses in line with the Global Action Plan (GAPIII) for poliovirus containment, ensuring that facilities that retain polioviruses are fully certified, as outlined in the GAPIII Containment Certification Scheme.

Outcome 2.3. Health emergencies rapidly detected and responded to

Targets associated with outcome 2.3 are set out in Box 6 and the proposed budget by major office is set out in Table 15, below.

Box 6. TARGETS ASSOCIATED WITH OUTCOME 2.3

- Increase the number of vulnerable people in fragile settings provided with essential health services to at least 80%
- Reduce the number of deaths attributed to disasters per 100 000 population by 5%

TABLE 15. PROPOSED BUDGET FOR OUTCOME 2.3, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.3. Health emergencies rapidly detected and responded to	57.2	28.9	12.6	12.4	33.2	20.8	73.0	238.2
Total outcome 2.3	57.2	28.9	12.6	12.4	33.2	20.8	73.0	238.2

Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated

Rapid detection and verification of potential health emergencies is essential to save lives. The Secretariat manages a system of global event-based surveillance to detect all public health events and potential health emergencies. Once an event is verified, the Secretariat assesses the level of risk and sounds the alarm to help protect populations from the consequences of outbreaks, disasters, conflict and other hazards.

This requires an enhancement of public health surveillance and improved cross-sectoral coordination, especially between the water, sanitation and hygiene, health and environment sectors in each country, as well as increased international cooperation to ensure early warning of acute events that have an impact on public health.

Signals about potential public health events can come from many data sources, including the news media, social media, health facilities, schools, pharmacies, laboratories, community surveillance, sentinel surveillance, event-based surveillance, radiological agency data and poisons centres. Signals may also be provided by other disease-specific programmes, United Nations organizations and key partners (such as the US Centers for Disease Control and Prevention, the European Centre for Disease Prevention and Control, Public Health England, and the Global

Outbreak Alert and Response Network), as well as radio-nuclear, chemical, food safety, disaster, security and clinical networks.

Not all signals generated describe real events, nor are all real events of public health importance. WHO triages newly detected events to assess the risk that an event may pose to public health. If the signal is detected quickly, initial information may be limited. The initial triage process focuses on verifying the incoming signal(s) and whether the event described is a potential risk to public health that warrants investigation. Confirmation of an event does not automatically mean that it presents a risk to public health. Some events may have little or no effect on human health or may be related to chronic diseases or issues that do not pose an acute public health risk.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will work with countries to track and report public health events and emergencies with the potential to spread across borders and threaten the world's health and economy. The Secretariat will support the development of national surveillance systems using guidelines such as the Integrated Disease Surveillance and Response and the creation of a more integrated regional and global information system. Special focus will be given to new and emerging diseases, particularly of zoonotic origin, which can be especially dangerous if they develop the ability to transmit between humans, who may have little or no immunity to the novel infection. The Secretariat will provide support to countries to build capacity at the national and subnational levels to collect and identify new, potentially threatening pathogens with cutting-edge technology and research; some samples will be analysed at WHO collaborating centres.

To assign a level of risk for a public health event, the Secretariat will conduct epidemiological field investigations and community-based risk assessments that systematically gather information on the hazard level, level of exposure and context of the event. This will provide the basis for action to manage and reduce the negative consequences of acute public health risks.

The Secretariat will continue to work with a broad range of expertise (such as epidemiology, toxicology, animal health, food safety, water and sanitation, or radiation protection) to ensure that all aspects of risks are considered. The Secretariat will continue to monitor events that do not require an immediate response until there is an escalation that requires WHO action, or the event no longer poses a threat.

The Secretariat will widely disseminate information on signals and the results of risk assessments through a variety of platforms and information products, including internal and public communications, scientific literature and social media. This authoritative analysis will provide critical information for national decision-makers, health partners and the international community. WHO and partners will work with countries to link public health intelligence and risk assessment with timely decision-making through strengthened health emergency operations centres.

Output 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

Rapid response to health emergencies is critical to managing a crisis within a country and preventing international spread of outbreaks. Health emergencies – including infectious disease outbreaks, conflicts, natural disasters, chemical or radio-nuclear events, and food contamination – affect hundreds of millions of people around the world each year, and the number of these events is increasing. A rapid operational response at the country level, together with support from the Secretariat and partners, is required in order to save lives, minimize public health, social, political and economic consequences within the country and prevent the spread of disease across borders.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continuously monitor and assess the risk of all acute public health events. The WHO Emergency Response Framework will guide the assessment and management of acute health emergencies, including planning for sufficient staffing and funding. WHO and partners will work with governments to undertake a rapid situational analysis within 24 to 72 hours to determine the nature and scale of the emergency, its health consequences and

risks, the gaps in available response and coordination capacities, and the need for an operational response. For some natural hazards (such as cyclones and drought) and societal hazards (such as civil unrest), an early warning may be issued, in which case the Secretariat may predeploy staff, supplies and equipment. During the operation, the Secretariat will continuously monitor the process, which will be critical to ensuring an appropriately adapted response.

The Secretariat will continue to lead the international coordination of a broad range of national, regional and global emergency response partners, in accordance with its mandates as the Inter-Agency Standing Committee Health Cluster Lead Agency and as custodian of the International Health Regulations (2005). Key operational partnership networks include the Global Health Cluster, the Global Outbreak Alert and Response Network, emergency medical teams and standby partners to support countries in their response efforts.

In the case of an extraordinary public health event, WHO may convene an Emergency Committee under the International Health Regulations (2005) to advise the Director-General on whether to declare a public health emergency of international concern in order to provide recommendations on response and guidance on the implementation of trade and travel restrictions. For large-scale and complex events, WHO may also advise the Secretary-General of the United Nations on humanitarian system-wide action under the Inter-Agency Standing Committee to help to control the outbreak and manage related humanitarian consequences.

The Secretariat and partners will provide support to countries, as needed, to establish effective coordination mechanisms; develop and finance multisectoral response plans; and ensure an adequate medical and technical workforce for key activities such as surveillance and epidemiology (including investigation and contact tracing), laboratory and rapid diagnostics, clinical management, trauma care, infection prevention and control, safe and dignified burials, social mobilization, community engagement, immunization and integrated vector control. Strong operational support through a robust supply and logistics network platform will be essential to an effective response.

WHO will work with partners on the establishment and running of emergency operations centres and base camps; telecommunications; air, water and land transportation; the supply chain for essential medicines, commodities and equipment; specimen transport; and measures to ensure responder safety and security. The extent of these efforts will vary and will be adjusted according to the severity of the health emergency, the capacity of the country to respond, and the risk of international spread.

The Secretariat will support Member States in determining when an acute emergency has ended and to transition and recover afterwards. WHO will play a key role in collaborative, inter-agency after-action reviews for outbreaks, as well as post-disaster and post-conflict needs assessments. These will be systematically conducted to document lessons learned, enhance future readiness capabilities and guide the rehabilitation of countries' health systems.

Output 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings

More than 1.6 billion people, or 22% of the global population, currently live in fragile, conflict and vulnerable settings where protracted crises, combined with weak national capacity to deliver basic health services, present a significant challenge to public health. Women, children and adolescents are among the most vulnerable populations and a disproportionate number of global maternal, newborn and child deaths are estimated to occur in these settings.

WHO works with partners to mitigate the impact of protracted emergencies and prolonged disruption of health systems in fragile, conflict and vulnerable settings by improving access to and the quality of health services in a sustainable manner; strengthening the consistency of life-saving and emergency operations and preparedness for acute events; strengthening health services generally, as well as other services that directly contribute to better health (such as water, sanitation and hygiene, nutrition, and climate resilience); and capacity-building towards long-term health system recovery and resilience.

The majority of protracted crises occur in fragile, conflict and vulnerable settings. These settings are dynamic and complex and multiple health and humanitarian stakeholders are operating within them, often with fragmented coordination and weak oversight. The response and recovery effort in such settings requires a phased, long-term approach, with sufficient flexibility to address new crises and challenges and to adapt to changes in accessibility, capacities and security context. Health systems in fragile, conflict and vulnerable settings remain exposed, often hampered by insecurity, poor infrastructure, limited human resources and operational partners, disrupted supply chains, fragmented health information systems and inequitable health financing. This is compounded by severely constrained State budgets, uncoordinated donor support, governance weaknesses in the public and private sectors and limited community engagement. Given this lack of resilience, acute events can easily disrupt health service delivery or overstretch an already weak health service delivery capacity.

Forcibly displaced populations, such as refugees, internally displaced persons, migrants and asylum seekers, as well as neglected minorities, are particularly vulnerable. They have limited access to health services and often have the worst health outcomes. In fragile, conflict and vulnerable settings the limited services available are increasingly out of reach to officially unrecognized displaced persons, especially where mental health issues may also be involved, or to young children and women. With regard to migration in the context of a humanitarian emergency, efforts should focus on the links between a stronger health system and development, policies which may be addressed in both the protracted and recovery phases of emergencies.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will work with humanitarian, development and peace-building partners to leverage the capacities of national systems and resources (such as infrastructure, data systems, planning and financing) to increase coverage of a minimum package of prioritized health services (preventive, curative, palliative and rehabilitative). The focus of this effort will be on strengthening national resilience in order to reduce health risks and prevent, prepare for and respond to shocks. WHO will promote a “do no harm” approach, reducing fragmentation and building on existing systems in fragile, conflict-affected and vulnerable countries, while working to progress towards the goal of universal health coverage and addressing social and environmental determinants of health.

Where national capacity is insufficient, the Secretariat will work with local and international partners to ensure that vulnerable populations have access to a minimum package of prioritized health services and, where needed, will fill gaps in health systems functioning, such as centralized supply management and oversight of health-pooled financial resources for payments to health workers or strategic purchasing of services.

As a key partner in the implementation of the humanitarian–development nexus initiative, the Secretariat will work with partners to conduct joint assessments and joint planning, identify collective outcomes and foster “joined-up” programming and multi-year financing, which are central to the humanitarian–development nexus approach. WHO has developed a multisectoral approach that integrates the work of governments, international actors and other humanitarian and development partners to ensure that health systems strengthening, emergency preparedness, response and recovery efforts are better coordinated between humanitarian, development and peace-building actors.

ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

The third “1 billion” target is about healthier populations. It has the following elements, and

- is achieved through addressing determinants of and risks to health;
- includes nutrition, violence and injuries, gender, water, sanitation and hygiene (WASH), air pollution, climate, tobacco use, trans fatty acids, harmful use of alcohol, obesity, and physical activity;
- is addressed through multisectoral actions that are not limited to the health system alone, often using the stewardship/policy, advocacy, and regulation functions of health ministries;

- is mostly focused on the effects of the Sustainable Development Goals beyond Goal 3 on health; and
- is focused on health and well-being and not mortality alone.

In addition to the above determinants (outputs 3.1.1 and 3.1.2) and risks (output 3.2.1), which constitute the first three of six outputs under the third “1 billion” target, the remaining three outputs provide channels to address those determinants and risks, including: private sector and civil society engagement (output 3.2.2); cities, workplaces and other settings (output 3.3.1); and multilateral conventions (output 3.3.2). Also included under healthier populations, and closely linked to the determinants, are suicide prevention and child and adolescent development (in output 3.1.1), as well as antimicrobial resistance (in output 3.2.1).

Collectively, these determinants and risks influence mortality, but they also have a serious impact on morbidity. That is why they are measured in a healthier population index, which focuses on lives improved, and the target of one billion more people with better health and well-being.

Outcome 3.1. Determinants of health addressed

Health through the life-course is influenced by social, economic, cultural, political and environmental determinants, which can shape the conditions in which people are born, grow, work, play, live, age and die.

Determinants of health are responsible for much of the burden of disease. The question for WHO is where does it have a comparative advantage in addressing those determinants? Outcome 3.1 deals with selected social determinants (output 3.1.1) and environmental determinants (output 3.1.2) where WHO is in a unique position to contribute.

Although all WHO’s work is underpinned by a commitment to equity, gender and human rights, social determinants tend to embody and exemplify inequities. The targets to be addressed by WHO’s work on determinants are shown in Box 6 and the proposed budget by major office is set out in Table 15, below.

Box 6. TARGETS ASSOCIATED WITH OUTCOME 3.1

- Reduce the mortality rate attributed to household and ambient air pollution by 5%
- Reduce mortality from climate-sensitive diseases by 10%
- Provide access to safely managed drinking water services for 1 billion more people
- Provide access to safely managed sanitation services for 800 million more people
- Reduce the number of stunted children under five years of age by 30%
- Reduce the prevalence of wasting among children under five years of age to less than 5%
- Increase the proportion of children under five years of age who are developmentally on track in health, learning and psychosocial well-being to 80%
- Decrease the number of children subjected to violence in the past 12 months, including physical and psychological violence by care givers in the past month by 20%
- Decrease the proportion of ever-partnered women and girls aged 15–49 years subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months from 20% to 15%
- Reduce suicide mortality rate by 15%
- Increase the proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care to 68%
- Reduce the number of global deaths and injuries from road traffic accidents by 20%

TABLE 15. PROPOSED BUDGET FOR OUTCOME 3.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.1. Determinants of health addressed	22.8	7.5	11.9	19.2	8.6	20.8	45.0	135.8
Total outcome 3.1	22.8	7.5	11.9	19.2	8.6	20.8	45.0	135.8

Output 3.1.1. Countries enabled to address social determinants of health across the life course

The health of all social groups is affected by multiple health determinants and by unequal distribution of strengths, exposures and vulnerabilities.

Investments in health need to start before conception and be sustained across the life course. The interventions to address social determinants are wide-ranging and manifold, including a **Global Plan of Action on Social Determinants of Health**, which defines how the Secretariat will support Member States to improve health equity. The Secretariat will focus on specific determinants (and related conditions) where WHO has a comparative advantage.

- **Nutrition.** Good nutrition is critical for individual health and development and bridges interventions by health systems to improve the health of populations. Investing in nutrition has high returns in terms of human capital and is a factor in reducing inequalities. Managing food safety, security and availability mitigates the risks of foodborne diseases and malnutrition (both overnutrition and undernutrition).
- **Violence and injuries.** Every year, five million people die from injuries – of which one third (1.3 million) are from road traffic deaths and 470 000 from interpersonal violence – while many more are injured or disabled, requiring extensive treatment or long-term rehabilitation. One in four children are physically abused and one in three women suffer intimate partner violence. Homicide is the second leading cause of death in male adolescents while girls have a higher risk of sexual abuse. Exposure to violence is linked with depression, smoking, obesity, high-risk sexual behaviours, and substance misuse; it thus leads to poor health outcomes. For this reason, preventing violence contributes to a range of health gains.
- **Suicide.** Almost 800 000 lives are lost to suicide every year. Among adolescents and young adults, suicide is a leading cause of death. Social, psychological and cultural factors, including media reporting, can lead to suicidal behaviour. Many suicides happen impulsively and, in such circumstances, easy access to a means of suicide – for example, pesticides, firearms or a bridge without a barrier – can make the difference as to whether a person lives or dies. Means restriction policies rely on collaboration between multiple sectors.
- **Child and adolescent development.** It is estimated that 43% of children under five years in low- and middle-income countries may fail to reach their full potential because of poverty and stunting. Many of the causes of poor early childhood development are the same as those that cause child mortality. Children's development relies on good nutrition, responsive care giving and opportunities for early learning, and a clean and safe environment.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to address social determinants of health at and across different life stages, and to reach marginalized or underserved populations through multisectoral action. The priority is to support countries to make the investment case, build capacity, and provide the evidence and policy tools to implement multisectoral policies. There are many opportunities for synergy. For example, reducing child maltreatment has a positive impact on high risk behaviours later in life, such as suicide, alcohol misuse and smoking. Alcohol misuse is also a risk factor for violence and noncommunicable diseases, and drink driving is a key cause of road traffic crashes.

Specific actions on the determinants are set out below.

- **Nutrition.** The Secretariat will assist countries to expand coverage of effective interventions to improve nutrition across the life course, such as: improved vitamin and mineral intake during adolescence and conception; breastfeeding and timely complementary feeding; treating children affected by acute malnutrition; nutritional support to people affected by HIV, tuberculosis and malaria, and the elderly. The Secretariat will support countries to establish social protection policies with nutrition objectives (for example, food vouchers, food banks, meals following dietary guidelines) and to monitor children's growth and childhood obesity, as well as antenatal care. The Nurturing Care Framework for early childhood development is discussed below.

- **Violence and injuries.** The Secretariat works with governments and partners on many cost-effective interventions in this area. In the area of **road safety**, WHO plays a global role in coordinating road safety across the United Nations system, and has facilitated development of a plan of action for the United Nations Decade of Action for Road Safety 2011–2020. WHO's work focuses on supporting countries to develop road safety actions plans, improve legislation, trauma care and data collection, and on supporting international and national advocacy efforts, such as through training courses for journalists. Interpersonal **violence** has moved from the margins of the development agenda to the centre in the last decade, partly due to improvements in measuring it and the evidence base on prevention strategies. WHO helps advance evidence-based practices in the Global Partnership to End Violence Against Children. Some legislation lowers risk factors for road safety (for example, speed limits, drink driving limits and laws on use of seat belts and helmets) and for violence (for example, laws against corporal punishment and limiting access to firearms).

INSPIRE is a set of strategies shown to successfully reduce violence against children.

Save LIVES is a set of prioritized interventions to reduce road traffic deaths and injuries.

- **Suicide prevention.** The Secretariat will support countries to prevent suicide by reducing access to means of harm, improving responsible media reporting, and life skills education (in emotion regulation skills) for adolescents in schools through its LIVE LIFE strategy. This support will include addressing how gender norms and relations impact on the differential risk of suicide among boys and girls.
- **Child and adolescent development.** The Nurturing Care Framework provides a road map for early childhood development, bringing together multisectoral interventions involving health, nutrition, security and safety, responsive care giving and early learning. The Secretariat and partners will support countries to use this framework to strengthen existing systems, build enabling environments of relevant policies, interventions and practices, and align clinical guidelines with the Framework. It will also help to adapt to scale and implement innovations that address factors limiting healthy early childhood development and improve related measurement approaches. Similarly, the Global Accelerated Action for the Health of Adolescents (AA-HA!) brings together the essential programmatic elements needed for children aged 10 to 19 years to develop their full potential.

Output 3.1.2. Countries enabled to address environmental determinants of health, including climate change

Globally, an estimated 24% of the burden of disease and 23% of all deaths can be attributed to environmental factors. The main environmental risks under this output are air pollution, climate change, water and sanitation.

Climate change affects other determinants of health, including air, safe water and food security, and is expected to have an overwhelmingly negative impact in years to come. Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, disease and heat stress. WHO has responsibility for leading the health response to climate change within the United Nations system, as well as a mandate from all health ministers to build resources and capacity to tackle air pollution and its health risks.

Air pollution is the largest single environmental health risk, causing an estimated one in nine deaths worldwide. More than 90% of the world's population lives in places where air pollution exceeds the limits set out in WHO guidelines.

Water, sanitation and hygiene (WASH). worldwide, two billion people still use a contaminated drinking water source and 4.5 billion are without access to safely managed sanitation services (a toilet connected to a sewer, pit or septic tank). As a result, 829 000 people die from diarrhoea and millions suffer from neglected tropical diseases, such as schistosomiasis. Having access to safe water not only improves health, but has an economic and social impact, as people incur fewer medical costs and spend less time collecting water.

There are other environmental threats to health, such as extreme weather events, hazardous chemicals in the environment and consumer products, and radiation.

While environmental risks are commonly associated with communicable diseases, notably waterborne and vector-borne diseases, it is now known that noncommunicable diseases, early child development and mental health conditions are also strongly impacted by air pollution, radiation, chemicals and occupational risks.

HOW WILL THE WHO SECRETARIAT DELIVER?

CLIMATE CHANGE

The Secretariat will:

- raise awareness and share knowledge on the threats to human health from climate change;
- lead the health input to the global climate negotiations, including preparations for the renewal in 2020 of the Paris Agreement (the Second Global Conference on Health and Climate, July 2016), and convening a global conference on health, climate change and air pollution;
- assess health impacts and expected health benefits from mitigation action at global and regional levels, which will be translated to the country level, and monitor national progress (through WHO/United Nations Framework Convention on Climate Change climate and health country profiles);
- identify strategies to protect human health, particularly among vulnerable groups; drive down climate-sensitive diseases, such as malaria, other vector-borne diseases and diarrhoea; reduce the health impacts of weather-related disasters, through a comprehensive package of technical support for national adaptation and planning; and integrate health into climate mitigation policies;
- improve surveillance and response to climate sensitive infectious diseases;
- help to manage the environmental determinants of health, for example, through water safety planning;
- help to improve the climate resilience and environmental sustainability of health-care facilities;
- support countries to improve surveillance for climate-sensitive diarrhoeal diseases and vector-borne diseases and support health systems in all countries, particularly in small island developing States, to enhance capacity for assessing health vulnerability, risks and impacts due to climate change;
- provide evidence, guidance and technical support to build business cases and projects for climate and health investments;
- pursue accreditation to the Green Climate Fund, and seek alternative mechanisms to help governments access support.

AIR POLLUTION

The Secretariat will:

- build and disseminate evidence on the effectiveness of interventions (in health terms);
- synthesize cost-effectiveness analyses of air pollution interventions to enable countries to conduct similar analyses;
- conduct activities to implement its air quality guidelines and technical materials, and update the guidelines to reflect new evidence on pollutants;
- synthesize evidence on the effectiveness of personal-level interventions (such as, face masks, air filters);
- support monitoring and reporting on related trends and Sustainable Development Goal targets;
- provide updated statistics on air pollution exposure (outdoor and household) and the related disease burden;

- fulfil the mandates as the custodial agency for Sustainable Development Goal air pollution-related indicators¹ with regular reporting;
- expand data collection to include data on other damaging pollutants and health impacts, as well as more disaggregated data by geographical region, sex and season;
- build health sector capacity to analyse and influence policy, for example, to implement WHO air quality guidelines;
- strengthen the capacity of the health and other sectors (for example, energy) to design and implement policies for clean household energy, in line with WHO guidelines;² much of this work will be based on further development and piloting of the **Clean Household Energy Solutions Toolkit (CHEST)**;³
- provide tools, resources and capacity building (for example, software for health risk assessment Air Q+)⁴ to support selected interventions at national and local levels;
- leverage health sector leadership and coordinated action at all levels to enable an appropriate response. WHO's **BreatheLife campaign** raises awareness about air pollution, its health impacts and effective interventions, in particular at cities level.

WATER, SANITATION AND HYGIENE (WASH)

The Secretariat will:

- support greater access to WASH, advocating for universal coverage;
- promote water safety planning approaches in national policies and support ministries of health and regulators to set national standards, and also to improve oversight and surveillance of drinking-water safety and waterborne disease;
- support countries to end open defecation or to manage excreta safely through implementing new sanitation guidelines;
- monitor the extent to which countries have established enabling policy environments for water, sanitation and hygiene and are likely to publish status and trends on country access to safely managed water and sanitation services as well as increasing resilience of water and sanitation services to climate change;
- monitor WASH and health care-associated infections and rising trends;
- support the development of country standards, national monitoring, facility-based improvements, and, together with UNICEF, launch a global campaign;
- work with partners and other sectors to implement the Water, Sanitation and Hygiene strategy (2018–2025) to substantially improve health through safely managed water, sanitation and hygiene services;
- continue to serve multilateral environmental agreements (such as the United Nations Economic Commission for Europe (UNECE)/WHO/Europe Protocol on Water and Health).

¹ Sustainable Development Goal indicators 3.9.1 (health), 7.1.2 (energy) and 11.6.2 (cities).

² WHO guidelines for indoor air quality: household fuel combustion (accessed 23 November 2018).

³ Available at <http://www.who.int/airpollution/household/chest/en/> (accessed 23 November 2018).

⁴ Available at <http://www.euro.who.int/en/health-topics/environment-and-health/air-quality/activities/airq-software-tool-for-health-risk-assessment-of-air-pollution> (accessed 25 November 2018).

Outcome 3.2. Risk factors reduced through multisectoral action

Addressing known, modifiable risk factors can promote health and prevent premature deaths. The most effective interventions for tackling risk factors require engagement outside the health sector. Reducing prevalence of, and exposure to, risks, such as unhealthy diets, tobacco use, harmful use of alcohol, drug misuse, insufficient physical activity, obesity, and hypertension, violence and injuries, requires a multisectoral approach to influencing public policies in trade, social development, transport, finance, education, agriculture, and other sectors. It requires population-based policy, and legislative and regulatory measures, including fiscal measures. A whole-of-society approach, which includes governments engaging with the private sector and civil society, is critical for fostering a supportive environment and promoting individual behavioural change.

The Secretariat's delivery of support to countries, its norms and standards work, and advocacy for multisectoral actions are critical to the effective implementation of known interventions at country level. The expansion of best practices and technical packages through WHO's health leadership will be more effective in achieving noncommunicable disease risk factor targets, and, consequently, in making progress on the specific targets in WHO's impact framework for tobacco, alcohol, salt intake, trans-fatty acids, obesity, and physical activity. Targets associated with outcome 3.2 are set out in Box 7 and the proposed budget by major office is set out in Table 16, below.

Box 7. TARGETS ASSOCIATED WITH OUTCOME 3.2

- 25% relative reduction in prevalence of current tobacco use in persons 15+ years
- 7% relative reduction in the harmful use of alcohol as appropriate, within the national context
- 25% relative reduction in mean population intake of salt/sodium
- Eliminate industrially produced trans fats (increase the percentage of people protected by effective regulation)
- Halt and begin to reverse the rise in childhood overweight (0–4 years) and obesity (5–19 years)
- 7% relative reduction in the prevalence of insufficient physical activity in persons aged over 18+ years
- Reduce the percentage of bloodstream infections due to selected antimicrobial resistant organisms by 10%

TABLE 16. PROPOSED BUDGET FOR OUTCOME 3.2, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.2. Risk factors reduced through multisectoral action	67.0	15.8	15.6	16.4	10.9	21.5	56.4	203.6
Total outcome 3.2	67.0	15.8	15.6	16.4	10.9	21.5	56.4	203.6

Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

Every year, noncommunicable diseases cause the death of 15 million people between the ages of 30 and 70 years. Much of the morbidity – and most premature deaths – caused by noncommunicable diseases can be prevented or delayed through interventions to reduce the main risk factors: tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.

Emerging challenges, such as antimicrobial resistance, can only be met through coordinated, joint action between the human, animal, plant and environmental sectors, as well as strong public awareness and revised legislation.

The **Codex Alimentarius**, a collection of international food standards, is the result of multisectoral work involving WHO, FAO, the European Union and Member States. Codex Standards cover all the main foods, whether processed or raw.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to support health ministries in adopting strategic leadership and a coordination role in national multisectoral action plans to reduce risk factors. It is critical to empower people to make informed choices by providing an enabling environment and strengthening health literacy through education.

Targeted mass campaigns are needed on:

- the harms of smoking, tobacco use and second-hand smoke;
- the harmful use of alcohol and psychoactive drugs;
- the harms of excessive intake of fats, sugars and salt; and
- the benefits of healthy diets (on the intake of fruit and vegetables) and physical activity.

In addition, fiscal measures, such as increasing effective taxation on tobacco, alcohol and sugar-sweetened beverages, reduce health-care costs and generate a revenue stream for development.

WHO will also work with countries to implement a set of cost-effective, affordable and evidence-based “best buys” and other recommended interventions. WHO’s 16 “best buys” are a practicable way to put countries on a sustainable path to attaining Sustainable Development Goal target 3.4. Implementing them in low- and lower-middle-income countries will save 8.2 million lives by 2030 and generate US\$ 350 billion in economic growth.

WHO has grouped the best buys – and 70 “good buys” – in knowledge- and evidence-based technical packages that provide models of policy, legislative and regulatory measures, including fiscal measures.

Some packages include population-level mass and social media campaigns that educate the public about the risks and promote behavioural change. Others are aimed at minimizing the impact of, or exposure to, risk factors, and can involve: bans on advertising, promotion and sponsorship; marketing to children; minimum prices; minimum age for purchase.

These packages also include the following operational levers:

- methodologies to build a national response to targets;
- ways to provide consumer information, including through front-of-pack labelling;
- ways to establish a national multistakeholder dialogue, and a coordination and accountability mechanism;
- workforce training;
- digital technologies; and
- monitoring and evaluation.

Some popular packages to reduce risk factors that WHO works to implement are detailed below:

MPOWER – implementation of prioritized interventions to reduce tobacco use (as outlined in the WHO Framework Convention on Tobacco Control);

SAFER – implementation of prioritized interventions to reduce harmful use of alcohol and achieve development targets;

SHAKE – implementation of effective population-wide interventions to reduce salt intake;

REPLACE – implementation of prioritized interventions to eliminate industrially-produced *trans*-fatty acids from the food supply; and

ACTIVE – implementation of prioritized interventions to promote physical activity.

[See 3.1.1 for **INSPIRE**, **SAVE LIVES** and **LIVE LIFE** packages].

The Secretariat will integrate gender-responsive health promotion with primary health care and essential health services packages.

On the multisectoral response to antimicrobial resistance, WHO will work with FAO, OIE and UNEP through a tripartite plus collaboration to help countries with national action plans on antimicrobial resistance, as well as in other key areas, including surveillance, infection prevention and control, antimicrobial use, awareness and increased investment.

WHO, with FAO, OIE and UNEP, will provide a package of support to countries to:

- strengthen integrated surveillance to monitor resistance trends, calculate the burden of disease and share evidence;
- reduce infections through effective sanitation, hygiene, food safety, waste management and infection prevention and control measures;
- optimize the use of antimicrobial medicines in humans, and food producing animals and plants;
- improve awareness of antimicrobial resistance through targeted communications and training for professionals, staff and workers in the human, animal, plant and environmental sectors; and
- support increased investment in new medicines, diagnostics, vaccines, and other interventions, and develop the economic case for combatting antimicrobial resistance while ensuring sustainable development.

The Secretariat will also continue to develop and promote international norms, standards and recommendations through the Codex Alimentarius Commission and serve as a secretariat for the International Food Safety Authorities Network. It will also help countries to strengthen their management and communication of foodborne and zoonotic risks along the farm-to-table continuum, including through multisectoral actions to contain antimicrobial resistance, such as integrated surveillance and the implementation of Codex standards.

Output 3.2.2. Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society

To address determinants and risks, WHO will engage with the private sector and civil society for a meaningful and effective contribution to national responses. Engaging the private sector to leverage its know-how and resources can advance common interests in promoting health at national and global levels across all the triple billion targets. WHO will engage more with civil society organizations, which are uniquely positioned to represent and reach vulnerable populations.

HOW WILL THE WHO SECRETARIAT DELIVER?

WHO will engage with the private sector, as well as with civil society, as appropriate, in developing a comprehensive approach across themes in order to establish suitable implementation mechanisms at all levels, especially in countries. The Secretariat is reviewing the recommendations of the WHO-Civil Society Task Team to strengthen engagement with civil society.

Specific mechanisms will be established or strengthened to engage with, for example:

- *the food and non-alcoholic beverage industry* – on food reformulation, marketing to children, content information on nutrients (bearing in mind international guidelines on nutrition labelling), and reduction of inappropriate use of antibiotics in food animals;
- *economic operators in alcohol production and trade* – to contribute to reducing the harmful use of alcohol, including labelling, marketing and retail sales practices;
- *the pharmaceutical industry* – to ensure equitable and affordable access to essential medicines and health products;

- *consumer organizations* – to protect the interests of patients and their families;
- *private health facilities and private practitioners* – to combat a range of conditions and diseases;
- *investment industry* – to encourage investments that promote the health-related Sustainable Development Goals and innovation;
- *communications, advertising, and social media industry* – to promote healthy behaviours;
- *IT, telecoms and marketing industry* – to identify opportunities for scaling up processes, such as registration of births, identification of vulnerable groups, mapping of population movements in relation to possible epidemics and promotion of healthy behaviours;
- *civil society organizations* – to build in explicit, accessible opportunities for civil society to provide input into health policies and governance at all levels.

Engagements in these areas will be conducted according to WHO’s Framework for Engagement with Non-State Actors.

Outcome 3.3. Healthy settings and Health-in-All Policies promoted

As well as engaging civil society and the private sector, the Secretariat will pursue two other specific channels in order to address determinants and risks: engaging cities and other settings (output 3.3.1); and participating in discussions on multilateral conventions (output 3.3.2).

Those outputs will make it easier for the Secretariat to address determinants and risks. They will also serve as channels for addressing issues under the other two “1 billion” targets, such as antimicrobial resistance or ageing. The work will, in turn, contribute to most of the impact targets, and, eventually, to achieving 1 billion more people enjoying better health and well-being. Targets associated with outcome 3.3 are set out in Box 8 and the proposed budget by major office is set out in Table 17, below.

Box 8. TARGETS ASSOCIATED WITH OUTCOME 3.3

- Reinforce other impact framework targets

TABLE 17. PROPOSED BUDGET FOR OUTCOME 3.3, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.3. Healthy settings and Health in All Policies promoted	23.4	17.1	3.7	7.5	6.5	10.2	25.4	93.8
Total outcome 3.3	23.4	17.1	3.7	7.5	6.5	10.2	25.4	93.8

Output 3.3.1. Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces

Cities, households, schools, hospitals, prisons and workplaces provide an enabling environment for healthier populations. Health determinants and risks can be improved through action in these settings, which also present opportunities for reducing health inequalities.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will work with cities and municipal authorities to develop a comprehensive approach across themes and help accelerate attainment of many targets related to:

- air pollution – through regulation of driving or industrial emissions;
- road traffic injuries – through urban design and regulation of speed limits;

- communicable diseases – through the reduction in stagnant water, and by vector control;
- noncommunicable diseases – through various measures, for example, regulation of smoking in bars and restaurants; walking and bicycle paths;
- ageing – through the Global Network of Age-friendly Cities and Communities, WHO supports cities and communities to promote better health and well-being for older people; it also provides support to mayors, city and community leaders, and works on city initiatives to address ageing through multisectoral collaboration on housing, urban spaces, transportation, health and social care;
- make every school and kindergarten a health promoting one – where students acquire health-related life skills (including socio-emotional learning), and practice them and have access to services.

The Secretariat will also support countries in the implementation of cost-effective solutions in **Health-in-All Policies** at all levels, such as through networks of cities and communities. The Organization will work with partners to implement the key actions specified in the Shanghai Declaration on Health Promotion (2016) to make settings healthy.

Output 3.3.2. Global and regional governance mechanisms used to address health determinants and multisectoral risks

Many global and regional instruments (see Box 9 below), in particular multilateral conventions, address health determinants and risks. Given its cross-cutting nature, health can be a vehicle for pursuing the objectives of other sectors; conversely, health can itself be advanced by actions taken in support of those same objectives. WHO will leverage governance mechanisms to enhance its approach to promoting healthier populations and address health determinants and risks.

Box 9. Examples of global and regional instruments

Global instruments

- United Nations Framework Convention on Climate Change
- Paris Agreement on climate change
- Convention on Biological Diversity
- Minamata Convention on Mercury and the Strategic Approach to International Chemicals Management
- International conventions on occupational health and safety
- Global Compact for Safe, Orderly and Regular Migration
- Global Compact on Migrant and Refugee Health

Regional instruments

- Convention on Long-range Transboundary Air Pollution
- ASEAN Agreement on Trans-boundary Haze Pollution
- Asia-Pacific Regional Forum on Health and Environment

Multilateral governance can help address growing multisectoral challenges such as antimicrobial resistance. Stronger engagement by the health sector is also needed in trade agreements to provide evidence and advocate for actions to promote and protect health and prevent health threats.

Upholding human rights, including the right to the enjoyment of the highest attainable standard of health, is a core aspect of WHO's mandate. In 2017, WHO concluded a Framework of Cooperation with the United Nations Office of the High Commissioner for Human Rights, laying the foundations of a joint work plan which was adopted in 2018.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will:

- ensure that the evidence on the determinants of health is taken into consideration in global and regional forums deliberating policies on the environment and socioeconomic issues; it will also follow up the implementation and monitoring of various conventions to ensure health objectives are pursued;
- analyse the evidence through a health lens, and support policies that promote synergies, minimize negative consequences and ensure transparency, as well as provide guidance on optimizing any necessary trade-offs between health, environmental and socioeconomic objectives;
- adjust public health governance functions away from being disease-focused, giving them a focus on health determinants and intersectoral approaches;
- use key entry points for advocacy and technical support in order to establish multisectoral mechanisms to support whole-of-government, Health-in-All Policies and One Health approaches.

MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

Outcome 4.1. Strengthened country capacity in data and innovation

Data, research and innovation serve to accelerate the attainment of the Sustainable Development Goals. Accurate and timely data and health information are essential to the achievement of the Sustainable Development Goal and triple billion targets. WHO serves as the neutral broker, the steward and custodian for monitoring the health-related Sustainable Development Goals and furthering relevant classifications and health information standards. The monitoring of health trends and their determinants is a core function of the Organization. Innovation expedites the implementation of all of the programmes described above and research evidence underpins WHO norms and standards.

WHO will strengthen country capacity in data and innovation by working to improve:

- countries' information systems and use of information in policy-making;
- the monitoring of global trends, with special attention to the health-related Sustainable Development Goals and related performance targets under GPW 13;
- research systems and to-scale innovations.

The work geared towards achieving this outcome cuts across and supports the achievement of all outcomes that contribute to achieving the triple billion targets. The proposed budget for outcome 4.1 by major office is set out in Table 18, below.

TABLE 18. PROPOSED BUDGET FOR OUTCOME 4.1, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.1. Strengthened country capacity in data and innovation	67.7	12.8	21.9	15.6	30.1	22.8	260.2	431.2
Total outcome 4.1	67.7	12.8	21.9	15.6	30.1	22.8	260.2	431.2

Output 4.1.1. Countries enabled to strengthen health information¹ and information systems for health,² including at the subnational level, and to use this information to inform policy-making

Gaps in data and health information systems impede the effective monitoring of progress towards the Sustainable Development Goals, GPW 13 and universal health coverage. Reliable, timely, affordable and accessible data with a focus on equity and gender are fundamental to effective monitoring and can be made available through disaggregated data systems. Furthermore, country capacity to analyse, use and disseminate data is of importance. GPW 13 aims to identify and fill data gaps using systematic tools and technical packages, such as by using population-based surveys to provide evidence in order to inform policy and track programmatic impact.

HOW WILL THE WHO SECRETARIAT DELIVER?

In order to ensure greater efficiencies, the Secretariat will harmonize, build synergies and avoid duplication across programmes to support countries on data and innovation. The hub-and-spoke model will ensure better coordination. Efforts to improve information will be identified and coherent support provided based on regional and country priorities.

The Secretariat will work with countries to implement the SCORE technical package and rapidly identify critical gaps. It will also support the implementation of interventions to strengthen country data systems and capacities with regarding:

- survey population and health risks;
- data on the numbers and causes of deaths;
- health service data;
- progress and performance reviews;
- data use for policy and action.

In addition, the Secretariat will lead and engage with partners through various mechanisms, to support countries' information systems for health. The Secretariat will:

- leverage global, regional and national networks to strengthen country information systems for health and promote institutional capacity;
- work with the United Nations Statistical Commission, the International Household Survey Network, national statistical offices and related ministries to ensure that the optimal methods are used to fill critical data gaps in countries;
- work with countries to strengthen Civil Registration and Vital Statistics (CRVS) and cause of death reporting;
- work with countries to develop and implement the World Health Survey Plus (WHS+) – a multitopic, multimode, multiplatform data generation system linked to facility and administrative data systems – or harmonized household health surveys;
- identify and promote digital and innovative approaches and good practices to improve health information systems;
- enable disaggregation of data and examine inequalities in population health and their determinants;
- leverage digital health platforms and open data for health.

¹ Health information includes data and other information.

² "Information systems for health" refers to health information systems and the human capacity to generate, analyse and use health information, including the use of digital platforms. It encompasses systems that include information and data from other sectors, used for health.

The Secretariat will also work to:

- implement information standards and classifications set out in the Eleventh Revision of the International Statistical Classification of Diseases and Related Health Problems; and, further, improve cause-of-death reporting, which will increase and inform robust strategies for digital health;
- link WHO standards to its core classifications (such as the International Statistical Classification of Diseases and Related Health Problems, the International Classification of Health Interventions or the International Classification of Functioning, Disability and Health) in order to facilitate access to information and standardized recording of interventions, conditions, and disability;
- maintain classifications, keeping content appropriate to evolving country needs and using suitable technology to ensure the use of updated standards in country information systems;
- use standardized measurement tools, methods and integrated approaches to strengthen administrative systems for real-time clinical reporting systems, patient monitoring and quality of care assessments;
- build sustainable institutional country capacity by supporting the development of context-specific guidance and curricula to strengthen statistical capacity, targeting national institutes, statistical offices, public health institutes and health ministries;
- support informatics and foundational data systems requirements for digital health applications;
- ensure data-sharing and analyses for policy implementation through a revamped system of global and regional health observatories linked to national health observatories;
- continue implementing its open data policy with countries.

Progress will be tracked using the following measures:

- number of countries supported to identify key gaps and implement effective interventions to improve monitoring of universal health coverage, primary health care, Sustainable Development Goal and GPW 13 targets; and information derived from case studies of effectiveness;
- number of countries supported to implement the World Health Survey Plus and strengthen their civil registration and vital statistics systems; and information derived from case studies of effectiveness;
- number of countries supported to strengthen routine facility reporting on primary health care, including patient monitoring systems and related administrative systems;
- number of countries supported to improve statistical capacities to analyse and use data.

Output 4.1.2. WHO Impact Framework and triple billion targets, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored

The GPW 13 WHO Impact Framework will track joint efforts of Member States, the Secretariat and partners to quantify the measurable impact of the health of populations at the country level. The Framework, which has a three-level measurement system: health-adjusted life expectancy (HALE) indices for each of the triple billion goals, and programmatic targets. The WHO Impact Framework will potentially transform the way WHO works by anchoring commitments in data and accountability, thereby increasing the likelihood that the world will achieve the GPW 13 triple billion and the 2019–2023 targets. As outlined in the Sustainable Development Goals Global Action Plan milestones, the Framework will implement the health and health-related Goals and ensure healthy lives and promote well-being for all at all ages.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will:

- support countries to implement and track the Framework's three-level measurement system (healthy life expectancy (HALE) at birth, triple billion targets and programmatic targets);
- support countries to monitor their performance on country support plans;
- develop tools and build country capacity in inequality monitoring aligned with the Framework and the Sustainable Development Goals;
- conduct projections to support policy dialogue based on projections of how specific policy changes will influence their health outcomes;
- work with partners to ensure that the best methods are used for producing global health estimates;
- produce the World Health Statistics reports and report on the GPW 13 and Sustainable Development Goals milestones on an annual basis.

Progress will be tracked using the following measures:

- number of countries that have incorporated GPW 13 Impact Framework and its three-level measurement system into their own information and data systems for health and are able to report annually with data disaggregated by age, sex and other equity stratifiers of national interest; and information derived from case studies of effectiveness;
- number of countries reporting data on universal health coverage, health and health-related Sustainable Development Goals, including the GPW 13 targets.

Output 4.1.3. Countries enabled to strengthen research capacity and systems, conduct and use research on public health priorities and scale effective innovations sustainably¹

In order to implement GPW13, the Secretariat will develop global public health research agendas aligned with the triple billions; coordinate global partners to implement research activities according to agreed priorities; develop clear criteria specifying circumstances under which WHO will directly support orphan areas of research; support countries to establish or strengthen national systems to prioritize, strengthen ethics capacities and undertake implementation research, and support countries to bring innovations (including science and technology, service delivery, digital, medical products, social, financial or business innovations) to scale rapidly and integrate them into health systems.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will:

- help establish or strengthen national systems to undertake implementation research to bring evidence-based innovations to scale rapidly and integrate them into health systems, working with policy-makers and communities to increase the use of evidence for policy and practice, including in disease control and elimination programmes;
- continue to develop regional research and innovation information portals with a focus on country needs in order to enable the utilization and dissemination of research and evidence. The Global Observatory on Health Research and Development will aggregate the regional portals and conduct global analyses that support progress monitoring;

¹ Innovations include scientific and technological, social, financial or business innovations, or any combination thereof.

- develop standards and tools to monitor research capacity strengthening; engage with international research and innovation partners to garner resources for regional and national research priorities; reinforce partnerships (such as the Special Programme of Research, Development and Research Training in Human Reproduction, the Special Programme for Research and Training in Tropical Diseases and the Alliance for Health Policy and Systems Research), as well as universities and WHO collaborating centres, to help mentor students and scientists; and focus education and training on implementation research;
- enable countries to strengthen ethical standards and ethics oversight mechanisms for health research and innovation and public health; develop technical normative guidance on ethical issues that arise in research, public health programmes and novel technologies and innovations (such as big data, artificial intelligence, genomics) in order to help ensure that public health programmes place ethics at the heart of their decision-making;
- identify promising innovations, delineate their critical path and work with countries to help bring these innovations to scale, including on universal health coverage platforms, by developing country capacity to comparatively evaluate and implement such innovations at scale in health systems; enabling a culture of innovation through trainings, events, awards and partnerships mechanisms; supporting “matching and scaling” workshops at which countries, donors and partners discuss country needs, match them with recommended innovations and envisage how to finance and scale them up; and building and maintaining an online compendium of needs and innovations.

Progress will be tracked using the following measures:

- number of countries supported by WHO to build research and innovation capacity in order to enable the scaling up and integration of innovations into health systems; and information derived from case studies of effectiveness;
- number of countries with oversight mechanisms that integrate public health and research ethics into the functioning of health systems; and information derived from case studies of effectiveness;
- number of innovations catalysed by WHO and matched with prioritized country health needs;
- number of such innovations available to low and middle-income countries with global access, or preferential pricing and/or as open-source software, as global goods;
- number of countries that scale up innovations supported by WHO into health systems to benefit more than 10 000 people.

Outcome 4.2. Strengthened leadership, governance and advocacy for health

Achieving the triple billion targets requires strong leadership, external relations, governance and advocacy for health on the part of WHO. The Secretariat will need to demonstrate leadership on critical health matters and engage in partnerships where needed. Moreover, it will need to advocate for health as a human right and further the vital role of health in human development at the highest political level. The Secretariat will bring a gender, equity and rights lens to all its programmatic and corporate functions. It will work with a network of alliances and coalitions – engaging non-State actors, foundations, the private sector and academic institutions – to advance the health agenda. It will strengthen its diplomacy to promote the health and Sustainable Development Goals agenda in global political bodies such as the G7 and G20.

The Secretariat will focus on driving impact at the country level, in line with the Sustainable Development Goals and United Nations reform. It will strengthen its ways of working, not only in terms of being accountable and transparent, but also as an adaptable and agile entity that is able to learn in order to reinforce its legitimacy and enhance its performance. It will continue to improve its planning, resource mobilization, resource allocation and performance monitoring in order to ensure that it is working effectively and delivering value for money. The proposed budget for outcome 4.2 by major office is set out in Table 19, below.

TABLE 19. PROPOSED BUDGET FOR OUTCOME 4.2, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.2. Strengthened WHO leadership, governance and advocacy for health	55.5	16.5	32.8	52.2	39.4	35.1	156.6	388.0
Total outcome 4.2	55.5	16.5	32.8	52.2	39.4	35.1	156.6	388.0

Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform

As the directing and coordinating global agency for public health matters, the Secretariat will make organizational shifts in order to enhance its leadership at all levels, in particular by making country offices the driving force behind impacts in every country, and to improve governance and external relations with a view to expediting the achievement of the Sustainable Development Goals and GPW 13 strategic priorities.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will engage all countries in policy dialogue, based on high quality data and projections, in order to highlight how specific changes in policy could affect their health outcomes.

The Secretariat will promote more effective leadership at all levels, including by strengthening country office leadership, developing a fit-for-purpose staffing structure, providing appropriate delegation of authority and re-engineering business processes that facilitate effectiveness and efficiency.

The Secretariat will convene the governing bodies in a manner that aligns the WHO work agenda with the Sustainable Development Goals through effective and efficient processes. In addition, it will implement the outcomes of the ongoing Member State consultations on governance reform in a timely, efficient and cost-effective manner. The Secretariat will bring a gender perspective to leadership and governance and encourage the participation of young people. It will provide effective support to governing body sessions with efficient and aligned agendas focused on the Sustainable Development Goals and United Nations reform.

The Secretariat will place countries squarely at the centre of its work and will drive impact in each country. This means that the country cooperation strategies and country support plans which are aligned with national priorities and strategic plans have clear actions, results measured in every country and resources where needed. Furthermore, the Secretariat will work with Member States and non-State actors on country-specific priorities in order to achieve GPW 13.

Strategic communications will improve understanding and appreciation of the role and impact of WHO. This will strengthen the Organization's position within the wider global health landscape and advance its normative, technical and emergency preparedness and response work. The Secretariat will increase its internal capacity in health diplomacy, strengthen coherence in its external relations and increase support to Member State delegations in health diplomacy and participation in governing body meetings. The Secretariat will work with Member States and non-State actors to ensure that WHO bases country cooperation on national priorities, national policies and plans and that this cooperation is in line with United Nations reform.

Progress will be tracked using the following measures:

- the efficient and effective conduct of governing body meetings;
- alignment of the work of WHO with other United Nations organizations to achieve the Sustainable Development Goals in the context of United Nations reform;
- performance measures on the implementation of United Nations reform to be determined.

Output 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner including through organizational learning and a culture of evaluation

The Secretariat is committed to being more accountable, transparent and responsive, as reflected in GPW 13. An unwavering commitment on the part of the Secretariat to best practices related to risk management, ethics, internal controls and evaluation is central to the success and resilience of this shift.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to promote and foster ethical principles as the basis of the work of WHO, improving adherence to internal controls and compliance with the regulatory framework in addition to identifying and mitigating risks, including legal risks, to the Organization's objectives and mandate that could affect the Secretariat's performance. Emphasis will be given to the prevention of fraud and to protection from retaliation, sexual exploitation and abuse and sexual harassment. The Secretariat will continue to conduct due diligence and risk assessments in accordance with the Framework of Engagement with Non-State Actors, further strengthening staff capacity to engage more while managing risks.

The Secretariat will continue to enhance its capacity for audits and investigations, including the capacity to respond to audit observations at the country level. Furthermore, its evaluation policy (2018) will continue to inform independent corporate and decentralized evaluations.

The findings and recommendations arising from the oversight and accountability functions will allow overarching and systemic issues to be identified and promote organizational learning.

Furthermore, the goals, targets and indicators in GPW 13 will be aligned with the Sustainable Development Goals and metrics approved by the Health Assembly. The Secretariat will measure the impact of strategic and organizational shifts by monitoring key performance indicators. In addition, it will identify risks that may impact agreed results with Member States, including those associated with the areas of ethical behaviour, professional conduct and fairness, irrespective of the nature of the contract.

The oversight functions allow the Secretariat to continually identify successes and best practices to be communicated, as well as new risks, challenges and areas for improvement. The mitigation of the risks identified and managed, the audit and evaluation findings and recommendations and the strategies to address these will promote organizational learning.

Progress will be tracked using the following measures:

- percentage of critical risks with a mitigation plan;
- percentage of audit observations responded to in a timely manner with an emphasis on addressing systemic issues;
- recommendations in corporate and decentralized evaluations implemented within agreed time frames;
- effective and timely response by the Secretariat to allegations of sexual exploitation and abuse.

Output 4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships

A new external engagement model, in line with GPW 13, will bring together resource mobilization functions, technical programmes and communications at all three levels of the Organization in order to ensure an informed and coordinated approach through strategic interactions with Member States, donors, multilateral stakeholders, non-State actors and the general public. The Secretariat will continue to focus on securing predictable, adequate and more flexible financing to deliver impact at the country level.

HOW WILL THE WHO SECRETARIAT DELIVER?

Leveraging the enhanced external engagement model, including through enhanced strategic communication and targeted partnerships, the Secretariat will work towards broadening the Organization's funding base and increasing the flexibility and predictability of its financing.

This approach will allow the Secretariat to deliver on commitments identified through strategic priority-setting carried out with Member States, driving actions towards achieving country impact.

Adequately resourced priorities will allow the Secretariat to deliver in a reliable way, making it a dependable partner.

Progress will be tracked using the following measures:

- measurable progress of successful outcomes from WHO advocacy with Member States to mobilize additional, flexible and more predictable funds needed beyond assessed contributions;
- increased donor and partner visibility on contributions made to support the work of WHO, through innovative and effective communications channels and platforms.

Output 4.2.4. Planning, allocation of resources, implementation, monitoring and reporting based on country priorities, achieving country impact and ensuring value for money and the strategic priorities of GPW 13

Implementation of GPW 13 is about delivering measurable impacts to people's lives at the country level. A new planning process has been developed and is now being implemented to ensure that the work of the Secretariat across its three levels is planned on the basis of country priorities, which are in line with GPW 13. For the first time, the Secretariat is developing a country support plan for each country. Plans at country office, regional office and headquarters levels are developed through a sequenced process taking country priorities as a starting point. Country support plans, global goods and the leadership of WHO are focused on delivering results, guided by the targets in the WHO Impact Framework.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will align the programmatic results framework and budget more closely so that investment decisions and resource allocation are geared towards delivering results and delivering them with value for money. It will use a more integrated results framework, so that shared results will drive integrated work and collaboration for greater effectiveness. The budget will clearly signal the intention to deliver results at the country level through synergies across the three levels of the Organization and set out the investments needed so that it can fulfil its leadership role, perform normative work and provide country support. Such support will be tailored to country needs, capacities and technical expertise and take into account the maturity of individual country health systems.

The Secretariat will measure impacts in each country to ensure that the investments on which the returns are monitored and reported are those that matter to people. It will demonstrate accountability not only for results, by establishing its contribution to outcomes and impacts, but also for resources. It will do so by allocating resources based on what is required to deliver results and what is needed to deliver optimal value for money and will monitor and report on clear measures of performance in these areas.

The Secretariat will monitor and report on its work, in particular the results achieved in each country and the Organization's contributions at the country level. Results monitoring and reporting will also provide information on reaching certain efficiency targets. The Secretariat will continue to use innovative approaches in reporting, including the programme budget web portal, and to improve its performance in line with International Aid Transparency Initiative measures.

Progress will be tracked using the following measures:

- proportion of priority outcomes at the country level with at least 75% funding by the end of the first quarter of the biennium;
- percentage of technical expertise required at the country level agreed in budgeted and funded country support plans;
- percentage of priority global goods with detailed plans, including resource requirements (placeholder for an indicator on global goods).

Output 4.2.5. Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications

GPW 13 represents a radical shift from the way in which WHO has worked previously. In order to achieve results, an Organization-wide cultural transformation is required. All three levels of the Organization will work together closely, with a clear focus on global outcomes with maximized country impact, results and accountability. The vision and strategy of WHO and the daily activities of its workforce will be brought into closer alignment through enhanced organizational values and an environment that fosters more mutual support, open and transparent dialogue, autonomy and collaboration. Furthermore, WHO will promote a more innovative culture with a fully engaged, empowered and connected workforce able to contribute as one to the Organization's goals by adopting a more digital, networked and agile model of operation. This new model will better equip WHO to deliver on the Sustainable Development Goals in alignment with specific country needs and priorities.

HOW WILL THE WHO SECRETARIAT DELIVER?

On the basis of the principles set out in the WHO Constitution, informal and formal mechanisms for propagating and upholding corporate values, including new staff induction, recruitment processes and performance management, will facilitate the alignment of the Organization's workforce around its values and goals. These mechanisms will nurture a "One WHO" culture able to translate the Organization's mission and vision into a reality.

Internal communications will focus on corporate direction and workforce needs to engage and empower the entire workforce, using the most appropriate technologies and channels. The workforce will have collective ownership of the Organization's mission and goals.

Streamlined processes, including country cooperation, norms and standards, resource mobilization, recruitment, performance management and supply chain management, will yield benefits and the Secretariat will work to continuously improve processes on the basis of ongoing feedback and learning.

Progress will be tracked using the following measures:

- to be determined.

Output 4.2.6. "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored

Equity, gender and human rights will be addressed across the spectrum of the Organization's work with a view to achieving the triple billion goals.

As part of its commitment to leave no one behind, the Secretariat will seek to identify the most vulnerable among those who are being left behind and to identify and address the root causes. Systematic attention to equity, gender and human rights in health are key elements that will contribute to closing coverage gaps, enhancing participation and resilience and empowering individuals and communities.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will seek to identify who is being left behind in WHO programmes and policies by building evidence that can be used to address barriers. To this end, the Secretariat will:

- disaggregate health-related data by sex and at least two other stratifiers, such as age, location and education level;
- analyse existing data and, if necessary, collect evidence on policies and practices in order to identify barriers and disadvantages;
- prioritize actions to reduce differentials and promote the meaningful participation of diverse individuals and communities in WHO programme budgets, strategies, frameworks, technical support and other activities;
- make the evidence collected publicly available and share it with international human rights bodies and relevant monitoring processes across the United Nations system, in order to increase accountability;
- establish independent and participatory processes to review data, analysis and actions taken;
- work with Member States to ensure that WHO country cooperation is based on national priorities, national policies and plans and includes equity, gender and rights considerations.

In addition, the Secretariat will encourage WHO Representatives, Directors, Team Leaders and Coordinators to incorporate equity, gender and human rights standards in their annual performance evaluations and monitor their performance accordingly. WHO programmes will also be encouraged to follow an equity, gender and human rights approach when reporting on the achievement of GPW 13 indicators and on programme budget outputs and indicators.

Lastly, the Secretariat will promote capacity-building and knowledge transfer for equity, gender and human rights in various ways, including by requiring senior staff to participate in at least one training session per biennium.

Progress will be tracked using the following measures:

- percentage of programmes integrating equity, gender and human rights considerations and approaches;
- number of indicators under the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP) reflecting results achieved and implemented based on the technical guidance contained in UN-SWAP 2.0;
- inclusion of WHO's work in United Nations system-wide related actions which ensure gender mainstreaming, resource tracking on gender and implementation at all levels, aligned with the Sustainable Development Goals.

Outcome 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner

Management and administration enable the implementation of the Organization's technical programmes and undergirds its ability to respond to public health emergencies. The continued improvement of administrative efficiency is an important goal of the Organization and an essential element of delivering value for money to Member States and donors. The proposed budget for outcome 4.3 by major office is set out in Table 20, below.

TABLE 20. PROPOSED BUDGET FOR OUTCOME 4.3, BY MAJOR OFFICE (US\$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.3. Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	74.0	24.3	35.6	21.0	45.8	19.1	144.7	364.6
Total outcome 4.3	74.0	24.3	35.6	21.0	45.8	19.1	144.7	364.6

Output 4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework

Good stewardship of the Organization's resources is at the very heart of delivering GPW 13. Accordingly, the Secretariat is committed to the efficient, transparent and sound management of the funds entrusted to it by Member States and donors.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to implement sound financial management practices and robust internal controls in order to manage, account for and report on the Organization's assets, liabilities, revenue and expenses. The Secretariat will manage the corporate treasury and all accounts in a transparent, competent and efficient manner and will ensure that it is delivering value for money in the Organization's financial management. It will further ensure that all contributions received by the Organization are properly accounted for, spent and reported in accordance with International Public Sector Accounting Standards (IPSAS) and donor requirements.

The Secretariat will continue to strengthen internal controls and further improve the timeliness and quality of financial reporting.

Progress will be tracked using the following measures:

- obtaining of an unmodified audit opinion that the financial statements are presented in accordance with IPSAS;
- issuance of an annual statement of internal control addressing the effectiveness of internal controls and significant risks;
- further improvements to the quality and timeliness of direct financial cooperation reporting, with overdue reports constituting less than 3% of the total issued in the previous biennium;
- assured compliance of 98% of global imprest accounts worldwide with imprest reconciliations requirements and attainment of an A rating.

Output 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

The Organization's workforce, which includes staff and non-staff, is its most important resource. The Secretariat will continue to implement the human resource strategy, which aims to strengthen the Organization's human resources management.

HOW WILL THE WHO SECRETARIAT DELIVER?

In order to implement GPW 13, the Organization needs to ensure that its workforce is flexible, mobile, high-performing, fully trained and fit for purpose. Selection processes will be streamlined and made more efficient in order for the Organization to meet the staffing needs of programmes as well as enabling corporate functions. Improved performance management combined with career development that will drive excellence and culture

change will be at the centre of the agenda, in order to ensure that the Organization can rely on and retain a talented workforce. Mobility across the three levels of the Organization will enrich the capacity and knowledge of staff and ensure that country needs are met effectively. Human resource distribution will be in line with the GPW 13 country focus and organizational priorities. Diversity and gender balance will remain a priority.

Building on success and learning from past challenges, the Secretariat will improve or develop new policies and procedures; strengthen existing initiatives or launch new ones.

Progress will be tracked using the following measures:

- increased mobility of staff will be measured in terms of the increase in the number of international staff moving between major offices;
- progress towards achieving gender parity will be measured in terms of improvements in the overall male/female ratio of international professional staff;
- progress towards achieving balanced geographical representation will be measured in terms of the percentage of unrepresented and under-represented countries among international professional staff;
- accelerated recruitment process will be measured in terms of the reduction in the average duration of the selection process from the date of publication of a vacancy notice to the issuance of a letter of offer to the successful candidate.

Output 4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations

The increasing focus on supporting countries requires better use of information management and technology services.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will ensure that WHO information systems, processes, and tools facilitate the implementation of the GPW 13 vision of agility, interoperability and managed integration to facilitate the work of staff and partners at the country level. It will further ensure that support for the programmatic work of the Organization is central to the strengthening of information management and technology and will help to streamline administrative processes through relevant systems that facilitate implementation and achieve efficiency gains. Improved data management and visualization platforms are of crucial importance to the measurement and reporting of the Organization's plan of work and the facilitation of timely decision-making. The Secretariat underscores the need for secure and resilient information technology systems capable of delivering intended outcomes through providing continuous critical services and managed cybersecurity risks.

Efficient, effective and reliable information systems are of paramount importance as they enable WHO to better support countries. In order to ensure that its information systems are effective and efficient, the Secretariat will:

- strengthen and optimize information technology platforms and services that address user and business needs;
- make innovative use of digital systems to facilitate and enable the work of the Organization at all levels;
- protect WHO's information assets through management of cybersecurity and related risks;
- improve business continuity planning for IT and related functions.

Progress will be tracked using the following measures:

- number of IT services repurposed and delivered as shared, global services;
- number of new platforms and services introduced in support of innovation;

- amount of productivity time lost due to security incidents;
- update the Organization's business continuity plan.

Output 4.3.4. Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care

Operations and support services remain a focus for enabling the Organization's work at all levels and continuously improving efficiencies.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to develop and implement its supply chain policy, including procurement practices and logistics, at all levels of the Organization. Mainstreamed policies and standard operating procedures will enable WHO to reduce the cost of support services and supply chains and increase their efficiency.

An integrated set of operational support services are essential to the performance of the Organization's mandate in all locations. The Secretariat will ensure that the duty of care is met at headquarters, regional offices and country offices. Direct and sustained support will be provided to ensure the safety and security of the thousands of staff deployed in the field. The Secretariat will strengthen its safety and security policies and continue to focus on improving the working environment of WHO.

The Secretariat will set security standards, anticipating risks and providing high quality safety and security training as well as maintaining and updating infrastructure.

Progress will be tracked using the following measures:

- rate of compliance with mandatory security trainings;
- rate of compliance with United Nations Minimum Operating Security Standards;
- implementation of sound inventory control and warehouse management systems;
- efficient delivery of goods to country operations as measured by time from the creation of a purchase order to delivery to the country warehouse;
- transparency and fairness of the procurement process as assessed by the number of formal complaints received from vendors through the established mechanism, against baseline in 2019.

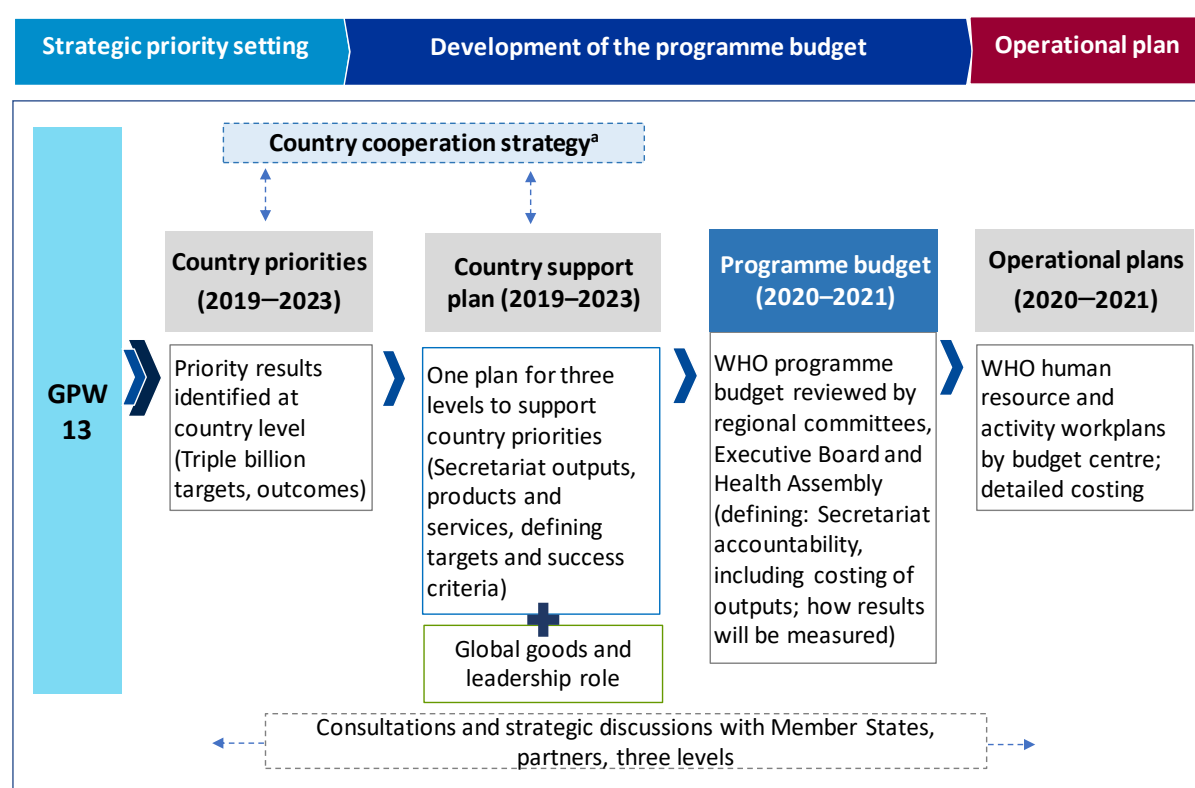
ANNEX

DEVELOPMENT OF THE DRAFT PROPOSED PROGRAMME BUDGET 2020–2021

A new prioritization and planning process focused on delivering impact

1. The development of the draft Proposed programme budget 2020–2021 has been informed by the new planning process which has been enhanced to ensure that country priorities drive the work of the Organization, and that important resources are geared towards delivering public health impact at the country level. Fig. 1 provides an overview of the new planning process.

Figure 1. The new planning process



* For countries that have a valid Country Cooperation Strategy, it is the primary reference for the country prioritization and the country support plan. For countries that do not have a valid Country Cooperation Strategy, the country prioritization and the country support plan will be the basis of the Country Cooperation Strategy. In the future, every Country Cooperation Strategy will have a country support plan as a core component.

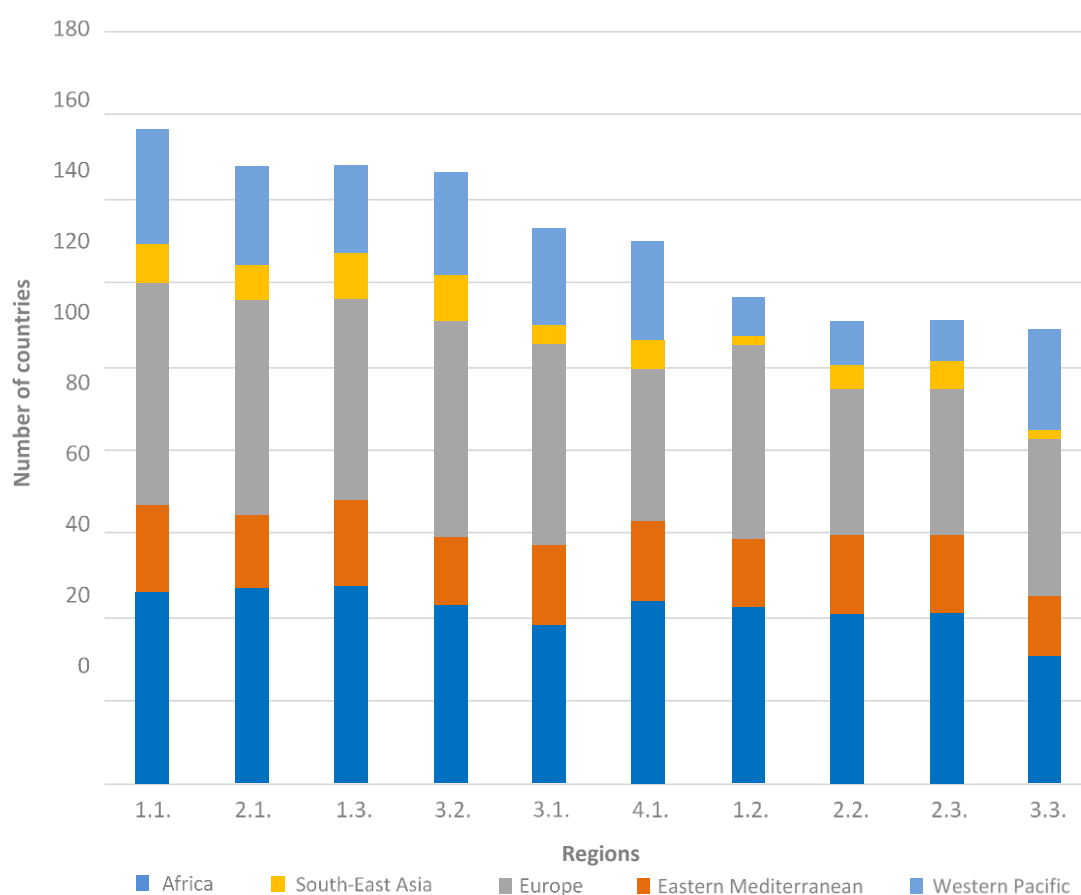
2. The following three key steps in the planning process have informed the development of the draft Proposed programme budget 2020–2021:

- (a) prioritization at the country level: prioritization of outcomes to be delivered jointly by Member States and the Secretariat;

- (b) country support plans: an additional step in the development of the programme budget, designed to align work across all three levels of the Organization towards common results delivery;
 - (c) Global public health goods:¹ planning and prioritization of global public health goods that will be delivered in the biennium 2020–2021.
3. The new results framework was used as a basis for the development of the prioritization process. The Secretariat and Member States identified outcomes that they will jointly deliver and the impact targets to which their joint work will contribute.
4. The prioritization process was a key first step to ensure that the Organization's work is geared towards delivering priorities at the country level. The end result of the prioritization process was an agreed level of emphasis for each outcome based on the country situation.
5. The prioritization of each outcome is based on whether it is (a) a national priority; (b) a binding international commitment; (c) a crucial contribution to regional and global targets; (d) a contribution to reducing health inequities; and (e) whether WHO has an advantage compared to other organizations to lead support in a particular area.
6. Integration of equity, gender equality and human rights components are also strong considerations in the prioritization process, as these agendas are embedded in all approaches and interventions that contribute to the outcomes.
7. WHO country cooperation strategies, which take into account, or are aligned with, the Sustainable Development Goals and national health plans, are an important reference to ensure that the prioritization process is capturing the most relevant needs and strategic directions of countries.
8. Fig. 2 shows the results of the prioritization process for the outcomes by region. About 160 countries categorized outcome 1.1 (improved access to quality essential health services) as medium or high priority. An equal number of countries prioritized outcome 1.3 (improved access to essential medicines, vaccines, diagnostics and devices for primary health care), outcome 2.1 (countries prepared for health emergencies) and outcome 3.2 (risk factors reduced through multisectoral action).

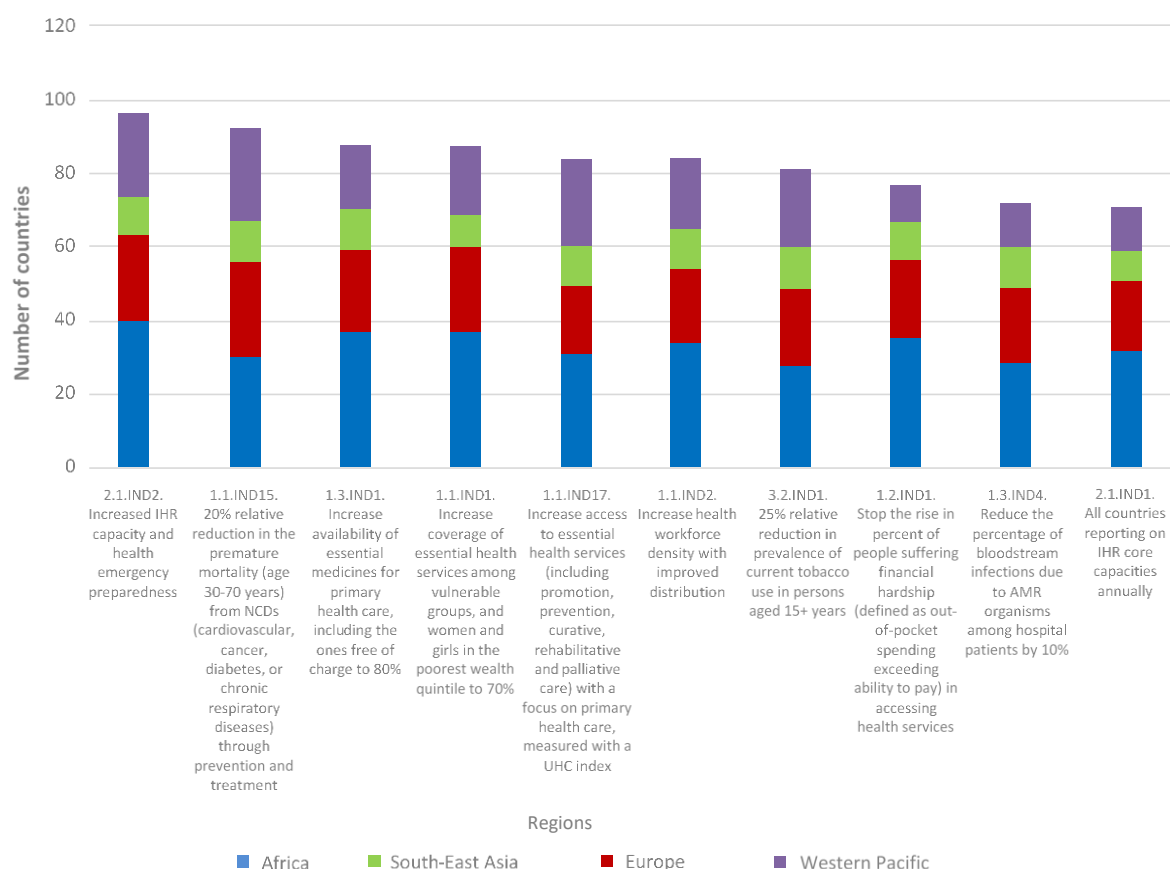
¹ Global public health goods are goods developed/delivered by WHO that are of benefit either globally or to multiple countries across multiple regions.

Figure 2. Number of countries prioritizing an outcome as high or medium, by region



9. The prioritization of outcomes at the country level also revealed the priority targets to which WHO's work will contribute over the next five years (2019–2023). Figure 3 shows the top 10 Impact Framework targets selected during the consultation process.

Figure 3. Number of countries where the joint work of the Secretariat and Member States will contribute to the achievement of certain Impact Framework targets.



10. The priorities established at the country level formed the basis of planning and budgeting processes, particularly in defining country support plans.

11. The development of country support plans is a new step introduced through the planning process. The country support plan is an instrument to define the action that the Secretariat will take at each level of the Organization to support country priorities, and how it will measure its results and the resources and capacities required at each level. This additional step in the process aims to align the work of the three levels of the Organization towards delivering impact at the country level.

12. A total of 167 countries have developed a country support plan. The regional offices and WHO headquarters are in the process of aligning their support with those plans. The country support plans address three main questions: (1) what action will the Secretariat take at all three levels to support country priorities?; (2) how will the results of the support be measured?; and (3) what resources are required to deliver the support at all levels?

13. The Secretariat engaged with country counterparts and national partners during both the prioritization of outcomes and the discussions on the country support plans. The consultations were carried out in 167 countries, including those without WHO country presence.

14. In addition to the country support planning process, the Secretariat also introduced a more rigorous process for the identification and prioritization of global public health goods (such as norm and standard setting) that are mainly developed and delivered at regional offices and WHO headquarters. Together with the country support planning process, it is helping to focus work at the regional level and headquarters towards delivery where it matters most. A more detailed planning process to strengthen systems, capacities and technical expertise to develop, disseminate, adopt or adapt global public health goods across the Organization will further shape the budget of regional offices and headquarters.

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