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PROCESS FOR THE DEVELOPMENT OF THE WHO PROGRAM BUDGET 2018-2019

Introduction

1. The WHO Program Budget 2018-2019—the third and last within the 12th General Program of Work (GPW)—continues from and builds upon the Program Budget 2016-2017. Further, the Program Budget 2018-2019 is aligned with the strategic direction and programmatic structure set in the 12th GPW. Two new major factors—the 2030 Agenda for Sustainable Development and the reform of WHO's work in emergencies—have further shaped the Program Budget 2018-2019.

2. The implementation of the Program Budget 2016-2017 and the start of the development of the Program Budget 2018-2019 set the stage for reflecting on the 2030 Agenda for Sustainable Development. The biennium 2018-2019 will be the first in which WHO's work will be articulated within the 2030 Agenda, determining how the Organization will position itself to achieve the health-related targets for the Sustainable Development Goals (SDGs).

Principles and Concepts of the WHO Program Budget 2018-2019

3. The Program Budget will continue to be the primary tool for planning, budgeting, financing, and monitoring all of WHO's work. The following principles and underlying assumptions have guided the development of the Program Budget 2018-2019:

a) Continuity from the Program Budget 2016-2017: priorities and biennial outputs have been identified in the robust, bottom-up approach for planning and budgeting recommended by Member States. Country-level priorities have been aligned with regional and global commitments and consolidated into Organization-wide outputs.

[1] This revision is related to an update of Table 2. *Draft proposed programme budget 2018-2019, by programme area (in US$ million)* found on page 5 of the annex.

b) A stable budget similar to Program Budget 2016-2017 of around US$ 4 billion[2] ($3.2 billion for base programs), with adjustments based on the ongoing WHO reform in emergencies. The allocation to the WHO Regional Office of the Americas (AMRO) was increased based on the proposed budget space allocation formula which was approved by the World Health Assembly in May 2016.

c) Incorporating the SDGs through the bottom-up process for identifying priorities and refining the results chain and indicators in relation to the SDG targets, but without changing the programmatic and budgetary structure.

d) Focusing technical cooperation work towards achieving each country's priority outcomes as identified in the 12th GPW health outcomes.

e) Efficiency conscious budget proposals that maximize results achieved for a given amount of resources and/or by minimizing resource use to deliver a set of agreed results.

4. The development of the PAHO Program and Budget 2018-2019 will apply the same underlying principles.

Process

5. The development and operationalization of the WHO Program Budget 2018-2019 will follow the experiences and lessons learned from the Program Budget 2016-2017 development. It will be carried out in four phases:

Phase 1: Bottom-up consultative process and presentation of full draft to the regional committees. This phase has identified the list of priorities for WHO technical cooperation at the country level; described the scope of products and services to be delivered at the country, regional, and global levels; and produced initial estimates on staff and non-staff budget requirements. The result of this phase was the consolidated program area proposal using the 12th GPW results structure.
Phase 2: Preparation of the program budget version for the Executive Board (by November 2016). This version will reflect feedback from the Category Network review, the Global Policy Group review, and the consultations with the regional committees, including PAHO's Directing Council.
Phase 3: Finalization of the Program Budget for the 2017 World Health Assembly (WHA) (by March 2017).
Phase 4: Operationalization of the Program Budget 2018-2019 (after May 2017).

[2] Unless otherwise specified, all figures are in US dollars.

6. Information on prioritization of program areas from the PAHO Program and Budget 2016-2017 and estimated costs to deliver related outputs in the Region were used as the basis to prepare and submit the WHO budget proposal for the Region of the Americas. A more extensive consultation with countries and territories in the Region will take place later in 2016, as part of the development of the PAHO Program and Budget 2018-2019.

Action by the Directing Council

7. The Directing Council is requested to take note of the report and make any recommendations it might consider pertinent with respect to the Draft Proposed WHO Programme Budget 2018-2019 (see Annex).

Annex

World Health Organization

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DRAFT PROPOSED PROGRAMME BUDGET 2018–2019

Regional Committee Version

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INTRODUCTION

1. The draft proposed programme budget 2018–2019 is submitted for consideration by the regional committees for review and discussion of the priorities, results and deliverables proposed for the work of the Organization in the biennium 2018–2019. Specific guidance from Member States will inform the further development of the proposed budget, a revised version of which will be submitted for review to the Executive Board at its 140th session in January 2017. In May 2017, the final draft of the Proposed programme budget 2018–2019 will be submitted to the Seventieth World Health Assembly for consideration and approval.

2. The construction of the Proposed programme budget 2018–2019 builds on the experience of development of the Programme budget 2016–2017 approved by the Health Assembly. The drafting of the Proposed programme budget 2018–2019 relied on a robust consultation process, starting with the initial identification of priorities. The country-level priorities were aligned with regional and global commitments and consolidated into proposed organization-wide results for each programme area. Resource requirements by budget centres were then determined through iterative consultations. The review and consolidation process brought together all the three levels of the Organization in order to agree on the strategic and technical direction for the programmes. The review determined which level of the Organization is best placed to deliver the work in line with roles and functions of each level.

3. Moreover, the process allowed the initiation of consultations on the implications of the 2030 Agenda for Sustainable Development for WHO's work in the biennium 2018–2019. The 2030 Agenda for Sustainable Development calls for a new approach, in which WHO's support is expected to be geared to a broader set of national priorities in health and related sectors. This approach will require investments in the form of intensive collaboration among different programme areas and different levels of the Organization, and engagement with new partners and stakeholders in areas such as universal health coverage, health and environment, and noncommunicable diseases.

4. This draft also incorporates WHO's new Health Emergencies Programme. It presents the new single programme, its programmatic structure, one budget and one set of performance metrics. The implementation of the Programme represents a fundamental change for the Organization, complementing WHO's technical and normative role with the new operational capacities and capabilities needed for its work in outbreaks and humanitarian crises. Deliverables at each level of the Organization have been identified through a unified approach and common standards, based on agreed roles and responsibilities.

5. A separate process was established to prepare the results framework and budget for the Health Emergencies Programme. The starting point to define its major functions and priorities was an assessment of existing acute and protracted crises, the size of affected populations in each setting, the capacity of Member States, country vulnerability, and WHO's obligations under the International Health Regulations (2005). The process also took into account WHO's responsibilities as the lead agency for the Global Health Cluster within the United Nations Inter-Agency Standing Committee, the primary United Nations mechanism for inter-agency coordination of humanitarian assistance, particularly in response to natural disasters and conflict. The initial requirements for the Proposed programme budget 2018–2019 were determined globally on the basis of a detailed analysis of the human and financial resource needs for each level of the Programme to deliver the specific outcomes and outputs outlined in the new results framework.

6. The biennium 2018–2019 will see the start of the application of the strategic budget space allocation that was endorsed by the Health Assembly in May 2016.[1] The strategic budget space allocation model covers the work of the Organization in four operational segments, namely, technical cooperation at country level; regional and global priorities; management and administration; and emergencies. It provides a new method for guiding budget space allocation particularly for the operational segment on technical cooperation at country level.

BUDGET OVERVIEW

[1] Decision WHA69(16).

7. As summarized in Table 1, the total Proposed programme budget 2018–2019 amounts to US$ 4659.7 million. Of this, US$ 3509 million represents the base programmes. The budget is presented in a similar structure to that for the biennium 2016–2017, with the Health Emergencies Programme being presented separately. Food safety and antimicrobial resistance are also presented separately at this stage. Further reflections will be made on their placement in the category and programmatic structure and results chain.

Table 1. Draft Proposed programme budget 2018–2019, by category (in US$ millions)

Categories and programme areas	Programme budget 2016–2017 (revised)[a]	Draft proposed programme budget 2018–2019[b]
Communicable diseases	765.0	763.1
Noncommunicable diseases	339.9	347.1
Promoting health through the life-course	381.7	377.7
Health systems	594.5	593.4
Health emergencies programme	485.1	625.8
Corporate services / enabling functions	733.5	733.5
Antimicrobial resistance[c]	*18.5*	*32.4*
Food safety[c]	*36.1*	*36.1*
Subtotal base programmes	**3 354.3**	**3 509.0**
Polio eradication	894.5	1 032.3
Tropical disease research	48.7	50.0
Research in human reproduction	42.9	68.4
Total	**4 340.4**	**4 659.7**

[a] *Revised – represents budget increase for the Health Emergencies Programme if it had been applied in the Programme budget 2016–2017*.

[b] *Major office overall budget envelope maintained at 2016–2017 level with increases due to the Health Emergencies Programme and the programme on antimicrobial resistance*.

[c] *The placement of food safety and antimicrobial resistance within the organizational results hierarchy was still under discussion at the time of writing*.

8. The draft proposed programme budget 2018–2019 includes the increase of US$ 160 million made for the new Health Emergencies Programme[1] for the biennium 2016–2017 in keeping with the expansion of WHO's mandate to include a substantive operational role in health emergencies. An additional increase of US$ 140.7 million for the Programme is proposed for the biennium 2018–2019. During the biennium 2018–2019, the new Programme is expected to reach full operational capacity, thereby enabling WHO to respond more effectively and predictably to health emergencies. To achieve that objective, the Organization needs not only to increase capacity at all levels, but also to ensure immediate improvements in interoperability with United Nations and other partners. A substantial proportion of these increases will go to strengthening the more operational areas of health emergency information and risk assessment, emergency operations and emergency core services in order to cover the increased scope of the work. This will require additional resources to perform the major functions to deliver the outcomes and outputs of the new results framework.

9. In the past, WHO's work in health emergencies has been budgeted in two areas – within the then Category 5 for the regular and ongoing work on preparedness, surveillance and response, and within the programme area of outbreak and crisis response for specific emergencies. As it is not possible to accurately plan and budget in advance for the outbreak and crisis response component, the figures in previous programme budgets have been approximate and have reflected past expenditures. With the establishment of the Health Emergencies Programme, there will continue to be a need for an event-driven component, which will comprise funding requested through specific appeals, including outbreak appeals, and humanitarian response appeals. Outbreak and crisis response has therefore been replaced by "Humanitarian response plans and other appeals" and is planned, budgeted and financed at the time of response to events and through

[1] See document A69/30 and decision WHA69(9).

emergency planning processes. It constitutes the event-driven component of the budget of the new Programme, and can change during the biennium according to need. Part of the financing for this component will come from the Contingency Fund for Emergencies, which is outside the core budget of the Programme, and has a capitalization target of US$ 100 million. The Contingency Fund for Emergencies is managed through standard operating procedures and is partially replenished through humanitarian response plans and outbreak appeals.

10. The crucial work on antimicrobial resistance will be given greater emphasis. The budget for antimicrobial resistance is a result of a bottom up identification of priority work in 2018–2019 in support of implementing the national action plans on antimicrobial resistance, which is the key to implementing the global action plan on antimicrobial resistance.

11. As presented in the previous biennium, the Proposed programme budget 2018–2019 also presents distinct budget lines for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, and Polio Eradication. The budget increases in these areas, compared to the figures in the biennium 2016–2017, result from decisions made through their respective governance mechanisms and financing forecasts which inform their budget setting.

12. Table 2 presents the consolidation of the bottom up planning for the Proposed programme budget 2018–2019 by programme area. Changes in the programmatic emphases are partly the consequences of budget centres aligning their work with the Sustainable Development Goals or they signal the need for raising the level of investments in areas that need scaling up particularly at country levels.

13. The significant shift of emphasis in the area of transparency, accountability and risk management to management and administration and strategic communications is a result of further internalization of the key elements of managerial reform into the core enabling functions of the Organization.

14. More reflection is required to further harmonize these proposals with the regional and global priorities, particularly to take into account the advice and comments from the regional committees, in order to finalize the Proposed programme budget 2018–2109 for consideration by the Executive Board at its 140th session. Further consideration will be given to adjusting and fine-tuning the proposed plans, based on identified vulnerabilities to financing in the current and the next bienniums.

Table 2. Draft proposed programme budget 2018–2019, by programme area (in US$ million)

Category/programme area	Programme budget 2016–2017 (revised)[a]	Draft proposed programme budget 2018–2019[b]	Difference between draft proposed programme budget 2018–2019 and the Programme budget 2016–2017 (US$ million)
Communicable diseases			
HIV and hepatitis	141.3	145.6	4.3
Tuberculosis	117.5	121.5	4.0
Malaria	121.5	115.8	-5.7
Neglected tropical diseases	104.2	107.3	3.1
Vaccine-preventable diseases	280.5	272.8	-7.7
Total – Communicable diseases	**765.0**	**763.1**	**-1.9**
Noncommunicable diseases			
Noncommunicable diseases	198.3	198.7	0.4
Mental health and substance abuse	46	48.3	2.3
Violence and injuries	34.4	33.3	-1.1
Disabilities and rehabilitation	16.7	17.9	1.2
Nutrition	44.5	48.9	4.4
Total – Noncommunicable diseases	**339.9**	**347.1**	**7.2**
Promoting health through the life course			
Reproductive, maternal, newborn, child and adolescent health	206.3	210.4	4.1
Ageing and health	13.5	11.7	-1.8
Gender, equity and human rights mainstreaming	16.3	18.7	2.4
Social determinants of health	35.6	34.5	-1.1
Health and the environment	110	102.3	-7.7
Total – Promoting health through the life course	**381.7**	**377.7**	**-4.0**
Health systems			
National health policies, strategies and plans	142.1	142.3	0.2
Integrated people-centred health services	156.5	154.8	-1.7
Access to medicines and health technologies and strengthening regulatory capacity	171.6	169.5	-2.1
Health systems, information and evidence	124.3	126.8	2.5
Total – Health systems	**594.5**	**593.4**	**-1.1**
Health Emergencies Programme			
Infectious hazard management	107.2	114.4	7.2
Country health emergency preparedness and the International Health Regulations (2005)	138.1	153.5	15.4
Health emergency information and risk assessment	59.8	97.0	37.2
Emergency operations	120.7	157.8	37.1
Emergency core services	59.3	103.1	43.8
Total – Health Emergencies Programme	**485.1**	**625.8**	**140.7**
Corporate services/enabling functions			
Leadership and governance	222.7	224.3	1.6
Transparency, accountability and risk management	57.1	48.1	-9.0
Strategic planning, resource coordination and reporting	41.0	38.8	-2.2
Management and administration	372.7	375.8	3.1
Strategic communications	40.0	46.5	6.5
Total – Corporate services/enabling functions	**733.5**	**733.5**	**0.0**
Antimicrobial resistance	*18.5*	*32.4*	*13.9*
Food safety	*36.1*	*36.1*	*0.0*
Subtotal base programmes	**3 354.3**	**3 509.0**	**154.7**
Tropical disease research*	48.7	50.0	1.3
Research in human reproduction*	42.9	68.4	25.5
Polio eradication*	894.5	1 032.3	137.8
Total	**4 340.4**	**4 659.7**	**319.3**

[a] *Revised – represents budget increase for the Health Emergencies Programme if it had been applied in the Programme budget 2016–2017.*

[b] *Major office overall budget envelope maintained at 2016–2017 level with increases due to the Health Emergencies Programme and the programme on antimicrobial resistance.*

** The budget increases in these areas are a result of decisions made through their respective governance mechanisms and financing forecasts that inform their budget setting.*

15. In line with decision WHA69(16) (2016), the new strategic budget space allocation model for the operational segment on technical cooperation at country level has been applied for preparation of the budget proposals by major offices. Table 3 illustrates the progressive application of the agreed model, across four bienniums, until the agreed target relative share of regions for that operational segment is fully applied in the biennium 2022–2023.

Table 3. Relative distribution of budget space for technical cooperation at country level operational segment over four bienniums

Region	Model C (Alps Min) EB137/6	2016–2017	2018–2019	2020–2021	2022–2023
African	43.4%	42.8%	43.0%	43.2%	43.4%
Americas	11.3%	9.4%	10.0%	10.6%	11.3%
Eastern Mediterranean	14.2%	14.2%	14.2%	14.2%	14.2%
Europe	6.4%	5.5%	5.8%	6.1%	6.4%
South-East Asia	14.1%	15.1%	14.7%	14.4%	14.1%
Western Pacific	10.6%	13.0%	12.2%	11.4%	10.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

16. The overall budget breakdown (for base programmes only) by major office is proposed in Table 4, which is a result of combining the major office proposals developed through the bottom up process and the application of the new strategic budget space allocation model for the operational segment on technical cooperation at country level.

Table 4. Proposed base programme budget 2018-2019 by major office (in US$ millions)

Major office	Programme budget 2016–2017 (revised)[a]	Draft proposed programme budget 2018–2019[b]	Difference between draft proposed programme budget 2018–2019 and the Programme budget 2016–2017
Africa	820.1	855.0	34.9
Eastern Mediterranean	324.5	355.7	31.2
Europe	243.7	258.6	14.9
South-East Asia	286.8	294.1	7.3
The Americas	187.0	195.2	8.2
Western Pacific	278.9	288.2	9.3
Headquarters	1 213.3	1 262.2	48.9
Grand Total	**3 354.3**	**3 509.0**	**154.7**

[a] *Revised – represents budget increase for the Health Emergencies Programme if it had been applied in the Programme budget 2016–2017*.

[b] *Major office overall budget envelope maintained at the 2016–2017 level with increases due to the Health Emergencies Programme and the programme on antimicrobial resistance*.

17. The Organization's budget will continue to be financed through a mix of assessed contributions from Member States and voluntary contributions from Member States and non-State actors.

18. The Organization made gains through the financing dialogue, particularly with better alignment of financing and trust-building among partners. Financial vulnerability, however, is a key issue for the future. The Organization continues to lack significant predictable longer term funding that would ensure stability and longer-term planning.

19. The financing of the programme budget relies on a significant proportion of voluntary contributions from a small number of donors. The Organization will need the financing stability and sustainability provided by assessed contributions in order to make it less vulnerable to shocks and fulfil its mandate to effectively respond to emergencies. It will also need more predictability of funding in order to make longer-term commitments, especially in supporting countries to realize the goals of the 2030 Agenda for Sustainable Development. Increasing the level of assessed contributions will be a significant step towards a more sustainable financing of the Organization, greater alignment, predictability and flexibility for fully financing the programme budget.

20. The programme budget is a key tool for organization-wide programming and ensuring overall accountability. The Proposed programme budget 2018–2019 will be the last within the Twelfth General Programme of Work, 2014–2019, and thus reflects the continuity from previous programme budgets. It is submitted for review and guidance by the regional committees on the approach, proposed results chain and the shifts in emphasis. Further details will be elaborated for the version submitted to the Executive Board following the comments and guidance from the regional committees.

CATEGORY – COMMUNICABLE DISEASES

Advancing the Sustainable Development Goals to end the global epidemics of major infectious diseases, including HIV/AIDS, hepatitis, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases

The past 15 years have proved that through coordinated action and expanded financing the Organization can respond effectively to some of the world's greatest health challenges, and, furthermore, Millennium Development Goal 6 has been successfully achieved. During the period, the massive international response to HIV, tuberculosis, malaria and neglected tropical diseases has markedly reduced global case incidence and mortality rates, and saved over 50 million lives. Immunization is one of the most successful and cost-effective public-health interventions. Globally, over 85% of children are receiving the basic infant vaccinations; and the protection afforded by vaccines is estimated to avert more than two million deaths annually.

However, infectious diseases remain a concern for all countries, imposing a significant burden on public health in many and stifling their prospects of economic growth. With the endorsement of the 2030 Agenda for Sustainable Development, the world has an unprecedented opportunity to accelerate, impact and sustain all of the above-mentioned interventions. Sustainable Development Goal 3 relating to health includes a call to end the AIDS, tuberculosis, malaria and neglected tropical diseases epidemics by 2030 and to combat hepatitis and vaccine-preventable diseases, in particular, in newborns and children under five years.

Guided by the principles of equity and inclusiveness, delivering on this ambitious agenda will require a transformation in the way we approach disease control and elimination. The Sustainable Development Goals have shifted the focus towards a more system-wide approach, underpinned by the universal health coverage target. Universal health coverage presents a major opportunity to expand coverage of interventions against infectious diseases and provides a basis for a more balanced and sustainable approach to the achievement of the other health targets. It also involves a shift in our thinking, robust and predictable financing, increased investment in health system strengthening, better integration of programmes and the development and roll-out of new tools.

Congruent with the vision of moving towards universal health coverage and in line with the Organization's core functions, WHO, as the principal health agency charged with bringing together key stakeholders, aims to ensure that all affected populations have access to life-saving prevention and treatment, and that progress is accelerated towards the goal of ending the epidemics. To that end, it works with countries and partners to:

- develop and implement national strategies and plans to expand coverage of cost-effective interventions, including preventive measures, diagnostic testing, quality-assured treatment, and chronic-care and other interventions (for example, vector control);
- strengthen disease surveillance systems, improve data quality and availability (including disaggregated data), and increase early diagnosis and notification rates (where relevant);
- ensure that national programmes close existing coverage gaps, improve quality of services to achieve the greatest impacts, reduce inequalities in access to health care, and advance the goal of universal health coverage, including financial risk protection;
- provide integrated, patient-centred care across all endemic infectious diseases and scale up programmes in a manner that builds stronger health systems and establishes long-term and sustainable service delivery solutions;
- drive research efforts, strengthen research capacities, and promote the translation of innovation into health impacts;

- strengthen the integrated way of working called for in the new Agenda for Sustainable Development, work with sectors outside health, and leverage the power of community engagement and multisectoral partnerships to achieve the Sustainable Development Goal targets.

HIV and hepatitis

In 2016, the Sixty-ninth World Health Assembly adopted new global health sector strategies on HIV, viral hepatitis and sexually transmitted infections covering the period 2016–2021, which set out actions to be taken by WHO and Member States in response to the epidemics and to help achieve global targets. During the 2016–2017 biennium, WHO established regional action plans and supported countries to develop national plans for implementing the new strategies in regions and countries.

The global health sector strategy on viral hepatitis is the first such global strategy and represents a major step forward in addressing the epidemic. Globally, viral hepatitis is responsible for an estimated 1.4 million deaths each year, mainly as a result of chronic hepatitis B and C infection. Effective vaccines exist for preventing hepatitis A, B and E infections, and hepatitis B and C can be prevented through infection control, including safe injections. Recent developments in the treatment of chronic hepatitis, including medicines that can cure chronic hepatitis C infection, provide opportunities for making a major impact on the public-health burden posed by viral hepatitis.

The global health sector strategy on HIV is closely aligned with the UNAIDS strategy and the Political Declaration on HIV/AIDS. It takes a “fast-track” approach and adopts global targets to reduce new infections to below 500 000, increase testing and treatment in line with the 90-90-90 target, and virtually eliminate mother-to-child transmission by 2020. Specific actions are recommended for key populations, combination prevention and prevention innovations, HIV drug resistance, and HIV/TB and HIV/hepatitis coinfection. Reference is also made to important issues, such as access to HIV medicines and diagnostics, human rights, gender, and addressing HIV among women and girls.

While significant progress has been made, many challenges remain. The response to hepatitis has only begun, and a very substantial and well-coordinated effort will be required to scale up access to hepatitis diagnosis and treatment. The adoption of a “treat all” approach to HIV in 2015 greatly increased the number of people eligible for treatment, and the 2020 targets call for enrolling nearing 30 million people in antiretroviral therapy. While antiretroviral therapy scale up has been remarkable, there has not been a corresponding reduction in new HIV infections, nearly half of those living with HIV are still unaware of their HIV status, and key populations and their sexual partners remain hidden and hard to reach. Compared to adults, children still have less access to HIV treatment, and the goal of eliminating the transmission of HIV from mothers to their children has yet to be achieved.

In 2018–2019, WHO will continue to work with partners, including UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President’s Emergency Plan for AIDS Relief (PEPFAR), civil society and others to implement the new strategies and move toward achieving global targets for HIV and viral hepatitis. WHO will provide global leadership, set standards and norms for HIV and viral hepatitis prevention, testing and treatment, promote the expansion of new prevention technologies, work to eliminate new HIV infections in children, address important coinfections such as HIV/TB and HIV/hepatitis B and C, monitor and report on epidemiological trends, promote improved and integrated service delivery, and facilitate access to affordable medicines and diagnostics. Most importantly, WHO regional and country offices will work with countries to identify technical support needs, and will provide technical support to countries to develop and implement national strategies and action plans, adopt and implement WHO guidance, and deliver robust HIV and viral hepatitis services. WHO will also support countries to build national capacity, and, as appropriate, improve domestic financing capacity to respond to HIV and viral hepatitis.

Tuberculosis

Global, regional and national efforts to diagnose, treat and prevent tuberculosis have made significant progress. By the end of 2015, the Millennium Development Goal target to lower the rate of tuberculosis incidence had been achieved, with an annual decline estimated at 1.5% per year. The mortality rate fell 47% between 1990 and 2015, with most of the improvement occurring since 2000. Effective diagnosis and treatment saved an estimated 43 million lives between 2000 and 2014. New diagnostics and drugs have been introduced and more are in the pipeline. Such progress notwithstanding, and despite the fact that nearly all people with tuberculosis can be cured if they are promptly diagnosed and effectively treated, the burden of disease caused by tuberculosis remains high, with more than nine million new cases and 1.5 million deaths (including 0.4 million among HIV-positive people) each year.

Between 2006 and 2015, efforts to reduce the burden of disease attributable to tuberculosis were guided by WHO's Stop TB Strategy. Following its unanimous endorsement by all Member States at the Sixty-seventh World Health Assembly in 2014, the End TB Strategy (2016–2035) is now guiding efforts at global, regional and national levels, within the wider context of the Sustainable Development Goals. The Strategy's overall goal is to end the global tuberculosis epidemic, defined as achieving a reduction to 10 new cases per 100 000 population per year. The Sustainable Development Goals also include a target to end the global tuberculosis epidemic.

The End TB Strategy includes three high-level, overarching indicators for which targets (2030 and 2035) and milestones (2020 and 2025) have been set. The 2030 targets aim to reduce the incidence rate and number of deaths from tuberculosis by 80% and 90%, respectively, compared with 2015 levels; the 2020 milestones call for reductions of 20% and 35%, respectively, and state that no affected household should face catastrophic costs as a result of tuberculosis. To achieve these targets, the strategy has three main pillars: integrated patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation.

In the 2016–2017 biennium, the focus was on adoption and adaptation of the End TB Strategy by all Member States. In the 2018–2019 biennium, these efforts need to be consolidated and expanded. This includes enhanced government stewardship and accountability, with associated resource mobilization to fill substantial resource gaps; more national epidemiological assessment (including analysis of in-country inequalities and related assessment of equity) and surveys of costs faced by affected households, with results used to close persistent detection and reporting gaps, including through policies related to universal health coverage and social protection; increased coverage of routine diagnostic testing for drug susceptibility so that all those with tuberculosis are appropriately treated; strengthened surveillance and regulatory frameworks, including those related to mandatory notification and vital registration; more global investment; and national strategies for research.

In the biennium 2018–2019, the Secretariat will support Member States through policy guidance and associated tools for these and other topics, coordination and provision of technical assistance, engagement with a wide range of partners, including research networks, and regular global monitoring of the tuberculosis epidemic and progress made in the response in the context of the End TB Strategy and Sustainable Development Goal targets and milestones, with particular attention paid to the 2020 milestones.

Malaria

There were an estimated 214 million cases of malaria worldwide in 2015 (uncertainty range: 149–303 million) and 438 000 deaths from malaria (uncertainty range: 236 000–635 000). Target 6C of the 2000 Millennium Development Goals, which called for halting and beginning to reverse the incidence of malaria by 2015, has been meet. Since 2000, malaria incidence is estimated to have decreased by 37% globally and by 42% in the African Region, where 88% of cases are estimated to occur. Similarly, the estimated malaria mortality rate decreased by 60% globally and by 66% in the African Region, where 90% of deaths from malaria occur. The progress made is a result of a major increase in international disbursements, from less than US$ 100 million in 2000 to an estimated US$ 2.5 billion in 2015, and country leadership which enabled the scaling up of prevention, diagnostic and treatment measures, particularly long-lasting insecticidal nets, rapid diagnostic testing and artemisinin-based combination therapies. However, international funding for malaria continues to

remain significantly below the level required to meet the goals of the Global Technical Strategy for Malaria 2016–2030, endorsed by the Sixty-eighth World Health Assembly in May 2015; these targets include a reduction in malaria case incidence and mortality rates of 40%, 75% and 90% by 2020, 2025 and 2030, respectively. The risk of epidemics and resurgences resulting from inadequate financial resources, as well as growing drug and insecticide resistance, remains a serious concern and will require increased domestic resources and sustained investment from donors.

The Global Technical Strategy for Malaria is built on three pillars with two supporting elements to guide global efforts to accelerate malaria programmes toward elimination. The first pillar highlights the importance of ensuring universal access to malaria prevention, diagnosis and treatment. To that end, the WHO-recommended package of core malaria interventions – namely, vector control, chemoprevention, diagnostic testing and treatment – should be scaled up to cover all populations at risk of malaria. Pillar two encourages programmes to accelerate efforts towards elimination and attainment of malaria-free status. In addition, all countries should intensify their efforts to eliminate the disease, especially in areas with low transmission. Finally, pillar three transforms malaria surveillance into a core intervention. The strengthening of surveillance systems is essential in ensuring effective allocation of limited resources through data-driven programme planning, and in evaluating the progress and impact of control measures. The two critical supporting elements are harnessing innovation and expanding research, and strengthening the enabling environment.

In the biennium 2018–2019, the Secretariat will continue to support countries in which malaria is endemic to adopt and adapt the Global Technical Strategy and targets, including the acceleration of programmes toward elimination and capacity building. The Global Strategy provides the guiding framework for WHO to work with countries and implementing partners to scale up intervention packages tailored to transmission settings, while prioritizing the need to strengthen surveillance and address the threats of drug and insecticide resistance. The global vector control strategy, which is under development, will provide integrated guidance on the control of vector-borne diseases, including malaria. The Secretariat will continue to provide updated, evidence-based policy recommendations through the work of the Malaria Policy Advisory Committee and supporting technical expert groups and evidence review groups. The Strategic Advisory Group on Malaria Eradication will advise WHO on the determinants and potential scenarios for malaria eradication.

Neglected tropical diseases

One billion people are affected by one or more neglected tropical diseases, with two billion at risk in tropical and subtropical countries and areas. Those most affected are the poorest, who often live in remote rural areas, urban slums or conflict zones where such diseases are a major cause of disability and lost productivity among some of the world's most disadvantaged people. More than 70% of countries, areas and territories affected by neglected tropical diseases are low- or lower middle-income countries, and 100% of low-income countries are affected by at least five neglected tropical diseases, partly because of their association with various combinations of social determinants, and partly because their populations are unable to attract the attention of decision-makers to their problems and thereby secure resources. Although the impact of neglected tropical diseases is stronger in some regions than in others, and their contribution to overall mortality rates is not as high as other diseases, reducing their health and economic impact is a global priority for the following reasons: new and more effective interventions are available; doing so can help to accelerate economic development; and the Secretariat is well-placed to convene and nurture partnerships between governments, health-service providers and pharmaceutical manufacturers.

The WHO road map for accelerating work to overcome the impact of neglected tropical diseases sets out a detailed timetable for the control and, where appropriate, elimination and eradication of specific diseases. It reflects the complex context of neglected tropical disease interventions, including their integration into existing health systems, Sustainable Development Goals and other sectors, and provides a rigorous analysis of equity, gender and other social determinants of health considerations. Partnerships with manufacturers are important in securing access to quality-assured medicines. Sustaining the current momentum for tackling these diseases requires not only commodities and financing, but also political support.

As we approach the 2020 targets set by the WHO road map on neglected tropical diseases, in the biennium 2018–2019, WHO will support the intensification of activities to eliminate blinding trachoma, leprosy, human African trypanosomiasis and lymphatic filariasis in line with the global target for elimination of neglected tropical diseases by 2020. With new diseases being added to the portfolio of neglected tropical diseases, and as the road map targets for several such diseases draw closer, renewed commitment from Member States and partners is expected in order to scale up WHO's activities in 2018–2019 to support the achievement of the road map's targets. For the global eradication of dracunculiasis by 2018–2019, WHO will support countries in which dracunculiasis was formerly endemic in implementing nationwide surveillance for a mandatory three-year period, and, upon satisfactory completion, will certify those countries as free of dracunculiasis transmission. WHO will work to establish a global reward to be awarded when no new cases have been detected for 12 months, as recommended by the International Commission for the Certification of Dracunculiasis Eradication. The Secretariat will continue to focus on increasing access to essential medicines for neglected tropical diseases and expanding preventive chemotherapy and innovative and intensified disease management. Special efforts will focus on strengthening dengue prevention and control based on clear burden of disease estimates, development of new vector-control tools and integrated vector management. Building on the example of rabies, the Secretariat will support strengthening control of zoonotic diseases. Additionally, strengthening national capacity for disease surveillance and certification and verification of the elimination of selected neglected tropical diseases will remain central to the Secretariat's support to countries.

Vaccine-preventable diseases

Some 2.5 million children under the age of 5 years die from vaccine-preventable diseases each year, that is, more than 6800 child deaths every day. Immunization is one of the most successful and cost-effective public health interventions. Globally, over 85% of children receive the basic infant vaccinations. The protection afforded by vaccines is estimated to avert more than two million deaths annually. The priority given to current and future vaccine-preventable diseases is reflected in the international attention being paid to this subject as part of the Decade of Vaccines and the associated global vaccine action plan, progress against which is monitored annually by the WHO governing bodies.

Several new vaccines are becoming available and routine immunization is being extended from infants and pregnant women as the sole target groups to include adolescents and adults. An increasing number of low- and middle-income countries are including new vaccines in their national programmes with support from the GAVI Alliance. The introduction of new vaccines is increasingly being carried out in coordination with other programmes as part of a package of interventions to control diseases, especially pneumonia, diarrhoea and cervical cancer. By scaling up the use of existing vaccines and introducing more recently licensed vaccines, nearly one million additional deaths could be averted each year. Furthermore, vaccination has also been shown to reduce antimicrobial use and to contribute to antimicrobial resistance. The development and licensing of additional vaccines promises to further enhance the potential of immunization to avert death, disability and disease.

While high coverage is being achieved with vaccination, including at the national level, geographical and socioeconomic inequities in access to vaccination remain within countries. The addition of new vaccines has increased the complexity of programmes, requiring better trained health-care workers, improved supply chains, coverage monitoring, and surveillance systems.

In the biennium 2018–2019, the focus will be on achieving universal coverage through addressing inequity by reaching every community with life-saving vaccines. The Secretariat will support the development and implementation of national immunization plans by strengthening national capacity for monitoring immunization programmes and ensuring access to vaccines and supplies to meet the needs of all Member States. Additionally, efforts will be intensified in order to contribute to meeting the goals of measles and neonatal tetanus elimination, and control of rubella and hepatitis B.

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

The work of the Special Programme contributes to reducing the global burden of infectious diseases of poverty and improving the health of vulnerable populations, including women and children. The main outcome is the translation of infectious disease evidence, solutions and implementation strategies into policy and practice in disease endemic countries. This is achieved through outputs such as, enhanced research and knowledge transfer capacity within countries, high quality intervention and implementation research evidence, and key stakeholders in countries engaging in setting the research agenda.

The Special Programme's budget for the 2018–2019 biennium, as part of its strategic plan 2018–2023, supports a competitive portfolio where impact on health is enhanced by innovative research projects and strengthened research capacity in low- and middle-income countries. The budget and workplan follow the Special Programme's strategic focus on: implementation research; integrated, multidisciplinary research on vectors, environment and society; knowledge management; and health research capacity strengthening in developing, disease endemic countries.

With over 80% of funds channelled into operations (including staff directly related to implementation), and a working model that enhances collaboration and working through partners, the Special Programme delivers excellent value for money. Its restructuring in 2012 led to a leaner organization, with staff costs reduced by 60% compared to 2010–2011. The Special Programme channels the largest part of its funds into direct operations and will continue to do so in 2018–2019.

The portfolio of innovative projects initiated since 2014 is constantly evolving and will be further developed in 2018–2019 to allow flexibility in addressing emerging challenges that are in line with the Special Programme's mission. At the same time, it will continue to focus on the core, long-term activities that are part of its core project portfolio which includes three main areas: implementation research, research on vectors, environment and society; and knowledge management and research capacity strengthening.

The research portfolio encompasses projects that identify innovative solutions which are tested and deployed with stakeholders representing research, control programmes, policy-makers, communities and patients. It also includes cross-cutting issues spanning diseases and sectors, such as vector-borne diseases and vector control interventions at the interface of the natural and human environment. Research projects also explore innovative ways to engage with communities in order to scale up tools and strategies for the prevention of poverty-related diseases.

The research capacity strengthening and knowledge management portfolio focuses on strengthening the research capacity of scientists and institutions in disease endemic countries, through education grants and short training grants, and on supporting knowledge management that maximizes the health impact of research.

Linkages with other programmes and partners

Moving into the development space defined by the Sustainable Development Goals, with its 13 health targets and other targets with a bearing on health, will require greater collaboration and coherence in strategies and approaches.

The drive to end the epidemics and prevent the diseases under the Communicable diseases category requires greater coordination with partners and better integration of disease programmes. Intensified research and innovation, working through strengthened health systems to achieve universal health coverage and ensuring sustainable financing, as well as deepening the engagement with other sectors, development partners and non-State actors are essential. The programme areas in this category have long and productive experience in this way of working that should be sustained and enhanced.

In many cases, this means making greater use of integrated approaches to service delivery. For example, initiatives such as the integrated delivery of preventive chemotherapy for at least five neglected tropical diseases to more than 1 billion people at risk, and the collaboration between HIV and tuberculosis programmes

in the African Region, where several integration initiatives have helped turn around the TB/HIV response, saving an estimated 5.9 million lives between 2000 and 2014, are illustrations of approaches to be continued or expanded.

There are also positive examples of programme integration with health systems, such as the incorporation of HIV interventions in maternal and child health services. Such interventions include HIV testing and counselling for pregnant women and those considering pregnancy, and the provision of antiretroviral therapy and counselling on infant feeding to reduce the risk of vertical transmission. Similarly, work on preventing and treating some neglected tropical diseases, including schistosomiasis and soil-transmitted helminthiasis, will improve female and maternal health and birth outcomes.

Enhancement of surveillance activities in line with the goals of control, elimination and eradication of vaccine-preventable diseases will support efforts to prevent and respond to outbreaks of vaccine-preventable diseases.

Tackling resistance to drugs and insecticides is a priority for all programmes, as this common concern is a potential obstacle to attaining targets. Capitalizing on the ongoing efforts in the area of drug and insecticide resistance for the diseases under this category, implementation of the global action plan on antimicrobial resistance builds on the strengths and lessons learned. However, implementation of the global action plan will need to ensure a good fit with other plans, as well as increase their synergies.

The success achieved in respect of the Millennium Development Goals, especially in Goal 6, can be attributed to the enormous efforts of countries and joint efforts of the global community, including support from key partnerships, global health initiatives, development agencies, major foundations and other non-State actors, as well as to the complementarity of the work of WHO with other agencies and coherence within the United Nations system. This work will need to be continued and further enhanced. For example, in order to consolidate its normative role, WHO is intensifying interaction with Member States and strengthening partnerships with other global bodies, including UNICEF, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank, as well as with foundations, organizations and corporations serving a wide range of functions in public health. WHO works closely with the GAVI Alliance, carrying out the normative work that underpins successful immunization programmes, including facilitating research and development, setting standards and regulating vaccine quality, and marshalling the evidence to guide vaccine use and maximize access. WHO's normative guidance will continue to play a key role in guiding investment by the Global Fund to Fight AIDS, Tuberculosis and Malaria, ensuring that concept notes for funding submitted by countries are based on WHO recommendations for evidence-based strategies, and that medicines and other health products are quality assured.

HIV AND HEPATITIS

Outcome – Increased access to key interventions for people living with HIV and viral hepatitis

Outcome indicators	Baseline	Target
Number of new HIV infections per year	2 million (2015)	<500 000 (2020)
Percentage of people living with HIV who are on antiretroviral treatment	46% (2015)	81% (2020)
Number of new HIV infections per year among children	190 000 (2015) (to be confirmed)	<40 000 (2020)
Cumulative number of people treated for hepatitis B or C	< 2 million (2015) (to be confirmed)	8 million (2020)

Output – Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support

Output indicator	Baseline	Target
Number of countries implementing fast track actions (Fast Track)	10	30
countries that have adopted the "treat all" recommendations	(2015)	(2019)
(to be defined)	(to be confirmed)	(to be confirmed)

Country office deliverables

- Provide support to countries for implementation of country HIV action plans in line with regional action plans.
- Update national strategies, guidelines and tools consistent with global and regional guidance for HIV prevention, care and treatment.
- Strengthen country capacity to generate and systematically use strategic information through national information systems and routine programme monitoring, in line with global norms and standards.
- Strengthen country capacity to provide key HIV interventions through training, mentorship and supervision using adapted manuals, tools and curricula.
- Provide support to countries for mapping national HIV technical assistance needs and accessing adequate, high-quality technical assistance for programme management, governance, implementation and resource mobilization.

Regional office deliverables

- Provide technical support to countries for implementation of regional HIV action plans.
- Develop and strengthen regional strategic information on HIV/AIDS epidemiological trends and country responses to HIV, and monitoring of progress on the implementation of regional action plans.
- Conduct regional dissemination of globally recommended policies, guidelines, and practices in order to tackle region- and country-specific challenges to achieving equitable access to HIV prevention, diagnosis, care and treatment.
- Develop regional networks of quality-assured technical assistance providers to support countries in implementing WHO action plans, policies and guidelines.
- Provide support for implementation science and innovations to accelerate country uptake of effective interventions and technologies.

Headquarters deliverables

- Provide global leadership and coordination of WHO's HIV programme for implementation of the global health sector strategy on HIV, 2016–2021.
- Provide normative and implementation guidance, policy options and backstopping of regional offices in the provision of technical support for the effective prevention of HIV transmission and equitable inclusion of key populations in the HIV response.
- Provide normative and implementation guidance, policy options and backstop regional offices in the provision of technical support for reducing mortality and incidence through delivery of treatment and care for people living with HIV.
- Provide normative guidance and technical support on strategic information and planning.
- Prepare and disseminate reports on the progress of the health sector response to HIV.

- Provide guidance on HIV service delivery models and scale-up approaches linked to universal health coverage, chronic diseases, tuberculosis, hepatitis, sexual and reproductive health, maternal and child health, mental health, and essential medicines.
- Backstop regional offices in the provision of technical support for the application of WHO guidance and implementation of regional action plans.

Output – Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support

Output indicator	Baseline	Target
Number of focus countries with national action plans for viral hepatitis prevention and control that are in line with the global health sector strategy for viral hepatitis, 2016−2021	10 (2015) (to be confirmed)	28 (2019)

Country office deliverables

- Provide support for the development and implementation of national multisectoral policies and strategies on viral hepatitis prevention and control (and/or their integration into broader health strategies) based on local epidemiological contexts.
- Strengthen capacity for development of national surveillance systems and data collection on the burden of viral hepatitis infection and for monitoring national response.
- Provide support for the adaptation of national guidelines for the prevention and control of viral hepatitis in line with the global guidance and integration of key hepatitis interventions into existing health care mechanisms and systems.
- Provide support for awareness campaigns about viral hepatitis among policy-makers and the general population using existing health promotion mechanisms.

Regional office deliverables

- Provide technical support to countries for implementation of regional viral hepatitis action plans.
- Mobilize political commitment for the prevention and control of viral hepatitis.
- Provide support for the dissemination, adaptation and implementation of WHO guidance for the prevention and control of viral hepatitis.
- Backstop country offices for policy dialogue, technical assistance and capacity building for national viral hepatitis responses.
- Provide support for the strengthening of regional and national capacity in surveillance and data collection on viral hepatitis.
- Monitor the implementation of the global strategy and regional action plans for the prevention and control of viral hepatitis.
- Establish regional networks of quality assured technical assistance providers to support countries in implementing WHO action plans, policies and guidelines.

Headquarters deliverables

- Lead and coordinate activities for global viral hepatitis prevention, diagnosis, care and treatment.
- Provide normative guidance to help expansion of viral hepatitis prevention, diagnosis, care and treatment efforts.

- Strengthen health information and reporting systems to assess and monitor viral hepatitis epidemics and implementation of viral hepatitis activities.
- Provide guidance and backstop regional offices in the provision of technical assistance for the development of national hepatitis strategies and plans in order to achieve a balanced hepatitis response that is integrated in general health programmes.

TUBERCULOSIS

Outcome – Universal access to quality tuberculosis care in line with the End TB Strategy

Outcome indicators	Baseline	Target
Cumulative number of people with tuberculosis diagnosed and successfully treated since the adoption of the WHO-recommended strategy (1995)	80 million (2017)	90 million (end 2019)
Annual number of tuberculosis patients with confirmed or presumptive multidrug-resistant tuberculosis (including rifampicin-resistant cases) placed on multidrug-resistant tuberculosis treatment worldwide	300 000 (2017)	350 000 (by 2019)

Output – Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1

Output indicator	Baseline	Target
Number of countries that have set targets, within their current national strategic plans, for reduction in tuberculosis mortality and incidence in line with the global targets as set in resolution WHA67.1	To be determined (2017)	194 (2019)

Country office deliverables

- Support and strengthen country capacity in the adaptation and implementation of guidelines and tools in line with the End TB Strategy, relevant regional plans and frameworks and national strategic plans.
- Support countries in coordinating the efforts of multiple sectors and partnerships, contributing to the development of country cooperation strategies and national strategic plans, and facilitating resource mobilization.
- Support the collection, analysis, dissemination and use of tuberculosis data and monitor the national tuberculosis situation and response, including disaggregated analyses (e.g. by age, sex and location) that allow assessment of within-country inequalities and equity.

Regional office deliverables

- Strengthen countries' capacity in adaptation and implementation of WHO guidelines and tools in line with the End TB Strategy, regional action plans and/or relevant regional plans and frameworks and policies.
- Coordinate provision of technical support by WHO and partners, based on countries' needs, including regional support mechanisms, for example, the regional Green Light Committees and WHO collaborating centres.

- Monitor trends in tuberculosis, HIV/tuberculosis coinfection and drug-resistant tuberculosis through the strengthening of surveillance systems and by promoting the analysis, dissemination and utilization of related health data and information.
- Provide leadership in advocacy, partner coordination and resource mobilization.

Headquarters deliverables

- Provide leadership in coordination, advocacy and resource mobilization to support adoption and implementation of the End TB Strategy, and collaborate with WHO regional and country offices as well as stakeholders engaged in addressing tuberculosis, HIV, antimicrobial resistance, noncommunicable diseases, maternal and child health, health systems and other relevant health issues.
- Provide leadership in collaboration with relevant stakeholders within and outside WHO to harmonize tuberculosis control efforts with the overall movement towards universal health coverage and social protection through contribution to health system strengthening and efforts to eliminate catastrophic costs experienced by patients due to tuberculosis.
- Provide global monitoring and evaluation of progress towards targets and milestones for reduction in the tuberculosis disease burden set out in the Sustainable Development Goals and the End TB Strategy, including disaggregated analyses of national data that allow assessment of within-country inequalities and equity, with wide dissemination of reports by means of global reports, the WHO global TB database and the WHO Global Health Observatory.

Output – Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation

Output indicator	Baseline	Target
Number of new and updated guidelines and technical documents supporting the End TB Strategy developed and adopted in regions and countries	0 (2017)	10 (2019)

Country office deliverables

- Support countries in adapting the End TB Strategy and relevant regional plans and frameworks into national policies, strategies and plans, harmonizing them with the overall national health system strengthening efforts towards universal health coverage and social protection; and facilitate cross-cutting policy dialogue with other sectors, partners and affected populations.
- Support countries in adopting tuberculosis guidelines and tools in line with latest global, and relevant regional, guidance.
- Support and promote implementation of operational research and innovation through setting of the research agenda and capacity building.

Regional office deliverables

- Lead the development of regional tuberculosis implementation strategies and related frameworks and provide a regional platform for policy dialogue to adapt global tuberculosis strategies and plans to the regional context.
- Articulate policy options, develop and update technical guidance to facilitate the adoption and implementation of the End TB Strategy within regional plans and frameworks.

- Lead in supporting Member States' engagement in tuberculosis-related international initiatives, as well as their active participation in global health issues, and coordinate with regional and subregional entities.
- Promote and facilitate operational research and innovations by setting the research agenda and building capacity through close collaboration with country offices, Member States and key partners.
- Foster collaboration and exchange of good practice among diverse stakeholders at regional level.

Headquarters deliverables

- Update tuberculosis diagnostic and treatment guidelines, including on the use of new diagnostics and drugs, regimens and associated supportive tools and laboratory standards.
- Provide policy guidance for implementation of tuberculosis care for all forms of tuberculosis, including for drug-susceptible, multidrug-resistant, HIV-associated, and paediatric tuberculosis, and towards enhanced integrated services with noncommunicable diseases, maternal and child health care, community-based care and for vulnerable populations, and including gender, equity and human rights.
- Develop policy guidance and tools in support of effective implementation of enhanced national policy, regulatory and research agenda frameworks in support of the End TB Strategy.

MALARIA

Outcome – Increased access of populations at risk to preventive interventions, diagnostic confirmation of malaria and first-line antimalarial treatment

Outcome indicators	Baseline	Target
Percentage of confirmed malaria cases in the public sector receiving first-line antimalarial treatment according to national policy	70% (SSA only)* (2014)	77% (SSA only) (2019)
Percentage of suspected malaria cases in the public sector receiving a parasitological test	65% (SSA only) (2014)	85% (SSA only) (2019)
Proportion of population in need of vector control interventions that has access to them	53% (SSA only) (2014)	80% (SSA only) (2019)
Number of countries with ongoing malaria transmission in 2015 that report zero indigenous cases	0 (2015)	8 (2019)

*****SSA – Sub-Saharan Africa*

Output – Countries enabled to implement evidence-based malaria strategic plans, with focus on effective coverage of vector control interventions and diagnostic testing and treatment, therapeutic efficacy and insecticide resistance monitoring and surveillance through capacity strengthening for enhanced malaria reduction

Output indicator	Baseline	Target
Percentage of countries with more than 80% of public health facility reports received at national level	49% (2014)	80% (2019)

Country office deliverables

- Support national anti-malaria programmes to identify capacity-building needs and strengthen technical and management capacity in malaria prevention, control and elimination, including at subnational levels.
- Support countries in all aspects of malaria programme implementation, including: improving malaria surveillance; identification of hard-to-reach populations; tracking malaria control and elimination progress through national health information systems; generation and use of data, including monitoring of, and reporting on, the therapeutic efficacy of antimalarial medicines and insecticide resistance.
- Support programmatic gap analyses to facilitate fund raising.

Regional office deliverables

- Assess common priority capacity-building needs across countries and facilitate regional and intercountry capacity-building; and share best practices that build long-term capacity in countries.
- Support country offices in improving countries' capacity to: gather strategic information through assessing barriers to access including through risk mapping, generating information for better malaria stratification by sex, economic status, age, rural/urban, marginalized populations, ethnicity/race.
- Support country offices for effective use of malaria surveillance, programmes and health-related data.
- Provide technical support where additional capacity and expertise are needed to: implement responses to malaria multi-drug resistance including ACT resistance and insecticide resistance; to scale up effective coverage of vector control interventions and high-quality parasitological diagnosis and treatment of malaria; and establishing and maintaining quality assurance systems.
- Provide intercountry and country-specific support to accelerate malaria control and elimination and prevent re-establishment of malaria, including: coordination and technical support; facilitation of cross-border collaboration; quantitative, qualitative and participatory research; and advocacy and resource mobilization, in collaboration with stakeholders, partners and relevant sectors.
- Monitor and analyse regional trends.

Headquarters deliverables

- Provide expertise where additional capacity is needed in the regions to support specialized areas of malaria prevention, control and elimination.
- Manage strategic global information on malaria, including maintaining databases on insecticide and drug resistance, and report on progress in controlling malaria globally.
- Provide programmatic and training tools to support regions and countries in building human resource capacity for implementing WHO-recommended strategies and surveillance.

Output – Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, including for hard-to-reach populations, integrated management of febrile illness, surveillance and disaggregation of data, epidemic detection and response for accelerated malaria reduction and elimination

Output indicator	Baseline	Target
Proportion of countries in which malaria is endemic that are implementing WHO policy recommendations, strategies and guidelines	72/94 (2014)	85/94 (2019)

Country office deliverables

- Provide technical support to countries for national adoption/adaptation and implementation of the updated technical guidelines on vector control, diagnostic testing and treatment, including for special populations, and for the integrated management of febrile illness.
- Support the development/updating of national malaria prevention, control and elimination strategies, and malaria programme reviews.
- Support policy and strategic dialogue at country level for monitoring the implementation of malaria strategies; and discuss capacity gaps and plan for effective implementation of malaria control and elimination.

Regional office deliverables

- Support dissemination, adoption/adaptation and implementation of the global technical strategy, including strategies for malaria reduction and elimination, and for prevention of reestablishment of malaria, at subregional, national and subnational levels, as well as operational research, including into the barriers to effective coverage.

Headquarters deliverables

- Update technical guidelines on surveillance, vector control, diagnostic testing and treatment, including for special populations, on the integrated management of febrile illness and on malaria elimination; and develop tools to support the adaptation and implementation of the global technical strategy, policy recommendations and guidelines.
- Work with regional offices to strengthen technical support in highly specialized areas of prevention and case management, including malaria multidrug resistance (including resistance to artemisinin-based combination therapy).

NEGLECTED TROPICAL DISEASES

Outcome – Increased and sustained access to neglected tropical disease control interventions

Outcome indicators	Baseline	Target
Number of countries certified for eradication of dracunculiasis	187/194 (2015)	194/194 (2019)
Number of countries in which diseases are endemic having achieved the recommended target coverage of the population at risk of contracting lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis	25/114 (2012)	100/114 (2020)

Output – Implementation and monitoring of the WHO road map for neglected tropical diseases facilitated

Output indicator	Baseline	Target
Number of countries in which neglected tropical disease are endemic implementing neglected tropical disease national plans in line with the road map to reduce the burden of neglected tropical diseases	To be determined	To be determined

Country office deliverables

- Provide technical support for mass drug administration and for developing and implementing neglected tropical disease control, elimination and eradication policies, strategies and integrated action plans at country level.
- Support the strengthening of national monitoring and evaluation in order to guide policy implementation decisions, and report on progress of national neglected tropical disease control and elimination actions.
- Support countries in ensuring availability of, and access to, quality-assured neglected tropical disease medicines at all levels of health care, as well as their integration into essential medicines procurement policies, and by supporting resource mobilization.
- Support the strengthening of national capacity in order to scale up/down preventive chemotherapy, innovative and intensified disease management and integrated vector management interventions, as well as collaboration with other programmes and sectors, as appropriate.

Regional office deliverables

- Facilitate regional dialogue between governments, service providers, manufacturers, donors and technical and implementation partners on implementation plans at country level in line with the WHO road map for controlling and preventing neglected tropical diseases.
- Monitor progress at country level through active dialogue and engagement with governments, donors and partners. Coordinate regional programme review groups and meetings of programme managers according to the WHO road map for controlling and preventing neglected tropical diseases.
- Provide a regional platform for strengthening of capacity for national neglected tropical disease programmes in countries in the region, particularly in surveillance, use of operational research outcomes and gender equity data, and support the certification/verification of selected neglected tropical disease elimination.
- Enhance coordination of technical support from regional and global levels and with donors and technical partners.

Headquarters deliverables

- Develop tools and support capacity building at regional and country levels in order to facilitate implementation of the action points in the WHO road map on neglected tropical diseases.
- Coordinate certification of elimination/eradication in relevant countries.
- Strengthen monitoring and evaluation and reporting, including development of a neglected tropical disease database, and publish the global neglected tropical disease report and statistics, including gender and equity data where possible.
- Conduct global advocacy for neglected tropical disease control, elimination and eradication, mobilize resources, and coordinate and monitor global procurement of donated and non-donated essential medicines for treating neglected tropical diseases.

Output – Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support

Output indicator	Baseline	Target
Number of countries in which neglected tropical diseases are endemic that have adopted WHO norms, standards and evidence in diagnosing and treating neglected tropical diseases	To be determined	To be determined

Country office deliverables

- Provide technical support to countries in designing relevant clinical trials and in adapting technical guidance on the diagnosis, treatment, case management, transmission control and surveillance of neglected tropical diseases.
- Provide technical support in the development or revision of national guidelines specifically on mass drug administration for controlling and preventing specific diseases, including soil-transmitted helminth infections and schistosomiasis; conduct quality assurance and ensure pharmacovigilance.

Regional office deliverables

- Adapt global guidelines towards improved prevention, access to interventions, case detection, case management and control of neglected tropical diseases in the regional context.
- Identify regional operational research priorities and advocate for and engage with WHO collaborating centres, research institutions and research networks in the region.
- Complement capacity in country offices to support Member States in adapting guidelines, quality assurance systems and other specific areas of neglected tropical disease control, elimination and/or eradication.
- Assist headquarters in developing technical guidelines by providing region-specific inputs on monitoring and evaluation of neglected tropical disease interventions and vector control.

Headquarters deliverables

- Develop and update technical norms and standards on neglected tropical diseases at global level by means of expert committees and study groups.
- Facilitate the development of rapid and simple diagnostic tests for neglected tropical diseases such as Buruli ulcer, human African trypanosomiasis, leishmaniasis, Chagas disease, yaws, fascioliasis and dengue and other regional neglected tropical diseases.
- Facilitate interdepartmental and intersectoral policy dialogue on gender and equity in the content, processes, and impact of strategies for neglected tropical disease control and elimination.

Output – New knowledge, solutions and implementation strategies that respond to the health needs of disease-endemic countries developed through strengthened research and training

Output indicator	Baseline	Target
Number of new and improved tools, solutions and implementation strategies developed	Not applicable	7 (2019)

Headquarters deliverables

- Facilitate setting of research agenda on infectious diseases of poverty, and convene stakeholders to agree recommendations and practices, with input from key disease-endemic countries.
- Develop high-quality intervention and implementation research evidence on infectious diseases of poverty, with the involvement of key disease-endemic countries; develop methods, solutions and strategies, for effective treatment and control of neglected tropical diseases.
- Support research capacity strengthening at individual and institutional levels in disease-endemic countries, in line with regional and country priorities.

VACCINE-PREVENTABLE DISEASES

Outcome – Increased vaccination coverage for hard-to-reach populations and communities

Outcome indicators	Baseline	Target
Global average coverage with three doses of diphtheria, tetanus and pertussis vaccines	86% (2018)	≥ 90% (2019)
Number of Member States whose achievement of measles elimination has been verified	77/194	88/194
Proportion of the 75 priority Member States (as per Countdown 2015) that have introduced pneumococcal and rotavirus vaccines	52/75 (69%)	60/75 (80%)

Output – Implementation and monitoring of the global vaccine action plan with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines

Output indicator	Baseline	Target
Number of lower- and middle-income Member States not reaching the immunization coverage targets[1] of the Global Vaccine Action Plan that have been supported by WHO to develop annual work plans for improving coverage	0/94* (2017)	50/94 (2019)

* Member States referred to in the Global Vaccine Action Plan

Country office deliverables

- Support countries to develop and implement national multiyear plans and annual workplans (including micro-planning for immunizations) with a focus on under-vaccinated and unvaccinated populations.
- Support countries in mobilizing investments and partner support for the implementation of their national immunization strategic plans (comprehensive multiyear or other plans).
- Support the strengthening of country capacity in vaccine preventable disease surveillance, improving immunization data quality and use of immunization data for monitoring vaccine performance, programme monitoring and improving programme performance.

Regional office deliverables

- Provide expertise to countries, where additional capacity is needed, in identifying inequities in coverage and developing strategies to reach unvaccinated and under-vaccinated populations, and in introducing new vaccines, and facilitate partner collaboration.
- Support countries in establishing and implementing policies and strategies for ensuring the sustainability of immunization programmes, including support to the establishment and capacity building of national decision-making bodies.
- Coordinate regional vaccine preventable disease surveillance (including for rotavirus and vaccine-preventable invasive bacterial disease), and develop/adapt strategies to improve quality and use of immunization monitoring data.

[1] ≥90% coverage with three doses of diphtheria, tetanus and pertussis-containing vaccines at national level and ≥ 80% in all districts.

Headquarters deliverables

- Support regional offices with policy and strategic guidance for the implementation of the Global Vaccine Action Plan and report on progress in implementation of the Plan annually.
- Update (i) policy recommendations on use of current and new vaccines and (ii) introduction guidelines for new and underutilized vaccines.
- Establish global standards for vaccine preventable disease surveillance and programme impact monitoring with key contributions from regional and country levels.

Output – Intensified implementation and monitoring of measles and rubella elimination, hepatitis B control and maternal and neonatal tetanus elimination strategies facilitated

Output indicator	Baseline	Target
Number of Member States that have been supported by WHO to establish a national or subregional* measles verification committee	131/194 (2017)	138/194 (2019)

**Subregional committees may be more practical for some small countries in a subregion*

Country office deliverables

- Support countries in developing and implementing national strategies for measles, rubella/congenital rubella syndrome, neonatal tetanus and hepatitis B elimination/control that include monitoring immunity gaps, identifying populations consistently missed by immunization and making special efforts to reach them.
- Support the strengthening of country capacity for measles and rubella/congenital rubella syndrome surveillance, including technical assistance to countries seeking to attain accreditation for their measles/rubella laboratory.
- Support national verification committees in order to verify achieving goals for the elimination and control of vaccine-preventable diseases.

Regional office deliverables

- Review and update regional strategies for measles elimination, rubella/ congenital rubella syndrome elimination/control and hepatitis B control and backstop country offices in implementing them.
- Strengthen regional capacity in measles and rubella/ congenital rubella syndrome case-based surveillance with laboratory confirmation, including coordinating regional measles/rubella laboratory network.
- Facilitate establishment of, and provide support to, regional bodies and processes for verification of measles and rubella/congenital rubella syndrome elimination and hepatitis B control.

Headquarters deliverables

- Provide expertise where additional technical capacity is needed in implementing disease elimination/control and for verification of elimination/control.
- Coordinate global measles and rubella laboratory network.
- Monitor and report on global outcomes and trends in measles/rubella incidence and hepatitis B control.

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Output – Research priorities and comprehensive reviews for vaccination policies for new vaccines and other immunization-related technologies, defined and agreed, in order to develop and introduce vaccines of public health importance and overcome barriers to immunization

Output indicator	Baseline	Target
Number of target product profiles and preferred product characteristics, established for priority new vaccines and immunization technologies during the biennium	0 (2017)	3 (2019)

Country office deliverables

- Support countries to generate data for evidence-based decision-making on use of vaccines and selection of programmatically suitable vaccine products.
- Support implementation research that would help to deal with any remaining barriers to reaching high and equitable coverage and access to vaccines and immunization services.

Regional office deliverables

- Coordinate vaccine-related demonstration/pilot studies for new vaccine introduction in the regions.
- Support the establishment and strengthening of national institutional capacity for evidence-based decision-making and conduct systematic evidence collection of vaccine performance and impacts in different settings or in the different target groups for regionally-adapted vaccination policies.
- Facilitate establishment of research priorities and conduct of implementation research so as to support the strengthening of immunization programmes in the regions.

Headquarters deliverables

- Establish research priorities for immunization and facilitate the development and clinical evaluation of specific priority vaccines, including vaccines to respond to epidemics as per the research and development blueprint-based global research and development road maps and testing/licensure pathways.
- Provide the evidence base and recommendations for: policy for new and current vaccines; guidance on WHO's preferences for vaccine development, including target product profiles; preferred product characteristics for new vaccines and immunization-related technologies.
- Encourage and/or support the development of frameworks, tools and reviews that critically appraise the evidence on impact evaluation of vaccines at global, regional and country levels, and tools and/or protocols to improve the quality and availability of critical information.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• HIV and hepatitis	54.1	8.1	11.0	7.8	5.8	13.1	45.6	**145.6**
• Tuberculosis	32.4	1.6	17.8	11.5	8.5	13.9	35.7	**121.5**
• Malaria	45.9	1.6	11.7	1.0	6.5	13.4	35.6	**115.8**
• Neglected tropical diseases	32.1	6.2	13.8	0.3	5.8	6.5	42.6	**107.3**
• Vaccine-preventable diseases	119.9	11.3	28.0	14.3	22.9	22.8	53.7	**272.8**
Total	**284.4**	**28.9**	**82.4**	**35.0**	**49.5**	**69.8**	**213.2**	**763.1**

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Tropical disease research	–	–	–	–	–	–	50.0	**50.0**
Total	**–**	**–**	**–**	**–**	**–**	**–**	**50.0**	**50.0**

CATEGORY – NONCOMMUNICABLE DISEASES

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancer, chronic lung diseases, diabetes, and mental disorders, as well as disability, violence and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors.

This category covers the four primary noncommunicable diseases (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and their major risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol), as well as oral health, mental disorders, eye and ear health, disabilities, and the consequences of violence, injuries, substance abuse and poor nutrition.

There is growing international awareness that premature deaths from noncommunicable diseases, mental, neurological and substance use disorders, malnutrition, violence and injuries cause untold suffering, reduce productivity, curtail economic growth and pose a significant social challenge in most countries. Commitment to addressing these issues as a matter of critical importance to development and equity is evidenced by their high visibility within the 2030 Agenda for Sustainable Development.

There is now unequivocal evidence that “best buy” interventions to address such conditions are workable solutions, as well as excellent economic investments, including in the poorest countries.

The mission of this category is to provide global leadership in improving health by reducing the burden of noncommunicable diseases, mental, neurological and substance use disorders, malnutrition, violence and injuries, and in enhancing the lives of people with disabilities.

The objectives of the work include: providing effective and timely epidemiological and public health data to support evidence-based public health action; working with countries on approaches to policy development that involve all government departments and non-State actors; leading the development of global public health policies and plans and supporting broader international development objectives; giving greater priority to noncommunicable diseases in national and international agendas; providing effective and timely public health policy and technical advice to countries; working in a way that encourages universal health coverage; and being accountable to the United Nations General Assembly and World Health Assembly.

Several principles will guide the work for the Secretariat under this category:

- the work will be delivered though an integrated approach across the Organization and will align with the principles of the WHO reform process;
- consideration of equity, gender, human rights, and social determinants of noncommunicable diseases and their risk factors will be integrated into all aspects of the work; and
- the work is central to achieving the 2030 Agenda for Sustainable Development and other global commitments.

Noncommunicable diseases

Of the 56 million deaths that occurred globally in 2012, 38 million – more than two thirds – were from noncommunicable diseases. Of those deaths, nearly 14 million were of people aged between 30 and 70, mainly living in low- and middle-income countries, and could mostly have been prevented if governments were to implement a set of cost-effective and affordable interventions.

The modifiable risk factors, as well as the individual noncommunicable diseases, are associated with marked inequities resulting from a number of social determinants of health. In many low-income countries, noncommunicable diseases are detected late, when patients need extensive and expensive hospital care for

severe complications or acute events. In addition, men and women have different levels of exposure and vulnerability to noncommunicable disease risk factors and may not show symptoms or react to risks in the same way. Such gender differences need to be addressed in the design of interventions. Many determinants of noncommunicable diseases and their associated risk factors lie outside the health domain and have strong linkages to social determinants of health, human rights and universal health coverage, such as poverty and illiteracy, which also have an impact on health in general. Policy actions are also needed to strengthen health systems and orient them towards addressing the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred health services and universal health coverage throughout the life cycle, building on the guidance set out in Appendix 3 to the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Noncommunicable diseases have become a prominent part of the global health agenda since world leaders adopted the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2011. There is now a global agenda based on nine concrete global targets for 2025 and organized around the global action plan, which comprises a set of actions which, when performed collectively by Member States, international partners and the Secretariat, will help to attain the voluntary global target of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 2025. With the adoption of the Sustainable Development Goals, the global agenda now looks beyond 2025, aiming for a 30% reduction in premature mortality caused by noncommunicable diseases.

The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, which the United Nations Secretary-General established in 2013 and placed under the leadership of WHO, is providing support to countries in mobilizing sectors beyond health. WHO's global coordination mechanism for the prevention and control of noncommunicable diseases aims to facilitate and enhance the coordination of activities, multistakeholder engagement and actions across sectors at national, regional and global levels in order to contribute to implementation of the global action plan.

Progress within countries matters most. In the biennium 2018–2019, the Secretariat will continue to provide support for strengthening national capacity to allow countries: to consider setting national targets for noncommunicable diseases; to develop and implement national multisectoral action plans that reduce modifiable risk factors for noncommunicable diseases, including, but not limited to, the WHO Framework Convention on Tobacco Control (in the light of target 3.a under the Sustainable Development Goals "Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate"), the Global Strategy on Diet, Physical Activity and Health, and the WHO recommendations on marketing of foods and non-alcoholic beverages to children; to implement the recommendations of the Commission on Ending Childhood Obesity and the global strategy to reduce the harmful use of alcohol, as well as strengthen and orient health systems through people-centred primary health care and universal coverage to effectively manage noncommunicable diseases; and to reinforce national surveillance systems in order to monitor progress and measure results. The Secretariat will support countries in promoting policy coherence, including through application of the Health in All Policies approach, and in establishing a national multisectoral mechanism in order to implement national plans and integrate noncommunicable diseases into priority-setting, planning and national development plans and policies for health, including the United Nations Development Assistance Framework design process. Equally importantly, WHO will support countries that are attacked through legal actions brought by the tobacco and other industries on public health matters related to noncommunicable diseases. It will continue to support the active implementation of programmes on the ground on the basis of WHO recommendations and best buys, including the provision of direct technical support to country programmes on noncommunicable diseases prevention using mobile health (mHealth) under the joint programme between WHO and ITU. Its support also extends to proactive WHO assistance for countries being targeted by legal actions brought by the tobacco industry. And in the context of the Addis Ababa Action Agenda for Sustainable Development Goals financing, which recognized that "… price and tax measures on tobacco … represent a revenue stream for financing for development in many countries", the Secretariat will work to promote a better implementation of tobacco taxation policies at country level.

The Secretariat will also promote the follow-up to the outcome document adopted at the high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, held in New York on 10 and 11 July 2014.

Mental health and substance abuse

In 2013, an estimated 253 million people suffered from depression globally, 24 million people from schizophrenia and over 120 million people from alcohol and drug-use disorders. In addition, there are over 47 million cases of dementia and more than 50 million cases of epilepsy. Moreover, 804 000 people committed suicide in 2012. The latest WHO estimates indicate that every year at least 3.3 million deaths are caused by alcohol use and at least 400 000 deaths by psychoactive drug use. Current evidence indicates that the following priority mental, neurological and substance-use conditions make the largest contribution to overall morbidity in the majority of developing countries: depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders caused by use of alcohol and illicit drugs, and mental disorders in children.

Addressing these health conditions requires concerted and coordinated action. Accordingly, WHO's comprehensive mental health action plan 2013–2020 is organized around six global targets to be attained by 2020, and includes actions for Member States, international partners and the Secretariat.

In the 2030 Agenda for Sustainable Development, target 3.4 commits governments to promote mental health and well-being, and target 3.5 commits governments to strengthen the prevention and treatment of substance abuse. The global strategy to reduce the harmful use of alcohol provides a set of policy options and interventions for implementation by Member States. In 2016 the United Nations General Assembly Special Session on the world drug problem adopted the outcome document with specified operational recommendations on public measures addressing the world drug problem, and the Secretariat is implementing the tasks within WHO's mandate and core functions.

Resolution WHA67.8 (2014) on comprehensive and coordinated efforts for the management of autistic spectrum disorders calls for strengthened actions by WHO to support national capacities to improve care and services for children with these disorders and their families. Resolution WHA68.20 (2015) on the global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications includes a set of evidence-based actions for implementation by Member States to address the global burden of epilepsy. WHO has also been requested by Member States in 2016 to develop a global action plan on a public health response to dementia.

The Secretariat will provide support to countries in the areas of mental health (including neurological disorders) and substance abuse in order to: strengthen effective leadership and governance; provide comprehensive, integrated and responsive health and social services in community-based settings; carry out health promotion and implement prevention strategies and interventions; and strengthen information systems, evidence and research.

Violence and injuries

Each year, over 5 million people die as a result of violence and unintentional injuries. Road traffic crashes account for one quarter of these deaths, with pedestrians, cyclists and motorcyclists among the most vulnerable of road users. Suicide and homicide account for another quarter. For every person who dies as a result of violence, many more suffer injuries and experience a range of physical, sexual, reproductive and mental health problems (for example, one in four children has been physically abused). Falls, drowning, burns and poisoning are also significant causes of death and disability. Children and youth are at particular risk from most types of injuries, while the elderly are at particular risk of falling.

The United Nations General Assembly proclaimed the period 2011–2020 as the Decade of Action for Road Safety. The 2030 Agenda for Sustainable Development includes ambitious targets to reduce by 50% road traffic deaths and injuries by 2020, to end violence against women and children, and to significantly reduce all forms of violence and related deaths everywhere. In 2016 the Sixty-ninth World Health Assembly adopted a historic

resolution (WHA69.5) endorsing the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.

Injuries are also a major contributor to inequities in health. Intentional and unintentional injuries are unevenly distributed among rich and poor nations, and, within countries, among rich and poor. Inequities relating to gender, age and ethnicity are also evident and vary according to the causes of injury, as well as settings. Across all injury causes, twice as many men as women die each year, and death rates for homicide, suicide, drowning, poisoning and road traffic injuries are substantially higher for men than women – 82% of homicide victims are men, for example.

Gender inequality is both a cause and a consequence of violence against women and girls. Girls suffer child sexual abuse between two and three times more often than boys. Women are more often victims of intimate partner physical and sexual violence and account for the majority of victims of sexual violence where the perpetrator is a stranger or acquaintance. The homicide patterns for men and women also differ, with 38% of all female homicides globally being attributed to partners or ex-partners.

Interventions to reduce inequities and the global toll of violence and injury-related death and disability require a focus on measures that address early childhood development, education, housing, alcohol, drug and firearm policies and laws, and sustainable and affordable transport. Interventions directed at changing individuals' behaviour are not sufficient on their own.

Strengthening emergency care systems is critical to mitigating the impact of violence and injuries, and a key strategy for improving health equity in this programme area. Because emergency units serve as the first point of contact with the health care system for so many people around the world, emergency care is an essential component of universal health coverage. Emergency care systems treat acute injury and link the injured with longitudinal care, and can serve as a high-yield site for violence and injury risk reduction interventions. Better organized emergency and trauma care systems have been shown to save lives and improve functional outcomes among survivors of severe injury.

In the biennium 2018–2019, the Secretariat will continue to raise the profile of preventing violence and unintentional injuries. It will focus on: strengthening the evidence base for policies, programmes and laws that are effective in addressing the underlying causes of violence, road traffic injuries, drowning, falls and other unintentional injuries; supporting selected Member States in implementing such policies, programmes and laws; and supporting sustainable improvements in the care of the injured through emergency and trauma care programmes and the WHO Global Alliance for Care of the Injured. The Secretariat will also continue to implement the activities set out for it in the global action plan to strengthen the role of the health system in addressing interpersonal violence, in particular against women, girls and children, including through implementation of an interagency technical package to end violence against children, and participation in the Global Partnership to End Violence Against Children.

Disabilities and rehabilitation

More than 1000 million people in the world experience disability, that is, about 15% of the world's population, or one person in seven.[1] The number is expected to increase in light of the fact that people are living longer and increasingly experiencing noncommunicable diseases and other chronic health conditions, including mental disorders and the consequences of injuries. Women, older people and poor people are more likely to experience disability. A lack of attention to their needs means that they are confronted by numerous barriers, including stigmatization and discrimination, lack of adequate health care and rehabilitation services, and restricted access to transport, buildings and information. People with disability face barriers in access to health services, and they have worse health outcomes than people without disability.

[1] World report on disability 2011. Geneva: World Health Organization; 2011 (http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf?ua=1) (accessed 7 July 2016).

Significantly, across the world, 285 million people are visually impaired and 360 million people live with disabling hearing loss. Eighty per cent of visual impairment and most hearing loss can be avoided through preventive and curative strategies.

In the biennium 2018–2019, the Secretariat will work with governments and partners to prevent visual impairment and hearing loss. Particular attention will be given to supporting the development of national eye and hearing health policies, plans and programmes, and strengthening service delivery as part of wider health system strengthening. The Secretariat will also work with governments and partners: to remove barriers in order to improve access to health services and programmes for all persons with disabilities; to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services and community-based rehabilitation for all who need these services; and to strengthen collection of relevant and internationally comparable data on disability and support research on disability.

Nutrition

In 2014, an estimated, 50 million people had low weight for their height and 159 million people had stunted growth. In addition, 42 million pre-school children in developing and developed countries were overweight. In 2011, anaemia affected 29% of women of reproductive age (496 million) and 43% of children under five years of age (273 million). Every year, an estimated 13 million children are born with intrauterine growth retardation. Low socioeconomic groups are worst affected by different forms of malnutrition, have lower prevalence of adequate breastfeeding,[1] and are less likely to have healthy diets.

Access to a healthy and affordable diet is an integral part of the effort to tackle social inequalities. Supporting the most vulnerable groups to enable all citizens to achieve a healthy diet is an ethical imperative and will require gaps in food system governance to be addressed.[2]

The WHO comprehensive implementation plan on maternal, infant and young child nutrition, 2012–2025, aims to alleviate the double burden of malnutrition in children starting from the earliest stages of development. The plan is organized around six global targets to be attained by 2025 and includes actions for Member States, international partners and the Secretariat.

The Second International Conference on Nutrition (ICN2), jointly convened by FAO and WHO in 2014, indicated that food systems are dysfunctional, which led to a commitment to take urgent corrective action to ensure that the provision of healthy diets throughout the life course becomes the main goal on policies and programmes shaping the production, distribution and consumption of food.[3] The 2030 Agenda for Sustainable Development, approved in 2015, recognized these approaches and committed to ensure access by all people to safe, nutritious and sufficient food all year round, end all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.[4] The United Nations General Assembly has declared 2016–2025 the United Nations Decade of Action on Nutrition, asking FAO and WHO to take the lead on it.[5] The Sixty-ninth World Health Assembly has requested WHO to support Member States in developing,

[1] Social determinants of health Nutrition fact sheet http://www.health.qld.gov.au/ph/Documents/saphs/20403.pdf (accessed 7 July 2016).

[2] Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, endorsed by the Regional Committee for Europe in resolution EUR/RC63/R4: http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2013/vienna-declaration-on-nutrition-and-noncommunicable-diseases-in-the-context-of-health-2020 (accessed 23 September 2015).

[3] Food and Agriculture Organization of the United Nations and World Health Organization, documents ICN2 2014/2 and ICN 2014/3 (accessed 7 July 2016).

[4] United Nations General Assembly resolution 70/1. Transforming our world: the 2030 Agenda for Sustainable Development (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E (accessed 7 July 2016).

[5] United Nations General Assembly resolution 70/259. United Nations Decade of Action on Nutrition (2016–2025) (accessed 7 July 2016).

strengthening and implementing their policies, programmes and plans to address the multiple challenges of malnutrition and develop commitments that are specific, measurable, achievable, relevant and time-bound.[1] In response to these multiple requests for WHO's leadership in nutrition, the programme area is working on a revision of the vision, mission and action model of WHO in nutrition.

In the biennium 2018–2019, the Secretariat will focus its work on further developing guidance on promoting healthy diets, effective nutrition actions, and monitoring progress towards achievement of global nutrition targets. It will also support strengthening national capacities to allow countries: to create a supportive environment for implementation of comprehensive food and nutrition policies; to include all required effective health interventions with an impact on nutrition in national nutrition plans; to stimulate development policies and programmes outside the health sector that recognize and include nutrition; to provide sufficient human and financial resources for the implementation of nutrition interventions; and to monitor and evaluate the implementation of policies and programmes.

The Secretariat will also promote the convening of meetings to collate commitments under the Decade of Action on Nutrition and will produce reports on the status of their implementation.

Innovation

During the period 2009–2015, WHO led the process of raising the status of noncommunicable diseases on the development agenda. Landmark WHO publications and meetings built a global movement that demonstrated the mutual causal links between such diseases and development, advocated for a global consensus on best buys, and built a Global Monitoring Framework, many of whose features are now enshrined in the Sustainable Development Goals.

In the era of the Sustainable Development Goals, the landscape is changing fast and requires WHO to make innovation a critical component of its work on noncommunicable diseases within both the Global Coordination Mechanism and technical units at all levels. The food environment is shifting in both rich and poor countries, with new technologies of production, new formulations and new modes of marketing. Urbanization adds to the burdens and risks associated with noncommunicable diseases, but cities are also a source and catalyst of innovation. The private sector drives the commercial determinants of noncommunicable diseases and is also needed in the search for solutions. As we strive for higher levels of health by 2030, many countries face the danger of their children being less healthy than their parents.

In this new and changing landscape, WHO continues to innovate in the implementation and delivery of the Goals. The best buys are being revised and their evidence base updated. Building on the Addis Ababa Action Agenda, a new financing model is being developed with the triad of catalytic funding (from external sources), domestic funding (generated, for instance, through taxation of tobacco and alcohol) and demonstrated return on investment being used to initiate and sustain noncommunicable diseases prevention and control programmes. New capacity is being built in pioneer countries which are stepping up to adopt programmes that meet time-bound commitments made by governments.

As the drive to fast track results intensifies, new solutions are being formulated to meet new and evolving problems. The plain packaging of tobacco products is reaching a tipping point and legal challenges are being won around the world. Countries are requiring front-of-pack interpretive labelling on food products and others are taxing sugar-sweetened beverages. Marketing of certain foods is being regulated, and successful efforts on regulating the digital marketing of alcohol are being recorded. Universal health coverage and access to packages of essential noncommunicable diseases interventions in primary care is becoming more common, for instance through integrated delivery of antiretroviral and noncommunicable diseases therapies.

[1] Sixty-ninth World Health Assembly resolution WHA69.8. United Nations Decade of Action on Nutrition (2016–2025).

At the same time, the next decade will see widespread disruption emerging in fields related to noncommunicable diseases: ranging from global crises, emergencies and the migration of large populations, to increasing digitalization of life and health care and the increasing use of mHealth and eHealth, from the emergence of genomics and new medicines and technologies, to widening inequalities, from renewed legal assaults on the tobacco industry, to the unsolved problems of how to disseminate successful public-health interventions on an appropriate scale. In the lead up to the United Nations General Assembly session in 2018 and beyond, WHO will strengthen leadership in noncommunicable diseases at all levels of the Organization, in order to:

- review broad geopolitical, social, economic, scientific and technological trends for their practical application in noncommunicable diseases prevention and control; and
- brief governments proactively on the analyses in order to catalyse experimentation, research and development of policies and plans, evaluation, and broad dissemination of findings.

Linkages with other programmes and partners

The five priority areas within the noncommunicable diseases category have linkages to all other categories. Communicable diseases, including vaccine-preventable diseases, are a major cause of some cancers and hearing loss, and there are strong linkages between tuberculosis, HIV/AIDS, mental health and noncommunicable diseases. In a similar manner, good nutrition is essential for the prevention and management of communicable diseases. Unhealthy environments and behaviours in the newborn, child and adolescent stages of life affect all the priority areas in this category. They include development and management of noncommunicable diseases, tobacco use, harmful use of alcohol, and violence and injury. Preventing undernutrition and overweight is central to the promotion of health throughout the life course. Responding to the social determinants of health and reducing poverty are critical for all programme areas in the Noncommunicable diseases category. The promotion of healthy living and working environments is important in preventing cancer, cardiovascular diseases and mental health conditions, as well as in improving road safety and preventing burns and drowning. Aside from thematic linkages, there are also some broad technical structures, such as the use of digital technologies which could be further developed to support both communicable and noncommunicable diseases agendas. The WHO-ITU mHealth initiative has already shown that this is possible in Senegal, where a mobile health programme for diabetes was used to send out Ebola prevention SMS text messages at the peak of the crisis in 2014.

Health systems based on primary care that support universal health coverage are important in preventing and controlling the major noncommunicable diseases and their risk factors, as well as the other noncommunicable conditions covered under the five programme areas in this category. There will be close collaboration on health system information and evidence to improve WHO's cardiovascular and cancer estimates, as well as those for injury- and violence-related mortality and disability, and to lessen the impact of conditions that affect mental health and substance abuse. The increasing number of people in the world with noncommunicable diseases and mental health conditions means that care for those populations is increasingly important in planning for, and responding to, emergencies and disasters. Violence and injuries increase in emergency settings and undernutrition is a common consequence of humanitarian disasters.

A growing number of resolutions adopted by the United Nations General Assembly and the World Health Assembly highlight the importance of WHO working with the United Nations, civil society and private-sector partners. WHO is collaborating with several organizations in the United Nations system, including the World Bank and other intergovernmental organizations in order to scale up joint programming in the areas mentioned. The Organization will scale up its work to support United Nations Country Teams, through heads of WHO country offices, in integrating the areas in question in the United Nations Development Assistance Framework. It will continue to chair the United Nations Inter-Agency Task Force and the United Nations Road Safety Collaboration, and co-chair the Global Partnership to End Violence Against Children. WHO is also an active member of the Scaling Up Nutrition movement.

The Organization is working with Bloomberg Philanthropies to support Member States in reducing tobacco use among their populations and addressing road safety and drowning. It is working with the Bill & Melinda Gates Foundation in support of national efforts to reduce tobacco use and improve global nutrition. Linkages to other conditions in the noncommunicable diseases category include: reducing obesity through transport policies promoting physical activity and which also limit exposure to motorized traffic; reducing alcohol harm through appropriate policies; and devising programmes to tackle child maltreatment, which can have an impact on mental illness and noncommunicable diseases throughout the life course.

NONCOMMUNICABLE DISEASES

Outcome – Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

Outcome indicators	Baseline	Target
At least a 10% relative reduction in the harmful use of alcohol[1] as appropriate within the national context	6.2 litres (2010)	At least 10% reduction (2025)
A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	22% (2010)	30% reduction (2025)
A 10% relative reduction in prevalence of insufficient physical activity	25% (2010)	10% reduction (2025)
A 25% relative reduction in the prevalence of raised blood pressure, or contain the prevalence of raised blood pressure, according to national circumstances	23% (2010)	25% relative reduction (2025)
Halt in the rise in diabetes and obesity	8% diabetes/fasting plasma glucose; 12% obesity (2010)	0% increase (2025)
At least 50% of eligible people receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	Unknown	At least 50% coverage (2025)
A 30% relative reduction in mean population intake of salt/sodium[2]	10 grams (2010)	30% reduction by 2025
An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities	Unknown	At least 80% (2025)

[1] In WHO's global strategy to reduce the harmful use of alcohol, the concept of the harmful use of alcohol encompasses drinking that causes detrimental health and social consequences for the drinker, the people around the drinker, and society at large, as well as patterns of drinking associated with increased risk of adverse health outcomes.

[2] WHO's recommendation is an intake of less than 5 grams of salt or 2 grams of sodium per person per day.

Output – Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated

Output indicators	Baseline	Target
Number of countries with at least one operational multisectoral national policy/strategy/action plan that integrates several noncommunicable diseases and shared risk factors	To be determined/194 (2017)	To be determined/194 (2019)
Number of countries which have set time bound national noncommunicable disease targets and indicators based on WHO guidance	To be determined/194 (2017)	To be determined/194 (2019)
Number of countries with at least one operational national multisectoral commission, agency or mechanism for coordinated prevention and control of noncommunicable diseases	To be determined/194 (2017)	To be determined/194 (2019)

Country office deliverables

- Convene and support multisectoral dialogue and facilitate policy advice to national and subnational counterparts and partners for the prevention and control of noncommunicable diseases.
- Provide technical support to develop and implement country-led national and subnational multisectoral noncommunicable disease plans, in line with the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, global commitments, the Sustainable Development Goals and regional strategies, plans and frameworks.

Regional office deliverables

- Strengthen and complement country office capacity to provide technical support in developing, implementing and evaluating national and subnational multisectoral noncommunicable diseases action plans, targets and indicators, and multisectoral coordination mechanisms for the prevention and control of noncommunicable diseases.
- Develop regional policy frameworks based on existing national, regional and global action plans, strategies, guidance and tools, and legal instruments related to an integrated and multisectoral approach to noncommunicable diseases.

Headquarters deliverables

- Develop technical guidance and tools for developing, prioritizing, costing, implementing and evaluating national multisectoral noncommunicable disease plans, including guidance on a national multisectoral mechanism.
- Engage partners to support research and innovation relating to implementation of interventions and policy options contained in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Output – Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants

Output indicators	Baseline	Target
Number of countries that have strengthened and expanded their implementation of population-based policy measures to reduce the harmful use of alcohol	To be determined/194 (2017)	To be determined/194 (2019)
Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	To be determined/194 (2017)	To be determined/194 (2019)
Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	To be determined/194 (2017)	To be determined/194 (2019)
Number of countries that have implemented the following four demand-reduction measures in the WHO Framework Convention on Tobacco Control at the highest level of achievement: tobacco taxation, smoke free environments, warnings, banning advertising and sponsorship	To be determined/194 (2017)	To be determined/194 (2019)

Country office deliverables

- Provide technical assistance to countries to implement cost-effective and affordable measures to reduce tobacco use and promote implementation of the WHO Framework Convention on Tobacco Control.
- Support multisectoral policy development and implementation of population-based measures to reduce the harmful use of alcohol through technical assistance, capacity-building and interagency coordination using WHO policy frameworks and technical tools.
- Provide technical support to countries for implementation of population based prevention measures for reducing salt use, promoting physical activity and preventing overweight and obesity, including marketing to children, fiscal policies, and school based interventions.

Regional office deliverables

- Adapt tools and guidelines to regional context, and facilitating the development of regional strategies aimed at reducing the main modifiable risk factors for noncommunicable diseases.
- Provide regional leadership, coordination and support to regional networks and country offices in implementing the global and regional strategies and action plans on reducing the harmful use of alcohol through population-based measures.
- Engage regional networks and backstop country offices, in coordination with the Secretariat of the WHO Framework Convention on Tobacco Control (WHO-FCTC), in fully implementing the Convention, with emphasis on demand reduction measures (MPOWER).
- Provide regional leadership and technical support for country implementation of multisectoral population measures aimed at promoting physical activity and preventing overweight and obesity.
- Provide regional leadership and technical support for country implementation of multisectoral population measures aimed at promoting a healthy diet, including reducing sodium use, and preventing overweight and obesity.

Headquarters deliverables

- Provide global leadership, coordination and technical guidance and support for implementation of the global strategy to reduce the harmful use of alcohol through population-based measures.
- Provide global leadership and specialized expertise, and develop policies, guidelines and innovative tools, involving the participation of relevant sectors, in order to promote physical activity and prevent overweight and obesity.
- Provide global leadership and specialized expertise, and develop policies, guidelines and innovative tools, involving the participation of relevant sectors, in order to promote healthy diets, including reducing sodium use, and prevent overweight and obesity, especially through the recommendations of the Commission on Ending Childhood Obesity (ECHO) Commission.
- Generate and disseminate knowledge, tools and best practices, and provide support for development of multisectoral policies and action plans, in coordination with the Secretariat of the WHO Framework Convention on Tobacco Control, in order to accelerate full implementation of the Convention, with emphasis on demand reduction measures (MPOWER), and reduce tobacco use.

Output – Countries enabled to improve health-care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors, including in crises and emergencies

Output indicators	Baseline	Target
Number of countries that have recognized/government approved evidence-based national guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases	To be determined/194 (2017)	To be determined/194 (2019)
Number of countries that have incorporated early detection, referral and management of noncommunicable diseases into primary health care	To be determined/194 (2017)	To be determined/194 (2019)
Number of countries where the following essential noncommunicable disease medicines (aspirin, statins, angiotensin-converting enzyme inhibitors, thiazide diuretics, long-acting calcium channel blockers, metformin, insulin, bronchodilators and steroid inhalants) and technologies (blood pressure measurement devices, weighing scales, blood sugar and blood cholesterol measurement devices with strips and urine strips for albumin assay) are generally available in the public health sector	To be determined/194 (2017)	To be determined/194 (2019)

Country office deliverables

- Support the development/adaptation of national evidence-based guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.
- Strengthen national capacity to detect, diagnose, treat and manage noncommunicable diseases and risk factors as part of the national health system, with an emphasis on primary health care aimed at ensuring universal health coverage and reducing gender and health equity gaps.
- Promote and support implementation of guidelines covering integrated noncommunicable disease prevention and care in crises and emergencies.
- Promote the integration of all WHO inputs into the national response system in crises and emergencies.

Regional office deliverables

- Adapt global guidelines/protocols/standards for early detection, diagnosis, treatment and control of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases to the regional context, and support their implementation.
- Strengthen the capacity of country offices and support national efforts in building capacity for early detection, diagnosis, treatment and control of noncommunicable diseases, with an emphasis on primary health care.
- Support country offices in their efforts to include essential noncommunicable disease medicines, including generics, in their national essential medicines lists, and increase the availability and affordability of essential noncommunicable disease medicines and basic technologies in the public health sector.
- Guide and support countries for implementation of integrated noncommunicable disease prevention and care in crises and emergencies.
- Provide training in the use of guidelines and roster of expert support in crises and emergencies.

Headquarters deliverables

- Develop technical guidelines and toolkits for early detection, diagnosis, treatment and control of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, including noncommunicable disease management in emergencies.
- Support regional offices in providing technical assistance at the country level to improve equitable health care coverage for noncommunicable diseases through strengthening primary and referral care.
- Develop guidance and support for improving equitable access to essential noncommunicable disease medicines, including generics, and basic technologies.
- Develop and disseminate a guideline on integrated noncommunicable disease prevention and care in crises and emergencies.
- Design and manage global roster of expert support for surge intervention on demand.
- Provide guidance to the international community on the integration of noncommunicable diseases in preparedness and response to crises and emergencies.

Output – Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020

Output indicator	Baseline	Target
Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets	To be determined/194 (2017)	To be determined/194 (2019)

Country office deliverables

- Adapt and implement tools for monitoring and surveillance of noncommunicable disease morbidity and mortality and their related modifiable risk factors.
- Support national efforts to build capacity to monitor the national health situation for noncommunicable diseases and their related modifiable risk factors.

Regional office deliverables

- Strengthen country office capacity in supporting the adaptation and implementation of tools for monitoring and surveillance of noncommunicable diseases mortality, morbidity, risk factors and national systems responses.
- Complement country offices' efforts in building national capacity to assess, monitor and evaluate the national health situation for noncommunicable diseases and their related modifiable risk factors.
- Monitor regional situation and trends in noncommunicable diseases, their risk factors, and policies and interventions of health systems to prevent and control them, and report on progress according to agreed mandates, targets and indicators.

Headquarters deliverables

- Develop guidance and tools for strengthening country capacity in the surveillance and monitoring of the noncommunicable disease burden based on the comprehensive global monitoring framework for noncommunicable diseases, the nine action plan indicators in the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and the 10 progress monitoring indicators for assessing achievement of national commitments to addressing noncommunicable diseases.
- Monitor global status of noncommunicable diseases, risk factors and national capacity to prevent and control them, and produce periodic global status reports based on this monitoring (including noncommunicable disease country profiles, the report on the global tobacco epidemic, the global status report on alcohol and health, the Global Status Report on Noncommunicable Diseases and the NCD Progress Monitor).

Output – Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases

Output indicators	Baseline	Target
Number of countries incorporating noncommunicable diseases in national development agenda, including in United Nations Development Assistance Frameworks, as appropriate	To be determined/194 (2017)	To be determined/194 (2019)
Number of functional global and regional knowledge sharing mechanisms, convened with Member States, United Nations agencies, and non-State actors on multistakeholder action for the prevention and control of noncommunicable diseases	To be determined (2017)	To be determined (2019)

Country office deliverables

- Coordinate WHO's interagency work with the United Nations in incorporating noncommunicable diseases in national development agendas through United Nations Development Assistance Frameworks and WHO country cooperation strategies, as appropriate.
- Encourage participation of stakeholders from national and subnational levels in regional and global multistakeholder platforms for policy dialogue on the prevention and control of noncommunicable diseases.

Regional office deliverables

- Strengthen and support country offices to advocate for incorporating noncommunicable diseases in national development agendas, United Nations Development Assistance Frameworks and WHO country cooperation strategies.
- Support global and regional multistakeholder knowledge sharing platforms for advocacy and dialogue, including building networks and sharing of best practices and results of research on noncommunicable diseases and their risk factors.
- Provide guidance to country offices and technical partners on managing conflicts of interest in multistakeholder engagement.
- Adapt and disseminate global communications material on the prevention and control of noncommunicable diseases.

Headquarters deliverables

- Provide global coordination and strengthen partnerships in support of noncommunicable disease prevention and control, including through the WHO Global Coordination Mechanism on the prevention and control of noncommunicable diseases and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases.
- Promote and support the establishment of global and regional knowledge sharing platforms, convened with Member States, United Nations agencies, and non-State actors, on multistakeholder action and the realization of high-level commitments on the prevention and control of noncommunicable diseases.
- Develop guidance and tools for incorporating noncommunicable diseases in national development agendas, including through United Nations Development Assistance Frameworks and WHO country cooperation strategies.
- Develop, disseminate and evaluate the impact of global communications materials raising awareness on the public health burden caused by noncommunicable diseases and the actions required to achieve the nine voluntary global noncommunicable disease targets, as well as the noncommunicable disease-related Sustainable Development Goals.

MENTAL HEALTH AND SUBSTANCE ABUSE

Outcome – Increased access to services for mental health and substance use disorders

Outcome indicators	Baseline	Target
Percentage of persons with a severe mental disorder (psychosis, bipolar affective disorder, moderate-severe depression) who are using services	35% (2017)	40% (2019)
Suicide rate per year per 100 000 population	10.8 per 100 000 (2017)	10.5 per 100 000 (2019)

Output – Countries' capacity strengthened to develop and implement national policies, plans and information systems in line with the comprehensive mental health action plan 2013–2020

Output indicator	Baseline	Target
Number of countries with a national policy and/or plan for mental health that is in line with the comprehensive mental health action plan 2013–2020	116 (2017)	136 (2019)

Country office deliverables

- Work with partners to support the development and implementation of national mental health policies, laws and regulations and plans in line with regional and global mental health action plans and human rights standards.
- Support the collection, analysis, dissemination and use of data on national magnitude, trends, consequences and risk factors for mental and neurological disorders; support countries in strengthening evidence and research to guide policy development and planning.

Regional office deliverables

- Provide guidance and support to countries in the region to develop and implement national mental health policies/strategies and legislation.
- Coordinate regional activities and plans for implementing the comprehensive mental health action plan 2013–2020 and regional frameworks/plans.
- Collect, analyse and report on regional data following a core set of global mental and neurological health indicators.

Headquarters deliverables

- Provide guidance and tools for mental health-related policies, laws, resource planning and stakeholder collaboration.
- Provide guidance on implementing a core set of indicators for monitoring the mental health situation in countries, and publish a biennial assessment of progress towards implementation of the comprehensive mental health action plan 2013–2020.

Output – Countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery

Output indicator	Baseline	Target
Number of countries with functioning programmes for intersectoral mental health promotion and prevention of mental disorders	115 (2017)	140 (2019)

Country office deliverables

- Support organization of community based mental health services integrated within primary health care and working closely with social care services.
- Promote and support implementation of mental health guidelines covering quality of care, treatment, recovery, prevention and promotion.

Regional office deliverables

- Support countries in developing community-oriented, integrated models of mental health care services.
- Compile and disseminate regional evidence on the effectiveness and cost-effectiveness of interventions for treatment, recovery, promotion and prevention.
- Guide and support countries in providing mental health and psychosocial support in complex emergencies.

Headquarters deliverables

- Develop and disseminate expanded guidance and tools for service organization and provision of integrated and responsive health and social care in primary health-care and community settings, including interventions for mental and neurological disorders and capacity building in human rights and the recovery approach.
- Develop and disseminate guidance and tools for coordinating multisectoral strategies for promotion and prevention in the area of mental health, including suicide prevention.
- Establish a global dementia observatory and assist Member States in developing and implementing dementia strategies.

Output – Strengthening the prevention and treatment of substance abuse by expanding and supporting country strategies and systems to increase coverage and quality of prevention and treatment interventions for disorders caused by alcohol, psychoactive drugs and addictive behaviours

Output indicator	Baseline	Target
Number of countries with prevention and treatment strategies, systems and interventions for substance-use disorders and associated conditions expanded and strengthened	80 (2017)	85 (2019)

Country office deliverables

- Support countries in adapting and implementing WHO strategies, action plans, guidelines and other technical tools and activities for reducing the harmful use of alcohol and preventing and treating substance-use disorders and related health conditions.
- Facilitate networks for exchanging experiences and practices and develop action plans in line with the Global strategy to reduce the harmful use of alcohol.

Regional office deliverables

- Facilitate networks for exchanging experiences and practices, and develop and implement regional action plans in line with the Global strategy to reduce the harmful use of alcohol.
- Coordinate the development and implementation of regional strategies and action plans aimed at increasing effective coverage and quality of prevention and treatment interventions for substance-use disorders and related health conditions.
- Assist country offices in adapting and implementing WHO strategies, action plans, guidelines, standards and other technical tools for building local capacity in reducing the harmful use of alcohol and psychoactive drugs and increasing coverage and quality of prevention and treatment interventions for substance-use disorders.

Headquarters deliverables

- Develop and disseminate guidelines, standards and other technical tools to strengthen the response of health systems in order to increase coverage and quality of prevention and treatment interventions in support of implementation of the Global strategy to reduce the harmful use of alcohol.
- Facilitate and strengthen public-health dimensions of drug policy dialogues and international efforts addressing health sector response to the world drug problem, including dialogue and collaboration within the United Nations system, in particular with the United Nations Office on Drugs and Crime.
- Develop and disseminate guidelines, standards, treatment and research protocols, information systems and other technical tools to strengthen prevention and treatment strategies and systems in order to increase coverage and quality of prevention and treatment interventions for disorders due to alcohol, psychoactive drug use and addictive behaviours, as well as related health conditions.

VIOLENCE AND INJURIES

Outcome – Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence

Outcome indicators	Baseline	Target
Percentage of countries with comprehensive laws tackling the five key risk factors for road safety	15% (2010)	46% (2019)
Percentage of countries implementing six or more interpersonal violence prevention programmes	48% (2014)	63% (2019)

Output – Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety 2011–2020

Output indicator	Baseline	Target
Number of countries with funded road safety strategies	119/194 (2010)	153/194 (2019)

Country office deliverables

- Coordinate strengthening of country capacity to develop national model programmes focusing on achieving the targets set under the Decade of Action for Road Safety 2011–2020.
- Convene policy dialogue at country level to promote multisectoral collaboration in developing and implementing policies and programmes on road safety.

Regional office deliverables

- Support development of country capacity and national model programmes towards achieving the targets of the Decade of Action for Road Safety 2011–2020, as monitored through the series of global status reports.
- Engage with Member States and other partners to develop, implement, monitor and evaluate regional strategies, action plans and trauma care, and lend support to the implementation of global strategies.

Headquarters deliverables

- Coordinate global initiatives on road safety, including the United Nations Global Road Safety Collaboration and the secretariat of the Decade of Action for Road Safety 2011–2020.
- Publish the fourth global status report on road safety as a tool for monitoring the Decade of Action for Road Safety and the attainment of Sustainable Development Goal 3, target 3.6.
- Formulate normative guidance and training materials on road safety to support country implementation of good practices, towards attainment of Sustainable Development Goal 3, target 3.6.

Output – Countries and partners enabled to develop and implement programmes and plans to prevent unintentional deaths and injuries from burns, drowning and falls

Output indicator	Baseline	Target
Number of countries receiving an assessment of their child injury-prevention policies	13/194 (2017)	28/194 (2019)

Country office deliverables

- Lead the strengthening of country capacity to develop national evidence-based programmes to prevent unintentional injuries.
- Support policy dialogue at country level to promote multisectoral collaboration to prevent unintentional injuries.

Regional office deliverables

- Support development of country capacity and exchange of experiences within the region for unintentional injury prevention.
- Engage with Member States and other partners to promote multisectoral policy responses to prevent unintentional injuries.

Headquarters deliverables

- Provide support and expertise where additional capacity is needed for the prevention of unintentional injuries.
- Provide leadership and technical guidance on policies for prevention of drowning, burns and other unintentional injuries.

Output – Development and implementation of policies and programmes to address violence against women, youth and children facilitated

Output indicator	Baseline	Target
Number of countries implementing at least half of the interpersonal violence prevention programmes surveyed by the global status report on violence prevention 2014	54/194 (2017)	74/194 (2019)

Country office deliverables

- Strengthen country capacity to develop and implement programmes that address violence against children, women and youth, and monitor their implementation.

Regional office deliverables

- Support Member States to implement and monitor the global plan of action to strengthen the role of health systems in addressing interpersonal violence and the WHO interagency package to prevent violence against children.
- Conduct regional and intercountry capacity building efforts for policy and programme development and monitoring to combat violence.
- Support countries to collect data for the second global status report on violence prevention, and to produce regional factsheets on violence prevention.

Headquarters deliverables

- Support implementation and monitoring of the WHO global plan of action to strengthen the role of the health system in addressing interpersonal violence and the WHO interagency technical package to prevent violence against children.
- Publish the second global status report on violence prevention, and formulate normative guidance and training materials on violence prevention and victim services.
- Convene partners of the Violence Prevention Alliance and strengthen activities undertaken by the Alliance, co-lead the Global Partnership to End Violence Against Children, and convene the 9th Milestones of a Global Campaign for Violence Prevention meeting in 2017.

Output – Improved prehospital and facility-based emergency care systems to address injury

Output indicator	Baseline	Target
Number of countries performing a standardized national Emergency Care System assessment to identify gaps and set priority actions for system development (WHO's Emergency Care Systems Assessment tool, or similar)	10/194 (2017)	20/194 (2019)

Country office deliverables

- Support implementation of initiatives to improve emergency care for the injured.

Regional office deliverables

- Support regional improvements in provision of emergency care for the injured that follow WHO technical guidance.

Headquarters deliverables

- Lead development of frameworks and tools for quality and safety improvements in emergency care for injury, and coordinate the Global Alliance for Care of the Injured.

DISABILITIES AND REHABILITATION

Outcome – Increased access to comprehensive eye-care, hearing-care and rehabilitation services

Outcome indicators	Baseline	Target
Number of countries strengthening rehabilitation policies and services in collaboration with WHO	41/194 (2017)	58/194 (2019)
Number of countries reporting implementation of services for eye and hearing care in collaboration with WHO	6/194 (2017)	18/194 (2019)

Output – Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities

Output indicator	Baseline	Target
Number of countries collecting comprehensive data on disability using the Model Disability Survey	4/194 (2017)	15/194 (2019)

Country office deliverables

- Support countries in developing and implementing disability-inclusive health system strengthening, with a focus on improving access to services under universal health coverage and removing barriers for persons with disabilities.
- Support countries in strengthening national policy, planning and coordination mechanisms for rehabilitation, assistive technology and community-based rehabilitation.
- Support countries in the collection, analysis, dissemination and use of national data on disability for policy, programming and monitoring.

Regional office deliverables

- Assist country offices to provide technical expertise in countries to support disability-inclusive health system strengthening with a focus on improving access to services under universal health coverage and removing barriers.
- Assist country offices to provide technical expertise in countries to support national policy, planning and coordination mechanisms for rehabilitation, habilitation, support services, assistive technology and community-based rehabilitation.
- Assist country offices to provide technical expertise in countries in the collection, analysis, dissemination and use of national disability data for policy, programming and monitoring.

Headquarters deliverables

- Provide policy and technical guidance for disability-inclusive health system strengthening, with a focus on improving access to services under universal health coverage and on removing barriers.
- Provide policy and technical guidance for national policy, planning and coordination mechanisms for rehabilitation, habilitation, assistive technology, assistance and support services and community-based rehabilitation.
- Provide policy and technical guidance for the collection, analysis, dissemination and use of national disability data for policy, programming and monitoring.

Output – Countries enabled to strengthen comprehensive eye-care services in the framework of health systems

Output indicator	Baseline	Target
Number of Member States with a documented assessment of comprehensive eye-care service delivery	25/194 (2017)	40/194 (2019)

Country office deliverables

- Support countries in including comprehensive eye-care services in national health plans, programmes and projects.
- Support countries in collecting information on eye-care specific indicators with WHO tools or health information systems.

Regional office deliverables

- Provide back-up technical expertise to secure inclusion of comprehensive eye-care services in regional and national health programmes and plans.
- Provide back-up technical expertise to country offices and Member States to collect information on eye-health service indicators with WHO tools or health information systems.

Headquarters deliverables

- Provide policy, strategic and technical guidance to assess, develop, implement and monitor national comprehensive eye-care service plans and programmes, integrated where possible in general health services.
- Provide tools and technical guidance for the collection of eye-care specific indicators for policy, programming, financing and monitoring.
- Produce a global report on eye care.

Output – Countries enabled to strengthen prevention and management of ear diseases and hearing loss in the framework of health systems

Output indicator	Baseline	Target
Number of countries implementing ear and hearing care strategies in collaboration with WHO	12/194 (2017)	22/194 (2019)

Country office deliverables

- Support countries in developing, implementing and monitoring national ear and hearing care plans, including integration in other health services.
- Support countries in collecting information on ear health specific indicators with national health information systems.

Regional office deliverables

- Provide back-up technical expertise in countries to support the development, implementation and monitoring of national ear and hearing care plans, including integration in other health services.
- Provide back-up technical expertise in countries to collect information on ear and hearing care specific indicators with national health information systems.

Headquarters deliverables

- Provide back-up technical expertise in countries to collect information on ear and hearing care specific indicators with national health information systems.
- Provide policy and technical guidance for the collection of ear and hearing care indicators for policy, programming and monitoring.
- Participate in and lead global partnerships to promote ear and hearing care services.

NUTRITION

Outcome – Reduced nutritional risk for improved health and well-being

Outcome indicators	Baseline	Target
Number of stunted children below five years of age	165 million (2011)	102 million (2025)
Proportion of women of reproductive age (15–49 years) with anaemia	30% (2015)	15% (2025)

Output – Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms, and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals

Output indicator	Baseline	Target
Number of countries implementing national action plans consistent with the comprehensive implementation plan on maternal, infant and young child nutrition	To be determined/194 (2017)	To be determined/194 (2019)

Country office deliverables

- Support countries to set national nutrition targets and develop or strengthen national policies, strategies and action plans aligned with the comprehensive implementation plan on maternal, infant and young child nutrition, the Second International Conference on Nutrition Framework for Action, and the nutrition component of the Sustainable Development Goals, consistent with WHO regional nutrition strategies.
- Advocate for nutrition, mobilize country commitments under the Decade of Action on Nutrition, support the establishment of partnerships and coordination mechanisms on nutrition and synergies between nutrition and other programmes[1] in order to promote healthy diets and achieve national nutrition targets for food and nutrition security.
- Support countries to establish and manage integrated systems for monitoring and evaluating nutrition outcomes and nutrition policy implementation; and to evaluate effectiveness of action plans for national and international accountability.

Regional office deliverables

- Develop, implement and evaluate, as appropriate, regional action plans aligned with the comprehensive implementation plan on maternal, infant and young child nutrition, the Second International Conference on Nutrition Framework for Action and the nutrition-related Sustainable Development Goals.
- Catalyse partnerships by linking with stakeholders, including non-health sectors and mobilize commitments under the Decade of Action on Nutrition, in order to promote interagency and multisectoral action and coordination for ensuring healthy diets and food and nutrition security at regional level.
- Develop and strengthen regional information systems on nutrition outcomes and nutrition policy implementation.
- Provide technical support for establishing national targets, developing and monitoring national action plans and advocating for the promotion of healthy diets and food and nutrition security.

[1] Communicable and noncommunicable diseases, maternal and child health, health and the environment, and health systems strengthening.

Headquarters deliverables

- Contribute to executing the Decade of Action by mobilizing commitments under the 2030 Agenda for Sustainable Development, implementing the Second International Conference on Nutrition Framework for Action, and facilitating global dialogue among United Nations entities and other stakeholders.
- Provide technical support to regional and country offices and design tools to help countries strengthen, develop, and monitor national nutritional plans and policies aligned with the comprehensive implementation plan on maternal, infant and young child nutrition, the Second International Conference on Nutrition Framework for Action and the nutrition components of the Sustainable Development Goals.
- Publish global reports on the progress made towards achieving global nutrition targets, the Second International Conference on Nutrition Framework for Action outcomes, and the nutrition components of the Sustainable Development Goals.

Output – Norms, standards and policy options for promoting population dietary goals and achieving the global nutrition targets 2025 and nutrition-related Sustainable Development Goals developed, adopted and integrated into current national health and development plans

Output indicator	Baseline	Target
Number of countries adopting WHO guidelines and recommended policies for addressing malnutrition in all its forms	To be determined	To be determined

Country office deliverables

- Support the establishment and updating of national guidelines and recommendations on healthy diets, and legislation, regulations and programmes on nutrition by adapting global standards and guidelines.
- Support the implementation of effective nutrition interventions in the health sector, the food system and other related sectors by addressing all forms of malnutrition in stable and emergency situations.
- Strengthen human resource capacity for effective health and nutrition programmes by integrating nutrition actions for women, adolescents, children and the ageing population.

Regional office deliverables

- Provide support to countries to adopt global and regional guidance and translate it into effective interventions in the health sector, the food system and other related sectors, in order to promote healthy diets and food and nutrition security, and to address all forms of malnutrition in stable and emergency situations.
- Strengthen country capacities to develop legislation and regulations on food labelling, food marketing, food reformulation and fortification, and conflict of interest management.
- Introduce innovative approaches for delivering effective nutrition actions.

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Headquarters deliverables

- Develop and update population dietary goals, guidelines and standards for effective nutrition actions for prevention and management of all forms of malnutrition in stable and emergency situations.
- Provide technical guidance and scientific advice on nutrition and food labelling to support the work of the Codex Alimentarius.
- Develop evidence-informed effective policy options and strategies to address malnutrition in all its forms and the nutrition components of the Sustainable Development Goals, including through effective evidence-informed nutrition actions and promoting healthy diets.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Noncommunicable diseases	40.8	19.3	17.6	22.2	16.6	25.9	56.2	**198.7**
• Mental health and substance abuse	7.2	3.3	3.1	6.1	5.4	4.4	18.7	**48.3**
• Violence and injuries	3.6	2.7	3.2	3.2	2.1	3.5	14.9	**33.3**
• Disability and rehabilitation	1.1	1.1	0.7	1.2	1.2	2.6	10.0	**17.9**
• Nutrition	9.1	3.6	2.8	3.0	4.3	3.7	22.4	**48.9**
Total	**61.8**	**30.1**	**27.5**	**35.7**	**29.7**	**40.1**	**122.3**	**347.1**

CATEGORY – PROMOTING HEALTH THROUGH THE LIFE COURSE

Promoting good health at key stages of life, taking into account the need to address health equity, social determinants of health and human rights, with a focus on gender equality

This category brings together strategies for promoting health and well-being from conception to old age. It is concerned with health as an outcome of all policies and in relation to the environment, and includes leadership and technical guidance on these cross-cutting areas across the Organization and in the health sectors of Member States.

This category is by its nature cross-cutting, and has an additional mandate to ensure adoption of its themes across all programmes and categories. In doing so, it addresses population health needs with a special focus on key stages in life. Such an approach enables the development of integrated strategies that are responsive to evolving needs, changing demographics, epidemiological, social, cultural, environmental and behavioural factors, and gender inequalities in health. The life course approach considers how multiple determinants, for example gender, interact and affect health throughout life and across generations while ensuring accountability, transparency and participation, which are key contributions of human rights-based approaches. Health is considered as a dynamic continuum rather than a series of isolated health states. The approach highlights the importance of transitions, linking each stage to the next, defining factors that protect against risk, and prioritizing investment in health care and social and environmental determinants.

The work undertaken in this category contributes to addressing the unfinished business of ending preventable maternal, newborn and child deaths, as well as health more generally through the Sustainable Development Goals , including beyond Goal 3 (Ensure healthy lives and promote well-being for all at all ages). In addition to the contribution made to the specific health-related goal, the category will adopt a health-in-all goals approach providing an important opportunity for primary prevention and promotion. Several programme areas will focus on sectors with the greatest potential to positively improve environmental and social determinants of health and reduce health inequities.

Reproductive, maternal, newborn, child and adolescent health

Considerable progress has been made in reducing maternal and child mortality. Between 1990 and 2015, maternal and child mortality was almost halved, with the greatest reductions occurring in the second half of that period. But each day over 800 women still die from pregnancy- or childbirth-related events. Each year, 5.9 million children die before their fifth birthday, about 45% during the first four weeks of life. Unmet sexual and reproductive health needs persist, including the unmet need of an estimated 222 million women for contraception, which, if met, would prevent 118 000 maternal deaths. Moreover, 47 000 women die each year from complications resulting from unsafe abortion, representing 13% of all maternal deaths, and 358 million new cases of four curable sexually transmitted infections occur every year.

Most maternal and child deaths occur in low- and middle-income countries. Effective interventions exist for improving sexual, reproductive, maternal, newborn and child health and preventing those deaths. The challenges are to implement and expand those interventions, making them accessible to all who need them before and during pregnancy, childbirth and the early years of life, and to ensure the quality of care.

Aligned to the Sustainable Development Goals, the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) shapes the ambitious agenda and challenges for the programme area. The new Strategy is about surviving, thriving and transforming. The inclusion of adolescents in the Strategy, and its focus on health and development, multisectoral action, gender, equity and rights, and humanitarian and fragile settings, among others, poses new challenges for all stakeholders and partners in translating the targets and objectives into action at country level.

Implementing the Global Strategy, with increased and sustained financing, would yield tremendous returns by 2030:

- An end to preventable maternal, newborn, child and adolescent deaths and stillbirths;
- At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions;
- At least US$ 100 billion in demographic dividends from investments in early childhood and adolescent health and development;
- A “grand convergence” in health, giving all women, children and adolescents an equal chance to survive and thrive.

For WHO to provide the required technical support for implementation of the Global Strategy, increased collaboration between programme areas at all levels is needed, as well as an upgrade of existing skills and capacities, and additional human resources.

Implementation of the WHO global health sector strategy on sexually transmitted infections, 2016–2021 and the global plan to end violence against women girls and children will further guide the work of the programme area.

Ageing and health

The WHO Global strategy and action plan on ageing and health envisions a world in which everyone can live a long and healthy life.

While there are many significant gaps in our understanding of the factors that can foster Healthy Ageing, in many fields there is already sufficient evidence to allow action to be taken to help achieve that vision. The first goal of the strategy, “By 2020, 5 years of evidence-based action to maximize functional ability, that reaches every person”, is therefore framed around ensuring such action is taken as widely as possible.

However, the Global strategy and action plan on ageing and health also acknowledge a lack of evidence and infrastructure in many crucial areas. The second goal, “By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030”, looks to use the five year period of the Strategy to fill these gaps and to ensure Member States and other stakeholders are positioned to undertake a decade of evidence-informed, concerted action from 2020 to 2030.

The Global strategy and action plan on ageing and health identifies five strategic objectives and priority areas for action to achieve each of the goals. However, they are broad in nature and lack the details needed to guide concrete action by WHO and partners. The outputs under programme area Ageing and health (3.2) allow WHO to fill this gap through action in five key areas: support for the development of policies and strategies; delivery of older person-centred and integrated health and long-term care; improving evidence monitoring and evaluation; and promoting age friendly environments.

The outputs proposed in this programme area will resource specific initiatives identified by the Global strategy implementation plan as follows: facilitating the development of norms, standards, guidelines and policy guidance on key components of the Global strategy; fostering the exchange of experiences and innovations among countries and facilitating engagement of Member States; and creating a formal advisory mechanism to facilitate the ongoing input of technical experts in the field of ageing (including other international agencies, nongovernmental organizations, professional bodies and potential funders) to discuss priority issues and coordinate their responses.

Gender, equity and human rights mainstreaming

The enjoyment of health across the life course requires proper consideration and targeted efforts to address the structural and social drivers of health. The drivers include: the causes of vulnerability to ill-health; differential health outcomes at individual or subpopulation level (for example, age, sex, income, gender, education, ethnicity, race); and other socioeconomic and cultural barriers that impede full enjoyment of health.

An integrated approach to mainstreaming requires transformation both within and outside WHO to enable countries to consider gender, equity and rights when designing and implementing global and national health strategies, policies and programmes. Such a perspective makes such policies and programmes both more effective (better tailored to needs), inclusive and sustainable (through more participatory design), and focused (on reducing health inequalities). Re-invigorated by the emphasis on inequality defined in the Sustainable Development Goal agenda, a more routine and systematic inclusion of these three intersecting considerations will help address the specific needs of those left behind.

The Secretariat will continue to raise political awareness of, and commitment to, mainstreaming gender, equity and human rights in health, including in emerging priorities such as humanitarian crises and migratory settings, and to build internal and external capacity for such efforts through the scale up and roll out of pilot-tested tools (for example, health inequality monitoring, Innov8, guideline development, staff trainings and learning development). The Secretariat will also ensure that WHO's institutional mechanisms and functions support this goal. The programme area will reinvigorate and expand existing networks and forge new partnerships with like-minded stakeholders and Member States to promote greater accountability for the goals of the Sustainable Development Goals agenda, including through the greater disaggregation of data. The United Nations system-wide action plan on gender equality and the empowerment of women continues to be a highly relevant accountability tool. However, a more holistic view of progress complemented by emerging frameworks, such as new United Nations Development Assistance Frameworks, regional strategies and commitments, and frameworks at the level of the United Nations System Chief Executives Board for Coordination that support the centrality of rights under the Sustainable Development Goals, will enhance these mechanisms.

Close collaboration between the units for Gender, Equity and Human Rights, Social Determinants of Health and other technical areas and external partners, such as Office of the United Nations High Commissioner for Human Rights and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) remains a mainstay of WHO's mainstreaming commitments.

Social determinants of health

The bulk of the global burden of disease and the major causes of health inequities arise from the conditions in which people are born, grow, live, work and age. Social determinants of health are therefore significant in all areas of the Secretariat's work. Health determinants and the promotion of health equity will receive continued emphasis throughout the biennium 2018–2019 in each of the technical categories. Increased capacity building to promote and implement intersectoral action, encourage engagement and collaboration between the health sector and other sectors, and promote national, regional and global collaboration on intersectoral action for health will continue to be core work of the Secretariat. Tools, such as guidelines on how to address the social determinants through the work of specific sectors, such as housing, and a standard set of indicators for monitoring action on social determinants of health are needed for implementing the "health in all policies" approach. Furthermore, health programming functions need guidance on how to address social determinants, and more work with other organizations in the United Nations system is needed in implementing and monitoring the joint workplan on the subject.

Finally, as articulated in the Rio Political Declaration on Social Determinants of Health, the Secretariat will focus on improving "health governance" among the growing number of actors in the health sector. Global governance for health has become increasingly prominent as a result of the Foreign Policy and Global Health Initiative.

Health and the environment

Environmental determinants of health are responsible for about one quarter of the global burden of disease and an estimated 13 million deaths each year. Mainly affected are poor women and children who live and work in the world's most polluted and fragile ecosystems and whose health is at risk from diverse factors, such as chemicals, radiation, lack of safe water and sanitation, air pollution and climate change.

In the biennium 2018–2019, the Secretariat will continue to place emphasis on monitoring and reporting environmental and occupational health trends, as called for in the Sustainable Development Goals. Particular focus will be directed towards monitoring health trends in the context of the Goals, addressing key settings or sectors where actions are most likely to improve environmental and occupational determinants of health. Examples include: scaling up access to water and sanitation (SDG 6); promoting universal access to sustainable and modern energy, including in homes (SDG 7); promoting decent work and a safe work environment (SDG 8); making cities and human settlements cleaner, safer and more sustainable (SDG 11); responsible consumption and production (SDG 12) and taking action to tackle climate change and its impacts (SDG 13). In addition, attention will be paid to monitoring in the context of SDG 3 on ensuring healthy lives and well-being for all at all ages, specifically on reducing death and illness from hazardous chemicals and air, water and soil pollution and contamination (target 3.9). New evidence generated in 2014 revealed that household and ambient air pollution are among the most serious risks to health. In this context, WHO will scale up its work on monitoring and reporting on health impacts of air pollution, raising awareness of health co-benefits from air pollution reduction measures, and building the capacity of Member States and the health sector for working with other sectors to help address the adverse health effects from air pollution. In addition, the Secretariat will also scale up its support to Member States for:

- implementation of the health aspects of the Minamata Convention on Mercury (resolution WHA67.11 (2014));
- implementation of the road map on the role of the health sector in sound chemicals management (resolution WHA69.4 (2016));
- achieving the objectives of the WHO Global Plan of Action on Workers' Health (2008–2017);
- implementing the Climate Change and Health Work Plan for the period 2014–2019 approved by the 136th Executive Board in decision EB136(15) (2015); and
- meeting the public health objectives addressed in the Paris Climate Agreement (2015).

The Secretariat will continue to work with countries and partners in tackling a broad range of environmental and occupational health risks, including longer-term threats posed by climate change, loss of biodiversity, scarcity of water and other natural resources, precarious employment, and pollution. The Secretariat will maintain its support to relevant multisectoral policy platforms and processes, notably those involving ministries of health and the environment in several regions.

Linkages with other programmes and partners

The category has many linkages with other WHO programmes, such as those on communicable diseases, vaccines, nutrition, and integrated people-centred health services for reducing maternal and child mortality and morbidity, as well as with programmes dealing with risk behaviours in adolescence and noncommunicable diseases in adults, in particular among working populations. The Secretariat's response to the health needs of older populations is multifaceted and involves all parts of the Organization. Particularly important will be close collaboration with programmes on noncommunicable diseases and mental disorders in older people and their access to health and long-term care. Equally important is the link with efforts to ensure the health of women, children and the elderly during emergency situations.

By its very nature, the work related to Promoting health through the life course category and cross cutting approaches, involving, for example social determinants of health, health and the environment, and gender, equity and human rights, contributes to, and benefits from, interaction with other categories. Analysis and

monitoring of cross-cutting areas across WHO programmes and in countries will be the key to answering the global call for equity and rights in the 2030 Agenda for Sustainable Development.

The work, including implementation of the United Nations Secretary General's Global Strategy for Women's, Children's and Adolescents' Health 2016–2030, will be undertaken with WHO's partners, including the other H6 agencies (UNAIDS, UNFPA, UNICEF, UN Women and the World Bank) and the Partnership for Maternal, Newborn and Child Health, as well as UNDP, the United Nations Population Division, the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, academic and research institutions, civil society and development partners.

The experience gained by WHO from its collaborative work with other key United Nations organizations in the context of the United Nations platform on social determinants of health, means that it is well placed to stress the critical importance of intersectoral action and a whole-of-government approach as crucial for ensuring the achievement of the Sustainable Development Goals and to position health and health equity as key indicators for measuring wider progress on sustainable development.

With respect to Sustainable Development Goal 7 (Ensure access to affordable, reliable, sustainable and modern energy for all), WHO will maintain its role in UN-Energy and the United Nations Secretary General's initiative on Sustainable Energy for All. Similarly, for Goal 6 (Ensure availability and sustainable management of water and sanitation for all), WHO will maintain its engagement with UN-Water and strengthen its collaboration with UNICEF on global monitoring of water and sanitation. For Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), WHO will develop a collaborative framework with the United Nations Human Settlements Programme (UN-HABITAT) for urban environmental health issues, in particular, in the context of the new UN-HABITAT III agenda. The Organization will continue to act as the secretariat for, and participate in, the Inter-Organization Programme for the Sound Management of Chemicals – a key coordinating body for the United Nations system response to Goal 12. For Sustainable Development Goal 13 (Take urgent action to combat climate change and its impacts), WHO will further strengthen the representation of health within the overall United Nations response to climate change, including through the United Nations System Chief Executives Board for Coordination and High-Level Committee on Programmes. The Secretariat will also provide the technical health input for programmes under the United Nations Framework Convention on Climate Change and specific partnerships with other organizations in the United Nations system.

REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Outcome – Increased access to interventions for improving health of women, newborns, children and adolescents

Outcome indicators	Baseline	Target
Contraceptive prevalence rate (world, any modern method)	57% (2015)	68% (2019)
Number of targeted countries that have reduced the wealth quintile gap for demand satisfied for modern contraception by at least 10%	Not applicable	25/75 (2019)
Skilled attendant at birth (percentage of live births attended by skilled health personnel)	75% (2015)	85% (2019)
Postnatal care for mothers and babies (proportion of women and proportion of newborns who have postpartum contact with a health provider within 2 days of childbirth)	60% (2015)	70% (2019)
Exclusive breastfeeding for six months (percentage of infants aged 0–5 months who are exclusively breastfed)	40% (2015)	50% (2019)
Antibiotic treatment for pneumonia (percentage of children aged 0–59 months with suspected pneumonia receiving antibiotics)	60% (2015)	70% (2019)

Outcome indicators	Baseline	Target
Adolescent birth rate (per 1000 girls aged 15–19 years)	45 per 1000 (2015)	40 per 1000 (2019)
Proportion of women, children and adolescents subjected to violence (Sustainable Development Goal target indicator 5.2.1)	To be determined	To be determined
Proportion of children under 5 years of age whose births have been registered with a civil authority (Sustainable Development Goal target indicator 16.9.1)	To be determined	To be determined
Number of countries with laws and regulations that guarantee women aged 15–49 access to sexual and reproductive health care, information and education (Sustainable Development Goal target indicator 5.6.2)	To be determined	To be determined

Output – Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from pre-pregnancy to postpartum and perinatal deaths(stillbirths and early neonatal), with a particular focus on the 24-hour period around childbirth

Output indicators	Baseline	Target
Number of countries that are implementing the Global Strategy for Women's, Children's and Adolescents' Health, (2016–2030) with inclusion of Thrive and Transform objectives	To be determined	100/194 (2019)
Number of targeted countries that have plans with targets for ending preventable maternal deaths, stillbirths and neonatal deaths by 2030	To be determined	62/62 (2019)

Country office deliverables

- Adapt and implement global guidelines, and conduct policy dialogue among partners at country level, on the overall strategy and plans for addressing health system bottlenecks and expanding access to, and improving quality of, interventions to end preventable maternal and newborn deaths and reduce birth defects.
- Support capacity building for improving health information on maternal and perinatal health, as well as for maternal and perinatal death surveillance and response.
- Strengthen national capacity for collection, analysis and use of data, as well as their dissemination and use, on maternal and newborn health, including instituting regular programme reviews, including documentation of best practices in order to improve access to, and quality of, interventions.
- Work with partners, including the other agencies of the Global Health Partnership H6 and the Global Fund to Fight AIDS, Tuberculosis and Malaria, towards creating synergies between different programmes and health system areas and mobilize resources towards ending preventable maternal and newborn deaths and prevent mother-to-child transmission of HIV.

Regional office deliverables

- Provide a platform for advocacy and sharing of policy options, experiences and best practices, and support policies and strategies to end preventable maternal and perinatal death and reduce birth defects by increasing access to high-quality interventions from pre-pregnancy to postpartum, especially during the 24-hour period around childbirth.
- Adapt clinical and monitoring guidelines, including on maternal and perinatal death surveillance and response, as well as perinatal death reviews at regional level, and provide support for their implementation in countries.
- Support countries in engaging with partners, including other agencies of the Global Health Partnership H6 and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to create synergies between different programme areas for ending preventable maternal and newborn deaths.
- Support countries to adopt, implement and monitor policies, strategies and guidelines for ending preventable maternal and perinatal deaths and improve the quality, equity and dignity of care.

Headquarters deliverables

- Develop and update strategies, policies and technical guidance on expanding access to, and improving the quality of, effective interventions from pre-pregnancy to the postpartum period in order to end preventable maternal and perinatal death.
- Strengthen collaborative work with partners, including other agencies of the Global Health Partnership H6, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility and the Partnership for Maternal, Newborn and Child Health.
- Strengthen measurement and monitoring of maternal and perinatal mortality, including providing global estimates, developing/updating guidelines on maternal/perinatal death surveillance and response and near-miss reviews, as well as measurements of the quality of maternal and newborn care; establish clear indicators and publish global reports.

Output – Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health

Output indicator	Baseline	Target
Number of countries implementing WHO strategies and interventions to cover unmet needs in family planning	30/69 (denominator to be confirmed)	60/69 (2019)

Country office deliverables

- Support countries in using a multistakeholder/partnership approach to tackling health system bottlenecks and adopting/adapting guidelines on sexual and reproductive health – which have linkages to HIV and congenital syphilis and adolescent health – and provide support for their implementation with a focus on decreasing inequalities in sexual and reproductive health.
- Support countries in implementing and monitoring interventions, as well as in strengthening linkages with other programmes, such as noncommunicable diseases, relating to sexual and reproductive health, prevention of unsafe abortions, sexually transmitted and other reproductive tract infections and cancers of reproductive organs, prevention and management of sexual and gender-based violence.
- Strengthen national information systems through the inclusion of sexual and reproductive health indicators.

Regional office deliverables

- Facilitate intercountry technical cooperation in order to promote implementation of effective interventions, guidelines and tools to meet related Sustainable Development Goals and cover unmet needs in sexual and reproductive health, with a focus on decreasing inequalities.
- Facilitate regional policy dialogue on sexual and reproductive health in countries; convene regional consultations as a platform for sharing best practices.
- Support the dissemination, adoption, implementation and monitoring of policies and guidelines, as well as health system strengthening, related to sexual and reproductive health, including HIV, sexually transmitted infections, gynaecological cancers and prevention and management of sexual and gender-based violence.

Headquarters deliverables

- Develop evidence-based policies and technical and clinical guidelines covering unmet needs in sexual and reproductive health.
- Develop and validate indicators for sexual and reproductive health included in the Indicators and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health, (2016−2030).

Output – Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions

Output indicator	Baseline	Target
Number of countries that focus on early childhood development as part of integrated strategic plans for newborn and child health	To be determined	62/62 (2019)

Country office deliverables

- Support countries to develop policies and strategies, including for the integrated management of childhood illness, and in adapting/adopting and implementing guidelines and tools for preventing child deaths and morbidity.
- Establish a working mechanism for collaboration between reproductive, maternal, newborn and child health and relevant programmes, such as immunization, and for multisectoral approaches to improving child health, including pneumonia and diarrhoea control.
- Strengthen national capacity for collection, analysis and use of disaggregated data on child morbidity, mortality and causes of child deaths, in line with the overall strengthening of health information systems.

Regional office deliverables

- Facilitate regional policy and strategic dialogue among countries and partners on expanding effective integrated interventions to improve newborn and child health and early child development and end preventable newborn and child deaths in line with the Sustainable Development Goal targets; support implementation and monitoring at regional and country levels.
- Support implementation and monitoring of strategies and plans at regional and country levels.
- Work with countries and partners to create synergies between different programme areas by sharing experiences and best practices for improving quality of care for children using a rights-based approach, prevention and management of diarrhoea and pneumonia and for promoting child health and development.

Headquarters deliverables

- Develop and update strategies, policies and technical guidance, as well as tools and capacity for adapting, implementing and monitoring them, in order to expand access to, and coverage of, newborn and child health interventions to promote child development and end preventable child deaths from pneumonia and diarrhoea, and newborn and other conditions.
- Update and develop implementation tools, build capacity for their use, and provide expertise where needed, to support the implementation of integrated child health strategies, policies and guidelines on childhood development, as well as on diarrhoea, pneumonia and other serious childhood conditions.
- Develop and maintain a monitoring framework and global databases in line with the indicator and monitoring framework for the global strategy for women's, children's and adolescents' health, including the Global Health Observatory, and publish global reports on, for example, the Child Health Epidemiology Reference Group, the Global Strategy for Women's, Children's and Adolescents' Health, (2016–2030) and the Quality of Care Initiative.

Output – Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours

Output indicator	Baseline	Target
Number of countries with a comprehensive adolescent strategy/plan	47 (2016)	80 (2019)

Country office deliverables

- Support countries in adopting/adapting and implementing cross-sectoral guidelines on adolescent health policies and strategies which include system strengthening, especially improvement of health service delivery.
- Support countries in developing, implementing and monitoring comprehensive (or intersectoral) interventions for adolescent health, including strengthening linkages between activities and key programmes, such as those on sexual and reproductive health, HIV and sexually transmitted infections, nutrition and physical activity, violence and injuries, tobacco control, substance use, mental health, prevention of noncommunicable diseases, and promoting healthy lifestyles.
- Strengthen quality and availability of information on adolescent health by including adolescent indicators disaggregated by age and sex in national health information systems.

Regional office deliverables

- Assist country offices in providing support for adopting evidence-based guidelines and implementing effective policies and interventions to address adolescent health by promoting healthy lifestyles and physical activity; reduce adolescent health risk behaviours and risk factors, including in sexual and reproductive health, HIV and sexually transmitted infections, nutrition, violence and injuries, substance abuse, tobacco control and mental health.
- Facilitate regional policy dialogue on, and intercountry technical cooperation in, sharing technical evidence, successful experiences and best practices in adolescent health, and monitoring implementation of adolescent health programmes.

Headquarters deliverables

- Develop evidence-based policy and strategy guidance for building synergies across key programme and system areas that are relevant to and promote adolescent health.
- Develop a comprehensive global adolescent research agenda, including setting research priorities, provide global leadership on advancing this research agenda, and develop evidence-based guidelines to promote adolescent health and healthy lifestyles.
- Support the compilation and analysis of data on the health status of adolescents, and develop a standard framework for reporting on adolescent health, with data disaggregated for variables, including age and sex.

Output – Research undertaken and evidence generated and synthesized for newborn, child and adolescent health and related programmatic research for designing key interventions

Output indicator	Baseline	Target
Number of scientific publications reporting new and improved tools, solutions and strategies in newborn, child and adolescent health during the biennium	Not applicable	100 (2019)

Country office deliverables

- Support the development of research priorities in sexual, reproductive, maternal, newborn, child and adolescent health, and the application of research results at country level.
- Promote operational and system research at country level, especially where it will inform national policies and strategies, as well as the management and implementation of programmes.
- Strengthen national capacity for research in sexual, reproductive, maternal, newborn, child and adolescent health, especially in national institutions, including by linking the institutions with WHO collaborating centres.

Regional office deliverables

- Develop regional research priorities and support research.
- Strengthen research capacity in countries, including by facilitating engagement with, and securing support from, WHO collaborating centres and national institutions; plan and facilitate the sharing and use of results, especially for multicountry research work; maintain and update a regional database.

Headquarters deliverables

- Implement a comprehensive research agenda, including setting research priorities, and support research centres.
- Coordinate research and systematic reviews to generate knowledge and an evidence base in order to underpin the design of key interventions.
- Publish global reports and disseminate the results of research and systematic reviews.

Output – Research undertaken and research capacity strengthened for sexual, reproductive and maternal health through the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

Output indicators	Baseline	Target
Number of scientific publications reporting new and improved tools, solutions and strategies in sexual and reproductive health	Not applicable	200 (2019)
Number of research capacity strengthening grants awarded to research centres	Not applicable	50 (2019)
Number of systematic reviews of key questions in sexual and reproductive health	Not applicable	60 (2019)
Number of systematic reviews and scientific publications dealing with equity in sexual and reproductive health	Not applicable	75 (2019)

Headquarters deliverables

- Research undertaken, and evidence generated and synthesized on family planning, maternal and perinatal health, adolescent sexual and reproductive health, sexually transmitted infections, preventing unsafe abortion, infertility, sexual health, female genital mutilation, violence against women, and sexual and reproductive health in humanitarian settings.
- Research capacity strengthened through the Human Reproduction Programme Alliance and research capacity strengthening grants at institutional and individual levels.
- Research findings and guidelines disseminated through global, regional and national networks and platforms.

AGEING AND HEALTH

Outcome – Increased proportion of people who are able to live a long and healthy life

Outcome indicator	Baseline	Target
Healthy life expectancy at birth (*or at age 60*) [1]	Males: 61.5 Females: 64.6	To be determined

Output – Countries enabled to develop policies, strategies and capacity to foster healthy ageing across the life course

Output indicator	Baseline	Target
Number of countries that have developed and are implementing national health plans (policies, strategies, plans) that explicitly include actions to address the health needs of older people	0/194 (2017)	25/194 (2019)

[1] Baseline is global average by sex for 2015, the latest year for which data are available. World Health Statistics, 2016. Geneva: World Health Organization; 2016. See section 3.2 on healthy life expectancy, reflecting methods described in www.who.int/healthinfo/statistics/LT_method.pdf?ua=1&ua=1 (accessed 28 June 2016).

This outcome indicator will be changed to healthy life expectancy at age 60, if estimates from 2015 onwards become available prior to 2018.

This requires countries to report high quality data on mortality and disease burden in older adults to enable comparable estimations of HALE (Healthy Life Expectancy) at birth and at 60 years of age. Global and national reports should aim to provide disaggregated data across sub-populations within a country; and to distinguish between healthy life expectancy at birth and at 60 years of age.

Country office deliverables

- Support countries to develop and implement national and subnational plans, policies and capacity to foster healthy ageing, including the development of multisectoral healthy ageing plans.

Regional office deliverables

- Support countries to develop and implement national and regional plans, policies and capacity to foster healthy ageing and the development of intersectoral approaches.

Headquarters deliverables

- Assist regional and country offices in supporting Member States in the development and implementation of healthy ageing policies and plans and building capacity.
- Establish and maintain global mechanisms to link and support decision-makers, and key partners.
- Promote high level political commitment, policy dialogue, and knowledge translation on Healthy Ageing and maintain platforms to strengthen intersectoral collaboration.

Output – Countries enabled to deliver older person-centred and integrated care that responds to the needs of women and men and to tackle health inequities in low-, middle- and high-income settings

Output indicator	Baseline	Target
Number of countries supported to deliver older person-centred and integrated care that responds to the needs of women and men in low-, middle- and high-income settings	21 (2017)	39 (2019)

Country office deliverables

- Promote and provide technical support to countries to enable the delivery of people-centred health and long-term care, within the context of universal health coverage, based on WHO clinical guidelines on integrated care for older people.

Regional office deliverables

- Provide technical assistance to foster the understanding, and development of policies and plans to build sustainable and equitable long term care systems.
- Assist country offices in providing support to realign health systems and deliver older person-centred and integrated care within the context of universal health coverage, based on WHO clinical guidelines on integrated care for older people.

Headquarters deliverables

- Develop norms, standards, guidelines and policy/technical guidance to support health system realignment to deliver older person-centred and integrated care.
- Provide guidance and technical support on models of sustainable and equitable long-term care relevant to different resource settings.
- Provide technical advice and develop standardized approaches to enable the monitoring and evaluation of global, regional and national health and long-term care systems.

Output – Evidence base and monitoring and evaluation strengthened, informing policies and actions to address key issues relevant to the health of older people

Output indicator	Baseline	Target
Number of countries that are monitoring and reporting on the diverse health trends and the distribution and determinants of health among older people	14 (2017)	31 (2019)

Country office deliverables

- Support Member States in strengthening the collection, analysis, sharing and reporting of data from national, subnational and community-based monitoring and surveillance of Healthy Ageing.
- Support Member States to promote research and evidence synthesis on what works to foster Healthy Ageing.

Regional office deliverables

- Support Member States to strengthen the review and sharing of data, indicators and methods for monitoring and surveillance; contribute to the development of WHO metrics and methods; and integrate these within existing health information systems.
- Undertake policy dialogue and advocacy to strengthen research and evidence synthesis capacities, methods and collaborations in order to foster Healthy Ageing.

Headquarters deliverables

- Develop and communicate a global research agenda on Healthy Ageing and advocate for its implementation, including the expansion and strengthening of the global network of WHO collaborating centres on healthy ageing.
- Develop and foster consensus on metrics and methods to describe, analyse, monitor and report on Healthy Ageing at community and population levels; foster the generation of regular, high-quality data; and provide technical guidance for uptake by regions and countries.
- Collate, analyse and report on global monitoring of Healthy Ageing.

Output – Age-friendly environments developed and maintained in countries in line with the WHO strategy and plan of action on ageing and health

Output indicator	Baseline	Target
Number of countries with at least one municipality participating in the WHO Global Network of Age-friendly Cities and Communities	45 (2017)	64 (2019)
Number of countries participating in the global campaign against ageing	0 (2017)	10 (2019)

Country office deliverables

- Promote and support the creation of age-friendly environments and ageing responses in humanitarian settings.

Regional office deliverables

- Provide technical support to enable Member States to develop age-friendly cities and communities and to respond appropriately to the needs of older people in humanitarian settings.

Headquarters deliverables

- Strengthen and expand the Global Network of Age-friendly Cities and Communities.
- Develop and implement a global campaign against ageism.
- Provide technical guidance and backstop support for regional and country offices to enable countries to develop age-friendly environments, including within humanitarian contexts.

GENDER, EQUITY AND HUMAN RIGHTS MAINSTREAMING

Outcome – Equity, gender and human rights integrated into the Secretariat's and countries' policies and programmes to reduce health inequities

Outcome indicator	Baseline	Target
Health inequities reduced, including gender inequality within countries	To be determined	To be determined

Output – Equity, gender and human rights integrated in WHO's institutional mechanisms and programme deliverables to reduce health inequities

Output indicator	Baseline	Target
Number of WHO programme areas that have integrated equity, gender and human rights to ensure that no one is left behind	To be determined	To be determined

Country office deliverables

- Enable capacity-building in equity, gender and human rights for technical staff in country offices.
- Provide country-specific adaptation and implementation of tools and methodologies for integrating equity, gender and human rights in WHO programme areas at country level.
- Contribute country-level analysis and sharing of experiences and lessons learned, with recommendations, in integrating equity, gender and human rights in WHO programme areas at country level.

Regional office deliverables

- Provide input for the development of global tools and methodologies, including region-specific adaptations, for integrating equity, gender and human rights in WHO programme areas and institutional mechanisms.
- Provide technical assistance, facilitate inter-programmatic collaboration and strengthen capacities of regional and country office staff in implementing tools and methodologies for integrating equity, gender and human rights and diversity, where appropriate, in WHO programme areas and institutional mechanisms.
- Conduct regional analysis and sharing of experiences and lessons learned, with recommendations on integrating equity, gender and human rights in WHO programme areas at country and regional level.

Headquarters deliverables

- Assist regional offices as needed by complementing the expertise to support use of tools, methodologies and institutional mechanisms (e.g. health inequality monitoring, self-assessment, workplan development, etc.) for integrating equity, gender and human rights in WHO programme areas.
- Provide guidance, engage in knowledge translation, and provide expertise where additional technical capacity is needed, on integrating equity, gender and human rights into WHO programme areas.
- Monitor and evaluate programme areas to assess the need for improved integration of equity, gender and human rights and the effectiveness of current approaches.

Output – Countries enabled to integrate and monitor equity, gender and human rights in national health policies and programmes

Output indicator	Baseline	Target
Number of countries implementing at least two WHO-supported activities to integrate equity, gender and human rights in their health policies and programmes to ensure no one is left behind	To be determined	To be determined

Country office deliverables

- Facilitate country-level adaptation and implementation of WHO methodologies, guidelines and tools in order to integrate equity, gender and human rights in health policies and programmes, and monitor progress of the integration.
- Convene or facilitate technical support for policy dialogue on the integration and monitoring of equity, gender and human rights in health policies and programmes.
- Facilitate WHO's participation in interagency work on equity, gender and human rights, including in strengthening national capacities and actions relating to reporting on health-related treaties and conventions.
- Strengthen evidence-based health policies and programmes by promoting equity and gender analysis and human rights assessments of national data.

Regional office deliverables

- Convene and facilitate regional and country partnerships, platforms, dialogue and intersectoral collaboration relating to equity, gender and human rights.
- Provide technical support to countries and foster policy dialogue in order to integrate equity, gender and human rights and diversity where appropriate, in health policies and programmes.
- Facilitate and conduct equity and gender analysis of existing quantitative and qualitative national data in order to strengthen regional and national evidence, use, and monitoring of equity, gender and human rights in health policies and programmes.
- Regional analysis and sharing of experiences and lessons learned, with recommendations on integrating equity, gender and human rights in health policies and programmes.

Headquarters deliverables

- Support regional offices in strengthening country capacity and actions related to integrating and monitoring equity, gender and human rights in health programmes and policies.
- Strengthen the evidence base for the integration of equity, gender and human rights in health policies and programmes through global analysis, sharing of experiences and lessons learned, and provide recommendations on cost-effective interventions.
- Develop and strengthen technical tools and methodologies for the integration and monitoring of equity, gender and human rights in health policies and programmes.
- Foster, strengthen and convene global expert groups, forums and partnerships on equity, gender and human rights.

SOCIAL DETERMINANTS OF HEALTH

Outcome – Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health

Outcome indicators	Baseline	Target
Number of countries showing a decrease in the proportion of the urban population living in slums, informal settlements, or inadequate housing	8/139 (2018)	12/139 (2019)
Number of countries showing a decrease in the difference between highest and lowest income quintiles in the percentage of households using solid fuels for cooking	8/139 (2018)	14/139 (2019)

Output – Improved country policies, capacities and intersectoral actions for addressing the social determinants of health and reducing health inequities through "health-in-all-policies", governance and universal health coverage approaches in the Sustainable Development Goals

Output indicator	Baseline	Target
Number of countries implementing WHO tools and guidance to strengthen "health-in-all-policies" capacities and actions	35/139 (2017)	51/139 (2019)

Country office deliverables

- Convene partners, conduct policy dialogue, and establish coordination mechanisms to support governance in addressing social determinants of health and implement a "health-in-all-policies" approach, including to advance actions to achieve the Sustainable Development Goals.
- Support strengthening of policy research, use of evidence and/or country experience implementation relating to social determinants of health and health equity in national policy and intersectoral decision-making processes.
- Support countries in implementing global and regional resolutions and agendas on social determinants of health, health equity and health-in-all-policies.

Regional office deliverables

- Convene partners and conduct policy dialogue at the regional level to establish coordination mechanisms and support regional governance in addressing social determinants of health, and implement a "health-in-all-policies" approach, including advancing actions to achieve the Sustainable Development Goals.
- Assist country offices in providing support to countries for the application of good practices and implementation of global and regional resolutions and agendas on health-in-all-policies.
- Support the development and use of evidence relating to social determinants of health and health equity in regional policy and intersectoral decision-making processes.

Headquarters deliverables

- Develop global guidance and build capacity for "health-in-all-policies" and governance approaches in support of the development and implementation of policies, mechanisms and intersectoral actions related to social determinants of health and health equity, including to advance actions to achieve the Sustainable Development Goals.
- Develop guidance and tools to support policy research and the use of evidence relating to social determinants of health and health equity in national, regional and global policy and intersectoral decision-making processes.
- Strengthen global dialogue and action to address social determinants of health and health equity in organizations in the United Nations system and key partners in the context of the universal health coverage, the Sustainable Development Goals, and the post-2015 development agenda frameworks.

Output – A social determinants of health approach to improving health and reducing health inequities integrated in national, regional and global health programmes and strategies, as well as in WHO, within universal health coverage approaches and the Sustainable Development Goals.

Output indicator	Baseline	Target
Number of countries improving planning, implementation and monitoring of health programmes by integrating social determinants of health and health equity in line with WHO-supported tools and guidance	41/139 (2017)	48/139 (2019)

Country office deliverables

- Support the integration of social determinants of health and health equity in national health programmes, policies and strategies.
- Support the integration of social determinants of health and health equity in WHO's country programmes.

Regional office deliverables

- Develop or adapt capacity-building strategies and/or guidance tools, and provide technical support to countries for the integration of social determinants of health and health equity in countries' programmes, policies and strategies.
- Develop or adapt capacity-building strategies and provide technical support for the integration of social determinants of health and health equity in WHO's programmes, policies and strategies.
- Document and disseminate lessons learned and good practices in addressing social determinants of health and health equity in countries' strategies, policies and programmes.

Headquarters deliverables

- Develop guidance and tools for building capacity and support the integration of social determinants of health and health equity in national, regional and global health programmes and strategies.
- Document and disseminate lessons learned and good practices for integrating social determinants of health and health equity in health programmes, policies and strategies, in collaboration with regional and country offices.

Output – Trends in, and progress on, action on social determinants of health and health equity monitored, including under the universal health coverage framework and the Sustainable Development Goals

Output indicator	Baseline	Target
Regional and global trends in, and progress on, action on social determinants of health and health equity monitored and reported	To be determined	To be determined

Country office deliverables

- Support the collection, analysis, dissemination and use of data on the actions taken to address social determinants of health and health equity at national level, including in the context of global monitoring of the Sustainable Development Goals and the universal health coverage frameworks.

Regional office deliverables

- Support the strengthening of health information systems at regional level for the collection, analysis, dissemination and use of data in order to monitor the regional situation and trends in actions to address social determinants of health and health equity, including in the context of global monitoring of the universal health coverage framework and the Sustainable Development Goals.
- Support country offices in strengthening national health information in order to address social determinants of health and health equity.

Headquarters deliverables

- Monitor and report on the global situation and trends in actions to address social determinants of health and health equity through the aggregation, validation, analysis, dissemination and use of health-related data, including in the context of the universal health coverage framework and the Sustainable Development Goals. Provide technical support to and backstop regional offices in supporting country offices for strengthening national health information, including research on and impact evaluations of Sustainable Development Goal-focused interventions, in order to address the social determinants of health and health equity.

HEALTH AND THE ENVIRONMENT

Outcome – Reduced environmental threats to health

Outcome indicators[1,2]	Baseline	Target
Percentage of population using safely managed drinking water sources (Sustainable Development Goal indicator 6.1.1)	To be determined (2017)	To be determined (2019)
Percentage of population using safely managed sanitation services, including a hand-washing facility with soap and water (Sustainable Development Goal indicator 6.1.2)	To be determined (2017)	To be determined (2019)
Percentage of the population with primary reliance on clean fuels and technology (*a proxy measure for exposure to household air pollution*, *Sustainable Development Goal indicator 7.1.2)*	To be determined (2017)	To be determined (2019)
Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted) (Sustainable Development Goal indicator 11.6.2)	To be determined (2017)	To be determined (2019)

Output – Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks

Output indicators	Baseline	Target
Number of countries that have undertaken a national assessment or status review of water and sanitation drawing on WHO data, analysis or technical support	55/194 (2017)	65/194 (2019)
Number of countries that have developed health adaptation plans for climate change	40/194 (2017)	52/194 (2019)
Number of countries that have developed national policy instruments for workers' health with support from WHO	145/194 (2008)	To be determined

Country office deliverables

- Enhance, as a result of WHO technical support, national and subnational capacity to: assess and manage the health impacts of environmental risks, including through health impact assessments; and to support the development of national policies and plans on environmental and workers' health.
- Strengthen national and subnational capacity for preparedness and response to environmental emergencies, including in the context of the International Health Regulations (2005), in areas such as climate, water, sanitation, chemicals, air pollution and radiation, as well as in relation to other environmental health emergencies.

[1] The phrasing of these indicators aligns with the Sustainable Development Goal indicators for Goal 6 (clean water and sanitation), Goal 7 (affordable and clean energy, in relation to household air pollution) and Goal 11 (sustainable cities and communities, in relation to ambient air pollution in cities). WHO is the custodial agency for the Sustainable Development Goal monitoring process for each of these indicators and will be conducting global reporting accordingly. For water and sanitation, a baseline report for these outcome indicators will only be available in 2017 when the joint monitoring programme launches its Sustainable Development Goal report. It is therefore not possible at this moment to provide baseline and target values. In the meantime, the compendium of indicators will be updated with relevant information on how these indicators will be measured.

[2] http://unstats.un.org/unsd/statcom/47th-session/documents/2016-2-IAEG-SDGs-Rev1-E.pdf (accessed 30 June 2016).

Regional office deliverables

- Provide WHO leadership to support the development and implementation of regional strategies/action plans on environmental health, including on water, sanitation, waste, air quality, chemicals and climate change, as well as on occupational health.
- Provide technical support to country offices as needed to support the development and implementation of policies and regulations on environmental and occupational health and for strengthening of health systems in order to improve the assessment and management of environmental threats to health and promote and protect workers' health.
- Strengthen partnerships among regional agencies within and outside the health sector.

Headquarters deliverables

- Develop methodologies and tools and generate evidence to support the development of policies, strategies and regulations for prevention, mitigation and management of environmental and occupational risks and climate change, including in sectors of the economy other than health.
- Provide WHO leadership and support for the development and implementation of global strategies/action plans on environmental and workers' health issues and for the strengthening of global cooperation and partnerships to address environmental and occupational determinants of health.
- Provide technical support to regional offices as needed for highly specialized technical areas.

Output – Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, nanotechnologies and climate change and technical support provided at the regional and country levels for their implementation

Output indicator	Baseline	Target
Number of WHO norms, standards and guidelines on environmental and occupational health risks developed or updated within the biennium	0 (2017)	3 (2019)

Country office deliverables

- Provide WHO support for country- and city-level implementation of WHO guidelines, tools, and methodologies for preventing and managing the health impacts of environmental and occupational risks for example those associated with air pollution, chemical exposures, and lack of access to water and sanitation.

Regional office deliverables

- Provide WHO technical support for the country- and city-level implementation and adaptation of WHO norms, standards and guidelines on environmental and occupational health as needed, and for the regional application of such norms, standards and guidelines, and their development where relevant and necessary, in agreement and coordination with headquarters.

Headquarters deliverables

- Develop and update norms, standards and guidelines relating to environmental and occupational health risks, and provide support to regional and country offices as relevant for their implementation taking into account the evidence generated by regions and countries.

Output – Public health objectives addressed in implementation of multilateral agreements and conventions and initiatives on the environment, the Paris Agreement (as adopted by United Nations Framework Convention on Climate Change), and in relation to the Sustainable Development Goals and 2030 Agenda for Sustainable Development

Output indicators	Baseline	Target
Number of countries that have included public health considerations within their national strategies to support the ratification and implementation of the Minamata Convention, based on WHO input	7 (2017)	20 (2019)
Number of countries that have included public health considerations in relation to mitigation within their nationally determined contributions to the implementation of the Paris Agreement[1]	28/194 (2017)	28/194 (2019)

Country office deliverables

- Provide WHO technical support for conducting policy dialogues, convening partners, raising the profile of public health issues in national environmental and sustainable development agendas, as well as for implementing, at country and city levels, the agreed provisions of multilateral agreements and conventions on the environment.

Regional office deliverables

- Conduct advocacy and provide WHO technical support for multisectoral cooperation among regional stakeholders and for the promotion of the health agenda in regional initiatives on environmental and sustainable development, including in the context of regional intergovernmental and partnership forums on health, environment and sustainable development.
- Monitor and report on the environmental and occupational health situation and trends at regional level, including as part of global monitoring efforts where relevant.

Headquarters deliverables

- Provide WHO technical stewardship and leadership in the context of global forums on the environment and sustainable development attended by other United Nations agencies, international donors and agencies dealing with public health issues.
- Conduct advocacy to support the inclusion of public health issues in the preparation and implementation of multilateral agreements, conventions and global initiatives on the environment and sustainable development.
- Monitor and report on the environmental and occupational health situation and trends at the global level, including in the context of the Sustainable Development Goals.

[1] The target for 2019 is the same as the baseline as countries are not expected to update their nationally determined contributions until 2020, as this is the timeframe defined in the Paris Agreement on Climate Change. Baseline taken from the analysis "Acknowledging the Climate/Health Nexus: How well is health integrated in national commitments on climate change?" (Tcholakov et al). Additional information on this indicator will be added in the updated indicator compendium.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Reproductive, maternal, newborn, child and adolescent health	74.9	19.9	17.6	7.4	19.1	11.7	59.6	**210.4**
• Ageing and health	1.7	1.1	0.6	1.3	0.9	1.4	4.7	**11.7**
• Gender, equity and human rights mainstreaming	4.1	3.3	1.0	1.1	1.3	1.6	6.3	**18.7**
• Social determinants of health	8.9	4.3	1.9	8.2	2.6	2.1	6.4	**34.5**
• Health and the environment	15.7	7.6	8.9	18.9	5.5	10.2	35.4	**102.3**
Total	**105.3**	**36.3**	**30.1**	**37.0**	**29.5**	**27.1**	**112.5**	**377.7**

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Research in human reproduction	–	–	–	–	–	–	68.4	**68.4**
Total	**–**	**–**	**–**	**–**	**–**	**–**	**68.4**	**68.4**

CATEGORY – HEALTH SYSTEMS

Health systems based on primary health care, supporting universal health coverage

By the end of the biennium, only ten years will remain to reach the target under the Sustainable Development Goals that every human being on this planet will have access to the quality health services they need without suffering financial hardship when paying for them. This requires: a resilient, efficient, responsive and well-run health system; a system for financing health services; access to essential medicines and technologies; and sufficient human resources capacity made up of well-trained, motivated health workers.

Today an estimated 400 million people are still unable to obtain the essential health services they need because such services are inaccessible, unavailable or unaffordable. Many more obtain services but they are of poor quality. Widening inequities across the world mean that an estimated 100 million people are still pushed into poverty every year when they make out-of-pocket payments for health services.

However, health systems that function well can mitigate social stratification, gender inequality and violations of the right to health, thereby closing gaps in health equity. To accomplish this, health systems need to be re-oriented through strengthened participatory, accountable and responsive governance, intersectoral action, appropriate legislative frameworks, and patient, family and civil-society participation. They also need to be monitored with the primary focus being on vulnerable and underserved populations.

The positive effects of universal health coverage on development are well known. Universal health coverage contributes to better health and greater equity in health and thus provides a direct contribution to development, as well as indirectly through the impact of better health on economic productivity and growth. Financial protection embodied in universal health coverage also mitigates the risk of poverty due to health spending. Health systems are also an important part of national economies, and in many countries the health sector is one of the biggest employers.

Sustaining progress towards universal health coverage requires, among other things, health financing arrangements that raise revenues, pool funds and pay providers in ways that promote equity and keep expenditure growth manageable. Indeed, in the world health report 2010,[1] it was estimated that between 20% and 40% of the potential gains from health spending are lost through inefficiencies. Addressing the main causes of inefficiency are a priority for sustainable pathways toward universal health coverage and the realization of greater health gains from available resources.

Health systems need to be able to effectively combat noncommunicable diseases, detect and respond to emerging diseases and disasters, halt the growth of antimicrobial resistance, and take concrete steps to attain universal health coverage. In this, the Secretariat and Member States are guided by the universal health coverage and social determinants of health frameworks. By actively addressing social determinants, health systems can contribute to gender and other social empowerment in the interests of health equity, and reduce financial and geographic access barriers for disadvantaged groups. Health systems that are oriented to health equity leverage multisectoral action across government departments.

Active community participation in the work of health systems is essential in order to orient services towards the real needs of communities and families. Ensuring that those services are safe, integrated, and of good-quality will then be key to both addressing the unfinished agenda of the Millennium Development Goals and to ensuring that disease outbreaks and unusual health events do not have devastating consequences. The role of families will gain in importance, especially in supporting patients with long-term care needs in the majority of WHO Member States experiencing shifting demographic trends.

[1] The world health report 2010. Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010 (http://apps.who.int/iris/bitstream/10665/44371/1/9789241564021_eng.pdf, accessed 1 July 2016).

The risks of funding agencies and institutions promoting a fragmented and duplicative approach in countries need to be mitigated in order to safeguard the strengthening of comprehensive country-led systems. Target 3.8 under the Sustainable Development Goals, on universal health coverage, presents a unique opportunity to address this challenge if countries and the international community promote a comprehensive and coherent approach to strengthening health systems. At the global level, and strongly supported by the Secretariat, there is renewed attention to the critical importance of health systems strengthening. The G7 group of countries and many development partners have committed to investing in health systems, with, for example, the G7 group supporting the transformation of the International Health Partnership+ into Universal Health Coverage 2030, the new health systems partnership for universal health coverage, and the development of the "healthy systems – healthy lives" road map, which will continue to assist the global community in this regard.

WHO also plays a central role in supporting countries to coordinate partners and fast-track progress on health system strengthening towards universal health coverage, in close collaboration with Member States, development partners, civil society and the private sector. In terms of support to countries and building on the good practices of the WHO-EU-Luxemburg Universal Health Coverage Partnership, WHO has developed a "FIT to the context" flagship strategy to tailor health system support to countries' situations and challenges:

- "F : Building health systems foundations in challenging environments;
- "I": Strengthening health system institutions in countries where foundations are already in place; and
- "T": Supporting health system transformation towards universal health coverage in countries with mature health systems.

It should be noted that many countries might benefit from all three approaches simultaneously, as different aspects of the health system in a particular country may require a foundation-building, institution-strengthening and transformation-focused approach. The intention is not for the "F", "I" and "T" approaches to be implemented successively.

Within the FIT strategy, the cornerstone to making progress towards universal health coverage is the WHO framework for integrated people-centred health services. The framework calls for reforms that put individuals, families, carers and communities at the centre of responsive health services.

In 2018–2019, the Secretariat will continue to provide tailored "FIT" support to its Member States in strengthening national health systems and increasing their resilience towards the goal of universal health coverage. This includes developing, implementing and monitoring national health policies, strategies and plans; establishing sound health governance and financing systems; ensuring the availability of equitable, integrated, people-centred health services through an adequate, competent workforce; ensuring access to safe and essential health services; facilitating access to affordable, safe and effective medicines and other health technologies, including strengthened laboratory and blood transfusion services; improving patient safety and quality of health care; enhancing health information systems; and strengthening research capacity, as well as the generation and management of knowledge and evidence for health interventions and policy-making.

National health policies, strategies and plans

National health policies, strategies and plans are essential for defining country priorities and budgets, as well as a vision for improving and maintaining the health of people, improving financial risk protection, and ensuring health-system resilience, while moving closer to universal health coverage. In line with the Sustainable Development Goals, such plans should go beyond the health sector and be flexible and responsive in times of crisis. WHO supports the institutionalization of policy and strategy development based on inclusive multistakeholder/multisector policy dialogue, including the elaboration and implementation of health financing strategies. Measures to improve health-system governance will be essential in increasing transparency and raising the level of accountability among all stakeholders. WHO's work in this programme area will consist in building on the best evidence generated by countries and promoting values of equity, solidarity and human rights.

Moving closer to the target of universal health coverage, WHO will be working with 120 of the 194 Member States to strengthen overall health governance frameworks and capacities in increasingly decentralized systems, and supporting health ministries in engaging with the private sector, civil society, other sectors, and development partners in policy dialogue. It should be noted that universal health coverage is not only a challenge for low- and middle-income countries, but also for high-income countries requiring a highly focused approach based on individual country needs. The Secretariat has developed an approach that facilitates countries to better identify their specific demands, which, in turn enables it to respond to the growing number of requests. A fundamental component of the health governance approach consists of giving citizens a voice in decision-making processes, as well as in the implementation, monitoring and evaluation of activities, with the aim of increasing accountability, participation, coherence and transparency.

The Secretariat will also support countries in developing, implementing and revising policy options and the related institutional, legal, regulatory and societal frameworks required to ensure that national health plans can be implemented effectively to facilitate movement towards universal health coverage. The work involved encompasses supporting health ministries to lead multisectoral dialog on national health-system strengthening options for moving towards universal health coverage, including the health financing reforms needed to sustain progress; setting standards and maintaining global databases on national health policies, strategies and plans, financial protection and health expenditures, and leveraging these for effective engagement with national policy reform processes; key components will be the generation of evidence for best practices, tool development and application, institutional capacity-building, and dissemination of lessons learned across countries to strengthen the process and content of national health reform efforts in order to make progress towards universal health coverage.

The Secretariat will place emphasis on the intersectoral and multistakeholder orientation needed for whole-of-government “health in all policies” approaches to national and regional health strategies.

Lastly, the Secretariat will continue to support the principles of the Universal Health Coverage 2030 partnership, including national ownership of health priorities, predictable funding, harmonization and alignment with country systems and mutual accountability for results.

Integrated people-centred health services

In many countries, health services, where they are available at all, continue to be poorly organized, and understaffed, have long waiting times, do not conform to people’s cultural, ethnic or gender preferences, or are badly managed. Even when services are accessible, they can be of poor quality, endangering the safety of patients and compromising health outcomes. Moreover, resilient health systems must establish a linkage between their surveillance and core public health capacities under the International Health Regulations (2005) while strengthening health services and the workforce. When accompanied by shortages and inadequate distribution of skilled health professionals, including physicians, nurses, midwives, pharmacists, and mid-level and community-based health workers, laboratory workers, educators and regulators, considerable pressure is placed on countries in addressing the health needs of their population.

Meeting the human resources needs to implement Sustainable Development Goal 3, as well as carry out the recommendations of the United Nations Commission on Health Employment and Economic Growth requires urgent action on global employment policies and strategies, distribution, management, and deployment and retention of health personnel. The global strategy on human resources for health: workforce 2030 that was adopted in 2016 builds on the achievements realized under the WHO Global Code of Practice on the International Recruitment of Health Personnel. Unregulated private sectors, dysfunctional referral systems and irrational use of technologies continue to be other challenges faced by many countries.

The Secretariat will support Member States in their efforts to accelerate progress towards achieving universal health coverage by reviewing their health systems in order to maintain and expand access to high-quality, safe and integrated health services throughout the life course, from promotion, prevention, care (including long-term care) and rehabilitation, to palliation, with strong links to social services. In order to reduce health inequities, there needs to be a focus on community- and primary-care services targeted at risk groups, as well

as a reduction in out-of-pocket payments, through the removal of public-sector user fees and development of innovative ways to limit other health-care costs, such as drug, transport and other opportunity costs. There also needs to be an increase in geographical access through investment in, and reorientation of, public primary and secondary services in underserved areas, and in new strategies for improving the acceptability, quality and accountability of both public- and private-sector health care, including actions to overcome gender driven demand-side access barriers. This requires strong multisectoral engagement and cooperation, including participation across government sectors and levels and with civil society and other key stakeholders. Lastly, all activities in support of integrated health services help to build resilient health systems. Therefore WHO will work with countries to strengthen their essential public health functions and better integrate them in their health systems, including building their capacities to comply with the International Health Regulations (2005), infection prevention and safe services.

In the biennium 2018–2019, the Secretariat will continue to support countries in adopting and implementing integrated and people-centred health service approaches. All countries will need to examine new, innovative models of health-care delivery across the continuum of care, as they face different epidemiological or demographic challenges. They will also need to scale up and improve the technical vocational education and training of health workers, ensure their professional recognition and certification, and promote equitable distribution and retention. Transformational change in education is required to determine the appropriate skill-mix and competencies necessary within integrated primary health-care teams, which will increase cost-effective services and ultimately lead to cost savings. Such a change will undoubtedly involve investment, but by examining more efficient models of health workforce and services organization, significant resources could be unlocked. It is critical to build institutional and individual capacity in health labour market analysis, planning, governance and management of human resources for health to provide effective stewardship of the necessary policy reforms. The establishment of registries for improved availability and validity of information on health workers, and the progressive implementation of national health workforce accounts will underpin evidence-informed analysis and policy reforms. In some regions, hospital governance and management will need to be strengthened and hospital reform prioritized, hand in hand with reinforcing primary health care. The empowerment and engagement of patients and their families in care delivery will be essential for improving the quality, safety and responsiveness of health services. In the biennium 2018–2019, the Secretariat will support reform of health and social care institutions and services, and strengthen public health capacity within health systems to overcome access barriers for underserved populations and examine new approaches for assessing the quality of care at local and national levels in both public and private sectors. This requires broader multisectoral approaches to tackling the social and structural determinants of health in order to better address the wider challenges, such as an increase in the prevalence of noncommunicable diseases, violence and injuries, ageing societies and the lack of knowledge management necessary for new health technologies, as well as health inequities. The Secretariat will provide support for strengthening the capacity of public-health, clinical- and social-care professionals in pursuing multisectoral approaches in order to address such challenges.

It is widely understood that every country needs to have a robust public-health system that is capable of effectively dealing with unexpected health events, whatever they might be. However, public health services and functions are currently fragmented, variable and incomplete, and are often disconnected from the health system as a whole. At the same time, there is frequently little common understanding of essential public-health functions in a globalized and interconnected world. Therefore, WHO will continue to work with partners to advance a globally recognized set of public health functions for future integration in health systems. Such a set of functions can be used as a framework for investment, and be adapted into a tool for assisting countries to further strengthen global health security, foster the sustainability of health systems, and contribute to wider economic and sustainable development goals. This includes the identification of roles and responsibilities of the health services regarding compliance with the International Health Regulations (2005).

Access to medicines and other health technologies and strengthening regulatory capacity

Universal access to health services is dependent on the accessibility of affordable medicines and other health technologies (vaccines, diagnostics and devices) of assured quality, and their rational and cost-effective use. Hence, the area has been highlighted as one of the six WHO leadership priorities as outlined in the Twelfth General Programme of Work 2014–2019. In economic terms, medicines and other health technologies are the

second largest component of most health budgets (after human resources costs) and the largest component of private health expenditure in low- and middle-income countries. In most of these countries, regulatory systems are weak and the safety, efficacy and quality of medicines and other health technologies cannot be guaranteed. This perpetuates inequitable access to quality medicines and impedes the right to health.

In the biennium 2018–2019, WHO will continue to support the development of appropriate national policies for medicines and health technologies, based on good governance principles, rational procurement and management of prices, as well as ensure optimal prescribing, and appropriate use.

Traditional and complementary medicine is an important and often underestimated health-care component. It is found in almost every country in the world and the demand for such services is increasing. Many countries now recognize the need to develop a cohesive and integrated approach to health care which allows governments, health-care practitioners, and, most importantly, users of health-care services, to access traditional and complementary medicine. The Secretariat will focus on supporting Member States in fully integrating traditional and complementary medicines of proven quality, safety and efficacy into their health systems as that will contribute to the goal of universal health coverage.

Antimicrobial resistance poses an increasing threat for global public health and global health security. Combating it requires a system-wide approach. WHO will intensify the strengthening of national and regional regulatory systems and promote the rational use of medicines and other medical technologies as an important component of the global action plan on antimicrobial resistance. Models of effective stewardship will be developed. The Secretariat will continue to enhance and broaden WHO's prequalification programme to ensure that affordable, good-quality priority medicines, diagnostics and vaccines are available to those in need, covering all disease areas contained in the essential medicines list. This will require enhanced support for regional and national regulatory authorities, as well as regulatory systems strengthening. Such activities will contribute to tackling and mitigating the impact of substandard/spurious/falsely-labelled/falsified/counterfeit medical products.

In addition, the Secretariat will continue to support implementation of the global strategy and plan of action on public health, innovation and intellectual property, and evaluation of its effectiveness. The work will include promoting capacity for innovation in low- and middle-income countries, strengthening country capacity to manage intellectual property rights issues, stimulating technology transfer and facilitating local production in order to increase access to, and the affordability of, health technologies. Linked to this effort will be the strengthening of the global health research and development observatory.

Core normative work through the expert committees on the selection and use of essential medicines, drug dependence, biological standardization, international nonproprietary names and specifications for pharmaceutical preparations will continue to underpin WHO's unique role in the area of medicines and other health technologies.

Health systems, information and evidence

Information and evidence are the foundations of sound public health policies and programmes, resource allocation and decision-making for health. Health information systems that provide accurate, timely and complete information on health situations and trends, meet local demands for better planning and implementation and assess progress towards attainment of the health-related Sustainable Development Goals, are still inadequate in many countries. The information gaps are particularly large in terms of identifying and monitoring widespread inequities in health and health service access which are critical in informing policies, programmes and interventions. The work includes the disaggregation of data by sex, age and other key equity variables, and the routine collection of data on health inequities and their determinants, including those based on gender.

There are also major gaps in evidence about what works and the related costs, and in uptake of knowledge and evidence to improve policies and programmes. At the global level, WHO will focus its work on providing strategic and technical advice, as well as advocacy, on the basis of sound monitoring of health research and

development through the Global Observatory on Health R&D, promotion of high quality systematic review-based guidelines and public-health ethics and on maintaining a clinical trials registry platform. Regarding Member States, WHO will focus on building capacity to engage in research, following globally-accepted ethics principles, in order to generate knowledge and translate it into policy and practice for the strategic use of information and communication technologies in health services and systems. Equitable and sustainable access to health knowledge remains a vital need.

The Secretariat will support Member States in strengthening health information systems, with the emphasis on use of innovative approaches in data collection, transfer, analysis and communication, including all major data sources, such as surveys and facility data. Special attention will be given to enhancing civil registration and vital statistics systems, the monitoring of the health-related Sustainable Development Goals and targets, including universal health coverage and electronic facility reporting systems. This work will also be useful in surveillance, including for disease outbreaks.

In the biennium 2018–2019, WHO will continue to monitor and disseminate data on the health situation and trends at global, regional and national level through global and regional health observatories. The Secretariat will launch the 11th revision of the International Classification of Diseases (ICD-11) and further update the international classification systems used to guide the provision of health services and to maintain epidemiological and other records, including accurate mortality statistics.

The Organization will continue to provide strategic guidance and support to countries for implementation of national eHealth and mhealth strategies; improving the standardization and interoperability of eHealth services and information systems, innovation and eLearning in the context of health promotion and human resources capacity development; and assessing global trends and building the evidence base for eHealth.

WHO will strengthen its work on the following activities in the area of knowledge management and dissemination: developing evidence-based guidelines and tools; producing multilingual and multi-format information products; enabling sustainable access to up-to-date scientific and technical knowledge for health-care professionals; maintaining platforms for sharing information on clinical trials and health research; managing and supporting knowledge networks; generating and translating evidence into policies and practices; and promoting appropriate use of information and communication technologies.

Linkages with other programmes and partners

To meet the Sustainable Development Goals, synergies and collaboration between technical programmes within WHO and other "non-health" sectors need to be strengthened. In order to focus intra- and inter-category collaboration most effectively, support will be provided to countries across the three levels of the Organization, for example, for health service delivery in order to scale up universal health coverage at the country level. There needs to be a link between the work on health systems development and disease- or population-specific service delivery programme areas in other categories, such as maternal, child, adolescent, adult and older people’s health (Promoting health through the life course category); immunization, HIV/AIDS, tuberculosis, malaria and other infectious diseases (Communicable diseases category); and noncommunicable diseases and violence and injury prevention (Noncommunicable diseases category). As health systems are essential in preparing for, responding to, and recovering from, health emergencies of all types, there is also an integral link with the WHO Health Emergencies Programme. Health systems category also has linkages with WHO’s cross-cutting work on gender, human rights, equity and social determinants of health. Reorienting health systems so that they mitigate health inequities makes it imperative to address social determinants of health, gender inequality and human rights. Therefore, Health systems category will work closely with Promoting health through the life course category in order to operationalize WHO’s commitments towards health equity and the right to health. Health systems category will also work closely with Communicable diseases category to implement the R&D Blueprint for action against epidemics.

Beyond WHO, health systems are the enablers for maximizing health, and, therefore, category 4 has to engage with other global health actors, such as UNICEF, UNFPA, UNDP, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, as well as others outside the health sector. Of particular importance will be the financing sector (in collaboration with the World Bank and the regional development banks, in particular) and

the workforce education sector (in collaboration with UNESCO). Health systems also need to engage with the labour market sector (in collaboration with ILO and OECD) to ensure that labour conditions are conducive to reducing current and future gaps in the health workforce. Maximizing access to medicines and other health technologies requires collaboration with WIPO and WTO on intellectual property and trade issues. Work on eHealth and mHealth will continue to be conducted jointly with ITU, in collaboration with international standard-setting organizations. For information and evidence, the Health Data Collaborative presents a global platform aiming to better streamline all major global and country efforts to strengthen country health information systems, with WHO in a central facilitating role.

Certain priority areas of work need engagement across the three levels of the Organization, as well as categories and sectors, for example, combating antimicrobial resistance. As a priority area, it will provide an opportunity for demonstrating how the Health systems category can bring together the other categories in order to overcome a major public health challenge.

NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

Outcome – All countries have comprehensive national health policies, strategies and plans aimed at moving towards universal health coverage

Outcome indicator	Baseline	Target
Number of countries with a comprehensive national health sector policy/strategy/plan with goals and targets updated within the last five years	115/194 (2016)	125/194 (2019)

Output – Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a Health in All Policies approach and equity policies)

Output indicator	Baseline	Target
Number of countries enabled to monitor the progress of their national health policy/strategy/plan during the biennium	0	115/125 (2019)

Country office deliverables

- Facilitate the development and implementation of comprehensive national health policies/strategies/plans that ensure and/or promote the resilience of health systems and rights-based approaches, respect national ownership, give voice to the population, improve accountability and policy coherence, and are in line with the "seven behaviours" identified by the International Health Partnership+ and the Universal Health Coverage 2030 partnership.
- Support health officials in engaging with the population and stakeholders from the private sector, communities, nongovernmental organizations, civil society, development agencies and other sectors in policy dialogue in order to develop and implement national health policies, strategies and plans that will increase the resilience of their health systems as part of the effort to promote equitable progress towards universal health coverage and attainment of the Sustainable Development Goals.
- Identify needs and provide support to strengthen country governance capacity, including the institutional, legislative, regulatory and societal frameworks required to increase accountability, participation, coherence and transparency for making progress towards universal health coverage.

Regional office deliverables

- Assist country offices in providing support for developing, implementing and monitoring comprehensive national health policies/strategies/plans, as well as institutional reforms that ensure progress towards attaining universal health coverage and the Sustainable Development Goals,

promote health system resilience, respect national ownership, give voice to the population, improve accountability and policy coherence, and are in line with the "seven behaviours" identified by the International Health Partnership+ and the Universal Health Coverage 2030 partnership.

- Generate and share regional best practices and lessons learned on engaging with the population and stakeholders from the private sector, communities, nongovernmental organizations, civil society and other sectors in policy dialogue in order to develop and implement national health policies, strategies and plans that will increase the resilience of health systems, as part of the effort to promote equitable progress towards universal health coverage and attainment of the Sustainable Development Goals.
- Adapt to the regional context global tools and approaches for improving health system governance, including institutional, legal, regulatory and societal frameworks required to increase accountability and transparency and for making progress towards universal health coverage and attainment of the Sustainable Development Goals.

Headquarters deliverables

- Generate international best practices and develop guidance to support Member States in leading multistakeholder, bottom-up, inclusive policy dialogue and capacity building for the development, implementation and monitoring of comprehensive national health policies/strategies/plans, in order to strengthen their health systems in line with the principles of universal health coverage and achievement of the Sustainable Development Goals.
- Coordinate with partners globally, and assist regional and country offices to facilitate the coordination and alignment of national and external stakeholders in health systems strengthening efforts in support of universal health coverage and attainment of the Sustainable Development Goals, and, where necessary, to develop and sign compacts or other coordination documents in line with the "seven behaviours" identified by the International Health Partnership+ (or similar development effectiveness principles) and with the Universal Health Coverage 2030 partnership.
- Generate international best practices and develop tools and guidance to support Member States in leading institutional reforms, including decentralization, in order to strengthen their health systems in line with universal health coverage principles and achievement of the Sustainable Development Goals.
- Generate international best practices and develop guidance to support Member States in leading multisectoral policy dialogue and capacity building for the effective development and implementation of health in all policies oriented towards universal health coverage and achievement of the Sustainable Development Goals.
- Generate international best practices and develop tools and guidance to support Member States in giving citizens a voice in decision making processes, as well as in the implementation, monitoring and evaluation of activities, with the aim of increasing accountability, participation, coherence and transparency, and, consequently, strengthening health systems in line with the principles of universal health coverage and achievement of the Sustainable Development Goals.
- Generate international best practices and develop tools and guidance to support Member States in developing legal and regulatory frameworks, including regulation of the private sector, with the aim of strengthening health systems in line with the principles of universal health coverage and achievement of the Sustainable Development Goals.

Output – Improved national health financing strategies aimed at moving towards universal health coverage

Output indicator	Baseline	Target
Number of countries monitoring and reporting their progress in financial protection	To be determined	To be determined

Country office deliverables

- Support country-level advocacy for, and policy on, national health financing policies to sustain progress towards the attainment of target 3.8 (universal health coverage) under the Sustainable Development Goals.
- Support countries in institutionalizing the monitoring of information needed to support health financing policy, including financial protection and resource tracking.
- Support countries in developing institutional capacity to analyse, develop and implement options for health financing, which incorporate lessons learned from other countries, or regional and global experiences.

Regional office deliverables

- Assist country offices to support Member States in leading policy dialogue and institutional capacity development related to health financing for universal health coverage and facilitate dialogue with national budgetary authorities and other relevant stakeholders on sustainable financing for health.
- Assist country offices to support countries to monitor financial protection and equity in the funding and use of health services, assess value-for-money, and track health expenditures, while also facilitating updates of relevant global databases.
- Synthesize and disseminate lessons learned from regional health financing reform experiences, including applying them to training programmes on health system financing for universal health coverage and promoting evidence-informed policy-making.

Headquarters deliverables

- Guide partners at the international level and assist country and regional offices in supporting Member States to sustain progress towards target 3.8 (universal health coverage) under the Sustainable Development Goals by leading policy dialogue and capacity development on health financing, with a focus on strengthening domestic financing arrangements, aligning with public financial management systems, and informing fiscally sustainable transitions away from external aid reliance.
- Provide conceptual guidance, synthesize best practices, and convene international partners, experts and communities of practice to assist country and regional offices to support Member States in designing and implementing policies linking the allocation of resources to providers according to their performance and the health needs of the populations they serve (“strategic purchasing”).
- Refine tools and set standards for resource tracking, promote their use for health financing policy and public accountability, and maintain the global health expenditure database.
- Refine tools and set standards for the measurement of equity and of financial protection, promote their use for health financing policy and the measurement of progress towards the attainment of target 3.8 (universal health coverage) under the Sustainable Development Goals, and maintain a global database on financial protection.
- Conduct economic analysis of the health sector in relation to the rest of the economy to inform policy dialogue at the country, regional and global levels.
- Provide process guidance and develop and refine methods and tools for economic evaluation (incorporating cost-effectiveness, costing and budget impact and equity analyses) to support health intervention and technology assessment, maintain relevant global databases, and promote their use to support evidence-informed decision-making.

INTEGRATED PEOPLE-CENTRED HEALTH SERVICES

Outcome – Policies, financing and human resources in place to increase access to integrated, people-centred health services

Outcome indicators	Baseline	Target
Number of countries implementing integrated services	80/194 (2017)	To be determined
Number of countries reporting on national health workforce disaggregation (by top 10 cadres, place of employment, urban/rural, subnational administrative area (second level))	To be determined	To be determined

Output – Equitable integrated, people-centred service delivery systems in place in countries and public-health approaches strengthened

Output indicator	Baseline	Target
Number of countries enabled to implement integrated, people-centred health service strategies through different models of care delivery matched with their infrastructure, capacities and other resources	83/194 (2017)	To be determined

Country office deliverables

- Identify capacity strengthening needs in order to move towards universal health coverage through a multisectoral approach.
- Support countries in developing and implementing national strategies while taking into account global frameworks including the WHO framework on integrated people-centred health services, the WHO traditional medicine strategy: 2014–2023, and the Global strategy on human resources for health: workforce 2030.
- Promote and disseminate, at national and local level, successful approaches based on public-health principles in order to reduce inequalities, prevent diseases, protect health and increase well-being through different models of care delivery matched with infrastructures, capacities and other resources.
- Provide support for delineating the role and improving the performance of primary, hospital, long-term, community and home-based care services within integrated, people-centred health service delivery systems, including strengthening their governance, accountability, management, quality and safety; and for responding effectively to emergencies and disasters.

Regional office deliverables

- Assist country offices in optimizing essential public health functions as a core component of a resilient health system and in support of improving overall health outcomes.
- Develop regional strategies/road maps guiding the actions of all stakeholders, in support of integrated people-centred service delivery reforms directed towards achieving the Sustainable Development Goals and especially universal health coverage, with special attention to linkages between social and health services.
- Consolidate lessons learned and best practices from countries of the region, and provide platforms for sharing information and interaction between key stakeholders on successful models of service delivery in order to move towards universal health coverage.

- Assist country offices in supporting Member States to engage with communities and other stakeholders on delivery of integrated, people-centred health services including collecting and sharing best practices and models relating to patient engagement and empowerment at the regional level.
- Support countries in developing and implementing national strategies while taking into account global frameworks, including the Framework on integrated people-centred health services, the traditional medicine strategy: 2014–2023, and the Global strategy on human resources for health: workforce 2030.
- Provide technical assistance and capacity-building tools to Member States and country offices to strengthen primary, hospital, long-term, palliative, community and home-based care services, including their governance, accountability, management, quality and safety, as part of an efficient, integrated and people-centred service delivery system; and to enable them to respond effectively to emergencies and disasters.

Headquarters deliverables

- Monitor progress of Member States in using global strategies, including the framework on integrated people-centred health services in order to move their health systems towards achieving the Sustainable Development Goals, in particular, the goal of universal health coverage of high quality services in a continuum from promotion to palliation, as well as the traditional medicine strategy: 2014–2023, and the Global strategy on human resources for health: workforce 2030.
- Collect, analyse, synthesize, disseminate and facilitate exchanges of experience among regions on successful models of service delivery and best practices in order to facilitate adaptation at the regional and country levels, and to create linkages across social and health services, with a special focus on performance improvement and accountability in hospitals, primary care and community care, as well as palliative care.
- Refine a globally applicable framework of action on essential public health functions alongside mechanisms for intercountry and interregional technical exchanges.
- Refine a global framework of action on migration and health alongside mechanisms for intercountry and interregional technical exchanges.
- Develop a globally validated approach to support health system underpinning of national preparedness alongside mechanisms for intercountry technical exchanges.

Output – Health workforce strategies oriented towards universal health coverage implemented in countries

Output indicator	Baseline	Target
Number of countries that are implementing national health workforce accounts during the biennium	30/194 (2017)	To be determined

Country office deliverables

- Support Member States in strengthening health workforce information gathering and reporting on national health workforce accounts and minimum data sets, as well as in implementing regional and global resolutions, such as those on the WHO Global Code of Practice on the International Recruitment of Health Personnel, education, retention, nursing and midwifery.
- Provide policy advice and support for strengthening country capacity to develop and implement human resources for health strategies in line with the Global strategy on human resources for health: workforce 2030 and the framework on integrated people-centred health services, as well as regional health workforce strategies.

- Support Member States in educating and training a suitably equipped workforce to address critical global health priorities, such as the prevention and control of epidemics and other emergencies, in line with the International Health Regulations (2005) and the Global action plan on antimicrobial resistance.

Regional office deliverables

- Support countries in their implementation of national health workforce accounts in order to facilitate strategic planning, and the updating, strengthening and integration of regional databases and observatories on human resources for health as part of health information systems.
- Monitor progress at national and regional level on implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and global and regional workforce strategies.
- Work with country offices in strengthening countries' capacity to implement the Global strategy on human resources for health: workforce 2030, the framework on integrated people-centred health services and regional health workforce strategies.
- Support intercountry and regional approaches to building health workforce capabilities for critical global health priorities, such as the prevention and control of epidemics and other emergencies, in line with the International Health Regulations (2005) and the Global action plan on antimicrobial resistance.

Headquarters deliverables

- Provide guidance and monitor the implementation of national health workforce accounts in support of strategic planning; update and maintain health workforce global databases and statistics, including monitoring implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- Develop, communicate, disseminate and support implementation of the Global strategy on human resources for health: workforce 2030, the framework on integrated people-centred health services and existing World Health Assembly resolutions.
- Support global approaches to building health workforce capabilities for critical global health priorities, such as the prevention and control of epidemics and other emergencies, in line with the International Health Regulations (2005) and the Global action plan on antimicrobial resistance.

Output – Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage

Output indicator	Baseline	Target
Number of countries enabled to develop and implement strategies for improving patient safety and quality of health services at the national level within the context of universal health coverage	77/194 (2017)	To be determined

Country office deliverables

- Identify national capacity strengthening needs and support Member States in improving the quality and safety of health services, through regulation, accreditation and measurement of outcomes.
- Facilitate the engagement and empowerment of communities and patients through patient initiatives, networks and associations.
- Support Member States in improving hygiene and infection prevention and control practices, particularly to combat antimicrobial resistance in health-care settings.

Regional office deliverables

- Adapt, disseminate and support implementation of policies, guidelines and innovative tools for supporting the assessment and strengthening of the quality and safety of health services.
- Assist country offices to support Member States in dealing with global patient safety challenges and in implementing quality-improvement efforts in general, including the accreditation and regulation of health facilities.
- Facilitate development of partnerships and support regional networks of providers, for example, innovative hospital-to-hospital partnerships, and in engaging communities and patients through the Patients for Patient Safety network and other patient initiatives and associations.
- Assist country offices to support Member States in improving hygiene and infection prevention and control practices, particularly to combat antimicrobial resistance in health-care settings.

Headquarters deliverables

- Provide specialized expertise where needed in regions and countries for enhancing hygiene and infection prevention and control practices, particularly those associated with invasive procedures and combating antimicrobial resistance in health-care settings, including through promoting the integration of education on antimicrobial resistance in professional training and the implementation of the WHO core components for infection prevention and control.
- Develop best practices, policies, guidelines and innovative approaches for assessing and improving patient safety and quality, including technical issues of clinical governance and risk management and partnership approaches for performance improvement within the context of universal health coverage.
- Support a global patient safety challenge on medication safety in collaboration with the programme area, Access to Medicines and Other Health Technologies and Strengthening Regulatory Capacity, in order to reduce medication errors and medication-associated harm, using the best available evidence, and develop and implement strategies, guidance and tools to improve overall safety and quality of the medication process.
- Develop policies, guidelines and innovative tools for encouraging global consensus on a framework of ethical principles for blood and other medical products of human origin, including systems for good governance and management and surveillance and vigilance approaches.
- Develop a globally validated approach on the development and refinement of national quality policies and strategies within the context of universal health coverage, alongside mechanisms for intercountry technical exchanges.
- Establish global partnerships to address issues arising in the field of human genomics, including birth defects and haemoglobinopathies.

ACCESS TO MEDICINES AND OTHER HEALTH TECHNOLOGIES[1] AND STRENGTHENING REGULATORY CAPACITY

Outcome – Improved access to, and rational use of, safe, efficacious, and affordable quality medicines and other health technologies

Outcome indicator	Baseline	Target
Availability of tracer medicines in the public and private sectors	65% (2017)	75% (2019)

Output – Access to, and use of, essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools

Output indicator	Baseline	Target
Number of countries developing and implementing national policies, strategies and/or tools for improving availability and affordability of essential medicines and other health technologies	133/165 (2017)	159/194 (2019)

Country office deliverables

- Provide/coordinate technical support for revising and effectively implementing national policies, strategies and tools for access to, and rational use of, affordable essential medicines, including antimicrobials, vaccines and other health technologies.
- Support institutionalization and capacity building efforts to enhance sustainable access to, and rational use of, medicines, vaccines and other health technologies, including in emergency and disease outbreak settings.
- Support the establishment, maintenance and effective use of national databases for collecting and analysing data on national consumption and prescribing of essential medicines, including antimicrobials.
- Provide technical assistance for procurement and supply chain management to improve access to affordable quality medicines and other health technologies.

Regional office deliverables

- Collate, analyse, synthesize and disseminate country information on access to, and use of, medicines and other health technologies, including antimicrobials.
- Assist country offices in developing/adapting policies, strategies and technical guidelines to promote access to, and the evidence-based selection and rational use of, medicines, vaccines and other health technologies, including essential medicine/technology lists and building their capacity.
- Provide technical assistance to Member States in surveillance and collection of data on access to, and use of, quality essential medicines, vaccines and other health technologies.
- Publish regional reports on trends related to availability, prices and financial mechanisms for essential medicines and medical devices.
- Support the capacity of Member States to establish and strengthen policies, strategies and/or tools to improve prescribing and use of medicines and other health technologies, and to curb irrational antimicrobials use.

[1] The term “health technologies” refers to devices, including assistive technologies, medicines, vaccines, procedures and systems, developed to solve health problems and improve the quality of lives.

Headquarters deliverables

- Develop guidance, based on evidence and best practice, on policies for better availability and access to affordable essential medicines, vaccines and other health technologies, and for evidence-based selection and rational use in countries, using health technology assessment tools, including the WHO Model List of Essential Medicines and similar lists of health technologies.
- Develop, enhance and maintain global observatories/databases for data on policies and practices for availability, access to, and rational use of, affordable essential medicines and other health technologies, for use in countries, including, for example, prices and availability.
- Develop and update policy guidance, best practice and tools for promoting fair pricing of medicines and health technologies that are based on evidence related to mechanisms that influence prices, such as cost of production, research and development and pooled procurement.
- Develop and update policy guidance, best practice and tools for an efficient supply chain and for improved availability of essential medicines, vaccines and health technologies in countries.
- Develop and update policy guidance, best practice and tools for rational use of medicines in countries, including antimicrobial medicines, and support development of stewardship programmes in countries.
- Develop and update policy guidance, best practice and tools for improving governance of pharmaceutical services in countries, including in hospitals, and taking into account the role of the private sector in contributing to quality public-health-oriented pharmaceutical services.

Output – Implementation of the global strategy and plan of action on public health, innovation and intellectual property

Output indicator	Baseline	Target
Number of countries that report data on product research and development investments for health	71/194 (2017)	100/194 (2019)

Country office deliverables

- Support the collection and dissemination of information on progress and challenges affecting implementation of the global strategy and plan of action on public health, innovation and intellectual property.
- Support Member States in implementing standards for ethical and appropriate clinical trials of medicines, including those involving children, and facilitate coordination to promote the sharing of paediatric and other clinical trial information.

Regional office deliverables

- Establish, update and maintain regional observatories for health research and development, or a regional web-based platform on health innovation and access to health technologies.
- Provide technical support to country offices in implementing the various elements of the global strategy and plan of action on public health, innovation and intellectual property.

Headquarters deliverables

- Strengthen innovation capacity for research and development to improve access to medicines and other health technologies through dissemination of policy options on the application and management of intellectual property.
- Provide oversight and support for implementing the global strategy and plan of action on public health, innovation and intellectual property, including guidance on strategic local production of medicines and technologies.
- Provide leadership for implementation of the Research and Development Blueprint for action to prevent epidemics for which no or limited countermeasures exist, in collaboration with other relevant WHO units.

Output – Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification

Output indicators	Baseline	Target
Number of national regulatory authorities ensuring core regulatory functions for medicines and vaccines	50/194 (2015)	72/194 (2019)
Number of national regulatory authorities that have all basic regulatory controls included in their legislation (medical devices)	33/194 (2015)	48/194 (2019)

Country office deliverables

- Support national capacity building for implementing WHO technical guidelines, norms and standards relating to quality assurance and control and safety of medicines, vaccines and other health technologies.
- Support strengthening of regulatory systems in order to foster appropriate practices for optimizing stewardship of antimicrobials in combating antimicrobial resistance.
- Strengthen national regulatory authorities' functions for medicines, vaccines and other health technologies.
- Support data collection and reporting by national regulatory authorities on safety issues with medicines, vaccines and other health technologies, including on substandard/spurious/ falsely-labelled/falsified/counterfeit medical products, pharmacovigilance, haemovigilance and technovigilance.
- Support implementation of surveillance systems to prevent detect and respond to the risk of substandard/spurious/falsely-labelled/falsified/counterfeit medical products entering the supply chain.
- Support the use of the WHO benchmarking tool in national regulatory authority self-assessment and promote the institutional development plan in addressing identified weaknesses and gaps.

Regional office deliverables

- Provide technical assistance to country offices for strengthening national regulatory authorities and systems, including in the implementation of WHO norms and standards for quality assurance and safety of health technologies and use of the WHO benchmarking tool in national regulatory authority assessment and self-assessment, and promote, support and implement the institutional development plan in addressing identified weaknesses and gaps.
- Facilitate country collaboration leading to the progressive convergence of regulatory practices across countries in the region and across regions in order to improve their quality and efficacy.

- Support global initiatives to develop new models for the prequalification of medicines, vaccines and other health technologies.
- Facilitate regional platforms in order to foster international collaboration and sharing of best practices in safety, pharmacovigilance and monitoring and regulation of supply chains, and raise awareness of substandard/spurious/falsely-labelled/falsified/counterfeit medical products.
- Provide technical assistance to country offices for strengthening regulatory systems to support appropriate practices for optimizing use of antimicrobials and combating antimicrobial resistance.

Headquarters deliverables

- Develop and support the application of global technical guidelines, norms and standards for the quality assurance and safety of medicines, vaccines and other health technologies, including for complex biological products, biotherapeutic and similar products, blood products, in-vitro diagnostics and new medicines for human use based on gene therapy, somatic-cell therapy and tissue engineering.
- Convene WHO's Expert Committees on Biological Standardization and on Specification for Pharmaceutical Preparations, taking into account technological advances in the characterization of biological and biotherapeutic products, national regulatory needs and capacities and gender balance, equal regional representation and diversity of technical competence.
- Provide global leadership to strengthen regulatory systems and facilitate progressive convergence of regulatory practices, reliance and work-sharing by promoting interaction between different networks and initiatives, application of the WHO global national regulatory authority benchmarking tool and process, formation of a global coalition of development agencies and centres of excellence and development of a series of guidelines and tools on best regulatory practices.
- Host and maintain the global regulatory intelligence repository, including developing and updating relevant databases in the area of good regulatory practices and capacity building.
- Prequalify medicines, vaccines and other health technologies (including vector control products) for international procurement, while developing and piloting new prequalification models.
- Facilitate global platforms in order to foster international collaboration and sharing of data on, and best practice in, safety, pharmacovigilance and monitoring and regulation of supply chains, and to prevent and combat substandard/spurious/falsely-labelled/falsified/counterfeit medical products.
- Provide leadership in strengthening regulatory systems and support best practice in optimizing use of antimicrobials and combating antimicrobial resistance.
- Host and support global advisory bodies on product safety to evaluate the benefit-risk and communicate the data to national authorities.

HEALTH SYSTEMS, INFORMATION AND EVIDENCE

Outcome – All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities

Outcome indicator	Baseline	Target
Number of countries that have annual good quality equity-oriented public analytical reports for informing regular reviews of the health sector strategy	120 (2017)	To be determined

Output – Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment

Output indicator	Baseline	Target
Number of countries that have produced a comprehensive health situation and trends assessment during 2016–2017	156 (2017)	To be determined

Country office deliverables

- Regularly review and assess the national and subnational health situation and trends using comparable methods, taking into account national, regional and global priorities on the Sustainable Development Goals, and ensure quality of statistics.
- Generate and consolidate information and corresponding national and subnational statistics at an appropriate level of disaggregation using internationally agreed standards and methods in support of evidence-informed policy-making.
- Support use of international standards for health information systems and for health data management.
- Support timely data sharing and indicator reporting, especially those related to Sustainable Development Goal indicators or approved by the governing bodies.
- Advocate and support the provision of effective open data policies and tools and the allocation of sufficient policy support and resources to strengthen equity-oriented national and subnational health information systems and other innovations in health information system development, including individual health record based systems.
- Support the development and implementation of strategies, actions and investment plans for health information, as well as civil registration and vital statistics systems.
- Support the development and implementation of open health data, including structured and unstructured data.

Regional office deliverables

- Regularly assess regional and national health situations and trends using comparable methods and taking into account regional priorities and targets, and ensure quality of all WHO information products, with a focus on health and the health-related Sustainable Development Goals.
- Generate and consolidate information through regional health information observatories, data platforms and monitoring dashboards in order to support evidence-informed policy-making on progress in attaining the Sustainable Development Goals, taking account of, and collaborating with, other relevant supranational agencies in the region.

- Develop, adapt, disseminate and advocate use of standards, methods and tools for health-related information for countries, including regional strategy/framework/models on monitoring the health Sustainable Development Goals/universal health coverage.
- Establish and lead related regional and subregional collaborative and peer-learning networks and activities, including technical forums and regional expertise networks to strengthen capacity in countries for Sustainable Development Goals/universal health coverage tracking, and improve accountability.
- Provide technical support to countries to strengthen national institutional capacity for equity-oriented monitoring and evaluation of public health using data from routine health information systems, surveys and other sources, such as civil registration and vital statistics systems, as well as to improve the quality, inequity measurement, analysis, dissemination and use of national and subnational statistical reports, with emphasis on monitoring progress towards the attainment of the Sustainable Development Goals.
- Identify and generate best-practice and innovative methods for health information system strengthening and evidence-informed decision making at all levels.
- Ensure that WHO has developed and is implementing a strategy on innovation, such as use of big data, geospatial information and related advances in health information systems.
- Strengthen country analytical expertise through regional capacity building activities.
- Strengthen country capacity through the enhancement or establishment of regional or subregional health information networks.
- Support capacity building in countries through regional or subregional workshops in health information and evidence for policy.

Headquarters deliverables

- Assess the global, regional and country health situation and trends using comparable methods on a regular basis and ensure the quality of all WHO statistics and estimates, with a focus on monitoring progress towards attainment of the health and health-related Sustainable Development Goals.
- Generate and consolidate information and corresponding global, regional and national statistics through the Global Health Observatory in order to support evidence-informed policy-making.
- Develop, revise and publish standards for health information, including revision of the International Classification of Diseases and standards related to monitoring the Sustainable Development Goals.
- Develop tools and guidance to strengthen equity-oriented national health information systems and monitor progress towards global targets, and align global partners in support of strengthening country and regional systems as part of the Health Data Collaborative.
- Ensure that WHO has developed and is implementing a strategy on innovation, such as the use of big data, geospatial information and related advances in health information systems.
- Support regional offices in strengthening their capacity to provide technical cooperation throughout the region they serve.

Output – Countries enabled to plan, develop and implement an eHealth strategy

Output indicator	Baseline	Target
Number of countries that have developed and are implementing an eHealth strategy	To be determined	To be determined

Country office deliverables

- Support capacity building and partnerships in developing and implementing a national eHealth strategy to improve health services and evidence-based policy-making, including shifting to electronic health records.
- Support further use of mHealth in noncommunicable diseases management and improving mother and child health care on the basis of national priorities and needs.

Regional office deliverables

- Support capacity building and partnerships in developing and implementing a national eHealth strategy to improve health services and evidence-based policy-making, including shifting to electronic health records.
- Collect and synthesize good practices and facilitate access to knowledge, experience, resources and networks in order to build the evidence base in eHealth.
- Support countries in the development and implementation of national eHealth strategies, and in the application of eHealth standards for more sustainable and effective interoperability and strengthening of national eHealth architecture.
- Engage with eHealth and innovation partners to harmonize regional activities in support of the role and applications of technology, such as electronic health records, in achieving UHC and the Sustainable Development Goals.
- Promote the development of national health information exchange platforms, including use of unique identifiers and registries for patients and clients, health facilities and the health workforce.
- Provide support to the integration of national health systems through harmonization of health information and standardization of service delivery processes, aided by technology.
- Adapt guidelines to facilitate the evaluation of eHealth services in countries.
- Identify priority areas for action and promote use of evidence-based mHealth approaches to improve service delivery for universal health coverage, including maternal and child health and noncommunicable diseases.

Headquarters deliverables

- Collaborate with other organizations in the United Nations system and stakeholders to develop standards and provide guidance, tools and resources for the development of national eHealth strategies and the adoption of eHealth standards, including electronic health records.
- Build the evidence base on eHealth and disseminate the information and evidence collected by means of the Global Observatory for eHealth and the global digital health index.
- Support the implementation of eHealth solutions, such as electronic records, in a way that maximizes the benefits for service delivery.
- Identify priority areas for action and promote use of evidence-based mHealth approaches to improve service delivery for maternal and child health and noncommunicable diseases.

Output – Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge

Output indicator	Baseline	Target
Number of policy briefs and similar information products that synthesize evidence and provide policy options for decision-making	For EURO: 20 (2016–2017)	For EURO: 25 (2018–2019)

Country office deliverables

- Establish mechanisms for continually strengthening national capacity in knowledge management and translation to support the implementation of public health policies and interventions.
- Support adaptation/development of evidence-informed public-health and clinical-practice guidelines linked to national health priorities.
- Identify national expertise for potential incorporation in the global compendium of national expertise and other expertise locator systems.
- Advocate for efficient use by countries of WHO's information products and knowledge management platforms; advise technical producers on appropriate formats/languages; and support the use of knowledge management platforms, including the HINARI Access to Research in Health programme, the WHO Institutional Repository for Information Sharing (IRIS) and other technical information products, such as the Virtual Health Library.

Regional office deliverables

- Assist country offices to provide support for strengthening national capacity in identifying, generating, translating and using evidence for policy-making through platforms for knowledge translation, such as the Evidence-informed Policy Network (EVIPNet).
- Support the relevance and quality of the contribution of regional networks of WHO collaborating centres to national, regional and global health priorities in evidence-informed health policy-making.
- Facilitate and sustain access to key information products and resources, including regional Index Medicus databases, the HINARI Access to Research in Health programme, the Institutional Repository for Information Sharing (IRIS), and the network of WHO documentation centres.
- Produce, publish and disseminate information products in line with regional priorities and in relevant languages and standardized formats.
- Support capacity-building of WHO staff in knowledge management, covering use of knowledge tools and accessing key information products and resources in publishing and librarianship, including the Global Information Full Text (GIFT) project.
- Improve regional capacity in the adaptation of evidence-based public-health and clinical-practice guidelines, and development of policy briefs or similar products that facilitate health policy-making.

Headquarters deliverables

- Develop tools and methodologies for strengthening national capacity to identify, translate and use evidence for policy through platforms on knowledge translation.
- Support national, regional and global health priorities through the global network of WHO collaborating centres, advisory and expert committees/panels, and the compendium of national expertise.
- Consolidate the Institutional Repository for Information Sharing (IRIS) as the sole repository for all WHO information products, promote the use of the Global Index Medicus, and provide access to medical, technical and scientific literature for all low-income countries, including through the HINARI Access to Research in Health programme.

- Produce, publish and disseminate information products in line with WHO's global priorities and in relevant languages and formats.
- Set norms and standards for publishing by WHO through the Publishing Policy Coordination Group and provide access to medical, technical and scientific literature for all WHO staff through the Global Information Full Text (GIFT) project.
- Strengthen and ensure the quality and evidence base of WHO guidelines through the Guidelines Review Committee.

Output – Policy options, tools and technical support provided to promote and increase research capacity on health and address ethical issues in public health and research

Output indicator	Baseline	Target
Number of countries that have an explicit national policy requiring all research involving human subjects to be registered in a recognized public registry	76 (2017)	To be determined

Country office deliverables

- Identify capacity-strengthening needs and provide support to Member States in areas such as governance for health research, health systems research and ethical conduct and publication of health research in support of universal health coverage.
- Support Member States in identifying and addressing ethical issues related to implementation of public health programmes and health service delivery.
- Support health ministries in improving research capacity, priority setting for research, and conduct of implementation and evaluative research to assess the impact of health programmes and different policies, and provide the evidence base for sound decision making based on national priorities.

Regional office deliverables

- Facilitate regional priority-setting for health research, for example, through advisory committees on health research or other consensus building mechanisms on the basis of regional or national health priorities, with a focus on universal health coverage and the health-related Sustainable Development Goals.
- Establish and strengthen WHO's regional research ethics review committees and backstop country offices in supporting national ethics reviews committees.
- Assist country offices in supporting Member States to develop and increase their capacity in the governance and conduct of public-health and health-systems research, and in the registration of clinical trials.
- Assist country offices in supporting Member States to identify and address ethical issues related to the implementation of public-health programmes and service delivery, including in emergency settings.
- Assess research capacity and research and development structures in countries and assist country offices to support ministries of health in improving research capacity.

Headquarters deliverables

- Facilitate priority-setting and consolidation of a global research for health agenda, with a focus on universal health coverage and the health-related Sustainable Development Goals.
- Develop and disseminate tools, standards and guidelines for public health and research ethics, including through further development of WHO's international clinical trials registry platform and the WHO Research Ethics Review Committee.
- Facilitate global platforms and networks for consensus-building on priority ethical issues related to public health, health services and research for health, with a focus on data and information systems.
- Work with Member States and partners to establish a sustainable repository for research on antimicrobial resistance and diseases of epidemic potential, as part of the global health research development observatory agenda for closing major gaps in knowledge about antimicrobial resistance.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• National health policies, strategies and plans	20.1	13.7	20.4	16.5	14.5	16.8	40.1	**142.3**
• Integrated people-centred services	32.7	6.3	16.5	16.6	19.5	17.0	46.0	**154.8**
• Access to medicines and health technologies and strengthening regulatory capacity	19.5	7.4	9.7	5.5	8.4	12.9	105.9	**169.5**
• Health systems information and evidence	17.0	8.5	10.0	11.2	12.8	8.7	58.4	**126.8**
Total	**89.4**	**36.0**	**56.7**	**49.9**	**55.3**	**55.5**	**250.5**	**593.4**

CATEGORY – HEALTH EMERGENCIES PROGRAMME

Reducing mortality, morbidity and societal disruption resulting from emergencies through the management and mitigation of high-threat pathogens, and all-hazards preparedness, response and early recovery activities.

Emergencies can occur anywhere, at any time, and with consequences that can shatter communities. Emergencies of all kinds – conflict, natural disasters, disease outbreaks – can cause lasting damage to people's health. Today, 130 million people are affected by humanitarian crises across the globe among whom WHO is targeting over 80 million for urgent unmet health needs. Each year, hundreds of outbreaks of epidemic-prone diseases occur. The frequency and severity of emergencies continue to increase due to trends in climate change, urbanization, population growth, migration and state fragility.

The Ebola crisis in West Africa sparked international scrutiny and a series of evaluations and reviews of WHO's work in emergencies. Common to all evaluations have been: a recognition of the importance of WHO's contribution in outbreaks and humanitarian emergencies; strong recommendations for the integration of WHO's work in outbreaks and humanitarian emergencies across the three levels of the Organization; the establishment of a new unified WHO entity for emergencies with empowered leadership, rapid decision-making capacity, specific processes and business systems to allow WHO to implement a "no-regrets" approach; enhanced interoperability with the broader emergency architecture; and independent oversight of WHO's emergency work.

WHO has responded to these recommendations with the creation of the new Health Emergencies Programme. It represents a fundamental development for the Organization, providing standing capacity to operate across the emergency risk management cycle. The new Programme is designed to bring speed and predictability to WHO's emergency work, using an all-hazards approach, promoting collective action, and encompassing preparedness, readiness, response and early recovery. The new Programme is aligned with the principles of one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics.

WHO's Health Emergencies Programme supports Member States by:

- establishing prevention and control capacities to manage all hazards that pose a risk to health, with particular emphasis on high-threat pathogens;
- establishing country capacities for all-hazards emergency risk management, with an emphasis on preparedness;
- providing timely and authoritative risk assessment, situation analysis, and response monitoring for all major public health events and emergencies;
- establishing a comprehensive incident management system for coordinated action in all graded and protracted emergencies; and
- providing rapid and sustainable financing and management and administrative services for WHO emergency operations.

The Programme is responsible for setting the Organization's overall emergency strategy; building the capacities of Member States, including those required under the International Health Regulations (2005) , to manage risks to health from all hazards; providing technical leadership and developing networks to address risks related to high-threat pathogens; undertaking timely risk assessments in response to acute events; managing WHO's response to acute and protracted emergencies; strengthening partnerships to promote collective action; developing and promoting technical standards and guidance; providing credible technical advice to stakeholders in response to acute events and emergencies; and ensuring risk and performance monitoring.

The Programme engages in and strengthens relevant partnerships and inter-agency processes, recognizing that its impact should be optimized by coordinating, leveraging and facilitating the implementation roles of other

local, national and international entities and partners best positioned to deliver the relevant clinical or other public health services.

The Programme operates under the principles of humanity, neutrality, impartiality and independence in serving populations affected by outbreaks and emergencies. It operates within the broader humanitarian architecture in support of people at risk of, or affected by, outbreaks and emergencies, with a consistent aim of strengthening local and national capacity.

Over the past decade, an increasingly sophisticated international architecture for emergency risk management has evolved, with best practices that are now well recognized. WHO has specific responsibilities as the lead agency of the Health Cluster within this system, and, increasingly, in certifying and coordinating emergency medical teams. In 2016, WHO is collaborating with health partners to respond to the needs of over 80 million people in more than 30 countries affected by humanitarian crises. Under the International Health Regulations (2005), WHO has a leadership role in the collective work to identify and mitigate the impact of specific hazards, especially infectious pathogens. It also coordinates the Global Outbreak Alert and Response Network, which plays a central role in this work. In 2015 and up to June 2016, WHO has informed Member States of 149 public health events in 84 countries, provided guidance to further prevent, detect and respond to these events, and facilitated the deployment of thousands of expert personnel from a range of partners.

Learning from the response to Ebola in 2014–2015 and the response to new threats such as Zika virus from 2016 onwards, WHO is working with countries to mobilize and coordinate experts and resources to improve surveillance, effectively communicate risks, ensure the provision of medical care, and fast-track the research and development of vaccines and diagnostics. In the face of re-emerging infectious threats such as yellow fever, WHO is working with countries to establish response coordination mechanisms, engage with communities, train health workers, and implement reactive and pre-emptive immunization strategies. In response to the health consequences of droughts and floods caused by climate events in Ethiopia and Papua New Guinea, WHO is working to ensure access to clean water, essential medicines and nutrition. And in countries in the grip of, or recovering from, conflicts, such as those in the Central African Republic, Libya, the Republic of Iraq and the Syrian Arab Republic regional crisis, WHO continues to work to help health systems respond to, and recover from, crises.

Infectious hazard management

Within infectious hazard management, WHO will establish risk mitigation strategies and capacities for high-threat infectious hazards. This includes developing and supporting prevention and control strategies, tools and capacities for high-threat infectious hazards, establishing and maintaining expert networks to leverage international expertise to detect, understand and manage new or emerging high-threat infectious hazards, as well as providing secretariat support for the management of the Pandemic Influenza Preparedness Framework.

Effective epidemic intervention strategies must address locally specific cultural and social patterns through sensitive community engagement strategies, taking into consideration specific aspects of vulnerable and at-risk groups.

WHO will continue to focus its efforts on improving the evidence base for high-threat infectious hazards to inform national and international decision-making, as well as on establishing and managing global mechanisms for tackling the international dimension of epidemic diseases, including the Pandemic Influenza Preparedness Framework and the International Coordinating Group for the operation of global vaccine stockpiles.

Country health emergency preparedness and the International Health Regulations (2005)

In the area of country health emergency preparedness and the International Health Regulations (2005), WHO will work with countries to establish capacities for all-hazards health emergency risk management. WHO will work with all countries to monitor, evaluate and independently assess their progress towards meeting and sustaining obligations under the International Health Regulations (2005). WHO will coordinate with National IHR Focal Points to review, analyse and ensure adequate annual reporting on the implementation of the

regulations, conduct simulation exercises and after-action reviews as part of country assessments for the implementation of the International Health Regulations (2005), and coordinate the voluntary independent assessment of country core capacities and implementation of the Regulations. WHO will develop and disseminate regular reports on the implementation of the Regulations and support the development of plans to address capacity gaps identified through the above assessment mechanisms.

In high vulnerability settings, WHO will work with countries to ensure that critical capacities, such as early warning systems, laboratories, emergency operations centres and incident management, risk communications and safe hospitals are established.

WHO will also provide secretariat support for the implementation of the International Health Regulations (2005) including maintaining directories of national and regional focal/contact points and a roster of experts, providing legal advice in relation to implementation and interpretation of the Regulations, convening and providing support to the International Emergency Committee for events that potentially constitute a Public Health Emergency of International Concern (PHEIC), and monitoring and reporting on the implementation of PHEIC recommendations.

Health emergency information and risk assessment

In the area of health emergency information and risk assessment, WHO will ensure timely and authoritative situation analysis, risk assessment and response monitoring for all acute public health events and emergencies. WHO will monitor for signals of potential threats, and coordinate surveillance networks to establish early warning systems. For all signals involving high-threat pathogens or clusters of unexplained deaths in high vulnerability countries, WHO will initiate an on-site risk assessment within 72 hours. WHO will also publish risk assessments from all public health events requiring publication for National IHR Focal Points on the Event Information Site within 48 hours of the completion of the assessment.

WHO will establish data collection mechanisms to ensure accurate and timely monitoring of health outcomes and response operations for all graded and protracted emergencies. WHO will provide a data management, analytics and reporting platform to produce and disseminate timely standardized information products for all events, which will include updated situational analysis, risk assessment and mapping of available health resources and response capacities.

Emergency operations

WHO is responsible for ensuring emergency-affected populations have access to an essential package of life-saving health services. WHO will establish comprehensive incident management systems and coordinate the action of health emergency partners on the ground within 72 hours of grading for all graded risks and events. For all graded and protracted emergencies WHO, with national authorities and partners, will develop a strategic response and joint operations plan to guide response operations. WHO will support country-level and field-level emergency operations through regional and global Emergency Operations Centres.

Health emergency response will be delivered through operational partner networks. WHO will ensure that effective partner coordination mechanisms are in place for all graded and protracted events at national and subnational levels to strengthen coordination during emergency response. WHO will update and develop technical standards, promote their application and monitor implementation against standards.

WHO will ensure essential operations support and logistics are established and emergency supplies distributed to points of service within 72 hours of grading for all graded risks and events. WHO will provide operational support (including, fleet, accommodation, facilities, security, and information and communications technology), ensure availability of medical supplies and equipment through effective supply chain management, and provide critical specialized health logistics services, as required, for all graded and protracted emergencies.

Emergency core services

Emergency Core Services comprises external relations, management, and administrative functions. External relations ensure accurate and timely health emergency communications and the availability of sustainable financing. This includes developing donor appeals and engaging with donors to ensure adequate and timely financing for core functions, and response to emergencies, while ensuring that reporting requirements are met; developing and implementing a strategy on WHO communications for emergencies to engage with key audiences; and developing and implementing advocacy strategies and plans.

Management and administration entails the provision of effective management and administrative support for the emergencies programme, and ensuring that WHO emergency operations are rapidly and sustainably financed and staffed. This encompasses the provision of high-quality, predictable administrative services, such as, human resources, finance, work planning and grant management, to the Health Emergencies Programme, including during emergency response, as well as effective monitoring of and compliance with standard operating procedures, leading to continuous improvement and business process excellence.

INFECTIOUS HAZARD MANAGEMENT

Outcome – Risk mitigation strategies and capacities established for priority high-threat infectious hazards

Outcome indicator	Baseline	Target
Percentage of infectious hazards with technical control strategies co-developed with or validated by partners	To be determined	To be determined

Output – Develop and support prevention and control strategies, tools and capacities for high-threat infectious hazards

Output indicator	Baseline	Target
Percentage of high-threat pathogens for which a strategy is in place for deployment and use of most effective package of control measures (for example, influenza vaccines, antivirals, yellow fever vaccine, cholera vaccine mechanisms)	To be determined	To be determined

Headquarters deliverables

- Develop and test new strategies and tools for prevention and control of high-threat infectious hazards.
- Develop, maintain and disseminate technical guidelines and other knowledge products for the prevention and control of high-threat infectious hazards.
- Develop and maintain global networks of disease specific experts for high-threat infectious hazards.
- Provide technical expertise in support of regions and country health emergency preparedness to maintain prevention, surveillance and control programmes for high-threat infectious hazards.
- Provide technical expertise in support of regions and countries for risk assessment and response to high-threat infectious hazard emergencies under the Incident Management System.

Regional office deliverables

- Adapt and implement technical guidelines and other knowledge products for the prevention and control of high-threat infectious hazards.
- Develop and maintain regional networks of disease specific experts for high-threat infectious hazards.
- Provide technical expertise in support of country health emergency preparedness to maintain prevention, surveillance and control programmes for high-threat infectious hazards.
- Provide technical expertise in support of countries for risk assessment and response to high-threat infectious hazard emergencies under the Incident Management System.

Country office deliverables

- Support countries and ensure access to adapted technical knowledge on high-threat and emerging infectious hazards for preparedness, risk assessment and response.

Output – Establish and maintain expert networks to detect, understand and manage new or emerging high-threat infectious hazards

Output indicator	Baseline	Target
Sufficient, well-coordinated expert networks are in place to detect, identify, characterize, mitigate and control emerging and high-threat pathogens	To be determined	To be determined

Headquarters deliverables

- Develop and operate partnership mechanisms at global level to ensure access to life-saving interventions for infectious hazards.
- Develop and manage expert networks at global level for forecasting/modelling, operational research, pathogen identification and virulence assessment, clinical management and health workers protection (IPC +), risk communication and social science-driven response to epidemic and pandemic diseases.
- Provide technical expertise for risk assessment, event mitigation/control, and response to graded and protracted emergencies.
- Develop, maintain and disseminate technical guidelines and other knowledge products for the prevention and control of high-threat infectious hazards.

Regional office deliverables

- Develop and operate partnership mechanisms at regional level to ensure access to life-saving interventions for infectious hazards.
- Adapt and implement technical guidelines and other knowledge products for the prevention and control of high-threat infectious hazards.

Country office deliverables

- Ensure country access to adapted technical knowledge on high-threat and emerging infectious hazards.

Output – Provide secretariat support for the management of the Pandemic Influenza Preparedness Framework

Output indicator	Baseline	Target
Number of standard material transfer agreements concluded to ensure equitable access to pharmaceutical control measures during an influenza pandemic	To be determined	To be determined

Headquarters deliverables

- Convene and support the Pandemic Influenza Preparedness Framework Advisory and Review Groups.
- Oversee and manage the implementation of the Pandemic Influenza Preparedness Framework contributions.
- Facilitate and manage benefit and sharing arrangements between Pandemic Influenza Preparedness Framework stakeholders.

COUNTRY HEALTH EMERGENCY PREPAREDNESS AND THE INTERNATIONAL HEALTH REGULATIONS (2005)

Outcome – Country capacities established for all-hazards health emergency risk management

Outcome indicators	Baseline	Target
Number and percentage of high vulnerability countries with critical capacities in place (early warning systems, laboratories, emergency operations centres and incident management, risk communications, safe hospitals)	To be determined	To be determined
Number and percentage of countries meeting and sustaining International Health Regulations (2005) core capacities	To be determined	To be determined
Number and percentage of countries for which the National Health Plan includes a programme for all-hazards emergency risk management	To be determined	To be determined

Output – Monitor, evaluate and objectively assess country core capacities

Output indicator	Baseline	Target
Number and percentage of countries completing annual reporting on the International Health Regulations (2005)	To be determined	To be determined
Number and percentage of countries having core country capacity independently assessed every four years	To be determined	To be determined
Number and percentage of countries that have conducted simulation exercises and after-action review	To be determined	To be determined

Headquarters deliverables

- Host Joint External Evaluation secretariat and manage relationship.
- Coordinate and support regional activities around core capacity assessment, monitoring and evaluation.
- Coordinate and support regions in simulation exercises and after-action reviews.
- Develop and disseminate regular reports on the implementation of the International Health Regulations (2005), and provide Regulations secretariat with relevant data.

Regional office deliverables

- Coordinate and support the voluntary independent assessment of country core capacities and implementation of the International Health Regulations (2005).
- Conduct simulation exercises and after-action review as part of country assessments for the implementation of the International Health Regulations (2005).

Country office deliverables

- Coordinate with National IHR Focal Points to review, analyse, and ensure adequate annual reporting on the implementation of the Regulations.

Output – Assist countries to develop national plans and critical core capacities for all-hazards health emergency preparedness and disaster risk management for health

Output indicators	Baseline	Target
Number of countries having in place all-hazards emergency risk management and preparedness plans	To be determined	To be determined
All WHO offices meet minimum readiness criteria	To be determined	To be determined

Headquarters deliverables

- Formulate policies, norms, standards, and guidelines to support the development of critical core capacities for global health security and disaster risk management.
- Agree and identify at-risk and high-vulnerability countries.
- Host global taskforce for development of core capacities in vulnerable settings.
- Provide training, assessments and support to high vulnerability countries to develop critical core capacities (expertise on specific core capacities, tools and platforms).
- Setting and ensuring application of technical guidance and standards for readiness activities.
- Monitoring readiness activities across regions.
- Ensure WHO readiness at headquarters.

Regional office deliverables

- Develop road map for core capacities' action plans and platforms for all-hazards health emergency preparedness and disaster risk management for health for at-risk and high vulnerability countries.
- Agree and identify at-risk and high-vulnerability countries within region and core capacities needed.
- Monitor and report on, implementation plans (for sub-set of countries and capacities).

- Coordinate country offices in monitoring national action plans.
- Monitor readiness status in each WHO country office (including periodically conducting field visits to country offices).
- Ensure readiness of regional office by applying standards and guidance.

Country office deliverables

- Focal point to monitor implementation of national action plans.
- Track and report the status of national critical core capacities for preparedness and emergency risk management.
- Implement readiness checklist.

Output – Provide secretariat support for implementation of the International Health Regulations (2005)

Output indicator	Baseline	Target
Percentage of Emergency Committee recommendations complied with	To be determined	To be determined

Headquarters deliverables

- Maintain the directories of national and regional IHR focal/contact points and roster of experts; provide legal advice in relation to implementation and interpretation of the International Health Regulations (2005).
- Convene and provide support to the International Emergency Committee for potential events which constitute a Public Health Emergency of International Concern; monitor and report on the implementation of recommendations in respect of such Emergencies.
- Facilitate global dialogue across stakeholders/partners, sectors and disciplines on issues related to Public Health Emergencies of International Concern.
- Support the convening and functioning of review committees related to Public Health Emergencies of International Concern.

HEALTH EMERGENCY INFORMATION AND RISK ASSESSMENT

Outcome – Timely and authoritative situation analysis, risk assessment and response monitoring available for all major health threats and events

Outcome indicator	Baseline	Target
Percentage of acute public health events for which a risk assessment is completed within 72 hours	To be determined	To be determined

Output – Detect, verify and assess the risk of potential and ongoing health emergencies

Output indicators	Baseline	Target
Percentage of signals triaged and verified/discarded within 48 hours	To be determined	To be determined
Percentage of on-site risk assessments initiated within 72 hours for clusters of unexplained deaths in high vulnerability, low capacity countries	To be determined	To be determined
Percentage of ongoing public health events which have been assessed by WHO as requiring publication for all National IHR Focal Points, which are published on the Event Information Site within 48 hours of completion of the assessment	To be determined	To be determined

Headquarters deliverables

- Establish early warning, detection, verifications standards, processes, systems and networks.
- Coordinate detection, triage and verification on a 24/7 basis, through global network that involves regional offices and partners.
- Review existing risk assessment guidelines and standards; update as appropriate.
- Undertake independent risk assessments, including engagement of partners as appropriate.

Regional office deliverables

- Ensure consistent application of WHO guidance on risk assessment at regional and country level.
- Receive reported signals and escalate as needed.
- Contribute to detection, triage and verification through participation in global network.
- Coordinate verification activities with country offices.
- Undertake independent risk assessment, including engagement of partners.

Country office deliverables

- Priority countries will have dedicated team in the country to detect and report new events, as well as provide risk assessment.
- Ongoing monitoring of signals for potential threats and early warning.
- Undertake risk assessment for both new and ongoing events, including engagement of ministry of health and partners.
- Facilitate verification in countries and ensure they are working under the International Health Regulations (2005) with IHR focal points.
- Report to regional focal points.

Output – Establish data collection mechanisms and monitor ongoing health emergency operations

Output indicator	Baseline	Target
Health outcome and operational response monitoring metrics reported regularly for all graded and protracted events	To be determined	To be determined

Headquarters deliverables

- Functional design and standards for field data collection tools and networks.
- Strengthen and expand information management networks.
- Coordinate roll-out of standardized systems, tools and indicators, including development of trainings.
- Aggregate and analyse data across the three levels; provide feedback.
- Identify and decide metrics to be used, engage with people who need to collect metrics.
- Aggregate data and metrics into system for health operations monitoring, including developing and collecting metrics, for headquarters managed events.

Regional office deliverables

- Provide input to standards and functional requirements.
- Engage and maintain regular data collection networks.
- Oversee and ensure regular collection and reporting of standardized data from WHO emergency operations.
- Collaborate with Emergency Operations Centres to ensure that data is used consistently for operational decision-making.
- Aggregate data and metrics into system for health operations monitoring, including developing and collecting metrics, for regional office managed events.

Country office deliverables

- Collect and report on standardized data in order to monitor the effectiveness of response operations, including progress towards agreed targets.
- Produce relevant information products at regular intervals (e.g. situation reports and epidemiology bulletins, Health Cluster bulletins, Health Resource Availability Mapping System) and disseminate to appropriate stakeholders.
- Health operations monitoring to collect weekly information in country for Health-Cluster countries.
- Identify and decide metrics to be used, engage with people who need to collect metrics.
- For country office managed events, aggregate data and metrics into system for health operations monitoring (including developing and collecting metrics).

Output – Provide data management, analytics and a reporting platform to produce and disseminate timely emergency health information products

Output indicator	Baseline	Target
Standardized information products (e.g. situation reports and epidemiology bulletins, Health Cluster bulletins, Health Resource Availability Mapping System) are produced on a regular basis and are of appropriate quality	To be determined	To be determined

Headquarters deliverables

- Develop and maintain data management repositories and systems.
- Provide data management support.
- Maintain the geographical information system mapping; and boundaries and reference data.
- Provide the geographical information system for mapping and produce analytics products (e.g. infographics) for headquarters-managed events.
- Define standards for data products; define distribution lists and platforms.
- Produce, edit and disseminate data products for headquarters managed events.

Regional office deliverables

- Ensure that relevant information products (e.g. situation reports and epidemiology bulletins, health cluster bulletins, and health resource availability mapping system) are produced on a regular basis and are of appropriate quality.
- Provide data management support.
- Provide the geographic information system for mapping and produce analytics products (e.g. infographics) for regional office-supported events and country offices.
- Be responsible for collecting and managing detailed country-boundaries data and transmitting to headquarters.
- Produce, edit and disseminate data products for regional office managed events.
- Oversee production of and disseminate country office situation reports.

Country office deliverables

- Produce weekly situation report for Health Cluster countries.

EMERGENCY OPERATIONS

Outcome – Emergency-affected populations have access to an essential package of life-saving health services

Outcome indicators	Baseline	Target
Coordinated action of health emergency partners within 72 hours for all graded emergencies	To be determined	To be determined
Essential operations support and logistics established within 72 hours for all graded emergencies	To be determined	To be determined
Context-specific targets met for key health coverage indicators – measles vaccination coverage, skilled birth attendance, consultation rate	To be determined	To be determined

Output – Comprehensive incident management established for coordinated action in all graded and protracted health emergencies

Output indicators	Baseline	Target
Incident management system established within 72 hours for all graded emergencies	To be determined	To be determined
Immediate response plan available within 5 days for all graded events	To be determined	To be determined
Full joint operations plan available within 30 days for all graded events	To be determined	To be determined
Joint health plans integrated into overall Humanitarian Response Plans for all ongoing protracted events	To be determined	To be determined

Headquarters deliverables

- Develop, update and maintain Incident Management System/protracted emergencies guidelines and standards and relevant standard operating procedures (e.g. for appointment of Incident Managers).
- Set and ensure the application of technical guidance and standards.
- Support Incident Manager in running response activities (e.g. establishing and running Emergency Operations Centre at headquarters, developing strategic response and operations planning for WHO and partners).
- Repurpose WHO staff and implementing WHO's emergency response during the first phase of an acute emergency until an Incident Manager is appointed.
- Responsible for grading decisions on emergencies through the WHO Emergency Grading protocol.
- Responsible for overall direction of operations run through the Incident Management System at headquarters.
- Regular country visits for programme review and familiarization.
- Represent WHO in the Inter-Agency Standing Committee Emergency Directors Group.

Regional office deliverables

- Day-to-day country office support and oversight to ensure effectiveness and quality of WHO Emergency Operations.
- Ensure compliance with standard operating procedures, technical guidance, best practice, plans and tools.
- Put in place corrective actions as needed.
- Ensure timely Incident Management System activation for graded events.
- Responsible for overall direction of operations run through Incident Management System at regional office level.

Country office deliverables

- Repurpose resources efficiently and rapidly establish Incident Management System as needed for acute emergencies.
- Management of day-to-day graded emergencies under Incident Management System and protracted crises.
- WHO operations adhere to technical standards and best practices.
- Collaborate closely with ministries of health and partners through existing coordination mechanisms, e.g. Health Cluster, and Emergency Medical Teams.

Output – Assist and coordinate the implementation of health operations to agreed standards through partner and WHO operational networks

Output indicators	Baseline	Target
Effective, fully staffed partner coordination mechanisms in place for all graded and protracted events at national and subnational level	To be determined	To be determined
All partners adhering to minimum standards, e.g. Sphere, Emergency Medical Teams	To be determined	To be determined
Health Clusters receive a score of satisfactory or higher for >75% of cluster functions, based on assessment using Cluster Performance Monitoring Tool	To be determined	To be determined

Headquarters deliverables

- Build and strengthen partnerships with stand-by partners to reinforce the global health workforce in all relevant areas of emergency operations.
- Manage secretariats for partnerships.
- Expand the scope of, building and managing global partnership agreements for support to emergency management cycle.

Regional office deliverables

- Provide country offices with ongoing technical support.
- Engage technical experts from other areas as needed.
- Act as focal points for partnerships at regional office level.

Country office deliverables

- Maintain relationships with diverse community partners.
- In Health-Cluster countries, provide coordination of local health cluster.

Output – Provide supplies and logistical services and operational support for all graded and protracted health emergencies

Output indicators	Baseline	Target
All staff and consultants fully operation (accommodation, office space, transport, computer, phone, connectivity) within 24 hours of arriving in country	To be determined	To be determined
Minimum essential emergency supplies distributed to points of service within 72 hours	To be determined	To be determined

Headquarters deliverables

- Define and monitor key performance indicators across the Organization.
- Define, consolidate and promote standards across the Organization; developing guidance for logistics preparedness.
- Ensure global supply chain coordination.
- Conduct global planning and consolidation of needs, including supplies.
- Coordinate with United Nations Humanitarian Response Depots (UNHRD), global logistics cluster and WFP (working closely with partnerships team).

Regional office deliverables

- Maintain regional stockpiles and pre-position critical supplies for emergency response.
- Consolidate capacity for planning, operational support and logistics in the region.
- Develop the operational support and logistics response strategy at regional level.
- Coordinate with logistics partners at regional level.
- Support desks and Incident Management System with capabilities for operational support and logistics as needed.

Country office deliverables

- Country level operations and logistics support for all events.
- Country level supply chain management for all events.

EMERGENCY CORE SERVICES

Outcome – WHO emergency operations rapidly and sustainably financed and staffed

Outcome indicator	Baseline	Target
70% of the annual core financial and human resource requirements for the Emergencies Programme available at least three months prior to the beginning of the year	To be determined	To be determined

Output – Effective management and administrative support for the Health Emergencies Programme

Output indicators	Baseline	Target
Workplan(s) created and approved within 24 hours of grading	To be determined	To be determined
Initial disbursement of emergency funds of up to US$ 500,000 within 24 hours of grading	To be determined	To be determined
Staff and roster consultants deployed within three days of decision to deploy	To be determined	To be determined
Non-roster staff and consultants recruited within three days and deployed within five days of decision to deploy	To be determined	To be determined

Headquarters deliverables

- Define, disseminate and maintain global standard operating procedures (SOPs) and policies, standards for compliance, monitoring and evaluation for emergency human resources, finance, grant management, and staff health, safety and well-being.
- Define global planning frameworks and develop workplans and budgets at global level.
- Track global resource requirements and funding gaps.
- Manage global funding allocations, disbursements and grants from the Contingency Fund for Emergencies.
- Human resources management for central core staff and global roster; global human resources data management.
- Support training and emergency simulations.
- Provide central level information technology support.

Regional office deliverables

- Ensure compliance with SOPs.
- Develop workplans and budget at regional level.
- Human resources management at regional level and regional roster within the global system.
- Ensure staff security and well-being in the region.
- Support regional and country-level grant management.
- Support training and emergency simulations.
- Provide regional level IT support.

Country office deliverables

- Confirm initial surge needs based on planning/coordination meeting.
- Conduct on-site human resources administration support for those deployed on arrival/during assignment.
- Set up security equipment for emergency use.
- Assess security situation on ground and provide support.

- Develop workplans and budget at country level.
- Submit proposals, monitor grants, produce reports.
- Support training and emergency simulations.
- Provide in-country IT support

Output – Accurate and timely health emergency communications and sustainable financing

Output indicators	Baseline	Target
Average percentage of donor appeals funded	To be determined	To be determined
Number of Member States financially supporting the programme through voluntary contributions	To be determined	To be determined

Headquarters deliverables

- Develop and maintain global resource mobilization, advocacy and communications strategies and tools.
- Implement resource mobilization, advocacy and communications at global level (e.g. conduct meetings with Members States, donor meetings, build relationships with key stakeholders, process donor contribution agreements, develop global media response strategy).
- Prepare plan for scale-up of resources during events.
- Ensure resource mobilization, advocacy and communications activities during events for crises that are the responsibility of the global level (e.g. prepare key communications products – media talking points, frequently asked questions).

Regional office deliverables

- Develop and maintain regional resource mobilization, advocacy and communications strategies.
- Implement resource mobilization, advocacy and communications at regional level (e.g. conduct meetings with Members States, donor meetings, process donor contribution agreements, develop regional media response strategy).
- Prepare plan for scale-up of resources during events.
- Ensure resource mobilization, advocacy and communications activities during events for crises that are the responsibility of the regional level (e.g. prepare key communications products – media talking points).

Country office deliverables

- Prepare and deliver messages using principles and guidelines for crisis and risk communication.
- Conduct donor briefings/manage donor relations at country level for the event.
- Support Member States through risk communication and media relations.
- Negotiate donor support and process donor contribution agreements and letters.
- Conduct daily on-site communications network/coordination briefings during emergencies.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Infectious hazard management	22.8	5.7	4.7	6.9	11.3	6.9	56.1	**114.4**
• Country health emergency preparedness and the International Health Regulations (2005)	36.0	11.6	9.5	10.4	18.4	18.3	49.3	**153.5**
• Health emergency information and risk assessment	30.9	5.9	7.0	6.2	17.6	7.9	21.5	**97.0**
• Emergency operations	42.8	5.6	8.2	7.2	37.8	5.6	50.6	**157.8**
• Emergency core services	23.7	4.0	4.9	5.4	23.3	3.5	38.3	**103.1**
Total	**156.2**	**32.8**	**34.3**	**36.1**	**108.4**	**42.2**	**215.8**	**625.8**

CATEGORY – CORPORATE SERVICES/ENABLING FUNCTIONS

This category covers the activities that provide the Organizational leadership and corporate services needed to maintain the integrity and efficient functioning of WHO. These include the following: strengthening WHO's leadership and governance; fostering improved transparency, accountability and risk management within the Organization; enhancing strategic planning, resource management and reporting; and ensuring effective general management and administration, as well as strategic communications. Organizational leadership and corporate services form the backbone of successful mainstreaming of values and approaches to equity, human rights, gender and intersecting social determinants in all areas of work.

For the biennium 2018–2019, the focus will be on strengthening Organizational effectiveness and increasing efficiency, facilitating the Secretariat's response to the changing needs of Member States. In the area of global health, the areas of activity will include the implementation of the 2030 Agenda for Sustainable development (the Sustainable Development Goals) and strengthening preparedness and response in relation to global health emergencies. Enhancing the Organization's governance will continue to be a priority area allowing for more strategic, inclusive and streamlined decision-making. From a managerial perspective, the Corporate services/enabling functions category will serve as an efficient service provider to the other five categories, offering a portfolio of services adjusted to the needs of the various programmes, while at the same time reinforcing accountability across all three levels of the Organization.

Leadership and governance

The work in this category promotes greater coherence in global health, which requires WHO to continue playing a leading role in enabling many different actors to work towards the common health agenda of the Sustainable Development Goals. In exercising leadership, WHO acts as convenor for a wide range of negotiations and discussions on public health issues between Member States, as well as with other stakeholders. This convening role is performed at country level in relation to the coordination of health partners, at regional level in relation to cross-border and other issues relevant to groups of countries or to a region as a whole, and at headquarters in relation to the increasing number of global issues benefiting from intergovernmental negotiations and agreement.

Working to achieve the Sustainable Development Goals requires an explicit recognition of a wide range of social, economic and other developmental determinants associated with ill-health and inequitable health outcomes, in order to improve health outcomes and increase life expectancy. Responding to the requirement and embedding this recognition in Organizational thinking is a strategic leadership priority in its own right, which needs to be closely coordinated with stakeholders and particularly with United Nations partners dealing with related components of the Sustainable Development Goals. WHO also remains committed to reporting on the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN–SWAP). In line with the Sustainable Development Goals, the implementation of the Framework of Engagement with non-State actors provides an opportunity to strengthen and deepen engagement with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions, while better protecting WHO from any undue influence and bringing transparency and accountability in respect of these engagements to unprecedented levels.

WHO's new Health Emergencies Programme is a fundamental development for the Organization, complementing WHO's traditional technical and normative role with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies. Implementation of the Programme requires action across all three levels of WHO, namely: the integration of the new structure, the strengthening of functionality and harmonization of processes, as well as governance and partner engagement. The work in this category will build on the results of the WHO governance reform process. Next steps will include further strengthening of the strategic role of the governing bodies and work to increase inclusiveness, transparency and efficiency, including through the promotion of more manageable governing body agendas, better tools for communicating with Member States, improved timeliness in the availability of supporting documents, and

more effective management of governing body sessions. Engagement with partners and non-State actors will follow a thorough analysis of the risks entailed according to the framework agreed with Member States.

In order to achieve greater Organizational effectiveness stronger leadership and stewardship will be required at all levels. In particular, a more effective Secretariat will enable WHO to respond better to country needs and priorities and improve support to national authorities in setting the broader health agenda with other partners. Country cooperation strategies, aligned with the Twelfth General Programme of Work 2014–2019, the Programme budget and national health priorities, provide the basis for this work. A key priority is to strengthen WHO's in-country leadership capacity by ensuring that staff have the appropriate skills and competencies.

Transparency, accountability and risk management

Managerial accountability, transparency and risk management continue to be priorities for the Organization. A significant number of measures have been introduced and implemented during the last two bienniums to ensure that WHO is accountable and can manage risk effectively. The focus in the biennium 2018–2019 will be to align the different activities within one coherent framework with clearly defined and aligned interfaces, addressing the pending challenges in a systematic and sustainable manner and thus ensuring increased accountability across the Organization. In parallel, the compliance functions across the major offices will be further aligned and strengthened and awareness-raising activities will continue. Taken together, these efforts will help to ensure more efficient and effective operations and use of resources, and, ultimately, the achievement of the Organization's programmatic results, by promoting a culture of compliance with regulations, policies, procedures and ethical values.

Managing risk merits particular attention. WHO is exposed to various types of risks related to: its technical and public health work, its financing and procurement, the systems and structures underpinning its functioning, the political and governance context, and reputation. An effective and comprehensive risk framework has been developed and implemented. Risks have been identified across the three levels of the Organization, they have been categorized, assessed and prioritized through a "bottom up" process, complemented by a "top down" assessment. These processes will be integrated into the results-based management process to build a much stronger link with the definition and monitoring of results, so that risk mitigation activities are incorporated in planning and budgets set aside to implement them. Mitigation activities, particularly in respect of the critical risks, constitute a crucial next step in the comprehensive risk management framework. The Organization-wide risk register will be expanded by this additional dimension, and will continue to be updated and monitored. These actions are strengthening the capacity of senior managers to practise informed and timely decision-making.

Evaluation plays a critical role in improving performance, increasing accountability for results and promoting Organizational learning. Following the approval of the evaluation policy by the Executive Board,[1] and the institutionalization of the evaluation function in the Organization, the focus is now on additional evaluation capacity building and further work to foster a culture of evaluation in WHO. This twin goal is being pursued by including evaluation as an integral component of planning, along with robust assessment of WHO's performance against the programme budget.

Particular attention will be given to the area of Organizational learning, enabling lessons learned, findings and recommendations to inform policy and operational decisions, and thus contribute to the overall efficiency and effectiveness of the Organization.

The Secretariat's internal audit and oversight services will continue to ensure the highest standards of business practice, particularly in relation to the assessment of the adequacy and effectiveness of the Organization's system of internal control, financial management and use of assets, as well as investigation of misconduct and other irregular activities. The oversight function will be supported by the External Auditor and other external bodies, including the Joint Inspection Unit and the Independent Expert Oversight Advisory Committee, which links internal oversight and WHO's governing bodies, through the Executive Board and its Programme, Budget

[1] See decision EB131(1) (2012).

and Administration Committee. The office performing the ethics function will operate within a reformed internal justice system.

Strategic planning, resource coordination and reporting

This component is concerned with financing and the alignment of resources with the priorities and health needs of Member States, and the application of a results-based management framework in strategic planning, operational planning and performance assessment. This area also includes budget management, resource mobilization, and reporting at all three levels of the Organization. Among the key features of this work is the implementation of a robust, bottom-up planning process to ensure that country needs are taken into account, along with global and regional priorities established by the governing bodies for the development of the programme budget. At the same time, the Organization will continue to pursue a realistic Programme budget 2018–2019 that highlights the results delivered at all levels of the Organization. Preparatory work will commence for the development of the Thirteenth Global Programme of Work, which will set the strategic directions of WHO's work for the coming years.

The integrated assessment of WHO's performance both from financial and programmatic perspectives will continue to be strengthened in the biennium 2018–2019. This will continue to be reported in one single document in the form of the WHO programmatic and financial report. As the Organization continues to implement the reforms requested by its Member States, improvements will be made in results definition, measurement and reporting, and in linking achievements in individual programme areas with outcomes and impact to better demonstrate value-for-money for WHO's contributors.

In addition, following the Director General's commitment to join the International AID Transparency Initiative in 2016, further work will be undertaken to improve the WHO web portal and financial human resource information.

Coordination of resource mobilization will be further strengthened in order to support implementation of the programme budget through more predictable financing, with funding allocated in a way that allows each level of the Organization to fulfil its role and responsibilities and to operate optimally. Success in this effort calls for well-coordinated planning and resource mobilization, efficient coordination and management of resources, and robust monitoring and evidence-based reporting of performance at all levels. The allocation of budgets and resources guided by the strategic budget space allocation model will continue to be applied following lessons learned from previous bienniums.

WHO will ensure that equity, human rights, gender and social determinants of health continue to be taken into account in its planning, implementation, monitoring and reporting across programme areas and the three levels of the Organization.

The Organization will continue focusing on obtaining a high standard of compliance and accountability, including ensuring timely and lasting implementation of audit recommendations.

Management and administration

This component covers the core administrative services that underpin the effective and efficient functioning of WHO, namely: finance, human resources, information technology, and operations support, including field and premises security. Sound financial management ensures that expenditure is properly authorized, processed and recorded; that assets are safeguarded and liabilities correctly quantified; and that financial reporting is accurate and timely. WHO needs to have systems that show clearly how the resources invested in the Organization have been used, as well as the programmatic results of that investment.

Based on the conclusions drawn in external studies on management and administration costs in WHO, more attention will be paid to cost-efficiency measures, including benchmarking and a more sustainable financing model that should ensure full cost-recovery, especially in the case of hosted partnerships.

The revised human resources strategy will continue to be implemented as a priority during the biennium 2018–2019. The strategy is an essential part of overall management reform as it aims to match staffing to needs at all levels of the Organization. The inclusion of a number of key elements − attracting talent, retaining and developing talent and providing an enabling environment − should ensure that WHO has human resources policies and systems in place that will allow the Organization to respond rapidly to changing circumstances and evolving public health needs.

As of 1 January 2019, the geographical mobility policy, promulgated by the Director-General in January 2016, will enter into its mandatory phase. Staff members whose current assignment has exceeded the standard duration in their duty station will be required to move. The implementation of this policy will be based on lessons learned from the three-year voluntary phase from 2016 to 2018.

The Organization's staff are its most important asset and need to be provided with an appropriate, safe and cost-effective working environment. Efforts will continue to improve the safety and security of staff and premises across all levels of the Organization to meet the increased global security risk. Operations and support services remain a focus for improving efficiencies, and implementation of the new procurement policy will provide a more robust transparent and effective approach to procurement of goods across the Organization. The core functions of WHO include convening consultations and meetings of national experts, as well as provision of expert advice to countries on health topics. Although travel remains an important component of these activities, work will continue in order to find effective alternatives so that travel cost can be contained. As part of the Geneva buildings renovation strategy, construction work will run from mid-2017 to 2020. This ambitious strategy, due for completion in 2024, will undoubtedly have a significant impact on routine operations, and every effort will be made to minimize inconvenience. Renovation works will also be carried out at the Regional Office for South-East Asia.

The information management and technology support function is an enabler for efficient delivery of services, providing technical solutions and methodologies that facilitate a collective and cohesive support to enable programmes to achieve their goals.

Specific services include: a project management office that performs three key functions, namely, demand management, project management and resource management; a business intelligence centre of excellence that enhances the Secretariat's capability to report on key performance indicators to permit faster decision-making; a solution architecture centre that helps to build cost-effective, scalable and sustainable information systems; and an information security team that ensures WHO's information and technologies are protected globally. In addition, information technology services are made available, up-to-date, and aligned with evolving business needs and trends.

A transformation of the Global Management System is under way. Enhancements are being introduced to make the System more user-friendly, to integrate automated process controls, and to ensure that the System is able to support the evolving needs of the Organization. Innovative information technology approaches in the area of public health are being introduced, and the relevant specialists work closely with technical programmes to identify public health areas and activities that would benefit from using new information technology solutions, including in emergency and crisis response.

Strategic communications

The strategic goal of WHO communications is to provide information, advice, and guidance to decision-makers to support them in protecting the health of individuals, families, communities and nations. In order to be successful, WHO communications must be seen as credible and trustworthy, understandable, relevant, timely and easily accessible, and capable of being translated into action. WHO's communications strategy outlines steps to ensure that all these requirements are respected.

The strategy also describes the communications continuum – the process of moving audiences from awareness of a health issue through to taking action that protects health.

In implementing this strategy, the Secretariat will support internal units as well as Member States by creating capacity for health communication, including communication about risk. WHO will work with the media and staff in adopting a proactive approach to explaining the Organization's role and the impact of its actions on people's health. WHO has identified a series of key principles and lists a range of policies, templates, examples of best practice, checklists, training materials, and other tools, all of which will be further refined and promoted across the Organization.

The appropriateness and success of the communication activities will continue to be monitored through regular stakeholder perception surveys that provide a basis for adjusting the global communications strategy as needed; and through capacity building to support the provision of health information using innovative communication opportunities so that a broader audience can be reached.

LEADERSHIP AND GOVERNANCE

Outcome – Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people

Outcome indicator	Baseline	Target
Extent to which WHO leadership priorities are reflected in the resolutions and decisions of the governing bodies (World Health Assembly, Executive Board and regional committees) adopted during the biennium	To be determined	To be determined

Output – Effective WHO leadership and management in accordance with leadership priorities

Output indicators	Baseline	Target
Progress towards meeting the targets in the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN–SWAP)	To be determined	To be determined
Percentage of WHO country cooperation strategies, or equivalent instruments, developed during the biennium that are explicitly aligned with national plans, which in turn reflect the Sustainable Development Goals	To be determined	To be determined

Country office deliverables

- Establish and maintain effective leadership and coordination of WHO's work at the country level in line with the Twelfth General Programme of Work, 2014–2019, and national health policies, strategies and plans, including through country cooperation strategies.

Regional office deliverables

- Establish effective leadership and coordination of WHO's work at the country and regional level.
- Establish effective leadership by engaging with regional partners on important matters of policy, strategic dialogue and advocacy, including South–South and triangular cooperation.

Headquarters deliverables

- Strengthen WHO's technical cooperation at country level by improving coordination of work across the three levels of the Organization and the selection and induction process for heads of WHO country offices; and by enhancing the country cooperation process.
- Establish effective leadership by engaging with global partners and stakeholders on important matters of policy, strategic dialogue and advocacy, including South–South and triangular cooperation.
- Provide legal services to senior management, regional and country offices, units in headquarters, governing bodies and Member States, as appropriate.

Output – Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities

Output indicator	Baseline	Target
Number of non-State actors and partnerships for which information on their nature and WHO's engagement is available	To be determined	To be determined

Country office deliverables

- Promote effective mechanisms for engaging with other sectors, civil society and other non-State actors on the common health agenda.
- Coordinate WHO's engagement with the United Nations at country level, including active participation in United Nations Country Teams and development of the United Nations Development Assistance Framework.

Regional office deliverables

- Facilitate effective working relations and mechanisms for engagement with the non-health sector, including non-health ministries, parliaments, government agencies and other non-State actors.
- Engage with regional partnerships, technical partners, donors and governing bodies of other agencies (including the United Nations) in order to advocate for health priorities specific to countries and the region as a whole.

Headquarters deliverables

- Maintain and strengthen WHO cooperation, policy and systems to support the management of WHO-hosted partnerships.
- Engage with non-State actors on the common health agenda.
- Engage with global partnerships, global technical partner networks, donors and governing bodies of other agencies, including the United Nations.

Output – WHO governance strengthened with effective oversight of governing body sessions and efficient, aligned agendas

Output indicator	Baseline	Target
Percentage of governing bodies' documentation that is provided within agreed timeline	To be determined	To be determined

Country office deliverables

- Support Member States in preparing for meetings and other regional and global governing body processes, as well as in implementing the decisions and resolutions adopted by the governing bodies.

Regional office deliverables

- Manage and administer regional committees and subcommittees in all relevant official languages, and support countries in preparing for effective engagement in the work of the governing bodies.

Headquarters deliverables

- Manage, administer and provide legal advice and services to the Health Assembly, the Executive Board and its committees, and related working/drafting groups, as well as other intergovernmental processes (including through the provision of legal advice), in all official languages, and support Member States in preparing for effective engagement in the work of the governing bodies.

TRANSPARENCY, ACCOUNTABILITY AND RISK MANAGEMENT

Outcome – WHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks

Outcome indicator	Baseline	Target
Percentage of operational audits issuing a "satisfactory" or "partially satisfactory" assessment during the biennium	To be determined	To be determined

Output – Accountability ensured and corporate risk management strengthened at all levels of the Organization

Output indicator	Baseline	Target
Proportion of corporate risks with response plans approved and implemented	To be determined	To be determined

Country office deliverables

- Ensure appropriate application of Organizational compliance mechanisms, including a comprehensive risk management framework at country level.

Regional office deliverables

- Implement a control framework in line with WHO's administrative policies and regulations at regional level.
- Maintain an effective and efficient compliance mechanism, including a comprehensive risk management framework.

Headquarters deliverables

- Implement the control framework with WHO's administrative policies and regulations at all levels.
- Maintain an effective and efficient compliance mechanism, including a comprehensive risk management framework at corporate level.
- Implement recommendations of the internal and external auditors and other independent oversight mechanisms.

Output – Organizational learning through implementation of evaluation policy and plans

Output indicator	Baseline	Target
Proportion of recommendations in corporate evaluations implemented within the specified timeframe	To be determined	To be determined

Country office deliverables

- Conduct country level evaluation in line with WHO's evaluation policy and methodologies and strengthen capacity of country offices to implement the policy.

Regional office deliverables

- Undertake evaluation, and document and share results at regional level; support countries to prepare for evaluation in line with WHO's policy on evaluation and methodologies; apply lessons learned.

Headquarters deliverables

- Coordinate implementation and monitoring of WHO's evaluation policy.
- Conduct systematic evaluations as defined in the biennial evaluation workplan, approved by the Executive Board at its 138th session, and monitor implementation of the findings and recommendations in order to foster Organizational learning.

Output – Ethical behaviour, decent conduct and fairness promoted across the Organization

Output indicators	Baseline	Target
Proportion of staff to have completed training in ethical behaviour during the biennium	To be determined	To be determined
Proportion of eligible staff to have completed annual declaration of interests	To be determined	To be determined

Country office deliverables

- Promote good ethical behaviour, develop capacity and manage conflict of interest at country level.

Regional office deliverables

- Promote good ethical behaviour, develop staff capacity and manage conflict of interest at regional and country level.
- Maintain fair and just mechanisms for staff representation, administration of internal justice, and initiation of investigations of alleged staff misconduct and harassment within the region.

Headquarters deliverables

- Promote good ethical behaviour, develop capacity and manage conflict of interest at global level.
- Maintain fair and just mechanisms for staff representation, administration of internal justice, and investigations of alleged staff misconduct and harassment.

STRATEGIC PLANNING, RESOURCE COORDINATION AND REPORTING

Outcome – Financing and resource allocation aligned with priorities and health needs of Member States in a results-based management framework

Outcome indicators	Baseline	Target
Proportion of programme budget funded at beginning of biennium	To be determined	To be determined
Percentage of programme areas at least 75% funded at midpoint of biennium across all major offices	To be determined	To be determined

Output – Needs-driven priority-setting in place and resource allocation aligned to delivery of results

Output indicator	Baseline	Target
Percentage of outputs (by programme area) fully achieved	To be determined	To be determined

Country office deliverables

- Conduct effective needs assessment, prioritization, operational planning, implementation and monitoring, including financial vulnerability tracking.

Regional office deliverables

- Provide effective regional coordination and support to countries for bottom-up planning and realistic costing of regional and country priorities, in line with agreed roles and responsibilities at the three levels of the Organization, and in consultation with regional governing bodies.
- Coordinate the monitoring and assessment of the contribution of regional and country offices to the achievement of outcomes, outputs and plans, including tracking performance indicators and providing related performance, budget and implementation analyses and reporting.

Headquarters deliverables

- Ensure effective coordination of global planning processes, including in developing the programme budget, identifying priorities through a bottom-up process, consolidating technical work through category and programme area networks, and applying costing approaches in order to more effectively estimate resource needs.
- Carry out global monitoring and assessment of the Organization's overall performance in relation to the programme budget against the performance indicators; ensure transparent reporting of results delivery and use of resources.

Output – Predictable, adequate and aligned financing in place that allows for full implementation of WHO's programme budget across all programme areas and major offices

Output indicator	Baseline	Target
Percentage of funding proposals prepared through an Organization-wide system	To be determined	To be determined

Country office deliverables

- Align country-level approaches and practices for resource mobilization and resource management with agreed priorities, including timely and accurate reporting.

Regional office deliverables

- Ensure effective coordination of resource mobilization efforts and engagement with donors, as well as timely information sharing and accurate reporting on progress at regional level.

Headquarters deliverables

- Ensure effective implementation of resource mobilization policy, including the financing dialogue for a fully funded programme budget.
- Ensure effective coordination of resource mobilization efforts and engagement with donors, as well as timely information sharing and accurate reporting on progress at global level.

MANAGEMENT AND ADMINISTRATION

Outcome – Effective and efficient management administration consistently established across the Organization

Outcome indicator	Baseline	Target
Level of performance of WHO management and administration	To be determined	Strong (2019)

Output – Sound financial practices managed through an adequate control framework

Output indicators	Baseline	Target
Percentage of country offices compliant with imprest reconciliations	80% have "A" rating (2015)	100% have "A" rating (2017)
Percentage of audit findings of high significance associated with financial transactions processing and operations	To be determined	To be determined

Country office deliverables

- Implement sound financial management practices, including expenditure tracking and reporting, imprest and local payment management, at country level, in accordance with established policies and procedures.

Regional office deliverables

- Manage accounts, compliance and control, expenditure tracking and financial reporting at regional level to ensure accuracy.
- Manage local payments at regional level.

Headquarters deliverables

- Manage, account for, and report on, Organizational income and expenditures; process and verify payables, payroll, pension, entitlements and travel.
- Manage corporate treasury, accounts, expenditure tracking and reporting, income and awards.
- Administer the pension scheme, staff health insurance, entitlements and travel.

Output – Effective and efficient human resources management and coordination in place

Output indicators	Baseline	Target
Overall male/female ratio of staff	To be determined	To be determined
Percentage of unrepresented and under-represented countries (List A) in Organization's staffing	To be determined	To be determined
Proportion of international staff changing duty station	To be determined	To be determined
Percentage of audit findings of high significance associated with human resources processing and operations	To be determined	To be determined

Country office deliverables

- Implement effective human resources planning to align staff resources with priorities.

Regional office deliverables

- Facilitate human resources planning in accordance with needs and priorities for the region and monitor the implementation of the human resources plan.
- Implement the human resources policy and strategy, including achieving gender balance and geographical distribution, with a focus on recruitment, rotation and mobility, performance management and staff development.

Headquarters deliverables

- Develop/update human resources policies, including on achieving gender balance and geographical distribution, with a focus on recruitment, rotation and mobility, performance management, staff development, monitoring, and position management.
- Support human resources planning in accordance with the needs and priorities of the Organization; monitor the implementation of plans globally.
- Process staff contracts, administer entitlements and manage human resources and staff data efficiently and effectively.

Output – Efficient and effective computing infrastructure, corporate and health-related systems and applications

Output indicator	Baseline	Target
Percentage of locations with essential information technology infrastructure and services aligned with agreed Organizational standards, including corporate and health systems applications	To be determined	To be determined

Country office deliverables

- Administer information and communications technology in a way that ensures its effective and efficient application in country offices.

Regional office deliverables

- Manage and administer information and communications technology in the areas of governance, policy, coordination, business continuity capability development, and ensure compliance with agreed global and regional initiatives on information and communications technology.
- Manage and administer information and communications technology applications, including training and support.

Headquarters deliverables

- Manage and administer global and headquarters-specific information and communications in the areas of governance, policy, strategy, coordination and development of business continuity capability.
- Manage the implementation and operation of global technology road maps, and identify and design common services and solutions, including those for networks and telecommunications, platforms, end-user systems and tools, hosting, business solutions and applications, and training.
- Manage corporate services and support, including the Global Management System (with appropriate governance) and the Global Service Desk.

Output – Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property

Output indicators	Baseline	Target
Percentage of WHO offices at security level 3 worldwide that are compliant with United Nations Minimum Operating Security Standards	To be determined	To be determined
Percentage of audit findings of high significance associated with procurement transactions processing and operations	To be determined	To be determined

Country office deliverables

- Ensure effective management of administrative services, building maintenance, procurement of goods and services, fixed assets and security.
- Coordinate with the United Nations on ensuring security of WHO staff at country level.

Regional office deliverables

- Provision and effective management of oversight for administrative services, building maintenance, procurement of goods and services, security and fixed assets at regional level.
- Coordinate with United Nations on ensuring security of WHO staff and on other identified shared costs at regional level.

Headquarters deliverables

- Provision and effective management of oversight for administrative services, building maintenance, procurement of goods and services, security, and fixed assets at global level.
- Coordinate with United Nations on ensuring security of WHO personnel and on other shared costs.
- Develop procurement policy, strategy and planning; manage and administer their implementation.
- Manage global contracts, administer goods and process service purchase orders.
- Manage and administer the infrastructure and operations of the Global Service Centre.

STRATEGIC COMMUNICATIONS

Outcome – Improved public and stakeholders' understanding of the work of WHO

Outcome indicator	Baseline	Target
Percentage of public and other stakeholder representatives evaluating WHO's performance as excellent or good	To be determined	To be determined

Output – Accurate and timely health information accessible through a platform for effective communication and related practices

Output indicator	Baseline	Target
Proportion of public and other stakeholders who rate the timeliness and accessibility of WHO's public health information as "good" or "excellent"	To be determined	To be determined

Country office deliverables

- Ensure visibility of WHO's work through strategic networks and partnerships with health communicators, the media and other relevant practitioners at country level.

Regional office deliverables

- Ensure strategic networks and partnerships with health communicators, the media and other relevant practitioners at regional level in order to support communication needs in country offices.
- Ensure the visibility of WHO's work through efficient communications and advocacy platforms in all relevant languages at regional level.

Headquarters deliverables

- Communication policies and standard operating procedures to strengthen strategic communications, as well as the quality and usage of media platforms.
- Ensure strategic networks and partnerships with health communicators, the media and other relevant practitioners at global level.
- Ensure the visibility of WHO's work through efficient communications and advocacy platforms in all relevant languages at global level.

Output – Organizational capacity enhanced for timely and accurate provision of internal and external communications in accordance with WHO's programmatic priorities, including during disease outbreaks, public health emergencies and humanitarian crises

Output indicator	Baseline	Target
Number of offices that have completed global communications strategy workshops (headquarters, regional and country offices)	To be determined	To be determined

Country office deliverables

- Implement the standard operating procedures for communication during emergencies at country level.

Regional office deliverables

- Implement the standard operating procedures for communications during emergencies and provide surge capacity to country offices where needed.
- Strengthen capacity of WHO staff at regional and country level to contribute to communications activities.

Headquarters deliverables

- Support implementation of the standard operating procedures for communications during emergencies and provide surge capacity to regions.
- Strengthen capacity of WHO staff to contribute to communications activities.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Leadership and governance	47.3	7.3	18.0	33.7	20.9	15.1	87.9	**230.2**
• Transparency, accountability and risk management	4.3	2.3	2.3	1.0	2.4	1.8	36.5	**50.6**
• Strategic planning, resource coordination and reporting	5.9	0.6	3.1	2.7	4.2	6.5	15.8	**38.8**
• Management and administration	108.4	11.7	36.9	27.5	55.6	28.5	239.0	**507.5**
• Strategic communications	4.7	4.0	2.5	4.4	3.3	4.5	23.1	**46.5**
Subtotal	**170.6**	**25.9**	**62.8**	**69.3**	**86.4**	**56.4**	**402.2**	**873.5**
Less post occupancy charge	-24.2	–	-6.4	-9.4	-8.8	-7.2	-84.1	**-140.0**
Total	**146.4**	**25.9**	**56.4**	**59.9**	**77.6**	**49.2**	**318.1**	**733.5**

ANTIMICROBIAL RESISTANCE

Antimicrobial resistance threatens the very core of modern medicine and the sustainability of an effective, global public health response to the enduring threat from infectious diseases. Effective antimicrobial medicines are prerequisites for both preventive and curative measures, protecting patients from potentially fatal diseases and ensuring that complex procedures, such as surgery and chemotherapy, can be provided at low risk. Yet systematic misuse and overuse of these medicines in human medicine and food production have put every nation at risk. Few replacement products are in the pipeline. Without harmonized and immediate action on a global scale, the world is heading towards a post-antibiotic era in which common infections could once again kill.

Alert to this crisis, WHO has defined its work on antimicrobial resistance, including antibiotic resistance, in the global action plan on antimicrobial resistance, which the Member States adopted in May 2015 in resolution WHA68.7. Following the adoption by the United Nations General Assembly in December 2015 of resolution 70/183 on global health and foreign policy, antimicrobial resistance is at the forefront of discussions across the wider United Nations community.

Antimicrobial resistance affects multiple sectors and therefore will require changes to not only health policies but also public policies in trade, agriculture, finance, food and pharmaceutical production. Bringing all these sectors together is an enormous challenge.

WHO is now collaborating with many other organizations in the United Nations system and global stakeholders active in the different sectors. The antimicrobial resistance secretariat at headquarters is coordinating action to help to bring these sectors together in a consolidated and expanded effort.

Although the importance of antimicrobial resistance is generally acknowledged and the global action plan provides an accepted blueprint for what countries will need to do, some Member States express important concerns, namely the lack of sufficient health, agricultural and other system capacities to combat antimicrobial resistance. This weakness underscores the need for large investments to be made in order to ensure that these systems are more effective at preventing and managing the risks of antimicrobial resistance.

During the years 2014 to 2017, it was expected that countries would develop national action plans in line with WHO's global action plan on antimicrobial resistance. Already the Global Antimicrobial Resistance Surveillance System has been created and adopted, and the annual World Antibiotic Awareness Week launched.

In the biennium 2018–2019, the Secretariat will focus on ensuring the full-scale implementation of national action plans in Member States by: extending the behavioural changes related to appropriate antibiotic use and infection prevention and control; strengthening systems to support appropriate use of antimicrobials; strengthening the evidence base of prevalence rates and trends in resistance patterns, and the consumption and use of antimicrobial medicines; and enabling the better coordination of stakeholders across multiple sectors.

WHO will also work with other partners to accelerate the development of new medicines, diagnostics and other tools to tackle antimicrobial resistance. It will collaborate with FAO and OIE to ensure that the risks of the development and spread of antimicrobial resistance at the human–animal interface are minimized.

In addition, Member States have noted the options for establishing a global development and stewardship framework for antimicrobial medicine development and use (as set out in document A69/24 Add.1). Therefore the period 2018–2019 will see a continuation of the work on a stewardship framework to address issues of access, especially for resource-poor countries; preservation of important antimicrobial agents for appropriate uses; and a sustainable way to respond to market failures associated with new medicine development.

Linkages with other programmes and partners

As antimicrobial resistance potentially impacts almost all WHO's programme areas, there must be engagement across the Organization. The Secretariat will coordinate and catalyse activities and ensure coherence of efforts across other categories in the programme budget.

This work on antimicrobial resistance complements existing work under Communicable diseases category. Although the main focus of work on antimicrobial resistance will be on antibiotics, the synergies with the work that is being done on resistance in other microbes, such as HIV and the pathogens of tuberculosis and malaria, will be maximized.

Antimicrobial resistance poses a major challenge to health systems, and work in each of the programme areas of Health systems category should strengthen systems to respond to this challenge. National action plans need to be incorporated into broader sector strategies and budgets. The health workforce needs to be strengthened to prevent and manage antimicrobial resistance, and a strategy to reduce antimicrobial resistance should be a core component of quality, safety, and infection prevention and control programmes. Antimicrobial agents are a key component of medicines programmes, which need to balance the requirements of ensuring universal access with minimizing inappropriate use through improved guidelines, system strengthening and support of better regulation. There is a pressing need for the development of new tools for use against antimicrobial resistance; that will also be incorporated into the broader research and development agenda. The Global Observatory on Health Research and Development will serve as a repository for information on research on antimicrobial resistance.

In the Promoting health through the life course category, the links with antimicrobial resistance are most pronounced in two programme areas. For reproductive, maternal, newborn, child and adolescent health, the Secretariat will ensure that the evidence base for guidelines on maternal and newborn sepsis, treatment of sexually transmitted infections, and the Integrated Management of Childhood Illness reflects the importance of antimicrobial resistance. For health and the environment, the Secretariat will build the evidence base around antimicrobial resistance and the environment as well as encouraging the scale up of access to water, sanitation and hygiene in health facilities and communities.

Antimicrobial resistance is a particular risk at the human–animal interface, and the antimicrobial resistance programme will work closely with the food safety programme to better understand these risks and to advocate the more responsible use of antibiotics in food production.

Finally, the same capacities developed to address antimicrobial resistance at the national and regional levels will strengthen the preparedness of Member States and reinforce the global capacity for outbreak response to epidemics and humanitarian emergencies, in particular laboratory and surveillance capacity, under the mandate of the new Health Emergencies Programme.

ANTIMICROBIAL RESISTANCE

Outcome – Reduced levels of resistance to first-line antimicrobial medicines among major human pathogens

Outcome indicators	Baseline	Target
Extent of reduction of resistance to third-generation cephalosporins among *Escherichia coli* and *Klebsiella*	To be determined	To be determined
Extent of reduction of resistance to penicillin in *Streptococcus pneumoniae*	To be determined	To be determined
Extent of reduction in proportion of *Mycobacterium tuberculosis* isolates found to be multiresistant	To be determined	To be determined

Output – Countries enabled to improved awareness and understanding of antimicrobial resistance through effective communication, education and training

Output indicator	Baseline	Target
Number of countries undertaking awareness activities on antimicrobial resistance	80/194 (2015)	120/194 (2019)

Country office deliverables

- Conduct training on antimicrobial resistance for targeted audiences including national focal points for antimicrobial resistance, health-care providers, laboratory staff, and others, as applicable.
- Provide technical support in the development of national communication programmes that reinforce the regional programme and encourage local partners to implement behavioural change campaigns using adapted core communications materials and tools.
- Support national participation in World Antibiotic Awareness Week campaigns.

Regional office deliverables

- Develop and maintain a repository of regional and country campaign materials and disseminate materials to countries and partners in relevant United Nations official languages and editable formats so that they may be translated into other national languages and adapted to cultures as required.
- Support countries in joining and implementing the global campaign including World Antibiotic Awareness Week and encourage regional partners to implement behaviour change campaigns.

Headquarters deliverables

- Collaborate with professional groups to increase antimicrobial resistance awareness and encourage best practices within these groups.
- Develop and disseminate globally relevant and important communication programmes and educational materials.
- Measure trends in awareness and understanding of antibiotic resistance and disseminate findings.

Output – Development and implementation of integrated surveillance system and research to strengthen the knowledge and evidence base on antimicrobial resistance facilitated

Output indicator	Baseline	Target
Number of countries with a national surveillance system contributing data on global trends	22/194 (2015)	80/194 (2019)

Country office deliverables

- Provide technical support for the development of national surveillance capacities and systems, including laboratories.
- Foster participation of the national surveillance system in regional surveillance networks, as well as the Global Antimicrobial Surveillance System.

Regional office deliverables

- Support the development and introduction of surveillance standards and tools across each region.
- Backstop country offices to develop, implement and monitor surveillance and foster participation in both regional surveillance networks and the Global Antimicrobial Surveillance System.
- Facilitate coordination across sectors at regional level to support integrated surveillance.

Headquarters deliverables

- Develop and maintain a global programme for surveillance that captures data on antimicrobial medicine consumption and antimicrobial resistance.
- Monitor and report on the global antimicrobial resistance situation and trends.
- Facilitate engagement and support from global partners to promote integrated surveillance of antimicrobial resistance.
- Establish open collaborative models of research and development in a manner that will support access to the knowledge and product from such research, and provide incentives for investment.

Output – Countries' capacity strengthened on advocacy, standard setting and policy implementation to reduce the incidence of infection though effective sanitation, hygiene and infection prevention measures

Output indicator	Baseline	Target
Number of countries with active programmes to control antimicrobial resistance through scaling up infection prevention and control and provision of water, sanitation and hygiene in health facilities	To be determined	To be determined

Country office deliverables

- Incorporate antimicrobial resistance into advocacy for provision of water, sanitation and hygiene in health facilities and communities.
- Incorporate antimicrobial resistance and its associated risks into advocacy and implementation of infection prevention and control activities and practices at the local level.

Regional office deliverables

- Support country offices by providing standards guidance and best practised based on regional priorities and best evidence related to improving infection prevention and control.
- Incorporate antimicrobial resistance into advocacy for provision of water, sanitation and hygiene in health facilities and communities.

Headquarters deliverables

- Promote the engagement of civil society and patient groups in improving practices in hygiene and infection prevention and control related to antimicrobial resistance.
- Incorporate antimicrobial resistance into advocacy for provision of water, sanitation and hygiene in health facilities and communities.
- Incorporate antimicrobial resistance and its associated risks into policies, standards and tools for infection prevention and control.

Output – Countries enabled to optimize the use of antimicrobial medicines in human health through adopting standards and implementing technical guidelines and appropriate regulations

Output indicator	Baseline	Target
Number of countries with national stewardship programmes	To be determined	To be determined

Country office deliverables

- Advise on methods to facilitate affordable and equitable access to existing and new medicines and other products while ensuring their proper and optimal use at national level.
- Provide technical support to Member States in the development and enforcement of relevant regulations so that only quality assured, safe and effective antimicrobial products reach users.
- Provide technical support to strengthen medicines regulatory systems so that appropriate practices for optimizing use of antimicrobial medicines are supported by appropriate and enforceable regulation, and that promotional practices can be adequately regulated.
- Provide technical support at country level to adapt guidelines, and develop technical guidelines and standards to support access to, and evidence-based selection and responsible use of, antimicrobial medicines, including follow-up to treatment failure.

Regional office deliverables

- Support country offices in adopting standards and implement guidance, based on best available evidence of harm and reduction of harm.

Headquarters deliverables

- Develop important and necessary standards and guidance, based on best available evidence of harm and reduction of harm.
- Facilitate the development and clinical evaluation of specific priority vaccines and scale up the use of vaccines to address antimicrobial resistance.
- Provide global leadership to establish the stewardship framework for antimicrobial resistance.

Output – Development of the economic case for sustainable investment and increase investment in new medicines, diagnostic tools, vaccines and other interventions facilitated

Output indicator	Baseline	Target
To be determined	To be determined	To be determined

Country office deliverables

- Provide support to countries in making an investment case to implement national action plans on antimicrobial resistance

Regional office deliverables

- Backstop country offices where additional expertise is needed in making an investment case to implement national action plans on antimicrobial resistance.
- Encourage investment and financial research related to antimicrobial resistance.

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Headquarters deliverables

- Provide technical support to key partners working on global research related to financial needs of antimicrobial resistance programmes.
- Establish new partnerships to provide funding for national and organizational work on antimicrobial resistance.
- Collaborate with partners to build the case for investment in the work on antimicrobial resistance as a development issue.

Output – Coordinated commitment and action to address antimicrobial resistance at national, regional and global levels enabled

Output indicator	Baseline	Target
Number of countries with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance	51/194 (2015)	100/194 (2019)

Country office deliverables

- Provide support to Member States for the development of multisectoral national action plans in line with the strategic objectives of the global action plan on antimicrobial resistance.
- Support the monitoring and implementation of national action plans.

Regional office deliverables

- Support the development and implementation of regional strategies to tackle antimicrobial resistance.
- Support country offices in the development and implementation oversight of national plans for antimicrobial resistance that are in line with the strategic objectives of the global action plan on antimicrobial resistance.
- Monitor progress and collate input from countries on implementation of the national action plans in the region.

Headquarters deliverables

- Encourage cooperation, coordination and expansion of activities on antimicrobial resistance among United Nations and international partners from multiple sectors to support the implementation of the global action plan on antimicrobial resistance.
- Support regional and country offices in the development and implementation of national and regional plans on antimicrobial resistance.
- Publish regular reports on progress in implementing the global action plan and progress towards meeting impact targets.
- Provide international leadership and coordination that supports discussions and decisions related to antimicrobial resistance at the United Nations General Assembly, World Health Assembly, Executive Board, regional committee meetings and at high-level political and other relevant meetings in countries.

- Ensure harmonization and coordination of actions across WHO to implement the global action plan on antimicrobial resistance and resolution WHA68.7 on global action plan on antimicrobial resistance and with key partners to strengthen organizational and global governance and coherence of activities.
- Collaborate with FAO and OIE on areas of the "One Health" initiative where concerns about human and animal antimicrobial resistance converge.

BUDGET BY MAJOR OFFICE (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Antimicrobial resistance	6.8	1.6	4.8	3.9	2.6	0.9	11.7	**32.4**
Total	**6.8**	**1.6**	**4.8**	**3.9**	**2.6**	**0.9**	**11.7**	**32.4**

FOOD SAFETY

Access to safe, sufficient and nutritious food is the right of each individual.[1] A safe food supply supports a country's economy, trade and tourism, contributes to food and nutrition security, and stimulates sustainable development. Unsafe food causes acute and life-long diseases, ranging from diarrhoeal diseases to various forms of cancer, and is the origin of a significant global disease burden, as demonstrated by the WHO global estimates of foodborne disease burden, published in 2015.[2]

Women and men are exposed to different food safety risks during the life course, depending on prevailing gender norms and other social determinants, such as income, location and education. For example, a gender norm common to many settings places the responsibility for food preparation, and therefore household food safety, on women. In such settings, it is also often the women's role to care for children. As a consequence, women in such settings are likely to be the first and final line of defence against foodborne illnesses, in particular among children.

The principles governing the detection, assessment, prevention and management of health risks and disease events apply equally to food safety. A key aspect in preventing foodborne diseases is the establishment of internationally harmonized recommendations and standards, based on sound risk assessment. Similarly, preparedness depends on the existence of evidence-based risk management options to control major hazards throughout the food chain. WHO's support for capacity building will be guided by countries' needs assessments, as well as international networks. In future, particular attention will continue to be paid to multisectoral collaboration among the agriculture, animal health and public health sectors.

In the biennium 2018–2019, the Secretariat will pursue its work by continuing to promote international norms, standards and recommendations through the Codex Alimentarius Commission, with enhanced participation by Member States; serving as secretariat for the International Food Safety Authorities Network to ensure a rapid international response to food safety emergencies and outbreaks of foodborne diseases; convening international expert meetings to perform risk assessments on priority food hazards; providing technical support to countries for building risk-based food safety systems; leading advocacy and health education efforts in food safety; and acting as secretariat for the FAO/OIE/WHO tripartite collaboration with the agriculture, animal and human health sectors, including the food safety aspects of antimicrobial resistance.

FOOD SAFETY

Outcome – All countries are adequately prepared to prevent and mitigate risks to food safety

Outcome indicator	Baseline	Target
Number of countries that have adequate mechanisms in place for preventing or mitigating risks to food safety	123/194 (2017)	129/194 (2019)

Output – Technical assistance to enable Member States to control the risk and reduce the burden of foodborne diseases

Output indicator	Baseline	Target
Number of countries that have a food safety system with an appropriate legal framework and enforcement structure	149/194 (2017)	155/194 (2019)

[1] See the Conference Outcome Document of the Rome Declaration on Nutrition (the Second International Conference on Nutrition) at http://www.fao.org/3/a-ml542e.pdf (accessed 11July 2016).

[2] WHO's report, Estimates of the global burden of foodborne diseases, is available at http://www.who.int/mediacentre/news/releases/2015/foodborne-disease-estimates/en/ (accessed 12 July 2016).

Country office deliverables

- Facilitate multisectoral collaboration between the public health, animal health, agriculture and environment sectors.
- Support countries in strengthening the management and communication of foodborne and zoonotic risks along the farm-to-table continuum.

Regional office deliverables

- Guide a strategic approach to promoting food safety in regions, with the involvement of regional Codex Alimentarius Coordinating Committees.
- Coordinate regional collaboration between the public health, animal health, agriculture and environment sectors in order to deal with food-related zoonotic diseases and the food safety aspects of antimicrobial resistance.
- Support country offices in building capacity in food safety and in the management of zoonotic risks at the animal-human interface, including in times of emergency.

Headquarters deliverables

- Support regional and country offices in developing countries and countries with economies in transition to enhance their participation in the work of the Codex Alimentarius Commission.
- Promote collaboration between the public health, animal health, agriculture and environment sectors in order to deal with food-related zoonotic diseases and the food safety aspects of antimicrobial resistance.
- Develop risk communication tools and key health promotion messages for foodborne public health risks.
- Improve country capacity to deal with food safety events in line with the International Health Regulations (2005) through the International Food Safety Authorities Network.
- Provide support for building country capacity to establish risk-based food safety systems and to analyse and interpret data, and put in place control measures related to specific hazards along the food chain, including antimicrobial resistance.

Output – International standards set, scientific advice provided and a global information exchange platform as well as multisectoral collaboration in place for effectively managing foodborne risks

Output indicator	Baseline	Target
Number of countries with mechanism for multisectoral collaboration on reducing foodborne public health risks	152/194 (2017)	158/194 (2017)

Country office deliverables

- Facilitate and support the work of the Codex Alimentarius Commission at the national level, including through the Codex Trust Fund.
- Facilitate the participation of national contact points in the International Food Safety Authorities Network.

Regional office deliverables

- Facilitate and support the work of the Codex Alimentarius Commission at the regional level, including through the Codex Trust Fund.
- Develop and implement regional approaches for enhancing and strengthening the International Food Safety Authorities Network.
- Facilitate the systematic collection, analysis and interpretation of regional data to guide risk analysis and support policy decisions.

Headquarters deliverables

- Develop and formulate international norms, standards and recommendations through the Codex Alimentarius Commission.
- Provide the secretariat to the International Food Safety Authorities Network in order to ensure a rapid international response to food safety emergencies and outbreaks of foodborne diseases.
- Provide scientific advice to Member States and to the Codex Alimentarius Commission by performing risk assessments, convening international expert meetings and collecting and monitoring data with respect to priority food hazards, including those associated with antimicrobials.
- Act as secretariat for FAO/OIE/WHO tripartite collaboration and cooperation with other international partners in order to promote coordination among the public health, animal health, agriculture and environment sectors, including for the cross-sectoral monitoring and risk assessment of emerging food-related zoonotic diseases and the food safety and food security aspects of antimicrobial resistance.

BUDGET BY MAJOR OFFICE (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Food safety	4.7	3.7	1.9	1.1	3.1	3.4	18.2	**36.1**
Total	**4.7**	**3.7**	**1.9**	**1.1**	**3.1**	**3.4**	**18.2**	**36.1**

POLIO ERADICATION

In May 2013, the Sixty-sixth World Health Assembly endorsed the Polio Eradication and Endgame Strategic Plan 2013–2018. This aims to end all forms of polio globally through an accelerated programme of work organized into four objectives: (1) detection and interruption of poliovirus transmission; (2) strengthening of routine immunization systems, introduction of inactivated poliovirus vaccine and withdrawal of type 2 oral poliovirus vaccine; (3) certification of eradication and containment of residual live polioviruses; and (4) planning for post-polio eradication transition (originally termed "legacy planning"). In 2014, following international spread of poliovirus, the Director-General convened an Emergency Committee under the International Health Regulations (2005). On the Committee's advice, the Director-General declared the international spread of poliovirus to be a public health emergency of international concern and issued temporary recommendations in order to reduce the risk of spread.

The Polio Eradication and Endgame Strategic Plan 2013–2018[1] aimed to stop wild poliovirus transmission globally by 2014. This was achieved in all countries except Afghanistan and Pakistan. In 2015, a mid-term review of the 2013–2018 Strategic Plan was undertaken. Because of the missed 2014 deadline, the Polio Oversight Board determined that the Strategic Plan period should be extended by one year, thus concluding in 2019. This extension assumes that Pakistan and Afghanistan will interrupt transmission in 2016, allowing for global certification in 2019. In April 2016, the Global Polio Eradication Initiative published a 2016–2019 budget, expanding the total funding requirement from the original US$ 5.5 billion for 2013–2018 to US$ 7 billion for 2013–2019.

Operating within the Global Polio Eradication Initiative partnership, the Secretariat provides overall operational leadership of the planning, implementation and monitoring of the Eradication and Endgame Strategic Plan. The Secretariat continues to provide large-scale, field-based technical support to Member States in priority geographical areas. The majority of field personnel are focused on objective one of the Strategic Plan, for which their primary activities are: (i) maintaining and enhancing field and laboratory surveillance for poliovirus among acute flaccid paralysis cases and through environmental surveillance; (ii) provision of expert technical assistance for planning, implementing and monitoring supplementary immunization activities to achieve sufficient population immunity to stop transmission of polioviruses; and (iii) support for emergency response activities in the event of a poliomyelitis outbreak. The Secretariat, with its Global Polio Eradication Initiative partners, also coordinates the programme of work associated with objectives 2–4 of the Strategic Plan.

The most significant elements of objective 2 are the switch from trivalent to bivalent oral polio vaccine, and the associated introduction of inactivated polio vaccine. The switch was completed in April 2016, and inactivated polio vaccine introduced into most countries (though not all, due to supply shortfall). In 2018–2019, the focus for Objective 2 will therefore be on enhancing inactivated polio vaccine coverage and preparing for complete oral polio vaccine withdrawal post-certification.

In addition, the Secretariat will continue to support research and development activities to generate the necessary data and products, including non-infectious production processes for inactivated poliovirus vaccine, new and safer oral poliovirus vaccine, and microneedle inactivated polio vaccine (IPV) patches (facilitating house-to-house administration), to achieve the objectives of the Strategic Plan and secure polio eradication for perpetuity.

When transmission of poliovirus is successfully interrupted globally, focus will increasingly shift to objectives 3 and 4. To support the containment of residual live polioviruses, the Secretariat is providing technical advice to member States' National Authorities for Containment and to laboratories and vaccine manufacturers. A range of programme areas within the Secretariat are working together, and with partners, to plan for the post-polio eradication transition. The Secretariat is also providing technical advice and support to countries that have received significant support from the Global Polio Eradication Initiative to help them plan for the sustainable

[1] http://www.polioeradication.org/Resourcelibrary/Strategyandwork.aspx.

withdrawal of such support, the mainstreaming of polio functions and the potential transition of staff, assets and lessons to support other health priorities. The Secretariat is undertaking global and regional transition planning with partners with the same aims.

POLIO ERADICATION

Outcome – No cases of paralysis due to wild or type-2 vaccine-related poliovirus globally

Outcome indicator	Baseline	Target
Number of countries reporting cases of paralysis due to any wild poliovirus or type-2 vaccine-related poliovirus in the preceding 12 months	6 (2015)	0 (2019)

Output – Technical assistance to enhance surveillance and ensure high population immunity to the threshold needed to maintain polio-free status, especially in at-risk areas

Output indicator	Baseline	Target
Number of high-risk countries supported to conduct certification level surveillance and polio vaccination campaigns to ensure high population immunity	85	85

Country office deliverables

- Provide direct in-country support for surveillance and polio vaccination campaigns in all countries either experiencing an outbreak of the disease or at high risk of such an outbreak.
- High-risk countries prepare weekly reports of case-based data on acute flaccid paralysis and polio, as well as supplementary polio vaccination activities.

Regional office deliverables

- Prepare biannual regional risk assessment reports (quarterly for high-risk countries) to identify and address gaps in population immunity and surveillance sensitivity for poliovirus.
- Consolidate country reports into weekly and monthly regional bulletins, and provide analysis and country-specific feedback.
- Support outbreak response, surveillance reviews and programme assessments for polio.

Headquarters deliverables

- Develop and update every six months, with regional offices, operational action plans for the Global Polio Eradication Initiative; consolidate regional reports into weekly and monthly global bulletins.
- Coordinate a quarterly global risk assessment for areas requiring supplementary immunization in order to inform the reallocation of financial and human resources.

Output – Number of countries where there is an agreed timeline for cessation of use of bivalent oral poliovirus vaccine in all routine immunization programmes globally

Output indicator	Baseline	Target
Number of countries and territories (those using oral polio vaccine) where there is an agreed timeline for cessation of use of bivalent oral polio vaccine in routine immunization	0 (2017)	152 (2019)

Country office deliverables

- Support countries to develop plan for the withdrawal of bivalent oral poliovirus vaccine.

Regional office deliverables

- Support development of regional plan to withdraw bivalent oral poliovirus vaccine.

Headquarters deliverables

- Coordinate the planning of withdrawal of bivalent oral poliovirus vaccine and identify the mitigation of risks associated with its cessation in consultation with the Strategic Advisory Group of Experts on immunization.
- Coordinate the development of pre-cessation risk mitigation planning and post-cessation response plans.

Output – Processes established for long-term poliovirus risk management, including containment of all residual polioviruses, and the certification of polio eradication globally

Output indicator	Baseline	Target
Certification of wild poliovirus eradication in all regions	4 (2016)	6 (2019)

Country office deliverables

- Support countries in developing plans for the containment of types 1 and 3 poliovirus.
- Support countries in preparing and submitting national certification documents to the Regional Certification Commission.

Regional office deliverables

- Ensure plans are developed for the containment of types 1 and 3 poliovirus.
- Support the work of the Regional Certification Commission.

Headquarters deliverables

- Develop the global containment guidelines and action plan, including standard operating procedures for the global polio laboratory network, and develop protocols for the era following withdrawal of all oral polio vaccine.

Output – Post-polio-eradication transition plan finalized and under implementation globally

Output indicator	Baseline	Target
Post–polio-eradication transition plan finalized and under implementation in all countries that receive support from the Global Polio Eradication Initiative	0 (2015)	85 (2018)

Country office deliverables

- Support countries in developing and implementing national transition plans.

Regional office deliverables

- Support development and implementation of plans for all regions.

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Headquarters deliverables

- Mainstream essential long-term polio control functions.
- Transfer assets to support other health priorities.
- Develop regional consensus on priorities for the legacy of the polio eradication programme.
- Establish and maintain a global inventory of human and material assets of the polio eradication programme.
- Consolidate, document and disseminate lessons learned in polio eradication.
- Develop and implement, with regions and stakeholders in the Global Polio Eradication Initiative, a global transition plan.

BUDGET BY MAJOR OFFICE (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
• Polio eradication	453.9	4.7	55.5	5.9	208.7	4.6	299.0	**1 032.3**
Total	**453.9**	**4.7**	**55.5**	**5.9**	**208.7**	**4.6**	**299.0**	**1 032.3**

ANNEX. DRAFT PROPOSED PROGRAMME BUDGET 2018–2019 (US$ MILLION):

Categories and programme areas	Africa			The Americas			South-East Asia		
	Country offices	Regional Office	Total	Country offices	Regional Office	Total	Country offices	Regional Office	Total
Communicable diseases									
HIV and hepatitis	43.9	10.2	**54.1**	5.0	3.1	**8.1**	7.4	3.6	**11.0**
Tuberculosis	27.4	5.0	**32.4**	1.1	0.5	**1.6**	14.5	3.3	**17.8**
Malaria	31.5	14.4	**45.9**	0.4	1.2	**1.6**	8.5	3.2	**11.7**
Neglected tropical diseases	24.0	8.1	**32.1**	4.0	2.2	**6.2**	7.9	5.9	**13.8**
Vaccine-preventable diseases	87.9	32.0	**119.9**	5.9	5.4	**11.3**	20.3	7.6	**28.0**
Total – Communicable diseases	**214.6**	**69.8**	**284.4**	**16.4**	**12.4**	**28.9**	**58.7**	**23.7**	**82.4**
Noncommunicable diseases									
Noncommunicable diseases	24.8	16.0	**40.8**	14.2	5.1	**19.3**	12.9	4.7	**17.6**
Mental health and substance abuse	5.7	1.5	**7.2**	2.1	1.2	**3.3**	2.2	0.9	**3.1**
Violence and injuries	2.7	0.9	**3.6**	1.8	0.9	**2.7**	2.5	0.7	**3.2**
Disabilities and rehabilitation	0.3	0.8	**1.1**	0.7	0.4	**1.1**	0.5	0.2	**0.7**
Nutrition	6.0	3.1	**9.1**	2.8	0.8	**3.6**	1.9	0.9	**2.8**
Total – Noncommunicable diseases	**39.5**	**22.4**	**61.8**	**21.6**	**8.4**	**30.1**	**20.0**	**7.4**	**27.5**
Promoting health through the life course									
Reproductive, maternal, newborn, child and adolescent health	60.4	14.4	**74.9**	15.8	4.1	**19.9**	12.0	5.6	**17.6**
Ageing and health	1.1	0.6	**1.7**	0.7	0.4	**1.1**	0.5	0.1	**0.6**
Gender, equity and human rights mainstreaming	3.1	1.0	**4.1**	2.7	0.6	**3.3**	0.3	0.7	**1.0**
Social determinants of health	6.4	2.5	**8.9**	2.7	1.6	**4.3**	0.8	1.1	**1.9**
Health and the environment	9.5	6.2	**15.7**	3.5	4.1	**7.6**	5.8	3.1	**8.9**
Total – Promoting health through the life course	**80.6**	**24.8**	**105.3**	**25.5**	**10.8**	**36.3**	**19.4**	**10.6**	**30.1**
Health systems									
National health policies, strategies and plans	13.6	6.5	**20.1**	9.3	4.4	**13.7**	17.3	3.1	**20.4**
Integrated people-centred health services	21.3	11.3	**32.7**	4.6	1.7	**6.3**	12.6	3.9	**16.5**
Access to medicines and other health technologies and strengthening regulatory capacity	14.0	5.5	**19.5**	5.1	2.3	**7.4**	7.1	2.6	**9.7**
Health systems, information and evidence	9.6	7.4	**17.0**	5.4	3.1	**8.5**	5.0	5.0	**10.0**
Total – Health systems	**58.6**	**30.8**	**89.4**	**24.5**	**11.5**	**36.0**	**42.1**	**14.6**	**56.7**
Health emergencies programme									
Infectious hazard management	10.4	12.4	**22.8**	2.4	3.3	**5.7**	2.3	2.4	**4.7**
Country health emergency preparedness and the International Health Regulations (2005)	23.3	12.7	**36.0**	6.7	4.9	**11.6**	5.6	3.9	**9.5**
Health emergency information and risk assessment	17.9	13.0	**30.9**	2.8	3.1	**5.9**	3.7	3.3	**7.0**
Emergency operations	27.9	14.9	**42.8**	1.6	4.0	**5.6**	4.7	3.5	**8.2**
Emergency core services	12.4	11.3	**23.7**	1.2	2.8	**4.0**	1.8	3.1	**4.9**
Total - Health emergencies programme	**91.9**	**64.3**	**156.2**	**14.7**	**18.1**	**32.8**	**18.1**	**16.2**	**34.3**
Corporate services / enabling functions									
Leadership and governance	32.6	14.7	**47.3**	4.8	2.5	**7.3**	9.3	8.7	**18.0**
Transparency, accountability and risk management	0.3	4.0	**4.3**	1.4	0.9	**2.3**	0.9	1.4	**2.3**
Strategic planning, resource coordination and reporting	0.1	5.8	**5.9**	-	0.6	**0.6**	2.0	1.1	**3.1**
Management and administration	48.6	35.6	**84.2**	5.1	6.6	**11.7**	16.4	14.1	**30.5**
Strategic communications	0.5	4.2	**4.7**	1.7	2.3	**4.0**	0.9	1.6	**2.5**
Total - Corporate services / enabling functions	**82.1**	**64.3**	**146.4**	**13.0**	**12.9**	**25.9**	**29.5**	**26.9**	**56.4**
Antimicrobial resistance	4.7	2.2	**6.8**	1.2	0.4	**1.6**	3.8	1.1	**4.8**
Food safety	2.9	1.8	**4.7**	2.9	0.8	**3.7**	0.7	1.2	**1.9**
Subtotal base programmes	**574.9**	**280.1**	**855.0**	**119.8**	**75.4**	**195.2**	**192.4**	**101.7**	**294.1**
Tropical disease research	–	–	**–**	–	–	**–**	–	–	**–**
Research in human reproduction	–	–	**–**	–	–	**–**	–	–	**–**
Polio eradication	424.5	29.4	**453.9**	–	4.7	**4.7**	43.5	12.0	**55.5**
Subtotal	**424.5**	**29.4**	**453.9**	**–**	**4.7**	**4.7**	**43.5**	**12.0**	**55.5**
Grand total	**999.4**	**309.5**	**1 308.9**	**119.8**	**80.1**	**199.9**	**235.9**	**113.7**	**349.6**

BREAKDOWN BY MAJOR OFFICE AND CATEGORY

Europe			Eastern Mediterranean			Western Pacific			Headquarters	Total
Country offices	Regional Office	Total	Country offices	Regional Office	Total	Country offices	Regional Office	Total		
2.2	5.6	**7.8**	2.8	3.0	**5.8**	7.9	5.2	**13.1**	45.6	**145.6**
5.7	5.8	**11.5**	6.3	2.2	**8.5**	8.2	5.7	**13.9**	35.7	**121.5**
0.2	0.8	**1.0**	4.1	2.4	**6.5**	6.8	6.6	**13.4**	35.6	**115.8**
–	0.3	**0.3**	4.4	1.4	**5.8**	3.3	3.2	**6.5**	42.6	**107.3**
4.1	10.2	**14.3**	16.2	6.6	**22.9**	12.1	10.6	**22.8**	53.7	**272.8**
12.2	**22.8**	**35.0**	**33.9**	**15.6**	**49.5**	**38.4**	**31.4**	**69.8**	**213.2**	**763.1**
9.2	12.9	**22.2**	10.0	6.6	**16.6**	14.9	10.9	**25.9**	56.2	**198.7**
3.1	3.0	**6.1**	2.9	2.5	**5.4**	2.5	1.9	**4.4**	18.7	**48.3**
1.0	2.2	**3.2**	1.6	0.5	**2.1**	2.0	1.5	**3.5**	14.9	**33.3**
1.1	0.1	**1.2**	0.8	0.4	**1.2**	1.1	1.5	**2.6**	10.0	**17.9**
1.5	1.5	**3.0**	3.4	0.9	**4.3**	1.8	1.9	**3.7**	22.4	**48.9**
15.9	**19.7**	**35.7**	**18.7**	**10.9**	**29.7**	**22.4**	**17.7**	**40.1**	**122.3**	**347.1**
4.0	3.4	**7.4**	13.5	5.6	**19.1**	8.8	2.9	**11.7**	59.6	**210.4**
0.2	1.1	**1.3**	0.6	0.3	**0.9**	0.9	0.5	**1.4**	4.7	**11.7**
0.4	0.7	**1.1**	0.9	0.4	**1.3**	1.1	0.5	**1.6**	6.3	**18.7**
2.0	6.2	**8.2**	2.2	0.4	**2.6**	1.6	0.5	**2.1**	6.4	**34.5**
5.3	13.6	**18.9**	2.5	3.0	**5.5**	7.2	3.0	**10.2**	35.4	**102.3**
11.9	**25.1**	**37.0**	**19.7**	**9.7**	**29.5**	**19.6**	**7.4**	**27.1**	**112.5**	**377.7**
5.7	10.8	**16.5**	10.3	4.2	**14.5**	12.0	4.8	**16.8**	40.1	**142.3**
6.5	10.1	**16.6**	11.6	7.9	**19.5**	10.8	6.2	**17.0**	46.0	**154.8**
1.1	4.4	**5.5**	4.8	3.6	**8.4**	8.2	4.7	**12.9**	105.9	**169.5**
2.7	8.5	**11.2**	4.9	7.9	**12.8**	5.4	3.3	**8.7**	58.4	**126.8**
16.0	**33.9**	**49.9**	**31.7**	**23.7**	**55.3**	**36.5**	**19.0**	**55.5**	**250.5**	**593.4**
1.0	5.9	**6.9**	5.0	6.3	**11.3**	4.2	2.7	**6.9**	56.1	**114.4**
3.3	7.1	**10.4**	9.5	8.9	**18.4**	10.2	8.1	**18.3**	49.3	**153.5**
2.9	3.3	**6.2**	8.9	8.7	**17.6**	3.2	4.7	**7.9**	21.5	**97.0**
4.0	3.2	**7.2**	25.5	12.3	**37.8**	2.4	3.2	**5.6**	50.6	**157.8**
2.1	3.3	**5.4**	13.0	10.3	**23.3**	1.2	2.3	**3.5**	38.3	**103.1**
13.3	**22.8**	**36.1**	**61.9**	**46.5**	**108.4**	**21.2**	**21.0**	**42.2**	**215.8**	**625.8**
20.4	13.3	**33.7**	12.6	8.3	**20.9**	10.2	4.9	**15.1**	82.0	**224.3**
0.1	0.9	**1.0**	0.5	1.9	**2.4**	0.3	1.5	**1.8**	34.0	**48.1**
–	2.7	**2.7**	0.6	3.6	**4.2**	2.7	3.8	**6.5**	15.8	**38.8**
7.1	11.0	**18.1**	35.7	11.1	**46.8**	13.1	8.2	**21.3**	163.2	**375.8**
0.3	4.1	**4.4**	0.7	2.6	**3.3**	0.7	3.8	**4.5**	23.1	**46.5**
27.9	**32.0**	**59.9**	**50.1**	**27.5**	**77.6**	**27.0**	**22.2**	**49.2**	**318.1**	**733.5**
1.3	2.7	**3.9**	2.1	0.5	**2.6**	0.6	0.3	**0.9**	11.7	**32.4**
0.5	0.6	**1.1**	2.0	1.1	**3.1**	1.9	1.5	**3.4**	18.2	**36.1**
99.1	**159.5**	**258.6**	**220.1**	**135.5**	**355.7**	**167.6**	**120.6**	**288.2**	**1 262.2**	**3 509.0**
–	–	**–**	–	–	**–**	–	–	**–**	50.0	**50.0**
–	–	**–**	–	–	**–**	–	–	**–**	68.4	**68.4**
1.8	4.1	**5.9**	197.4	11.3	**208.7**	–	4.6	**4.6**	299.0	**1 032.3**
1.8	**4.1**	**5.9**	**197.4**	**11.3**	**208.7**	**–**	**4.6**	**4.6**	**417.4**	**1 150.7**
100.9	**163.6**	**264.5**	**417.5**	**146.8**	**564.4**	**167.6**	**125.2**	**292.8**	**1 679.6**	**4 659.7**

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