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#### **DRAFT PROPOSED WHO PROGRAMME BUDGET 2016-2017**

1. The World Health Organization (WHO) draft Proposed Program Budget 2016-2017 is presented to Member States of the Americas for their input and comments on technical content and budgetary allocations. This program budget has been developed in the broader context of the WHO reform, including clear programmatic priority setting, increased accountability, continued budget discipline and clear roles and functions across the three levels of the Organization. This approach is in line with the request from Member States to the Director General to prepare the Program Budget 2016-2017 using a robust bottom-up planning process and a realistic costing of outputs, with clear roles and responsibilities across the three levels of the Organization.
  2. The draft Proposed Program Budget 2016-2017 emphasizes the work towards the achievement of outcomes and impact targets agreed in the Twelfth General Program of Work 2014-2019. The results chain has been updated to show the links of the activities implemented and outputs delivered by the Secretariat with the outcomes and impacts that measure health development changes. This draft Program Budget 2016-2017 was built on the gains to date ensuring continuity of ongoing work and taking into account the challenges of the health situations.
  3. The draft Proposed Program Budget also focuses on technical cooperation, with clear roles and responsibilities across the levels of the Organization and better alignment with grass root priorities as outlined in country cooperation strategies. The bottom-up approach to identification of needs focuses on the work at country level and alignment of Headquarters and Regional Office work with the country priorities through the category and program area networks. The programmatic section reflects the work and efforts of the Organization-wide Program Area Networks (PANs) and the Category Networks (CNs), with representation from all regions and many WHO Country Office Representatives. Several refinements to deliverables, outputs, outcomes and indicators were proposed by the PANs, endorsed by the CNs, and ultimately approved by the Global Policy Group, which includes the Regional Director for the Region of the Americas.
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4. Important changes in program emphasis include: *a)* further strengthening institutional, international and country capacities for emergency preparedness, surveillance and response; *b)* continued focus on strengthening regulatory capacity and health systems information and evidence; *c)* increased efforts to ensure all obligations under the International Health Regulations (2005) are met; *d)* continued increases in investment in reproductive, maternal, newborn, child and adolescent health to address the unfinished agenda of the Millennium Development Goals in relation to preventable maternal newborn and child mortality; *e)* stepped-up implementation of the comprehensive global action plan for non-communicable diseases; and *f)* ensuring that global action is taken to address the threat of antimicrobial resistance.

5. The figures in the budget section represent an initial assumption of a stable budget envelope for WHO base programs and for each major office (see Table 2 in the Annex), and show a slight drop in funding for emergencies, based on an early estimate of the requirement for polio. Within a stable overall budget, there are proposed shifts among program areas, such as an increase in the resource requirements for emergency preparedness, surveillance and response capacities and strengthening health systems regulatory capacity and information and evidence. The Budget also has significant relative increases for ageing and health, as well as mainstreaming issues related to gender, equity, human rights and social determinants of health. High investments in non-communicable diseases remain constant, with increases in mental health, substance abuse, violence, injuries, disabilities and rehabilitation.

6. The above increases are matched by reductions in the programs for HIV/AIDS, tuberculosis, and vaccine preventable diseases. This decrease will be mitigated through a more strategic approach to maximize the existing capacity of Member States and partners in countries where such capacity is available. The Organization will focus on upstream policy and technical work.

7. The proposed budget allocations to the Americas for 2016-2017 in millions of US dollars are shown in the table below by category. Budget figures for AMRO remained unchanged for base programs (US\$ 164.9 millions),<sup>1</sup> while there is a reduction of \$2.3 million in emergencies for polio eradication and outbreak and crisis response.

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

**Proposed Budget Allocations to the Americas for 2016-2017**  
(in millions of US\$)

<b>Category</b>	<b>Approved Budget 2014-2015</b>	<b>Proposed Budget 2016-2017</b>	<b>Variation</b>
01 Communicable Diseases	19.5	19.5	00.0
02 Noncommunicable Diseases	21.7	21.7	00.0
03 Determinants of Health and Promoting Health throughout the Life Course	32.2	32.2	00.0
04 Health Systems	30.7	30.7	00.0
05 Preparedness, Surveillance and Response	16.2	16.2	00.0
06 Corporate Services/Enabling Functions	44.6	44.6	00.0
<b>Total-Base Programs</b>	<b>164.9</b>	<b>164.9</b>	<b>00.0</b>
<i><b>Emergencies</b></i>			
Polio eradication	3.5	1.2	(2.3)
Outbreak and crisis response	7.6	7.6	0.0
<b>Total</b>	<b>176.0</b>	<b>173.7</b>	<b>(2.3)</b>

8. The AMRO share of the overall WHO Program Budget for base programs in 2016-2017 is 5.4%, unchanged from Program Budget 2014-2015. When non-base programs are included—i.e. Polio and Outbreak and Crisis Response—the AMRO share of the total budget is 4.2%. The initial assumption of a stable budget envelope for each major office is subject to further discussion on the strategic budget space allocation mechanism at the WHO Executive Board in January 2015.

**Action by the Directing Council**

9. The Directing Council is invited to provide comments and input to the WHO draft Proposed Program Budget 2016-2017. Inputs from the WHO Region of the Americas will be incorporated into the proposed program budget to be presented to the Executive Board in January 2015 before the final submission to the World Health Assembly in May 2015 for approval.

Annex



**DRAFT PROPOSED PROGRAMME BUDGET 2016–2017**

***Regional Committee Version***



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## INTRODUCTION

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1. This draft of the Proposed programme budget 2016–2017 is presented for consideration by the regional committees in order to allow programmatic and budget review and discussion of the priorities, results and deliverables proposed for the work of the Organization in the biennium 2016–2017. Specific input and guidance from Member States, particularly in relation to the programmatic emphases and budgetary allocations, will inform the further development of the Programme budget 2016–2017, which will then be presented for review by the Executive Board at its 136th session in January 2015. In May 2015, the final draft of the Programme budget 2016–2017 will be presented to the Sixty-eighth World Health Assembly for approval.
2. The draft Proposed programme budget 2016–2017 has been developed in the broader context of WHO reform, whose aims include clear programmatic priority-setting, increased accountability, continued budget discipline and clearer roles and functions across all levels of the Organization.
3. The starting point for the development of the Programme budget 2016–2017 is the Twelfth General Programme of Work, 2014–2019, which sets the overall strategic direction and results chain for the Organization including the leadership priorities, impacts, outcomes, categories of work and programme areas.
4. The draft Proposed programme budget 2016–2017 stems from, and builds on, the approved Programme budget 2014–2015. The results chain that links the work of the Secretariat (inputs, activities and outputs) to the health and development changes to which it contributes (outcomes and impact) has been updated to reflect the situation and priorities for the biennium 2016–2017. In response to Member States' requests for more robust bottom-up planning, consultations have been conducted with countries to identify a focused number of priorities for technical cooperation within each country context.
5. The bottom-up, country-level priorities have been aligned with regional and global commitments and consolidated into proposed outputs for each programme area. The review and consolidation process was conducted through category and programme area networks, bringing together all levels of the Organization in order to agree the strategic and technical direction for each programme. The review examined the work that needs to be done, as well as considering which level of the Organization is best placed to deliver the work in line with the overarching roles and functions of the three levels of the Organization.
6. This process has enabled the contribution of each level of the Organization towards the proposed outputs to be agreed and to be reflected in the deliverables. The anticipated requirements for staffing and activities to deliver each output have been costed and consolidated for each programme area and major office. Although the overall budget remains stable at around US\$ 4000 million, the bottom-up planning process and further refinement of the roles and functions of the three levels of the Organization have led to some changes in emphasis and approach.
7. In addition, further work is ongoing in order to reflect adequately the programmatic and budgetary implications of recent Health Assembly resolutions – in particular those concerning regulatory system strengthening for medical products, hepatitis and antimicrobial resistance<sup>1</sup> – as the additional activities concerned have not yet been fully programmed across all levels of the Organization.

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<sup>1</sup> Resolutions WHA67.6, WHA67.20 and WHA67.25, respectively.

8. Furthermore, work continues at country level to further refine the priorities for bottom-up planning and ensure their alignment with the global outcome and impact targets. This will result in an updated set of output indicator baselines and targets for the next draft of the programme budget. In addition, cross-cutting work, involving areas such as (i) antimicrobial resistance and (ii) gender, equity and human rights, will be further elaborated through detailed planning across categories of work and programme areas.

9. Taking into account the overall budget guidance, budget estimates will be further developed based on detailed estimates of resources required for staffing and activities at each level of the Organization in order to deliver the agreed outputs. The resulting budget figures may be validated against the revised strategic budget space allocation mechanism, subject to consideration by the Executive Board at its 136th session in January 2015.

### **CHANGES IN PROGRAMME EMPHASIS**

10. The Programme budget 2016–2017 will be the second of the three biennial budgets to be formulated within the Twelfth General Programme of Work, 2014–2019. Although the overall direction of work continues to be guided by the leadership priorities defined in the Twelfth General Programme of Work, special emphasis has been given to the further strengthening of the institutional, international and country capacities for emergency preparedness, surveillance and response, as well as the continued focus on strengthening regulatory capacity and health systems information and evidence. In particular, increased efforts will be made to ensure that all obligations under the International Health Regulations (2005) are met and that global action is taken to deal with the threat of antimicrobial resistance.

11. The biennium 2016–2017 will also see the continuation of activities to honour the commitments made under the Global Polio Eradication Initiative and the polio eradication and endgame strategic plan 2013–2018, including support for the detection and interruption of wild poliovirus transmission, strengthening of routine immunization systems, introduction of inactivated poliovirus vaccine and withdrawal of oral poliovirus vaccine, certification of eradication and containment of residual live polioviruses and polio legacy planning and implementation.

12. The Organization will continue to increase investment in reproductive, maternal, newborn, child and adolescent health, focusing on the unfinished agenda of the Millennium Development Goals in relation to ending preventable maternal, newborn and child deaths. The Organization will increase investment in ageing and health and in the mainstreaming of gender, equity, human rights and social determinants of health throughout all programmes.

13. Building on the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19 and 20 September 2011), the biennium 2014–2015 was witness to a rapid scaling up of activities to develop a comprehensive global action plan and monitoring framework. The focus for the biennium 2016–2017 will be to maintain that investment and to intensify implementation through regional action plans in line with the overall strategies, goals and targets. The biennium 2016–2017 will also see a continued increase in activities in the areas of mental health, substance abuse, violence, injuries, disabilities and rehabilitation.

14. Although increased resources are required in some areas, other areas such as HIV/AIDS, tuberculosis and vaccine preventable diseases will see a scaling down of activities as capacity at the country level increases. This decrease will be mitigated through a more strategic approach that maximizes the existing capacity of Member States and partners in countries where such capacity is



available, with the Organization focusing on upstream policy and technical work. This is especially the case in countries receiving significant investments from the global health initiatives (such as the GAVI Alliance and Global Fund to Fight AIDS, Tuberculosis and Malaria) and in countries where synergies with the polio programme can be leveraged to help deliver routine immunization.

15. Resources required for corporate services and enabling functions remain stable. However, additional investments will be required for the following: internal controls and compliance; global management system transformation; implementation of human resource strategy; and evaluation and audit capacity strengthening. Further work on strengthening administration and management is ongoing in accordance with the suggested approach set out in document EB134/11, including proposals for the management of real estate and security funds.

## BUDGET OVERVIEW

16. The draft Proposed programme budget 2016–2017 is structured according to the categories of work and programme areas outlined in the Twelfth General Programme of Work, 2014–2019. The budgets presented are a result of the bottom-up planning process and reflect the estimated resources required to deliver the prioritized outputs and deliverables across the three levels of the Organization.

17. In line with the aim of maintaining a stable budget over the period covering the Twelfth General Programme of Work, the draft Proposed programme budget 2016–2017 is budgeted at US\$ 4171.3 million. Tables 1 and 2 provide a breakdown of the proposed programme budget by category/programme area and by major office, respectively.

18. As was the case for Programme budget 2014–2015, hosted partnerships (for example, the Stop TB Partnership and the Roll Back Malaria Partnership), special time-bound/multistakeholder projects (such as the Commission on Information and Accountability for Women’s and Children’s Health and the Pandemic Influenza Preparedness (PIP) framework) are not included in the budget presentation. This is also the case for special “pass-through” funding arrangements at the country level – for example, those for national projects sponsored by the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria – under which the funds received by WHO are not implemented directly by the Organization.

19. As in the Programme budget 2014–2015, polio eradication and outbreak and crisis response, although related to Category 5 (Preparedness, surveillance and response) are treated differently from a budget perspective under an emergencies component in order to allow more flexibility in managing their budgets. The estimated budget requirements for polio are based on the biennium 2016–2017 resource requirements outlined in the *Polio eradication and endgame strategic plan 2013–2018*.<sup>1</sup> For outbreak and crisis response, the estimates are based on operational planning levels for the biennium 2014–2015; however, these will be updated for the version of the draft Proposed programme budget 2016–2017 that will be submitted to the Executive Board in January 2015.

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<sup>1</sup> World Health Organization, Rotary International, United States Centers for Disease Control and Prevention, United Nations Children’s Fund. Polio eradication & endgame strategic plan 2013–2018. Geneva: World Health Organization; 2013 (document WHO/POLIO/13.02; [http://www.polioeradication.org/Portals/0/Document/Resources/StrategyWork/PEESP\\_EN\\_A4.pdf](http://www.polioeradication.org/Portals/0/Document/Resources/StrategyWork/PEESP_EN_A4.pdf), accessed 22 July 2014).

## DRAFT PROPOSED PROGRAMME BUDGET 2016–2017

Table 1. Draft Proposed programme budget 2016–2017 by category (US\$ million)

Category/programme	Implementation of Programme budget 2012–2013	Approved Programme budget 2014–2015*	Draft Proposed programme budget 2016–2017	Percentage change in draft Proposed programme budget 2016–2017 against approved Programme budget 2014–2015
<b>1. Communicable diseases</b>				
HIV/AIDS	127.1	131.5	126.0	-4
Tuberculosis	115.1	130.9	117.2	-10
Malaria	91.1	91.6	97.5	6
Neglected tropical diseases	80.0	91.3	101.2	11
* <i>Tropical disease research</i>	42.8	48.7	48.7	0
Vaccine-preventable diseases	337.6	346.8	274.3	-21
<b>Subtotal</b>	<b>793.7</b>	<b>840.8</b>	<b>764.9</b>	<b>-9</b>
<b>2. Noncommunicable diseases</b>				
Noncommunicable diseases	142.3	192.1	196.4	2
Mental health and substance abuse	25.7	39.2	43.4	11
Violence and injuries	24.1	31.1	37.4	20
Disabilities and rehabilitation	8.1	15.5	17.4	12
Nutrition	34.3	40.0	40.7	2
<b>Subtotal</b>	<b>234.6</b>	<b>317.9</b>	<b>335.3</b>	<b>5</b>
<b>3. Promoting health through the life-course</b>				
Reproductive, maternal, newborn, child and adolescent health	190.1	189.9	199.0	5
* <i>Research in human reproduction</i>	46.1	42.9	42.9	0
Ageing and health	6.0	9.5	13.2	39
Gender, equity and human rights mainstreaming	10.0	13.9	16.5	19
Social determinants of health	27.7	30.3	34.1	13
Health and the environment	85.4	102.0	98.7	-3
<b>Subtotal</b>	<b>365.3</b>	<b>388.5</b>	<b>404.4</b>	<b>4</b>
<b>4. Health systems</b>				
National health policies, strategies and plans	126.6	125.7	127.5	1
Integrated people-centred health services	115.1	151.5	155.1	2
Access to medicines and health technologies and strengthening regulatory capacity	166.0	145.5	155.8	7
Health systems, information and evidence	97.8	108.4	118.4	9
<b>Subtotal</b>	<b>505.5</b>	<b>531.1</b>	<b>556.8</b>	<b>5</b>
<b>5. Preparedness, surveillance and response</b>				
Alert and response capacities	83.0	100.0	111.7	12
Epidemic-prone and pandemic-prone diseases	66.3	80.1	82.1	2
Emergency risk and crisis management	72.7	97.3	97.7	0
Food safety	28.5	32.5	32.8	1
<b>Subtotal</b>	<b>250.5</b>	<b>310.0</b>	<b>324.3</b>	<b>5</b>
<b>6. Corporate services/enabling functions</b>				
Leadership and governance	192.3	227.7	228.0	0
Transparency, accountability and risk management	14.6	50.4	50.6	0
Strategic planning, resource coordination and reporting	30.7	34.5	34.7	1
Management and administration	323.0	334.3	333.9	0
Strategic communications	29.8	37.1	39.4	6
<b>Subtotal</b>	<b>590.4</b>	<b>684.0</b>	<b>686.6</b>	<b>0</b>
<b>Total base</b>	<b>2 740.0</b>	<b>3 072.3</b>	<b>3 072.3</b>	<b>0</b>
<b>Emergencies</b>				
Polio	815.8	965.9	**894.5	7
Outbreak and crisis response	295.4	223.0	204.5	8
<b>Subtotal</b>	<b>1 111.2</b>	<b>1 188.9</b>	<b>1 099.0</b>	<b>8</b>
<b>Total</b>	<b>3 851.2</b>	<b>4 261.2</b>	<b>4 171.3</b>	<b>2</b>

\* Approved Programme budget 2014–2015 as at May 2014.

\*\* This is the initial estimate from the Global Polio Eradication Initiative for 2016–2017 for further review.

## DRAFT PROPOSED PROGRAMME BUDGET 2016–2017

20. Table 1 shows the areas for strategic prioritization in relation to the approved Programme budget 2014–2015 as at May 2014. The proposed shifts are a result of the bottom-up planning and prioritization process and are a continuation of the directions established for the Programme budget 2014–2015. The Programme budget 2014–2015 takes into account the shifts that had been made in 2014 that were within the authority given by the World Health Assembly to the Director-General (resolution WHA66.2). These include US\$ 14.6 million for the WHO country office in South Sudan that has moved from the Eastern Mediterranean Region to the African Region, US\$ 23 million total increases for the European Region (US\$ 2 million) and the Eastern Mediterranean Region (US\$ 21 million) for managing protracted crises under the emergency risk and crisis management programme area that was taken from the outbreak and crisis response budget. The increase in the polio budget that was made in 2014 is based on the agreed Polio Eradication and Endgame Strategic Plan 2013–2018.

21. Overall, there is an increase in the resource requirements for work on the following: emergency preparedness, surveillance and response capacities; strengthening health systems' regulatory capacity; and information and evidence. There are also significant relative increases for the following programme areas: ageing and health; gender, equity and human rights mainstreaming; and social determinants of health. Investment in work to tackle noncommunicable diseases remains constant, although there are increases for work on mental health, substance abuse, violence, injuries, disabilities and rehabilitation.

22. In order to maintain a stable budget envelope, these increases are matched by budget decreases in the programme areas of HIV/AIDS, tuberculosis and vaccine-preventable diseases, where a more strategic approach to maximizing country and partner capacity will allow objectives to be achieved with reduced resources.

**Table 2. Draft Proposed programme budget 2016–2017 by major office (US\$ million)**

Major office	Implementation of Programme budget 2012–2013	Approved Programme budget 2014–2015*	Draft Proposed programme budget 2016–2017	Percentage change between approved Programme budget 2014–2015 and draft Proposed programme budget 2016–2017
Africa	610.3	687.1	687.1	0
The Americas	120.8	164.9	164.9	0
South-East Asia	231.0	265.2	265.2	0
Europe	198.1	218.0	218.0	0
Eastern Mediterranean	266.8	275.1	275.1	0
Western Pacific	246.2	263.1	263.1	0
Headquarters	1 066.8	1 198.9	1 198.9	0
<b>Subtotal base</b>	<b>2 740.0</b>	<b>3 072.3</b>	<b>3 072.3</b>	<b>0</b>
<b>Emergencies</b>				
Polio	815.8	965.9	**894.5	-7
Outbreak and crisis response	295.4	223.0	204.5	-8
<b>Subtotal emergencies</b>	<b>1 111.2</b>	<b>1 188.9</b>	<b>1 099.0</b>	<b>-8</b>
<b>Total</b>	<b>3 851.2</b>	<b>4 261.2</b>	<b>4 171.3</b>	<b>-2</b>

\* Approved Programme budget 2014–2015 as at May 2014.

\*\* This is the initial estimate from the Global Polio Eradication Initiative for 2016–2017 for further review.

23. Table 2 shows the breakdown of budgets across the major offices. The planning and prioritization process was based on the initial assumption of a stable overall budget envelope for each major office, subject to further discussion on the mechanism for strategic budget space allocation by the Executive Board at its 136th session in January 2015.

**Table 3. Proposed change in budget distribution between regional and country offices**

WHO regions	Base budget for approved Programme budget 2014–2015		Base budget in the draft Proposed programme budget 2016–2017	
	Country offices as a percentage of total for the Region	Regional Office as a percentage of the total for the Region	Country offices as a percentage of total for the Region	Regional Office as a percentage of the total for the Region
Africa	64	36	69	31
The Americas	65	35	65	35
South-East Asia	66	34	66	34
Europe	26	74	41	59
Eastern Mediterranean	67	33	69	31
Western Pacific	60	40	62	38
<b>Total</b>	<b>60</b>	<b>40</b>	<b>64</b>	<b>36</b>

24. Table 3 shows that in line with the increased focus of the Organization's work with, and in, countries there has been an overall increase in the base budget allocated for country-level activities. This includes an increase of US\$ 87 million (7.8%) in the base budget at the country office level to further strengthen performance and technical cooperation.

## MONITORING AND EVALUATION

25. Monitoring and performance assessment for the Programme budget 2016–2017 will further build on the assessment framework developed for the Programme budget 2014–2015. This framework includes the compendium of impact, outcome and output indicators, which details the definitions, measurement criteria and validation mechanisms for the performance assessment indicators.

26. The baselines and targets of performance assessment indicators for impacts and outcomes cover, where feasible, the full six-year period of the Twelfth General Programme of Work, 2014–2019. Performance monitoring at this level measures the achievement of the overarching goals of the Organization and is the joint responsibility of the Member States, the Secretariat and partners.

27. Performance assessment indicators for outputs measure the direct accountability of the Secretariat to deliver results. The output indicators are being reviewed to reflect the priorities of the bottom-up planning process across the three levels of the Organization. In May 2015, the finalized baselines and targets for output indicators will be presented to the Sixty-eighth World Health Assembly in the Proposed programme budget 2016–2017, when more information will be available regarding the actual achievements of the biennium 2014–2015 and the target countries for the biennium 2016–2017.

## CATEGORY 1. COMMUNICABLE DISEASES

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### **Reducing the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases.**

This category specifically covers HIV/AIDS, hepatitis, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases.

The biennium 2016–2017 marks the transition to the post-2015 Millennium Development Goals era. While much has been achieved, the challenges of HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases are not over and the unfinished agenda risks leaving millions behind.

There continues to be an enormous payoff from investing in cost-effective public health interventions in these programme areas (such as HIV prevention, the scale up of efforts to overcome the impact of neglected tropical diseases, and immunization against vaccine-preventable diseases). These packages continue to have a high potential to avert deaths and reduce disability, especially among the world's most vulnerable populations in low-income and middle-income countries, and enable one billion people to fully share these health gains.

The international community should continue to build on the achievements of the past two decades, which have seen unprecedented progress. Ending and preventing epidemics can serve as a powerful catalyst in ending diseases of poverty, ensuring the human right to health of the most vulnerable populations and massively reducing the global inequities inherent in global health in the post-2015 era.

Amidst growing complexity, interdependence, a shifting landscape in development and rapid innovation, Category 1 programmes will aim their efforts on guiding and supporting countries to:

- develop, implement and monitor the post-2015 development agenda and other global commitments, national strategies and targets for HIV/AIDS, hepatitis, tuberculosis, malaria and neglected tropical diseases, leveraging opportunities offered by universal health coverage and social protection schemes for more effective prevention and care;
- develop and implement national immunization plans, strengthening national capacity for monitoring immunization programmes and ensuring access to the vaccines and supplies to meet the needs of all Member States as part of the Decade of Vaccines;
- scale up access to essential medicines and vaccines to benefit both low- and middle-income countries;
- better serve the most fragile populations left behind by current public health efforts and create stronger links to more inclusive and sustainable interventions; and
- leverage innovation and ensure that investments in those programmes are used to their maximal effect and contribute to accelerating economic development and nurturing partnerships.

### **HIV/AIDS**

Significant progress has been made on achieving the key targets set by the United Nations in the Millennium Development Goals and in the 2011 Political Declaration on HIV and AIDS. New HIV infections and deaths from AIDS have peaked and have begun to decline in the past few years. The target of reaching 15 million people with life-saving antiretroviral therapy is also estimated to be reached by the end of 2015. Although some other targets have still not been reached, progress is steady and significant.

The biennium 2016–2017 marks the end date of the Millennium Development Goals and the targets set in the 2011 Political Declaration on HIV and AIDS. As we transition to a new post-2015 era, we must build on the achievements of the past while rising to the challenge of achieving bolder goals and targets for the future. While much has been achieved, much remains to be done if we are to finally overcome the HIV pandemic. HIV prevalence is still increasing due to continued high rates of new infections and decreased mortality resulting

from improved access to antiretroviral therapy. New WHO guidance that recommends earlier initiation of antiretroviral therapy for people living with HIV has greatly increased the number of people estimated to be eligible for treatment. Key populations, such as men who have sex with men, sex workers, transgender people and people who inject drugs, remain hidden and hard to reach. Nearly half of those people living with HIV are still unaware of their health situation. Children remain largely excluded from HIV treatment, and transmission of HIV from mothers to their children has still not been eliminated.

During 2016–2017, WHO will develop and focus its efforts on supporting countries to implement and monitor the global health sector strategy on HIV/AIDS, 2016–2021, and strengthening capacity for HIV policy and programme implementation. Priorities will be: strategic use of antiretroviral therapy for HIV treatment and prevention; eliminating HIV in children and expanding access to paediatric treatment; an improved health sector response to HIV among key populations; further innovation in HIV prevention, diagnosis, treatment and care; strategic information for effective scale-up; and creating stronger links between HIV and related health outcomes such as noncommunicable diseases, maternal and child health, chronic care and health systems.

Hepatitis will also be addressed under the HIV/AIDS area of work. Globally, viral hepatitis is responsible for an estimated 1.4 million deaths each year, mainly as a result of chronic hepatitis B and chronic hepatitis C infection. Effective vaccines exist for preventing hepatitis A, hepatitis B and hepatitis E infection and recent developments in treatment for chronic hepatitis, including a cure for chronic hepatitis C infection, provide considerable opportunities for a major impact on the public health burden of viral hepatitis. During 2016–2017, WHO will concentrate on supporting countries in adopting and implementing the global hepatitis strategy, as well as in developing national hepatitis strategies and action plans that will enable countries to integrate hepatitis into existing health care systems. In addition to providing technical support to countries to develop robust national viral hepatitis programmes, WHO will develop normative and technical guidance; conduct modelling work to estimate the impact of hepatitis infections; create a monitoring and reporting system to assess progress in scaling up hepatitis prevention and treatment; and promote equitable access to hepatitis prevention, diagnosis, care and treatment.

## **Tuberculosis**

Global efforts to diagnose, treat and prevent tuberculosis have produced significant results. The Millennium Development Goal target of reversing the incidence rate of tuberculosis has been achieved, and the burden of tuberculosis has been declining in all WHO regions, but still too slowly. The tuberculosis mortality rate has decreased by 45% in the period 1990–2012 and tuberculosis mortality is on track to achieve a 50% reduction in all regions apart from the European and African regions. Following a WHO-recommended strategy, it is estimated that more than 70 million people will have been successfully treated during the period 1995–2015. New diagnostic tools and novel tuberculosis medicines were introduced in the past two biennia. There were also increased efforts to reduce the gap in tuberculosis case-finding, in responding to HIV/tuberculosis coinfection and the multidrug-resistant tuberculosis crisis, especially in countries facing a high burden of disease. There was a rise in attention to the social determinants of tuberculosis, associated economic hardship and human rights concerns and the complex dynamics associated with tuberculosis comorbidities, including those related to nutrition and noncommunicable diseases, in addition to HIV. In 2014, the Sixty-seventh World Health Assembly adopted a new global tuberculosis strategy aiming to end the global tuberculosis epidemic by 2035, with an associated decline in tuberculosis deaths by 95% and in tuberculosis incidence by 90%, and elimination of associated catastrophic costs for affected households. In addition, a framework adapting the global strategy to low tuberculosis-incidence settings has been developed, with a pre-elimination target for 2035 and elimination targeted for 2050.

During 2016–2017, Member States will begin to adopt and adapt the global strategy and targets for tuberculosis prevention, care and control after 2015. Substantial challenges exist in pursuing this aim. Government stewardship and accountability for overseeing design, implementation and monitoring of national strategies needs to be strengthened with associated mobilization to fill significant resource gaps. Capacity needs to be strengthened to pursue epidemiological assessments, including identification of the most vulnerable populations and their engagement in designing a response. Basic service quality and capacity should be extended to enable early diagnosis, including drug sensitivity evaluation for all patients tested and

access to patient-centred treatment, care and prevention. Locally appropriate platforms are needed for effective integration of services, cross-programmatic collaboration and multisectoral engagement to enact the required bold policies and systems envisioned in the new strategy and in national tuberculosis research planning. The opportunities offered by universal health coverage and social protection schemes should be exploited for more effective tuberculosis prevention and care.

In the biennium 2016–2017, the Secretariat will support Member States in adapting and implementing the post-2015 global strategy. New guidance and tools will be developed for monitoring and conducting an impact analysis for the new targets for 2035. WHO's work at all levels with partners, based on new rapid diagnostics, effective multidrug-resistant tuberculosis treatments and preventive therapy, and work related to social determinants of tuberculosis, will provide intensive support in implementing the post-2015 global strategy in countries, working towards the 2020 milestones.

## **Malaria**

There were an estimated 207 million cases of malaria worldwide in 2012 (uncertainty range: 135–287 million), leading to 627 000 malaria deaths (uncertainty range: 473 000–789 000). Most of those cases (80%) and deaths (90%) were in the African Region. Since 2000, the global disease burden has been substantially reduced, and if current trends continue, global case incidence is projected to decrease by 36% by 2015, while mortality rates are expected to decline by 52%. This progress has been made possible by an increase in international disbursements from less than US\$ 100 million in 2000 to an estimated US\$ 1.97 billion in 2013. However, international funding for malaria has still remained significantly below the levels required to meet the World Health Assembly resolution WHA58.2 goal of reducing malaria cases and deaths by 75% by 2015. The risk of epidemics and resurgences due to inadequate financial resources, as well as growing drug and insecticide resistance, remains a serious concern and will require increased commitments from domestic resources and sustained investments from donors. The strengthening of surveillance systems is a priority to ensure the effectiveness of limited resources and to evaluate the progress and impact of control measures.

In the biennium 2016–2017, the Secretariat will support countries in which malaria is endemic by continuing to support capacity-building for malaria prevention, control and elimination while prioritizing the need to strengthen surveillance and to address the threat of drug and insecticide resistance. A new global technical strategy for malaria control and elimination for the period 2016–2025 will be launched in 2015 to guide countries and implementing partners in sustaining the successes of the past decade while accelerating efforts for elimination. The Secretariat will continue to provide updated, evidence-based policy recommendations through the Malaria Policy Advisory Committee framework and technical programme guidance on vector control, diagnostic testing, treatment, surveillance and elimination.

## **Neglected tropical diseases**

One billion people are infected with one or more neglected tropical diseases, with two billion at risk in tropical and subtropical countries/areas. Those most affected are the poorest, often living in remote rural areas, urban slums or in conflict zones. Neglected tropical diseases are a major cause of disability and loss of productivity among some of the world's most disadvantaged people. Although the impact of neglected tropical diseases is felt more strongly in some regions than others, and their contribution to overall mortality rates is not as high as that of other diseases, reducing their health and economic impact is a global priority. This is because new and more effective interventions are available, because reduction in their health and economic impact can help to accelerate economic development, and because the Secretariat is particularly well-placed to convene and nurture partnerships between governments, health-service providers and pharmaceutical manufacturers.

The 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 the 17 specific diseases. Partnerships with manufacturers are important in securing access to high-quality medicines. Sustaining the current momentum for tackling these diseases requires not only commodities and financing but also political support.

In the biennium 2016–2017, in the area of global eradication of guinea-worm disease and on achievement of the target of interruption of transmission of guinea-worm disease by the end of 2015, all countries will report zero cases. WHO will support countries in which dracunculiasis was formerly endemic in implementing nationwide surveillance for a mandatory three-year period, and on satisfactory completion will certify those countries as free of dracunculiasis. WHO will support the intensification of activities to eliminate blinding trachoma, leprosy, human African trypanosomiasis and lymphatic filariasis in line with the global elimination targets of neglected tropical diseases by 2020. 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 dengue prevention and control, development of new vector control tools and integrated vector management. Additionally, strengthening national capacity for disease surveillance and certification/verification of the elimination of selected neglected tropical diseases will remain central to the Secretariat's support to countries.

The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases focuses on two key priorities in the context of its 2012–2017 strategy: strengthening local research capacity, and implementation research that addresses country needs. Ensuring that countries play a leading role in establishing research priorities is essential, as the Special Programme will continue to focus on least developed countries and vulnerable populations in order to ensure sustainable research capability. Evidence from intervention and implementation research will be used to inform policy decision-making and public health practice. The Special Programme will closely monitor the emerging landscape of health research and, where appropriate, will play a proactive role in maintaining relevance to countries.

### **Vaccine-preventable diseases**

Some 2.5 million children under the age of five years die from vaccine-preventable diseases each year, or more than 6800 child deaths every day. Immunization is one of the most successful and cost-effective public health interventions. Globally, more children than ever before are being immunized. The protection afforded by vaccines is estimated to avert more than two million future deaths annually. The priority given to current and future vaccine-preventable diseases is reflected in the international attention to this subject as part of the Decade of Vaccines and WHO's associated global vaccine action plan.

Several new vaccines are becoming available and routine immunization is being extended, from the focus on infants and pregnant women as the sole target groups, to the inclusion of adolescents and adults. The introduction of new vaccines is increasingly being done in coordination with other programmes as part of a package of interventions to control disease, especially pneumonia, diarrhoea and cervical cancer. However, up to one fifth of children born each year are not receiving the full complement of infant vaccines. By scaling up the use of existing vaccines and the introduction of more recently licensed vaccines, nearly one million additional deaths could be averted each year. The development and licensing of additional vaccines promise to further enhance the potential of immunization to avert death, disability and disease.

In the biennium 2016–2017, the focus will be on implementing and monitoring the global vaccine action plan. The Secretariat will support the development and implementation of national immunization plans, 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 to meet the goals of measles and neonatal tetanus elimination, and control of rubella and hepatitis B.

### **Linkages with other programmes and partners**

Efforts and deliverables related to work on the prevention and control of communicable diseases carry wider benefits for health and development. For example, work related to scaling up of quality-assured rapid diagnostic tests through mechanisms such as integrated community case management of malaria provide an entry point for improving the management of all causes of fever, not just malaria. 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 disease. There are also linkages to the work on the core requirements of the International Health Regulations (2005) for strengthening public laboratories and for foodborne diseases. Strengthening tuberculosis laboratory services should link with overall improvements in laboratory services, facilitated by common diagnostic platforms (such as molecular testing for tuberculosis and HIV), integrated skills development (such as multi-skilled laboratory personnel), and common supply chain mechanisms (such as specimen referral and commodity procurement). Health systems based on primary care that support universal health coverage are important in preventing and controlling the major communicable diseases. Achieving the goals for communicable diseases depends on well-functioning health systems, harmonized work on antimicrobial resistance and tackling the social determinants of health.

Moreover, communicable disease work streams entail joint efforts, complementarity and support to relevant organizations in the United Nations system and key partnerships. These include UNAIDS, UNICEF, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Drug Purchase Facility (UNITAID), the Foundation for Innovative New Diagnostics, the United States of America's President's Emergency Plan for AIDS Relief, the Stop TB Partnership, the Roll Back Malaria Partnership, the GAVI Alliance, the Measles and Rubella Initiative, the Medicines for Malaria Venture, the African Programme for Onchocerciasis Control, and the Global Alliance for the Elimination of Lymphatic Filariasis, as well as bilateral agencies and major foundations.

## HIV/AIDS

### Outcome 1.1. Increased access to key interventions for people living with HIV

Outcome indicators	Baseline	Target
Number of new paediatric HIV infections (ages 0–5 years)	330 000 (2011)	<43 000 (2015)
Number of people living with HIV on antiretroviral treatment	8 million (2011)	15 million (2015)
Percentage of HIV+ pregnant women provided with antiretroviral treatment (ARV prophylaxis or ART) to reduce mother-to-child transmission during pregnancy and delivery	57% (2011)	90% (2015)
Cumulative number of voluntary medical male circumcisions (VMMC) performed in 14 priority countries	1.4 million (2011)	20.8 million (2016)

#### Output 1.1.1. Countries supported to increase coverage of 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 that have developed and are implementing national HIV/AIDS strategies in line with the global health sector strategy on HIV/AIDS	To be finalized for the World Health Assembly version	

#### Country office deliverables

- Facilitate updating of national strategies, guidelines and tools in line with global and regional consolidated guidance for HIV prevention, care and treatment
- Strengthen the country's capacity to generate and systematically use strategic information through national information systems and routine programme monitoring, in line with global norms and standards
- Strengthen the country's capacity to provide key HIV interventions through training, mentorship and supervision using adapted manuals, tools and curricula

- Support countries in mapping national HIV technical assistance needs and facilitate provision of adequate, high-quality technical assistance for programme management, governance, implementation and domestic and foreign resource mobilization

#### ***Regional office deliverables***

- Facilitate the development and implementation of regional HIV/AIDS strategies and action plans aligned with the global health sector strategy on HIV/AIDS, 2016–2021
- Track progress in implementation of regional strategies in regular reviews and reports
- Support the dissemination, adaptation and implementation of global guidelines for HIV prevention, diagnosis, care and treatment
- Develop and promote regional policies, practices and integrated service delivery approaches to promote equitable access to HIV prevention, diagnosis, care and treatment, including prevention of mother-to-child transmission with the goal of elimination of mother-to-child transmission
- Establish regional expert networks of quality assured technical assistance providers to support countries in implementing WHO guidelines

#### ***Headquarters deliverables***

- Provide global leadership and coordination of WHO's HIV programme for implementation of the global health sector strategy on HIV/AIDS, 2016–2021
- Provide normative guidance, policy options and technical support for the effective prevention of HIV transmission and equitable inclusion of key populations in the HIV response
- Provide normative guidance, policy options and technical support for reducing mortality and incidence through the treatment and care of people living with HIV
- Provide normative guidance and technical support on strategic information and planning
- Monitor and report on the progress of the health sector response to HIV
- Guide 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

#### **Output 1.1.2. Countries supported to increase coverage of key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of focus countries with comprehensive action plans for viral hepatitis prevention and control	To be finalized for the World Health Assembly version	

#### ***Country office deliverables***

- Support the development and implementation of national multisectoral policies and strategies on viral hepatitis prevention and control based on local epidemiological context
- Strengthen capacity for development of national surveillance systems and data collection on viral hepatitis
- Facilitate adaptation of national guidelines for the prevention and control of viral hepatitis in line with the global guidance and integrating key hepatitis interventions into existing health care mechanisms and systems
- Support awareness campaigns about viral hepatitis among policy-makers and the general population using existing health promotion mechanisms

**Regional office deliverables**

- Raise awareness and mobilize political commitment for the prevention and control of viral hepatitis and facilitate the development of regional action plans in support of implementation of the global strategy
- Promote and support the development and implementation of national policies and strategies for the prevention and control of viral hepatitis
- Facilitate the dissemination, adaptation and implementation of global guidelines for the prevention and control of viral hepatitis
- Monitor trends in viral hepatitis epidemiology and support strengthened regional and national capacities for surveillance and data collection on hepatitis
- Track progress of the implementation of the global strategy and regional action plans for the prevention and control of viral hepatitis, and publish regular reviews and reports

**Headquarters deliverables**

- Provide leadership and coordination of global viral hepatitis prevention, diagnosis, care and treatment activities
- Develop and implement normative guidance to help expansion of viral hepatitis prevention, diagnosis, care and treatment efforts
- Develop and strengthen health information and reporting systems to assess and monitor viral hepatitis epidemics and implementation of viral hepatitis activities
- Develop guidance and provide technical assistance for development of national hepatitis strategies and plans to achieve a well-balanced hepatitis response that is integrated with general health programmes

**Tuberculosis****Outcome 1.2. Increased number of successfully treated tuberculosis patients**

Outcome indicators	Baseline	Target
Cumulative number of tuberculosis patients successfully treated in programmes that have adopted the WHO-recommended strategy since 1995	70 million	85 million
Annual number of tuberculosis patients with confirmed or presumptive multidrug-resistant tuberculosis (including rifampicin-resistant cases) placed on multidrug-resistant tuberculosis treatment worldwide	55 597 (2011)	270 000 (by 2015)

**Output 1.2.1. Worldwide adaptation and implementation of the global 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 national strategic plans, for reduction in tuberculosis mortality and incidence in line with the global targets as set in resolution WHA67.1	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support and strengthen country capacity in the adaptation and implementation of guidelines, tools and the post-2015 global strategy based on national strategic plans
- Support Member States 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 through evaluation of tuberculosis policies and programmes

#### ***Regional office deliverables***

- Complement country capacity to support adaptation and strengthen country capacity in implementation of WHO guidelines and tools in line with the post-2015 global strategy
- Coordinate the provision of country-need based technical support from regional level, including regional support mechanisms, e.g. the Tuberculosis Technical Assistance Mechanism (TBTEAM), WHO collaborating centres
- Monitor the regional tuberculosis, tuberculosis/HIV and drug-resistant tuberculosis situation and trend through strengthening surveillance systems and promoting the analysis, dissemination and utilization of related health information
- Provide leadership in advocacy, partner coordination and resource mobilization

#### ***Headquarters deliverables***

- Provide leadership and coordination to support adoption and implementation of the post-2015 global strategy and collaborate with regional offices and global tuberculosis, HIV and other stakeholders
- Provide global leadership, coordination and monitoring of scale-up of drug-resistant and HIV-associated tuberculosis prevention, diagnosis, treatment and care delivery in support of resolution WHA67.1 on the global strategy and targets for tuberculosis prevention, care and control after 2015
- Provide global monitoring and evaluation of progress in the implementation and financing of the post-2015 global strategy and progress towards 2035 targets for reductions in tuberculosis mortality and incidence, with results widely disseminated, including the global tuberculosis reports

**Output 1.2.2. Updated policy guidelines and technical tools to support the adoption and implementation of the global strategy and 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**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of new and updated guidelines and technical documents that support the global strategy developed and adopted in regions and countries	To be finalized for the World Health Assembly version	

#### ***Country office deliverables***

- Support countries in formulating national tuberculosis policies, strategies and plans which reflect country priorities in line with the post-2015 global strategy; 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 guidance
- Support and promote implementation of operational research and innovations through research agenda setting and capacity-building

#### ***Regional office deliverables***

- Lead the development of regional tuberculosis policies and strategies, provide a regional platform for policy dialogue and adapt global tuberculosis strategies and plans to regional context

- Articulate policy options and develop technical guidance to facilitate the adoption and implementation of the post-2015 global strategy
- Lead in supporting Member States' engagement in tuberculosis-related international initiatives and coordinate with regional and subregional entities, as well as their active participation in global health issues
- Promote and facilitate operational research and innovations through research agenda setting and capacity-building

#### **Headquarters deliverables**

- Update tuberculosis treatment guidelines and tools for integrated tuberculosis and noncommunicable disease care serving vulnerable populations, and policy and tools for multidrug-resistant tuberculosis, HIV-related tuberculosis, preventive therapy and integrated community-based tuberculosis activities
- Update guidelines for use of new diagnostics and laboratory standards, linked to updated guidelines for drug-resistant tuberculosis management and supported by appropriate tools
- Report annually on progress made in supporting implementation of pillar three of the post-2015 global strategy

### **Malaria**

#### **Outcome 1.3. Increased access to first-line antimalarial treatment for confirmed malaria cases**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>
Percentage of confirmed malaria cases in the public sector receiving first-line antimalarial treatment according to national policy	60% (2012)	80% (2017)

#### **Output 1.3.1. 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**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of malaria-endemic countries where an assessment of malaria trends is done using routine surveillance systems	To be finalized for the World Health Assembly version	

#### **Country office deliverables**

- Support national malaria programmes to identify capacity-building needs and to strengthen technical and management capacity in malaria prevention, control and elimination, including at subnational levels
- Support countries in further strengthening monitoring and reporting of the therapeutic efficacy of malaria medicines and insecticide resistance; improve malaria surveillance, including tracking of malaria control through national health information systems and the use of those data
- Support strong national strategies and programmatic gap analyses to facilitate fundraising

#### **Regional office deliverables**

- Assess common priority capacity-building needs across countries and facilitate regional and intercountry capacity-building; share best practices that build long-term capacity in countries
- Provide intercountry and country-specific support to accelerate malaria control and elimination, including training, technical support, advocacy and resource mobilization, in collaboration with stakeholders, partners and relevant sectors

- Strengthen country capacity for gathering strategic information, including risk mapping, information for better malaria stratification, monitoring and analysis of regional trends, and use of malaria surveillance, programme and health-related data
- Strengthen country capacity for scaling up effective coverage of vector control interventions and high-quality parasitological diagnosis of malaria through training, country support, monitoring and supervision

#### ***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 establishing databases on insecticide and drug resistance, and report on progress in global malaria control
- Provide programmatic and training tools to support regions and countries to build human capacity for implementing WHO-recommended strategies and surveillance

#### **Output 1.3.2. Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection and response for accelerated malaria reduction and elimination**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Proportion of malaria-endemic countries that are implementing WHO policy recommendations, strategies and guidelines	To be finalized for the World Health Assembly version	

#### ***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 integrated management of febrile illness
- Support the development of national malaria prevention, control and elimination strategies, and malaria programme reviews
- Support policy and strategic dialogue at country level to monitor the implementation of malaria strategies, discuss capacity gaps and plan for effective implementation of malaria control and elimination

#### ***Regional office deliverables***

- Provide normative guidance and expertise to countries where additional capacity is needed to implement regional responses to artemisinin and insecticide resistance
- Support adoption and implementation of the global technical strategy, including strategies for malaria reduction and elimination at subregional, national and subnational levels, and operational research

#### ***Headquarters deliverables***

- Update technical guidelines on surveillance, vector control, diagnostic testing and treatment, including for special populations, integrated management of febrile illness; 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 artemisinin resistance, insecticide resistance, transmission reduction and prevention of reintroduction

## Neglected tropical diseases

### Outcome 1.4. Increased and sustained access to essential medicines for neglected tropical diseases

Outcome indicators	Baseline	Target
Number of countries certified for eradication of dracunculiasis	183/194 (2014)	194/194 (2019)
Number of disease-endemic countries having achieved the recommended target coverage of population-at-risk of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis through regular anthelmintic preventive chemotherapy	25/125 (2012)	100/125 (2020)

### Output 1.4.1. Implementation and monitoring of the WHO road map for neglected tropical diseases facilitated

Output indicator	Baseline	Target
Number of disease-endemic countries adopting and implementing neglected tropical disease national plans in line with the road map to reduce the burden of priority neglected tropical diseases	To be finalized for the World Health Assembly version	

#### Country office deliverables

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

#### Regional office deliverables

- Facilitate regional dialogue between governments, service providers, manufacturers and technical partners for the implementation of the road map at country level
- Coordinate regional programme review groups and meeting of programme managers to monitor progress and update national neglected tropical disease plans
- Support strengthening of capacity of countries in the region for monitoring and evaluation, particularly in surveillance, and use of operational research, certification/verification of selected neglected tropical disease elimination

#### Headquarters deliverables

- Develop tools and support capacity strengthening at regional and country level for implementing 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 developing neglected tropical disease database, and publication of the global neglected tropical disease report and statistics

- Conduct global advocacy for neglected tropical disease control, elimination and eradication, mobilize resources, and coordinate and monitor global procurement of donated and non-donated neglected tropical disease essential medicines

**Output 1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support**

Output indicator	Baseline	Target
Number of disease-endemic countries that have adopted WHO norms, standards and evidence to implement neglected tropical disease diagnosis and treatment	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Provide technical support to countries in designing relevant clinical trials; adapt technical guidance for neglected tropical disease diagnosis, treatment, case management, transmission control and surveillance
- Provide technical support in the development or revision of national guidelines for mass drug administration for control and prevention of specific diseases (soil-transmitted helminth infections, small liver fluke), conducting quality assurance and pharmacovigilance

**Regional office deliverables**

- Adapt global guidelines towards improved prevention, case detection, case management and control of neglected tropical diseases in the regional context
- Harness support from WHO collaborating centres, research institutions and research networks in the region
- Complement country offices' capacity to support countries in developing or adapting guidelines, quality assurance systems and other specific areas of neglected tropical disease control, elimination/eradication
- Assist headquarters in developing technical guidelines with region-specific inputs on monitoring and evaluation of neglected tropical diseases intervention and vector control

**Headquarters deliverables**

- Update technical norms and standards on neglected tropical diseases at global level using expert committees and study groups
- Facilitate 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)

**Output 1.4.3. 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 and successfully applied in disease-endemic countries	To be finalized for the World Health Assembly version	

**Headquarters deliverables**

- Facilitate setting of research agenda on infectious diseases of poverty, and convene stakeholders to agree on recommendations and practices with input from key disease-endemic countries



- Develop high-quality interventions and implement based on research evidence on infectious diseases of poverty with involvement of key disease-endemic countries; including methods, solutions and strategies for effective treatment and control of neglected tropical diseases
- Support research capacity strengthening (individual and institutional) in disease-endemic countries, reflective of regional and country priorities

## Vaccine-preventable diseases

### Outcome 1.5. 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	83%	≥ 90%
WHO regions that have achieved measles elimination	1 (2011)	4 (2015)
Proportion of the 75 Countdown countries <sup>1</sup> that have introduced pneumococcal, rotavirus or HPV vaccines and concurrently scaled up interventions to control pneumonia, diarrhoea or cervical cancer	49%	69%

### Output 1.5.1. 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 countries that have achieved national coverage ≥90% with three doses of diphtheria, tetanus and pertussis vaccines (DTP3) and the first dose of measles-containing vaccines (MCV1)	To be finalized for World Health Assembly version	

### Country office deliverables

- Support countries to develop and implement national multi-year plans and annual implementation plans (including micro-planning for immunizations) with a focus on under-vaccinated and unvaccinated populations
- Support countries in mobilizing resources for vaccines and other related needs for the implementation of their national immunization strategic plans (comprehensive multi-year plans or other)
- Support countries in establishing and implementing policies and strategies for ensuring the sustainability of immunization programmes
- Support the strengthening of country capacity in surveillance and use of immunization data for programme monitoring and reporting

### Regional office deliverables

- Coordinate regional vaccine-preventable disease surveillance (including rotavirus and vaccine-preventable invasive bacterial disease surveillance), and develop/adapt strategies to improve quality and use of immunization monitoring data
- Provide expertise to countries, where additional capacity is needed, to develop strategies to reach unvaccinated and under-vaccinated populations, and in introducing new vaccines

<sup>1</sup> The Countdown countries consist of the States that bear the highest burden of child and maternal mortality and whose progress towards achievement of the Millennium Development Goals is monitored by a group of United Nations agencies through the countdown process.

**Headquarters deliverables**

- Support regional offices with policy and strategic guidance for the implementation of the global vaccine action plan; report on progress in implementation of the global plan annually
- Update policy recommendations and 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 1.5.2. Intensified implementation and monitoring of measles and rubella elimination, and hepatitis B control strategies facilitated**

Output indicator	Baseline	Target
Number of countries that have introduced rubella-containing vaccine in their national childhood immunization schedule	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in developing and implementing national strategies for measles, rubella/congenital rubella syndrome, neonatal tetanus and hepatitis B elimination/control
- Support the strengthening of country capacity for measles and rubella/congenital rubella syndrome surveillance, including technical support to countries in attaining accreditation for their measles/rubella laboratory
- Support national verification committees on 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; backstop country offices with their implementation
- Strengthen regional capacity in measles and rubella/congenital rubella syndrome case-based surveillance with laboratory confirmation, including coordination of regional measles/rubella laboratory network
- Facilitate establishment of and support 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

**Output 1.5.3. Target product profiles for new vaccines and other immunization-related technologies defined and research priorities to develop vaccines of public health importance and overcome barriers to immunization agreed**

Output indicator	Baseline	Target
Number of preferred product characteristics and policy recommendations established for priority new vaccines	To be finalized for the World Health Assembly version	

**DRAFT PROPOSED PROGRAMME BUDGET 2016–2017*****Country office deliverables***

- Support countries to define needs for new vaccine products and immunization-related technologies based on in-country dialogue and supported by country level evidence, and work with country stakeholders on related implementation research and data to inform decisions

***Regional office deliverables***

- Coordinate vaccine-related demonstration/pilot studies for new vaccine introduction in the region
- Conduct systematic collection of evidence of vaccine performance and impacts in different settings/target groups for regionally-adapted vaccination policies
- Facilitate establishment of research priorities that are relevant to strengthening immunization programmes in the region

***Headquarters deliverables***

- Establish research priorities for immunization through building scientific consensus and track progress of implementation
- Provide the evidence base and recommendations for policy development, including target product profiles for new vaccines and immunization-related technologies, e.g. malaria, dengue, influenza and typhoid vaccines
- Facilitate the development and clinical evaluation of specific priority vaccines

**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/AIDS	44.3	4.0	13.3	4.6	6.8	11.1	41.9	<b>126.0</b>
Tuberculosis	26.9	1.1	21.9	11.0	7.4	12.7	36.2	<b>117.2</b>
Malaria	37.3	0.5	10.1	1.3	6.5	12.9	28.9	<b>97.5</b>
Neglected tropical diseases	30.9	4.6	11.8	0.6	2.9	6.7	43.7	<b>101.2</b>
* Tropical disease research	–	–	–	–	–	–	48.7	<b>48.7</b>
Vaccine-preventable diseases	120.0	9.3	29.4	12.1	23.1	24.6	55.8	<b>274.3</b>
<b>Subtotal</b>	<b>259.4</b>	<b>19.5</b>	<b>86.5</b>	<b>29.6</b>	<b>46.7</b>	<b>68.0</b>	<b>255.2</b>	<b>764.9</b>

## CATEGORY 2. NONCOMMUNICABLE DISEASES

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**Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, 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, cancers, chronic lung diseases and diabetes) and their major risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol), mental disorders and disabilities as well as 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; and violence and injuries cause untold suffering, reduce productivity, curtail economic growth and pose a significant social challenge in most countries.

There is now unequivocal evidence that “best buy” interventions to address these conditions are workable solutions that are also excellent economic investments – including in the poorest countries.

The category 2 mission is to provide global leadership in improving health by reducing the burden of noncommunicable diseases; mental, neurological, and substance use disorders; malnutrition; and violence and injuries, and by enhancing the lives of people with disabilities.

The objectives of the work include: (1) providing effective and timely epidemiological and public health data to support evidence-based public health action; (2) working with countries on approaches to policy development that involve all government departments and non-State actors; (3) leading the development of global public health policies and plans and supporting broader international development objectives; (4) giving greater priority to noncommunicable diseases in national and international agendas; (5) providing effective and timely public health policy and technical advice to countries; (6) working in a way that encourages universal health coverage; and (7) being accountable to the United Nations General Assembly and World Health Assembly.

### Noncommunicable diseases

Of the 56 million deaths that occurred globally in 2012, 38 million – more than two thirds – were due to noncommunicable diseases, comprising mainly cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. Nearly 14 million of those deaths occurred in persons between the ages of 30 and 70 – the vast majority in low- and middle-income countries – and most could have been prevented by governments implementing a set of very cost-effective and affordable interventions.

Noncommunicable diseases have become a prominent part of the global health agenda since world leaders adopted the Political Declaration of the United Nations General Assembly High-level Meeting on the Prevention and Control of Non-communicable Diseases in 2011. There is now a global agenda in place based on nine concrete global targets for 2025, organized around the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020. The plan comprises a set of actions which, when performed collectively by Member States, international partners and the Secretariat, will help to attain a global target of a 25% reduction in premature mortality from noncommunicable diseases by 2025. The United Nations Interagency 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. The WHO global coordination mechanism on the prevention and control of noncommunicable diseases facilitates engagement among Member States and non-State actors.

Progress within countries matters most. The Secretariat will provide support for strengthening national capacities to: (1) consider setting national targets for noncommunicable diseases; (2) develop and implement national multisectoral action plans that reduce modifiable risk factors for noncommunicable diseases (tobacco

use, unhealthy diets, physical inactivity and harmful use of alcohol) including, but not limited to, the implementation of the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, the WHO recommendations on marketing of foods and non-alcoholic beverages to children, 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; and (3) strengthen national surveillance systems to monitor progress and measure results. The Secretariat will also support countries in promoting policy coherence, including through the 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 health planning and national development plans and policies, including the United Nations Development Assistance Framework design process and implementation. Equally importantly, WHO will also support countries that are attacked through legal actions brought by the tobacco industry.

The Secretariat will also promote the follow-up to the outcome document adopted at the second High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 10 and 11 July 2014).

### **Mental health and substance abuse**

In 2002, 154 million people suffered from depression globally, 25 million people from schizophrenia and over 100 million people from alcohol or drug abuse disorders. Close to 900 000 people die from committing suicide each year. Current evidence indicates that eight priority mental health conditions make the largest contribution to overall morbidity in the majority of developing countries: depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to use of alcohol, disorders due to use of illicit drugs, and mental disorders in children.

Addressing these mental health conditions requires concerted, coordinated action. Accordingly, the WHO 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. The global strategy to reduce the harmful use of alcohol includes a set of policy options and interventions for consideration by Member States.

In the biennium 2016–2017, the Secretariat’s work will focus on strengthening national capacities to: (1) strengthen effective leadership and governance for mental health and substance abuse; (2) provide comprehensive, integrated and responsive mental health and social care services in community-based settings; (3) implement strategies for promotion and prevention in mental health and substance abuse; and (4) strengthen information systems, evidence and research for mental health.

### **Violence and injuries**

Each year, over five million people die as a result of violence and unintentional injuries. Road traffic crashes account for one quarter of these deaths, with children, pedestrians, cyclists and the elderly among the most vulnerable of road users. Another quarter of these deaths are due to suicide and homicide. For every person who dies due to violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems. Falls, drowning, burns and poisoning are also significant causes of death and disability. The United Nations General Assembly proclaimed the period 2011–2020 as the Decade of Action for Road Safety with a goal to stabilize and then reduce the forecast level of road traffic fatalities around the world by 2020, saving five million lives.

In the biennium 2016–2017, the Secretariat will continue to raise the profile of the preventability of violence and unintentional injuries. The Secretariat will focus on: (1) strengthening the evidence regarding policies, programmes and laws that are effective in addressing the underlying causes of violence, road traffic injuries, drowning, and other unintentional injuries; (2) supporting selected Member States in implementing such policies, programmes and laws; and (3) supporting sustainable improvements in the care of the injured through the WHO Global Alliance for the Care of the Injured. The Secretariat will also develop a global action

plan to strengthen the role of the health system to address interpersonal violence, in particular against women and girls, building on its existing relevant work.

## Disabilities and rehabilitation

The first-ever *World report on disability*<sup>1</sup> reveals that more than one billion people in the world are disabled (that is, about 15% of the world's population, or one in seven people). Of this number, 110–190 million encounter significant difficulties in their daily lives. A lack of attention to their needs means that they are confronted with numerous barriers. These include stigmatization and discrimination; lack of adequate health care and rehabilitation services; and lack of access to transport, buildings and information.

With the goal of contributing to achieve optimal health, functioning, well-being and human rights for all persons with disabilities, the WHO global disability action plan 2014–2021: better health for all people with disability promotes coordinated action for Member States, international and national partners, and the Secretariat.

In the biennium 2016–2017, the Secretariat will work with governments and their partners to: (1) remove barriers in order to improve access to health services and programmes for all persons with disabilities; (2) strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation; and (3) strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services. Particular attention will also be given to supporting the development of national eye health policies, plans and programmes, and strengthening service delivery as part of wider health system capacity-building in developing countries, where 80% of the world's visually impaired live. The elimination of onchocerciasis and blinding trachoma will also remain a priority.

## Nutrition

In 2012, an estimated 99 million children under five years of age worldwide were underweight, 51 million had low weight for their height and 162 million had stunted growth. In addition, 44 million preschool children in developing and developed countries were overweight. In 2011, anaemia affected 38% of pregnant women (32 million women), 29% of women of reproductive age (496 million women) and 43% of children under five years of age (273 million children). Every year, an estimated 13 million children are born with intrauterine growth retardation.

The WHO comprehensive implementation plan on maternal, infant and young child nutrition for the period 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.

In the biennium 2016–2017, the Secretariat will focus its work on further developing guidance on promotion of healthy diets and on effective nutrition actions. It will also support strengthening national capacities to: (1) create a supportive environment for the implementation of comprehensive food and nutrition policies; (2) include all required effective health interventions with an impact on nutrition in national nutrition plans; (3) stimulate development policies and programmes outside the health sector that recognize and include nutrition; (4) provide sufficient human and financial resources for the implementation of nutrition interventions; and (5) monitor and evaluate the implementation of policies and programmes. The Secretariat will also promote the follow-up to the political outcome document and the accompanying technical framework for action to be adopted at the Second International Conference on Nutrition (Rome, 19–21 November 2014), jointly organized by FAO and WHO.

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<sup>1</sup> World Health Organization and World Bank. *World report on disability*. Geneva, World Health Organization, 2011.

## Linkages with other programmes and partners

The five priority areas within the noncommunicable diseases category have linkages with all other categories. Communicable diseases, including vaccine-preventable diseases, are, for example, an important cause of some cancers, and there are strong linkages between tuberculosis, HIV/AIDS, mental health and noncommunicable diseases. Unhealthy environments and behaviours in the newborn, child and adolescent stages of life affect all the priority areas of this category. These include development and management of noncommunicable diseases, tobacco use and the harmful use of alcohol, and the risks of violence and injuries. Preventing undernutrition and overweight is central to the promotion of health through the life-course. Responding to the social determinants of health and reducing poverty are critical for all programme areas in this category. The promotion of healthy living and working environments is important, for example, in preventing cancer, cardiovascular diseases and mental health conditions, improving road safety, and preventing burns and drowning.

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, together with the other noncommunicable conditions that are covered under the five programme areas in this category. There will be close collaboration with 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 these populations is increasingly important in planning for, and responding to, emergencies and disasters. Violence and injuries rise in emergency settings and undernutrition is a common consequence of humanitarian disasters.

An increasing 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 a large number of organizations in the United Nations system, the World Bank and other intergovernmental organizations to scale up joint programming in the above-mentioned areas. The Organization will scale up its work to support United Nations Country Teams, through the heads of WHO country offices, in integrating these issues into the United Nations Development Assistance Framework. It will continue to chair the Interagency Task Force and the United Nations Road Safety Collaboration. WHO is also an active member of the Scaling Up Nutrition movement.

The Organization's work with the Bloomberg Philanthropies is supporting Member States in the reduction of tobacco use among their populations and addressing road safety. Its work with the Bill & Melinda Gates Foundation is supporting national efforts to reduce tobacco use.

## Noncommunicable diseases

### Outcome 2.1. 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, <sup>1</sup> 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)

<sup>1</sup> 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 the patterns of drinking that are associated with increased risk of adverse health outcomes.

Outcome indicators	Baseline	Target
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	40% (2008)	25% relative reduction (2025)
Halt in the rise in diabetes and obesity	10% diabetes/fasting plasma glucose (2008) 12% obesity (2008)	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 <sup>1</sup>	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)

#### **Output 2.1.1. Development and/or 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 finalized for the World Health Assembly version	
Number of countries incorporating noncommunicable diseases in national development agenda, including in United Nations Development Assistance Frameworks as appropriate	To be finalized for the World Health Assembly version	

#### **Country office deliverables**

- Convene and coordinate multisectoral dialogues and provide policy advice to national counterparts and partners for the prevention and control of noncommunicable diseases
- Provide technical support to develop and implement country-led national multisectoral plans to combat noncommunicable diseases in line with the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and regional strategies, plans and frameworks
- Lead WHO's interagency work with the United Nations in integrating noncommunicable diseases into the national development agenda and health planning and monitoring process
- Facilitate integration of prevention and control of noncommunicable diseases into the national development agenda and health planning process, including its inclusion in country cooperation strategies as a priority in WHO's technical cooperation with countries, and into United Nations Development Assistance Frameworks, as appropriate

#### **Regional office deliverables**

- Complement country office capacity to provide technical support in developing and implementing national multisectoral action plans for the prevention and control of noncommunicable diseases

<sup>1</sup> WHO's recommendation is an intake of less than 5 grams of salt or 2 grams of sodium per person per day.



based on the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and facilitate inclusion of noncommunicable diseases into WHO country cooperation strategies, United Nations Development Assistance Frameworks, and other instruments

- Develop regional policy frameworks based on existing action plans, global frameworks, strategies and legal instruments related to noncommunicable diseases and their risk factors
- Support knowledge networks at the regional level to provide a platform for dialogue, including sharing of best practices and results of research on noncommunicable diseases and their risk factors

#### **Headquarters deliverables**

- Provide global leadership and strengthen global partnerships and engagement of all relevant stakeholders in support of the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, through the global coordination mechanism on the prevention and control of noncommunicable diseases and the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases
- Maintain global advocacy for high-level political commitment and strengthen national capacity for prevention and control of noncommunicable diseases
- Provide upstream policy advice for the development and implementation of multisectoral policies and plans and coordinate and integrate actions across noncommunicable disease prevention and control (One-WHO work plan for the prevention and control of noncommunicable diseases)
- Facilitate the integration of prevention and control of noncommunicable diseases into national development agendas and health planning processes, including through its inclusion as a priority in WHO's technical cooperation with countries and the United Nations Development Assistance Framework

#### **Output 2.1.2. 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**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that have strengthened and expanded implementation of population-based policy measures to reduce the harmful use of alcohol	To be finalized for the World Health Assembly version	
Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	To be finalized for the World Health Assembly version	
Number of countries implementing any policies that promote reduction in salt consumption in the population	To be finalized for the World Health Assembly version	
Number of countries with an operational obesity prevention policy, strategy or action plan	To be finalized for the World Health Assembly version	
Number of countries that have made significant progress (increased by at least one category level in the Report on the global tobacco epidemic) in implementing at least one MPOWER measure (tobacco taxes, smoke-free environments, tobacco advertising, promotion and sponsorship ban or health warnings as defined in Appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020)	To be finalized for the World Health Assembly version	

#### **Country office deliverables**

- Lead WHO's interagency work in supporting multisectoral policy planning and implementation of policies to reduce modifiable risk factors for noncommunicable diseases

- Provide technical assistance to implement cost-effective and affordable measures to reduce modifiable risk factors and lead the implementation of the WHO Framework Convention on Tobacco Control

#### ***Regional office deliverables***

- Engage regional networks and backstop country offices to involve relevant national stakeholders in order to implement cost-effective and affordable measures to reduce modifiable risk factors, and implement the WHO Framework Convention on Tobacco Control, as well as to support the related reporting processes
- Adapt guidelines and technical tools to regional context, in order to implement multisectoral policy and action plans to reduce main modifiable risk factors for noncommunicable diseases

#### ***Headquarters deliverables***

- Disseminate knowledge and tools to implement multisectoral policy and action plans to reduce modifiable risk factors
- Provide specialized technical assistance to regional and country offices to reduce modifiable risk factors, and support them in providing technical assistance in countries
- Implement recommendations of the WHO Commission on Ending Childhood Obesity
- Promote the effective implementation of the WHO Framework Convention on Tobacco Control and implement the decisions of the Conference of the Parties applicable to WHO

### **Output 2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
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 finalized for the World Health Assembly version	
Number of countries that have incorporated risk factor detection and disease management into national primary health care system	To be finalized for the World Health Assembly version	
Number of countries that have included the following essential noncommunicable disease medicines (aspirin, statin, angiotensin-converting enzyme inhibitor, thiazide diuretic, long acting calcium channel blocker, metformin, insulin, bronchodilator, steroid inhalant) and technologies (blood pressure measurement device, weighing scale, blood sugar and blood cholesterol measurement devices with strips, urine strips for albumin assay) in their national essential medicines lists and which are generally available in the public health sector	To be finalized for the World Health Assembly version	

#### ***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
- Support country's efforts to increase health care coverage for noncommunicable diseases and their risk factors through primary health care approaches by enabling health system response and integration of noncommunicable diseases with the country's framework and policies towards universal health coverage
- Promote operational research for prevention and control of noncommunicable diseases and strengthen required national research capacity

**Regional office deliverables**

- Adapt and implement global guidelines/protocols/standards to regional context for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases
- Complement country office to support and strengthen national capacity for the management of main noncommunicable diseases through improving primary health care and health systems response
- Backstop country offices in efforts to include noncommunicable disease medicines and technologies in their national essential medicines lists and to increase their availability and affordability in the public health sector

**Headquarters deliverables**

- Develop and implement technical guidelines and toolkits for management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases
- Support regional and country offices in providing technical assistance to improve health care coverage through strengthening primary health care for noncommunicable diseases
- Support research and innovation on implementation and promote the establishment of global and regional platforms for policy dialogue and sharing of knowledge, best practices, lessons learnt and results of implementation research on noncommunicable diseases

**Output 2.1.4. Monitoring framework implemented to report on progress in realizing the commitments made in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the 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 finalized for the World Health Assembly version	

**Country office deliverables**

- Adapt and implement tools for monitoring noncommunicable disease morbidity and mortality and their related modifiable risk factors
- Strengthen national capacity to monitor national health situation for noncommunicable diseases and their related modifiable risk factors

**Regional office deliverables**

- Complement country offices in adapting and implementing tools for monitoring noncommunicable disease morbidity and mortality and their related modifiable risk factors
- Complement country offices in building national capacity to monitor and evaluate national health situation for noncommunicable diseases and their related modifiable risk factors

**Headquarters deliverables**

- Develop guidance and tools on strengthening country capacity for the surveillance and monitoring of the noncommunicable disease burden based on the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, including the 25 indicators and the nine voluntary global targets, and the nine action plan indicators for the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020
- Produce the global status report on noncommunicable diseases, the report on the global tobacco epidemic and the report to the World Health Assembly on the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the global monitoring framework for the prevention and control of noncommunicable diseases

## Mental health and substance abuse

### Outcome 2.2. Increased access to services for mental health and substance use disorders

Outcome indicators	Baseline	Target
Proportion of persons with a severe mental disorder (psychosis; bipolar affective disorder; moderate-severe depression) who are using services	TBD (under development)	20% increase (by 2020)
Suicide rate per year per 100 000 population	TBD (under development)	10% reduction (by 2020)

### Output 2.2.1. Countries' capacity to develop and implement national policies and plans in line with the comprehensive mental health action plan 2013–2020 strengthened

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	To be finalized for the World Health Assembly version	

#### 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 with human rights standards
- Support the collection, analysis, dissemination and use of data on national magnitude, trends, consequences and risk factors of mental and neurological disorders; support countries in strengthening evidence and research to guide policy development and planning

#### Regional office deliverables

- Coordinate the implementation of regional plans based on adaptation of the comprehensive mental health action plan 2013–2020
- Collect, analyse and report regional data following a core set of global mental and neurological health indicators

#### Headquarters deliverables

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

### Output 2.2.2. Development of integrated mental health services across the continuum of promotion, prevention, treatment and recovery through advocacy, better guidance and tools

Output indicator	Baseline	Target
Number of countries with functioning programmes for intersectoral mental health promotion and prevention	To be finalized for the World Health Assembly version	

#### Country office deliverables

- Support organization of mental health and social care services and their integration into primary care
- Promote and support implementation of mental health guidelines covering treatment, recovery, prevention and promotion

**Regional office deliverables**

- Compile and disseminate regional evidence on the (cost-) effectiveness of interventions for treatment, recovery, promotion and prevention
- Implement regional strategies to strengthen delivery of mental health programmes

**Headquarters deliverables**

- Develop and disseminate expanded guidance and tools for service organization and the provision of integrated and responsive health and social care in community settings, including interventions for mental and neurological disorders
- Develop and disseminate guidance and tools for coordinating multisectoral strategies for promotion and prevention in the areas of mental health
- Develop and disseminate guidance and tools for suicide prevention

**Output 2.2.3. Expansion and strengthening of country strategies, systems and interventions for disorders due to alcohol and other psychoactive substance use enabled**

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.	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in adapting and implementing WHO strategies, action plans, guidelines and other technical tools on reducing the harmful use of alcohol, and on the prevention and treatment of substance use disorders
- Facilitate networks for exchange of 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 exchange of experiences and practices and develop regional action plans in line with the global strategy to reduce the harmful use of alcohol
- Coordinate the implementation of regional action plans aimed at prevention and treatment of substance use and substance use disorders

**Headquarters deliverables**

- Develop and disseminate guidelines and other technical tools to strengthen health services' response to alcohol use disorders in support of implementation of the global strategy to reduce the harmful use of alcohol
- Facilitate and strengthen public health aspects of policy dialogues and international efforts addressing substance abuse, such as dialogue with the United Nations Office on Drugs and Crime
- Develop and disseminate guidelines, treatment and research protocols and other technical tools to strengthen prevention and treatment strategies, systems and other interventions for disorders due to alcohol and drug use

## Violence and injuries

**Outcome 2.3. Reduced risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth**

Outcome indicators	Baseline	Target
Percentage of countries with comprehensive laws tackling five key risk factors for road safety	15% (2010)	50% (2020)

**Output 2.3.1. Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the Decade of Action for Road Safety (2011–2020)**

Output indicator	Baseline	Target
Number of countries with funded road safety strategies	To be finalized for the World Health Assembly version	

### *Country office deliverables*

- Coordinate the strengthening of country capacity to develop national model programmes that focus 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
- Support the identification, assessment and compilation of evidence base and best practices for quality and safety improvement in trauma care

### *Regional office deliverables*

- Consolidate the validated regional results of monitoring the Decade of Action for Road Safety, and coordinate with international regional agencies
- Develop a regional strategy for prevention, trauma care and data collection, based on regional and global commitments

### *Headquarters deliverables*

- Support the organization of the Second Global Ministerial Conference on Road Safety; and coordinate global initiatives on road safety and injury prevention including the United Nations Global Road Safety Collaboration, the secretariat for the Decade of Action for Road Safety, and the Global Alliance for the Care of the Injured
- Publish the third global status report on road safety as a tool for monitoring the Decade of Action for Road Safety
- Review and compile evidence and best practices for quality and safety improvement in trauma care

**Output 2.3.2. Countries and partners are able to develop and implement programmes and plans to prevent child injuries**

Output indicator	Baseline	Target
Proportion of assessed countries implementing policies addressing the prevention of at least one mechanism of child injuries consistent with WHO guidance	To be finalized for the World Health Assembly version	

### *Country office deliverables*

- Provision of technical support to countries to develop plans to prevent child injuries that are consistent with WHO guidance

- Convene partners at the country level to promote public policies that prevent child injuries

#### ***Regional office deliverables***

- Support intercountry capacity building on the prevention of child injuries, including facilitating the convening of regional training workshops
- Advocate for the integration of child injury and violence prevention into maternal and child health programmes

#### ***Headquarters deliverables***

- Establish and coordinate a global network of partners to increase the global visibility of child injury
- Publish a global report on drowning with key contributions from regional and country levels

### **Output 2.3.3. Development and implementation of policies and programmes to address violence against women, youth and children facilitated**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that have submitted a complete assessment of their national violence prevention status to WHO	To be finalized for the World Health Assembly version	

#### ***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***

- Conduct regional or intercountry training workshops for countries on policy and programme development and monitoring
- Produce regional fact sheets on violence prevention

#### ***Headquarters deliverables***

- Formulate normative guidance and training materials on violence prevention
- Convene partners of the Violence Prevention Alliance and strengthen activities undertaken by the Alliance
- Publish a global progress report on violence prevention

## **Disabilities and rehabilitation**

### **Outcome 2.4. Increased access to services for people with disabilities**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>
Global indicator(s) on increased access to services for people with disabilities to be developed as part of the global plan of action on disability	To be finalized for the World Health Assembly version	

### **Output 2.4.1. Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that have comprehensive policies/programmes on health and rehabilitation	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in developing and implementing disability-inclusive health policies, programmes and services
- Support countries to strengthen national policy, planning and coordination mechanisms on rehabilitation, assistive technology and community-based rehabilitation for persons with disabilities
- Support countries in the collection, analysis, dissemination and use of national disability data for policy, programming and advocacy

**Regional office deliverables**

- Provide back-up expertise in countries to support disability-inclusive health system strengthening with a focus on improving access to services under universal health coverage
- Provide back-up expertise in countries, where needed, to support rehabilitation, community-based rehabilitation and assistive device service system strengthening
- Translate and generate disability data and evidence and utilize for advocacy and policy dialogue

**Headquarters deliverables**

- Provide policy and technical guidance to remove barriers and improve access to health services and programmes
- Provide policy and technical guidance to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services and community-based rehabilitation
- Develop training materials to support the use of the model disability survey

**Output 2.4.2. Countries enabled to strengthen prevention and management of eye and ear diseases in the framework of health systems**

Output indicator	Baseline	Target
Number of countries implementing policies and strategies for the prevention and management of eye and ear diseases	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Provide support to countries to develop, implement and monitor national eye- and ear-health plans, including integration with other health services, such as linkages with noncommunicable diseases
- Support countries to collect information on indicators within national health information systems

**Regional office deliverables**

- Promote data collection and inclusion of indicators and targets into national health information systems; compile eye- and ear-health data at regional level to be used for advocacy purposes

**Headquarters deliverables**

- Participate in and lead global partnerships and alliances for eye and ear health, including trachoma and onchocerciasis elimination
- Develop standardized approach to the collection, analysis and dissemination of information on eye and ear health



## Nutrition

### Outcome 2.5. Reduced nutritional risk factors

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% (2014)	15% (2025)

#### Output 2.5.1. Countries enabled to develop, implement and monitor action plans based on the maternal, infant and young child nutrition comprehensive implementation plan, which takes into consideration the double burden of malnutrition

Output indicator	Baseline	Target
Number of countries that are implementing national action plans consistent with the comprehensive implementation plan on maternal, infant and young child nutrition	To be finalized for the World Health Assembly version	

#### Country office deliverables

- Support countries in setting targets and establishing national action plans in line with the comprehensive implementation plan on maternal, infant and young child nutrition
- Support the establishment of systems for monitoring nutrition outcomes and implementation of national action plans
- Mobilize commitment to promote healthy diets and achieve nutritional goals for food and nutrition security
- Support the establishment of coordination mechanisms in nutrition and synergies between nutrition and other programmes
- Strengthen human resource capacity at country level on effective nutrition programmes, including supporting training and education programmes for health and education staff and extension and community workers, and building managerial capacity in nutrition

#### Regional office deliverables

- Develop, implement and evaluate, as appropriate, regional action plans including elements of maternal, infant and young child nutrition
- Provide technical support to countries towards establishment of national targets and monitoring of national action plans
- Support national efforts on healthy diets, food and nutrition security through advocacy at regional level
- Promote interagency and multisectoral coordination on healthy diets and food and nutrition security at regional level, and catalyse partnerships by linking with stakeholders, especially from non-health sectors, at the regional level
- Develop and strengthen regional nutrition information systems

#### Headquarters deliverables

- Contribute to implementing commitments for the post-2015 global nutrition agenda through the International Conference on Nutrition, the Committee on World Food Security and other global forums
- Facilitate the global dialogue among United Nations entities and other stakeholders

- Develop tools that will help countries develop, implement and monitor national nutritional plans and policies
- Publish global reports on progress made towards achieving the global nutrition targets

**Output 2.5.2. Norms and standards on promoting population dietary goals and cost-effective interventions to address the double burden of malnutrition, including policy options and supportive legislation for effective nutrition actions developed for stable and emergency situations**

Output indicator	Baseline	Target
Number of countries adopting, where appropriate, policies, legislation and regulatory measures and guidelines on dietary goals and effective nutrition actions for addressing the double burden of malnutrition	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support the development, adaptation and updating of national guidelines and legislation on nutrition, based on the updated global norms, standards and guidelines (e.g. food-based dietary guidelines, guidelines on micronutrient supplementation and fortification, draft legislation on marketing breast-milk substitutes), and the promotion of healthy diets
- Support countries in implementing effective nutrition interventions, for different issues and situations, and for the delivery of services in stable and emergency situations at primary levels (including promotion of healthy optimal infant and young child feeding and healthy diets, management and treatment of severe cases of malnutrition and anaemia, addressing the double burden of malnutrition, and others)

**Regional office deliverables**

- Provide intercountry support to translate global and regional guidance into effective interventions to promote nutrition
- Provide expertise in countries where additional capacity is needed in special areas, such as legislation, standards and specifications on promotion of healthy diets, and food labelling and fortification of food with micronutrients
- Introduce innovative approaches for delivery of effective nutrition actions and application of food standards and WHO guidelines

**Headquarters deliverables**

- Provide technical guidance and scientific advice on nutrition and food labelling to contribute to the Codex Alimentarius
- Develop policy options and strategies on effective and evidence-based nutrition actions to address stunting, wasting, anaemia, childhood obesity, breastfeeding and healthy diets
- Update technical norms and standards, and guidelines on effective nutrition actions and population dietary goals in stable and emergency situations

**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	48.5	13.2	16.3	20.8	15.3	28.2	54.1	196.4
Mental health and substance abuse	5.6	2.6	2.2	5.1	5.0	4.3	18.6	43.4
Violence and injuries	2.7	2.2	2.9	7.7	2.9	4.2	14.7	37.4
Disabilities and rehabilitation	1.5	0.9	1.4	0.5	0.9	2.3	9.9	17.4
Nutrition	4.8	2.8	2.5	2.1	3.2	3.1	22.2	40.7
<b>Subtotal</b>	<b>63.1</b>	<b>21.7</b>	<b>25.3</b>	<b>36.1</b>	<b>27.3</b>	<b>42.1</b>	<b>119.5</b>	<b>335.3</b>

### CATEGORY 3. PROMOTING HEALTH THROUGH THE LIFE-COURSE

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**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 with health 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.

The category is by its nature cross-cutting, and has an additional mandate to ensure its cross-cutting themes are adopted across all programmes and categories. In doing so, it addresses population health needs with a special focus on key stages in life. This 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, particularly 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 protective risk factors, and prioritizing investment in health care and social determinants. Moreover, the work undertaken in this category contributes to addressing the unfinished business of ending preventable maternal, newborn and child deaths and to all health-related sustainable development goals in the post-2015 agenda.

#### **Reproductive, maternal, newborn, child and adolescent health**

Substantial progress has been made in reducing maternal and child mortality. Between 1990 and 2012, maternal and child mortality was almost halved, with the greatest reductions in the second half of that period. But each day about 800 women still die from pregnancy- or childbirth-related events. Each year, 6.6 million children die before their fifth birthday, about 44% of them during their first four weeks of life. Unmet sexual and reproductive health needs persist, with an estimated 222 million women having unmet needs for contraception and 499 million new cases of curable sexually transmitted infections occurring every year.

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

Investing in women's and children's health will not only lead to reduced mortality, but will also generate high health, social, and economic returns. These returns include greater gross domestic product growth through improved productivity, and prevention of the needless deaths of 147 million children and 5 million women, and 32 million stillbirths, by 2035.

Ending preventable maternal and child deaths shapes the ambitious agenda and challenge for the programme area. In the biennium 2016–2017, WHO will support countries in meeting existing commitments made in global and regional initiatives to end preventable maternal and child death, promoting effective interventions to levels approaching those in wealthier countries, and to reduce disparities between the poorest and wealthiest within countries. These include Every newborn: an action plan to end preventable deaths, pledges made in the Family Planning 2020 initiative "A promise renewed", the ending preventable maternal mortality consensus statement, and the global action plan for the prevention and control of pneumonia and diarrhoea.

For adolescents, The Secretariat's support will focus on addressing their sexual and reproductive health needs and health risk behaviours, given that many behaviours that start in adolescence affect health in later life. The health problems and health-related behaviours that arise during adolescence shape adult health, with important implications for public health in the future. In the biennium 2016–2017, the focus of the

Secretariat's work will include support for developing and implementing guidelines, policies and interventions that address health-promoting lifestyles, promote physical activity, and reduce adolescent health risk behaviours and other risk factors, such as tobacco use and sexually transmitted infections, among others.

The recent *Health for the world's adolescents* report provides an update on the health situation of adolescents worldwide and for the first time brings together effective interventions to address key health issues from across the Organization. Translating this into an action plan that leads to programmatic outputs and health outcomes for adolescents will be a focus of work.

## **Ageing and health**

Between 2000 and 2050, the number of people aged 60 years and over is expected to increase from 605 million to 2 billion. Population ageing is a global phenomenon that will change society in many ways, creating both challenges and opportunities. Healthy ageing is integral to the work in this category. In the biennium 2016–2017, the Secretariat will give new emphasis to the health of older people, with particular attention to maintaining independence and end-of-life care. Strong links with programmes on noncommunicable diseases, hearing and visual disabilities and mental health, as well as those on health systems and technical innovation, will reduce costs, simplify care, help to maintain independence and support disability.

## **Gender, equity and human rights mainstreaming**

The continuum of health services across the life course is most effectively delivered with consideration of the structural and social drivers of health, understood by WHO as the social determinants of health. Mainstreaming health equity, gender equality and human rights requires transformation both within and outside WHO. This will enable countries to implement and monitor these cross-cutting themes in national health policies and programmes. In the biennium 2016–2017, the Secretariat will promote and strengthen integration of gender, equity and human rights in WHO's institutional mechanisms and programme areas by: (1) harnessing external and internal leadership and commitment; (2) developing and adapting tools; (3) building capacity at the three levels of the Organization, including a strong programme area network for gender, equity and human rights; and (4) accompanying internal stakeholders and Member States through the use of accountability mechanisms. To this end, the United Nations system-wide action plan on gender equality and women's empowerment, adopted by the Chief Executives Board for Coordination, which has been adapted to also include health equity and human rights indicators, represents a fundamental element.

Collaboration between the Secretariat's Gender, Equity and Human Rights and Social Determinants of Health units contributes to the ongoing success 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. The social determinants of health are therefore significant in all areas of the Secretariat's work. Health determinants and the promotion of health equity will be the subject of continued emphasis throughout the biennium 2016–2017 in each of categories 1 to 5. In addition, capacity-building for mainstreaming the social determinants of health approach in the work of the Secretariat and of Member States will continue. Tools are needed, such as guidelines to implement the "health in all policies" approach and to build greater awareness of the value added by the social determinants approach; and a standard set of indicators to monitor action on social determinants of health. In addition, work is needed to implement and monitor the joint work plan with other organizations in the United Nations system on this subject.

Finally, as articulated in the Rio Political Declaration on Social Determinants of Health, the Secretariat will focus on the need for better governance of the growing number of actors present in the health sector, an area generally referred to as "health governance". Global governance for health has become increasingly prominent through the efforts 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. Those 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 2016–2017, the Secretariat will give new emphasis to monitoring and reporting on environmental and occupational health trends, demand for which will likely increase in the context of the new sustainable development goals to be agreed in late 2015; and air pollution and health. New evidence generated in 2014 revealed that household and ambient air pollution are among the most important risks to health. In addition, the Secretariat will scale up support to Member States on implementation of the health aspects of the Minamata Convention on Mercury.

The Secretariat will continue to work with countries and partners on tackling a broad range of environmental and occupational risks to health, including the longer-term threats posed by climate change, loss of biodiversity, scarcity of water and other natural resources, and pollution.

## 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. 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 disease and mental disorders in older people and older people's access to health care and long-term care. Equally important is the link with efforts to ensure the health of women, children and the elderly during emergency situations.

Additionally, by its very nature, work on this category – namely, efforts in support of health across the life-course and cross-cutting issues such as the social determinants of health, health and the environment, and gender, equity and human rights – contributes to, and benefits from, work on all the other categories. Analysis and monitoring of these cross-cutting areas across WHO programme areas, and in countries, will be key to fulfilling the global call for equity and rights in the post-2015 development agenda.

The work will be undertaken in the context of ending preventable maternal and child deaths with WHO's partners, such as the other H4+ agencies (UNAIDS, UNFPA, UNICEF, UN Women and the World Bank) and those of the Partnership for Maternal, Newborn and Child Health, as well as other United Nations bodies, such as UNDP and the United Nations Population Division, academic and research institutions, civil society, and development partners. The work will also be undertaken in the context of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, as well as work with the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the GAVI Alliance.

With the experience it has gained on the work of the United Nations platform on social determinants of health in 2012–2013 with ILO, UNAIDS, UNDP, UNFPA and UNICEF, the Organization is well placed to advocate for action on the social determinants of health, including their integration into post-2015 development goals, as well as to provide technical support to Member States on the subject.

WHO will maintain its role within UN-Water, strengthen its collaboration with UNICEF on global monitoring of water and sanitation, and initiate a new collaborative framework with UN-HABITAT on urban environmental health issues. The Organization will continue to act as the secretariat for, and participate in, the Inter-Organization Programme for the Sound Management of Chemicals. WHO will further strengthen the representation of health within the overall United Nations response to climate change, through the United Nations System Chief Executives Board for Coordination and High-Level Committee on Programmes. The Secretariat will provide the technical health input to programmes under the United Nations Framework

Convention on Climate Change, and to specific partnerships with other organizations in the United Nations system.

## Reproductive, maternal, newborn, child and adolescent health

### Outcome 3.1. Increased access to interventions for improving health of women, newborns, children and adolescents

Outcome indicators	Baseline	Target
Number of women using contraception for family planning in the 69 poorest countries	260 million	320 million (2015)
Skilled attendant at birth (percentage of live births attended by skilled health personnel)	69% (2011)	80% (2017)
Postnatal care for mothers and babies (percentage of mothers and babies who received postnatal care visit within two days of childbirth)	46% (2010)	65% (2017)
Exclusive breastfeeding for six months (percentage of infants aged 0–5 months who are exclusively breastfed)	37% (2011)	45% (2017)
Antibiotic treatment for pneumonia (percentage of children aged 0–59 months with suspected pneumonia receiving antibiotics).	47% (2011)	65% (2017)
Adolescent birth rate (per 1000 girls aged 15–19 years)	50 per 1000 (2010)	43 per 1000 (2017)

#### Output 3.1.1. Further expansion enabled of access to and improved quality of effective interventions for ending preventable maternal, perinatal and newborn deaths, from pre-pregnancy to postpartum, focusing on the 24-hour period around childbirth

Output indicator	Baseline	Target
Number of targeted countries that have expanded access to skilled attendance at birth	To be finalized for the World Health Assembly version	

#### Country office deliverables

- Conduct policy dialogue among partners at country level on the overall strategy and plans to address health system bottlenecks and expand access to and quality of interventions to end preventable maternal and newborn deaths and to reduce birth defects, including adaptation and implementation of guidelines, assessment of health system bottlenecks, and innovative initiatives to increase access to quality care
- Support capacity-building for improving health information on maternal and perinatal health, including developing and implementing the road map for the Commission on Information and Accountability for Women's and Children's Health (COIA), maternal and perinatal death surveillance and response, and national plan review
- Strengthen national capacity for collection, analysis and use of data on maternal and newborn health, including documentation of best practices, for improving access and quality of interventions, and the dissemination and use of them
- Work with partners, including the other H4+ agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria, towards creating synergies between different programme and health system areas for ending preventable maternal and newborn deaths, including for prevention of mother-to-child transmission of HIV

#### Regional office deliverables

- Convene and 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 to

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 for maternal death surveillance and response, and perinatal death reviews; and provide support for their implementation in countries
- Work with partners, including the other H4+ agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria, towards creating synergies between different programme areas for ending preventable maternal and newborn deaths including for prevention of mother-to-child transmission of HIV

#### **Headquarters deliverables**

- Develop and update strategies, policies and technical guidance to end preventable maternal and perinatal death by expanding access to and quality of effective interventions from pre-pregnancy to the postpartum period, including tools and capacity development for their adaptation, implementation, and monitoring
- Strengthen collaborative work with partners, including the other H4+ agencies, The Global Fund to Fight AIDS, Tuberculosis and Malaria the RMNCH Trust Fund and the Partnership for Maternal, Newborn and Child Health
- Strengthen global monitoring of maternal and perinatal mortality, including global estimates, developing/updating guidelines on maternal/perinatal death surveillance and response and near-miss reviews, and measurement of quality of maternal and newborn care; establish clear indicators and publish global reports

**Output 3.1.2. Countries enabled to implement and monitor integrated strategic plans for newborn and child health with focus on expanding access to high-quality interventions to improve early childhood development and to end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions**

Output indicator	Baseline	Target
Number of targeted countries that are implementing an integrated plan for the prevention and control of pneumonia and diarrhoea, a newborn action plan to end preventable deaths, and plans for other major conditions, resulting in increased coverage of life-saving interventions	To be finalized for the World Health Assembly version	

#### **Country office deliverables**

- Support countries in developing policies and strategies, including the integrated management of childhood illness and adapting/adopting and implementing guidelines and tools for preventing child deaths
- Establish a working mechanism for collaboration between reproductive, maternal, newborn, child health and relevant programmes such as immunization, and for holistic approaches to improving child health, including pneumonia and diarrhoea control
- Strengthen national capacity for collection, analysis, and use of 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 child health and early child development and ending preventable child deaths; and support implementation and monitoring at regional and country level
- Work with countries and partners towards creating synergies between different programme areas; sharing experiences and best practices for prevention and management of diarrhoea and pneumonia; and promoting child health and development

**Headquarters deliverables**

- Develop and update strategies, policies and technical guidance to expand access to and coverage of newborn and child health interventions to promote child development and end preventable child deaths from pneumonia, diarrhoea and newborn and other conditions, including tools and capacity development for their adaptation, implementation, and monitoring
- 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, diarrhoea, pneumonia and other major childhood conditions
- Develop and maintain a monitoring framework, global databases (including the Global Health Observatory, Countdown); and publish global reports (such as those by the Child Health Epidemiology Reference Group, the “Countdown to 2015: Tracking Progress in Maternal, Newborn and Child Survival” initiative, and the Commission on Information and Accountability for Women’s and Children’s Health)

**Output 3.1.3. Countries enabled to implement and monitor effective interventions to cover the unmet needs in sexual and reproductive health**

Output indicator	Baseline	Target
Number of countries that are implementing WHO strategies and interventions to cover the unmet needs in family planning	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries using a multistakeholder/partnership approach in addressing health system bottlenecks and in adopting/adapting guidelines for sexual and reproductive health with linkages to HIV and congenital syphilis, adolescent health policies and strategies and adolescent health friendly services; and provide support for implementation
- Support countries in implementing and monitoring interventions on family planning, prevention of unsafe abortions, reproductive tract infections and gynaecological cancers, including strengthening linkages of activities with other programmes, such as noncommunicable diseases
- Strengthen the national information system through the inclusion of sexual and reproductive health indicators

**Regional office deliverables**

- Facilitate intercountry technical cooperation for promoting the implementation of effective interventions, guidelines and tools to cover unmet needs in sexual and reproductive health, including HIV, focusing on decreasing inequalities in sexual and reproductive health
- Facilitate regional policy dialogue on issues related to sexual and reproductive health and adolescent health and revitalization of family planning in countries; convene regional consultations as a platform for sharing of best practices in these areas
- Support the implementation of policies and guidelines, as well as health system strengthening, related to sexual and reproductive health, including HIV, sexually transmitted infections and gynaecological cancers

**Headquarters deliverables**

- Develop evidence-based policies and technical and clinical guidelines to cover unmet needs in sexual and reproductive health, including family planning, sexually transmitted infections and HIV
- Develop strategies for building synergies across the other system and programme areas that promote sexual and reproductive health



- Develop a standard framework for reporting on sexual and reproductive health with disaggregated data

**Output 3.1.4. Research undertaken, and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child and adolescent health, and other conditions and issues linked to it**

Output indicator	Baseline	Target
Number of scientific publications reporting new and improved tools, solutions and strategies in reproductive, maternal, newborn and child health	Not applicable	220 (2017)

**Country office deliverables**

- Support development of research priorities and the application of research results at country level
- Promote operational and system research at country level, especially that which will inform national policy and strategies, as well as the management and implementation of programmes
- Strengthen national capacity for research in reproductive, maternal, newborn, child and adolescent health areas, especially in national institutions, including through linking these institutions with WHO collaborating centres

**Regional office deliverables**

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

**Headquarters deliverables**

- Develop 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 design key interventions in family planning; maternal, perinatal, newborn, child and adolescent health; preventing unsafe abortion; sexually transmitted infections; and gender and violence
- Publish global reports and disseminate results from research and systematic reviews

**Output 3.1.5. 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 targeted countries that have a comprehensive adolescent health component in the national health programme	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in adopting/adapting and implementing cross-sectoral guidelines for adolescent health policies and strategies that include system strengthening, especially the improvement of health service delivery
- Support countries in developing, implementing and monitoring comprehensive (or intersectoral) interventions on adolescent health, including strengthening linkages of activities to key programmes, such as 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 working to include adolescent indicators disaggregated by age and sex in the national health information systems

#### ***Regional office deliverables***

- Support countries in 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 for sexual and reproductive health, HIV and sexually transmitted infections, nutrition, violence and injuries, substance abuse, tobacco control, and mental health
- Facilitate regional policy dialogue and intercountry technical cooperation for 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 the key programme and system areas that are relevant to and promote adolescent health
- Develop evidence-based technical and clinical guidelines to promote adolescent health and healthy lifestyles, including for sexual and reproductive health, mental health, nutrition and physical activity, prevention of noncommunicable diseases, HIV and sexually transmitted infections, violence and injuries, and tobacco and substance use
- Support the compilation and analysis of data on the health status of adolescents and develop a standard framework for reporting on adolescent health, with gender and equity data disaggregated for variables, including age and sex

### **Ageing and health**

#### **Outcome 3.2. Increased proportion of older people who can maintain an independent life**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>
Global indicator(s) will be developed as part of a global framework on monitoring ageing and health to be developed by December 2014	To be finalized for the World Health Assembly version	

#### **Output 3.2.1. Countries supported in developing policies and strategies that foster healthy and active ageing, and improve access to, and coordination of, chronic, long-term and palliative care**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of national health plans that explicitly include actions to address the health needs of older people	To be finalized for the World Health Assembly version	

#### ***Country office deliverables***

- Facilitate dialogue in countries for the development of multisectoral policies and plans to foster healthy and active ageing, and to facilitate the provision of long-term, palliative and end-of-life care

#### ***Regional office deliverables***

- Support countries in a comprehensive process of knowledge translation to develop policies and plans and conduct policy dialogues at national and subnational levels to foster healthy and active ageing

#### ***Headquarters deliverables***

- Maintain and expand the Global Network of Age-friendly Cities and Communities; backstop regional and country offices to support countries on active and healthy ageing
- Work with Member States to develop a global strategy and action plan on ageing and health

- Establish and maintain global mechanisms to link and support decision-makers, including strategic advisory groups of experts
- Participate in a comprehensive process of knowledge translation in key Member States to develop evidence-based policy and actions on ageing and health

**Output 3.2.2. Countries enabled to deliver integrated people-centred services across the continuum of care that respond to the needs of older women and men in low, middle and high-income settings**

Output indicator	Baseline	Target
Number of countries with at least one municipality with an active age-friendly environment programme	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Promote in countries the delivery of people-centred services to foster the best possible physical, cognitive and emotional functioning and avoid unnecessary impairments and disability

**Regional office deliverables**

- Provide technical support to countries for the development, implementation and delivery of integrated people-centred services across the continuum of care to meet the health needs of older people

**Headquarters deliverables**

- Develop norms, standards, guidelines and policy/technical guidance on various issues, such as frailty, long-term care and health interventions to foster the best possible physical, cognitive and emotional functioning and prevent unnecessary impairments and disability

**Output 3.2.3. Evidence base strengthened, strategic guidance provided and monitoring and evaluation mechanisms established to address key issues relevant to the health of older people**

Output indicator	Baseline	Target
Number of countries that are monitoring and quantifying the diverse health needs of older people as per WHO recommended measures and models	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Facilitate the collection, analysis and reporting of data on health indicators of ageing populations on existing research and health information systems

**Regional office deliverables**

- Foster the collection, analysis and reporting of data on health indicators of ageing populations and their integration within existing health information systems, and support key countries in using this data

**Headquarters deliverables**

- Strengthen the monitoring, evaluation and surveillance of key issues relevant to the health of older people, and align the global research agenda with the needs of older people in low-, middle- and high-income settings

## Gender, equity and human rights mainstreaming

### Outcome 3.3. Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes

Outcome indicator	Baseline	Target
Evaluation processes are in place to ensure gender, equity and human rights are measured in Secretariat programmes	No	Yes

### Output 3.3.1. Gender, equity and human rights are integrated into WHO's institutional mechanisms and programme deliverables

Output indicator	Baseline	Target
Number of WHO programme areas and institutional mechanisms that have integrated gender, equity and human rights.	To be finalized for the World Health Assembly version	

#### *Country office deliverables*

- Enable capacity building of gender, equity and human rights focal points in country offices
- Provide country-specific input in the adaptation and implementation of tools and methodologies for integrating gender, equity and human rights into WHO programme areas at country level
- Contribute to documentation of best practices in integrating gender, equity and human rights into WHO programme areas at country level

#### *Regional office deliverables*

- Provide region-specific input in the development and adaptation of tools and methodologies for integrating gender, equity and human rights into 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 gender, equity and human rights into WHO programme areas and institutional mechanisms
- Assess, review and document best practices in integrating gender, equity and human rights into WHO programme areas at country and regional levels

#### *Headquarters deliverables*

- Backstop regional offices by complementing expertise needed to support implementation of tools and methodologies for integrating gender, equity and human rights into WHO programme areas and institutional mechanisms
- Review, strengthen and document integration of gender, equity and human rights into WHO programme areas and institutional mechanisms

### Output 3.3.2. Countries are enabled to implement and monitor gender, equity and human rights in national health policies and programmes

Output indicator	Baseline	Target
Number of countries that are implementing actions to integrate gender, equity and human rights, including setting equity targets, into their health policies and programmes	To be finalized for the World Health Assembly version	

#### *Country office deliverables*

- Facilitate country-level adaptation and implementation of WHO methodologies, guidelines and tools to integrate and monitor gender, equity and human rights in health policies and programmes

- Convene, or facilitate technical support for, policy dialogues on the integration and monitoring of gender, equity and human rights in health policies and programmes
- Facilitate WHO's participation in interagency work on gender, equity and human rights, including strengthening national capacities and actions in 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 on gender, equity and human rights
- Provide technical support to countries and foster policy dialogues to integrate gender, equity and human rights into 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 gender, equity and human rights in health policies and programmes
- Assess, review and document best practices in integrating gender, equity and human rights into health policies and programmes.

#### ***Headquarters deliverables***

- Backstop regional offices in strengthening country capacities and actions in integrating and monitoring gender, equity and human rights in health programmes and policies
- Strengthen the evidence base through review, assessment and documentation of global good practices, cost-effective interventions and lessons learnt in integrating gender, equity and human rights into health policies and programmes
- Develop and strengthen technical tools and methodologies on the integration and monitoring of gender, equity and human rights in health policies and programmes
- Foster, strengthen and convene global expert groups, forums and partnerships on gender, equity and human rights

### **Social determinants of health**

#### **Outcome 3.4. Strengthened intersectoral policies and actions to increase health equity by addressing the social determinants of health**

<b>Outcome indicators</b>	<b>Baseline</b>	<b>Target</b>
Net primary education enrolment rate <sup>1</sup>	90% (2008)	100% (2015)
Number of slum dwellers with significant improvements in their living conditions	Not applicable	100 million (2020)

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<sup>1</sup> This outcome indicator is a placeholder that will be replaced once the United Nations General Assembly has agreed upon the formulation of the next generation of sustainable development goals in September 2015.

**Output 3.4.1. Improved country policies, capacities and intersectoral actions to address the social determinants of health and reduce health inequities through “health-in-all-policies”, governance and universal health coverage approaches within the sustainable development goals and post-2015 development agenda frameworks**

Output indicator	Baseline	Target
Number of countries implementing WHO tools and guidance to strengthen health in all policies, capacities and actions	To be finalized for the World Health Assembly version	

***Country office deliverables***

- Convene partners, conduct policy dialogue, and establish coordination mechanisms to support governance on social determinants of health and implement “health-in-all-policies” approach
- Support the strengthening of policy research and the use of evidence on 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 the social determinants of health and health equity

***Regional office deliverables***

- Convene partners and conduct policy dialogue at the regional level to establish coordination mechanisms and support regional governance on social determinants of health, and implement “health-in-all-policies” approach
- Provide technical support to countries for the application of good practices and for the implementation of global and regional resolutions and agendas
- Support the development and the use of evidence on social determinants of health and health equity in regional policy and intersectoral decision-making processes

***Headquarters deliverables***

- Develop global guidelines and build capacity on “health-in-all-policies” and governance approaches to support development and implementation of policies, mechanisms and intersectoral actions on the social determinants of health and health equity
- Develop guidance and tools to support policy research and the use of evidence on 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 among organizations in the United Nations system and key partners in the context of universal health coverage, sustainable development goals and the post-2015 development agenda frameworks

**Output 3.4.2. A social determinants of health approach to improve health and reduce health inequities is integrated into national, regional and global health programmes and strategies, as well within WHO**

Output indicator	Baseline	Target
Percentage of WHO offices (or regional offices, where relevant) and programmes that have integrated social determinants of health and health equity into planning, implementation and monitoring	To be finalized for the World Health Assembly version	

***Country office deliverables***

- Support the integration of social determinants of health and health equity into national health programmes, policies and strategies, including within WHO country programmes

**Regional office deliverables**

- Develop or adapt capacity-building and guidelines and provide technical support to countries for the integration of social determinants of health and health equity into WHO programmes, policies and strategies and those within countries
- Document and disseminate lessons learnt and good practices on addressing the social determinants of health and health equity in WHO strategies, policies and programmes and those within countries

**Headquarters deliverables**

- Develop guidance and tools to build capacity and support the integration of social determinants of health and health equity into national, regional, and global health programmes and strategies
- Document and disseminate lessons learnt and good practices on integrating the social determinants of health and health equity into health programmes, policies and strategies, in collaboration with regional and country offices

**Output 3.4.3. Trends and progress monitored on action on the social determinants of health and health equity, including within the universal health coverage, sustainable development goals and post-2015 development agenda frameworks**

Output indicator	Baseline	Target
Regional and global trends and progress on action on the social determinants of health and health equity monitored and reported	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support the collection, analysis, dissemination and use of data on actions taken to address the social determinants of health and health equity at the national level, including within the context of global monitoring on the sustainable development goals, post-2015 development agenda and 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 to monitor the regional situation and trends on action to address the social determinants of health and health equity, including within the context of global monitoring on the universal health coverage, sustainable development goals and post-2015 development agenda frameworks<sup>1</sup>
- Provide technical support to country offices for strengthening national health information to address the social determinants of health and health equity

**Headquarters deliverables**

- Monitor and report on the global situation and trends on action to address social determinants of health and health equity by undertaking the aggregation, validation, analysis, dissemination and use of health-related data, including within the context of the universal health coverage, sustainable development goals and post-2015 development agenda frameworks<sup>1</sup>
- Provide technical support to regional and country offices for strengthening national health information to address the social determinants of health and health equity

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<sup>1</sup> Subject to revision depending on the formulation of the next generation of sustainable development goals in September 2015.

## Health and the environment

### Outcome 3.5. Reduced environmental threats to health

Outcome indicators	Baseline	Target
Proportion of the population without access to improved drinking-water sources	9% (2015)	7% (2017)
Proportion of the population without access to improved sanitation	37% (2010)	30% (2017)
Proportion of the population relying primarily on solid fuels for cooking	40.4% (2015)	39.8% (2017)

#### Output 3.5.1. Country capacity strengthened to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks

Output indicator	Baseline	Target
Number of countries with national monitoring systems in place to assess the health risks from the lack of water and sanitation	To be finalized for the World Health Assembly version	

#### *Country office deliverables*

- Strengthen national capacity to assess and manage the health impacts of environment risks, including through health impact assessment and support for the development of national policies and plans on environmental health and workers' health
- Convene partners and support the strengthening of national capacity for preparedness and response to environmental emergencies, related to, for example, climate, water, sanitation, chemicals, air pollution and radiation, as well as to environmental health in other emergencies, including within the context of the International Health Regulations (2005)

#### *Regional office deliverables*

- Develop regional strategies/action plans on environmental health, including on water, sanitation, waste, air pollution, chemicals and climate change, and on occupational health
- Backstop country offices in supporting the implementation of assessments, development of policies, regulations, and strengthening of health systems to manage environmental threats to health and to promote and protect workers' health, including during environmental emergencies
- Advocate for and strengthen partnerships among regional agencies within and outside the health sector

#### *Headquarters deliverables*

- Develop methodologies and tools and generate evidence to support 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
- Lead in the formulation of global strategies/action plans on environmental and workers' health issues and strengthen global cooperation and partnerships to address environmental and occupational determinants of health
- Complement regional office capacity for technical assistance in highly specialized technical areas



**Output 3.5.2. Norms and standards established and guidelines developed on 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**

Output indicator	Baseline	Target
Number of countries that have developed new or revised existing policies or national standards based on WHO guidelines for environmental and occupational health risks	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in the implementation of guidelines and the adaptation of tools and methodologies for preventing and managing the health impacts of environmental and occupational risks

**Regional office deliverables**

- Adapt guidelines, when necessary and in agreement and coordination with headquarters, to apply norms and standards to regional context, and provide guidance and technical backstopping to countries for implementation

**Headquarters deliverables**

- Develop norms, standards and guidelines on environmental and occupational health risks and guidelines for implementing them, taking into account the evidence generated from regions and countries

**Output 3.5.3. Public health objectives addressed in implementation of multilateral agreements and conventions on the environment and in relation to the new sustainable development goals and post-2015 sustainable development agenda**

Output indicator	Baseline	Target
Degree to which public health issues are recognized in the post-2015 sustainable development agenda, for example, access to clean energy in health care facilities or reduction in the prevalence of disease attributed to air pollution	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Convene meetings of partners and conduct policy dialogue to raise the profile of public health issues in the environment and sustainable development national agenda and to support countries in the implementation of agreed provisions of multilateral agreements and conventions on the environment

**Regional office deliverables**

- Advocate for multisectoral cooperation among regional stakeholders and promote the health agenda in regional initiatives on environment and sustainable development, for example as part of regional interministerial fora
- Monitor the environmental and occupational health situation and trends at the regional level, and contribute to global monitoring efforts as relevant

**Headquarters deliverables**

- Convene and lead global fora among other United Nations bodies, international donors, and agencies dealing with public health issues in relation to the environment and sustainable development
- Advocate for the inclusion of public health issues in the establishment and implementation of multilateral agreements, conventions and global initiatives on the environment and sustainable development

- Monitor the environmental and occupational health situation and trends at the global level, including within the context of the sustainable development goals

### 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	74.4	12.1	15.8	7.0	17.5	11.2	61.0	<b>199.0</b>
<i>* Research in human reproduction</i>	–	–	–	–	–	–	42.9	<b>42.9</b>
Ageing and health	1.6	1.1	1.3	1.4	0.9	2.2	4.7	<b>13.2</b>
Gender, equity and human rights mainstreaming	2.2	2.0	1.9	1.2	1.1	1.7	6.4	<b>16.5</b>
Social determinants of health	9.5	4.2	2.5	6.9	2.9	1.0	7.1	<b>34.1</b>
Health and the environment	8.7	12.8	7.5	21.5	5.6	8.7	33.9	<b>98.7</b>
<b>Subtotal</b>	<b>96.3</b>	<b>32.2</b>	<b>29.0</b>	<b>38.0</b>	<b>28.0</b>	<b>24.8</b>	<b>156.0</b>	<b>404.4</b>

## CATEGORY 4. HEALTH SYSTEMS

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

Strong and equitable health systems have been recognized as prerequisites for fighting poverty and fostering development. Despite concerted efforts, more than one billion people still cannot obtain the health services they need, because those services are either inaccessible, unavailable, unaffordable or of poor quality. Furthermore, the world suffers from widening inequities, with around 100 million people being pushed into poverty every year as they have to pay out-of-pocket expenses for health services.

Although the development of prepayment mechanisms is a key component of universal health coverage, the inefficient use of funds adversely affects access to, and quality of, health services and contributes to inadequate staffing, lack of essential medicines, poorly-enforced regulation of providers, inadequate quality of services and insufficient evidence-based priority setting. In *The world health report 2010*<sup>1</sup> it was estimated that between 20% and 40% of all health spending is currently wasted through inefficiency. The potential health gains from redirecting those resources to improve population health are enormous in all countries as health is one of the world's biggest economic drivers, with US\$ 7.1 trillion spent annually (2012 figure) and an annual expenditure growth rate of 6.7% over the past decade.

The Programme budget 2016–2017 for the first time encompasses work to meet the existing and new health priorities derived from the post-2015 sustainable development goals. In this context, work on health systems will need scaling up to support Member States in fulfilling their needs and demands for enhancing health gains fostered by the Millennium Development Goals, for combatting the noncommunicable diseases epidemic, emerging diseases and disasters, for tackling new challenges such as growing antimicrobial resistance, and for moving closer to universal health coverage, guided by the power and compatibility of both universal health coverage and social determinants of health frameworks and approaches to achieve better health and equity.

In the biennium 2016–2017, a paradigm shift is needed in order to better align the work on sustainable health financing, with new models of service delivery addressing access to and quality of care, and on improved efficiency and performance of health systems. Indeed, the latter attributes will be essential for unlocking resources needed to address the unfinished Millennium Development Goals agenda, as well as new challenges for all countries, linked in particular to increased need for long-term care, especially due to the rise of noncommunicable diseases, violence and injuries, and ageing societies.

This category consists of interrelated programme areas working to improve population health through sustainable and well-performing health systems. In the biennium 2016–2017, the Secretariat will support Member States in developing such health systems to move towards universal health coverage as they develop, implement and monitor evidence-informed and comprehensive national health policies, strategies and plans; putting in place sound health governance and financing systems; assuring the availability of equitable, integrated, people-centred health services provided by an adequate and competent workforce, distributed where needed and equipped with the right skills and competencies through transformational education towards working in multidisciplinary teams; facilitating access to affordable, safe and effective medicines and other health technologies; enhancing health information systems; and strengthening capacity for research for health and for generation and management of knowledge and evidence to improve health interventions and inform policy-making.

### National health policies, strategies and plans

National health policies, strategies and plans are essential for defining country priorities and budgets and a vision for improving and maintaining the health of people, improving financial risk protection and moving closer to universal health coverage. Ideally, these plans go beyond the health sector and are flexible and

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<sup>1</sup> The world health report 2010. Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010.

responsive at times of crisis. WHO supports the institutionalization of policy and strategy development based on policy dialogue and the elaboration and implementation of health financing strategies. Measures to improve governance of the health system will be essential for increasing transparency and raising the level of accountability among all stakeholders. WHO's work in this programme area will build on the best evidence generated by countries worldwide and promote values of equity, solidarity and human rights.

During the past five years, The Secretariat has supported more than 75 Member States in developing, implementing and monitoring their national health plans. More than 30 are expected to develop or update their plans in 2016 and 2017, and WHO will work with them on strategies to move closer to universal health coverage, strengthen overall health governance frameworks and capacities in increasingly decentralized systems, and support ministries of health to engage with other sectors, civil society and development partners in policy dialogue.

The Secretariat will support countries in developing and implementing the legislative frameworks required and in ensuring that national health plans include financing strategies and policies that facilitate movement towards universal health coverage. This encompasses setting standards and maintaining global databases on national health policies, strategies and plans, financial protection and health expenditures. The generation of evidence on best practices, tool development and application, institutional capacity development and dissemination of lessons learnt globally will be key components.

The Secretariat will also emphasize intersectoral and multistakeholder approaches that are needed for whole-of-government approaches to national and regional health strategies.

Finally, the Secretariat will continue to support the International Health Partnership (IHP+) principles of ownership of health priorities by low- and middle-income countries, predictable funding, harmonization and alignment with country systems and mutual accountability for results.

### **Integrated, people-centred health services**

Many countries continue to have health services that are unavailable or poorly organized and facilities that are inadequately staffed, have long waiting times, do not conform to people's cultural, ethnic or gender preferences, or are not well managed. Even when services are accessible, they can be of poor quality, endangering the safety of patients and compromising health outcomes. Coupled with a shortage in and inadequate distribution of skilled health professionals – such as physicians, nurses, midwives, pharmacists, midlevel health workers, laboratory workers, educators and regulators – considerable pressure is placed on countries in addressing their population health needs. Driven by population growth and current production rates, projections show that there will be a global deficit of 12.9 million skilled health professionals by 2035. This problem therefore requires urgent action, and the Secretariat will support Member States and other partners in implementing a new global strategy for human resources for health, to be considered by the Sixty-ninth World Health Assembly in 2016, which will outline the medium-term vision to address the main challenges with regard to deficit, distribution, management, deployment and retention of health personnel, building on the many achievements under the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The Secretariat will support Member States in their efforts to accelerate progress towards universal health coverage by reviewing their health systems to maintain and expand access to high-quality, safe and integrated health services through the life-course, from promotion, prevention, care (including long-term care) and rehabilitation, to palliation, with strong links to social services.

In the biennium 2016–2017, the Secretariat will support countries in adopting and implementing integrated and people-centred health service approaches. Countries will need to examine new, innovative models of health care delivery across the continuum of care as well as to scale up and improve training and education of health workers, ensure their proper professional recognition and certification, and promote equitable distribution and retention. Transformational change in education is required, including task shifting among health and community workers, which will increase cost-effective services and ultimately lead to cost savings.

This change will undoubtedly involve investment, but by looking at more efficient models of health workforce and services organization, significant resources could be unlocked. WHO will renew its vision on primary health care as an important approach to scale up interventions towards universal health coverage, and support countries in effectively governing and managing hospitals as part of an efficient and integrated health delivery system. In some regions, hospital governance and management will need to be strengthened and the focus on hospital reforms will be a priority and will go hand in hand with strengthening of 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 the health services.

In the biennium 2016–2017, The Secretariat will support the reform of health and social care institutions and services, and strengthen public health capacity within health systems and as part of broader multisectoral approaches tackling the upstream determinants of health, in order to better address the wider challenges, such as the increase in the prevalence of noncommunicable diseases, violence and injuries, ageing societies and the lack of knowledge management necessary for new health technologies. The Secretariat will support the capacity strengthening of public health, medical, and social professionals on multisectoral approaches, which is needed in order to address these challenges.

### **Access to medicines and other health technologies and strengthening regulatory capacity**

Universal access to health services is heavily dependent on access to affordable medicines and other health technologies (vaccines, diagnostics and devices) of assured quality and which are used rationally and cost-effectively. This area has therefore been highlighted as one of the six WHO leadership priorities as outlined in WHO's Twelfth General Programme of Work 2014–2019. Economically, medicines and other health technologies are the second largest component of most health budgets (after human resource 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 assured.

In the biennium 2016–2017, WHO will continue to support the development of comprehensive national policies on medical products, based on good governance principles, rational procurement and pricing policies, appropriate prescription, and rational use.

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

Antimicrobial resistance is an increasing threat to global public health and global health security. Combating it requires a system-wide approach. WHO will intensify strengthening of national and regional regulatory systems and promote the rational use of medicines and other medical technologies, which will constitute an important component of the global action plan on antimicrobial resistance. The Secretariat will continue to enhance and broaden WHO's prequalification programme to ensure availability of affordable, good-quality priority medicines, diagnostics and vaccines to those in need.

Over time, the development of, and support for, regional or national regulatory authorities and systems will constitute a major priority for WHO's work in this area, gradually reducing reliance on global prequalification programmes. These 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 the implementation of the global strategy and plan of action on public health, innovation and intellectual property and the evaluation of its effectiveness. This work will include promoting innovation capacity in low- and middle-income countries, strengthening country

capacity to manage intellectual property rights issues, stimulating technology transfer and facilitating local production to increase access to and 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, on drug dependence, on biological standardization, on international nonproprietary names and on 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. Allocation of resources and development of national policies, as well as action and decision-making, should be guided by accurate, up-to-date and complete information on health situations and trends and on evidence of what works and at what cost. However, health information systems are still inadequate in many countries.

Capacity for engaging in research, following globally-accepted ethics principles, for knowledge generation and translation into policy and practice for strategic use, and seamless integration of information and communications technology into health systems, are also among the challenges facing Member States, as is the lack of equitable and sustainable access to health knowledge.

The Secretariat will support Member States in the strengthening of health information systems, with an emphasis on the use of innovative approaches in data collection, transfer, analysis and communication. It will also be important to strengthen health management information systems and capacity for administering health surveys. Special attention will be given to strengthening civil registration and vital statistics systems, facilitating monitoring of universal health coverage and health system performance assessment, and electronic reporting systems from individual to aggregate records.

In the biennium 2016–2017, WHO will monitor and disseminate the health situation and trends at global, regional and national levels through global and regional health observatories. WHO will further update the international classification systems, which are used to guide provision of health services and to maintain epidemiological and other records, including accurate mortality statistics.

The development of mHealth and eHealth applications is increasingly showing the potential to change the way health services are delivered, guided by national eHealth strategies. WHO will continue to support countries in promoting the use of coherent eHealth strategies and better standardization and interoperability of information systems, innovation and eLearning, 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 information sharing on clinical trials and health research, managing and supporting knowledge networks, generating and translating evidence into policies and practices and promoting the appropriate use of information and communication technologies.

Finally, the Secretariat will support Member States in strengthening their health research systems and promote the ethical conduct of research and adherence to ethical governance of public health practices.

### **Linkages with other programmes and partners**

To make a quantum leap in the move towards universal health coverage, synergies and collaboration between technical programmes within WHO and beyond need to be strengthened. Intra and inter-category collaboration will be best focused by supporting countries throughout the three levels of the Organization. An example of such inter-category work for scaling up universal health coverage at the country level is health services delivery. Health services delivery must link WHO's health systems development work to the disease- or population-specific service delivery programme areas in other categories, such as maternal, child,

adolescent, adult and older people's health (category 3); immunization, HIV/AIDS, tuberculosis, malaria and other infectious diseases (category 1); and noncommunicable diseases and violence and injury prevention (category 2). As health systems are essential in the preparation for, response to, and recovery from health emergencies of all types, there is also an integral link with category 5. Category 4 also has linkages with WHO's cross-cutting work on gender, human rights, equity and the social determinants of health.

Beyond WHO, health systems are the enablers for maximizing health and, as such, category 4 by nature 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 with actors beyond 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) to ensure that the labour conditions are conducive to reduce the current and future health workforce gap. Maximizing access to medicines and other health technologies will require collaboration with WIPO and WTO on intellectual property and trade issues, respectively. Work on eHealth and mHealth will continue to be conducted jointly with ITU, in collaboration with international standard-setting organizations.

Certain priority areas of work will need engagement across the three levels of the Organization and across categories and sectors. Combating antimicrobial resistance is one of these areas, and as such it will provide an opportunity for category 4 to demonstrate its capacity to bring together all the other categories in support of a crucial public health challenge.

## National health policies, strategies and plans

**Outcome 4.1. All countries have comprehensive national health policies, strategies and plans aimed at moving towards universal health coverage**

Outcome indicator	Baseline	Target
Number of countries that have a comprehensive national health sector policy/strategy/plan with goals and targets updated within the last 5 years	To be finalized for the World Health Assembly version	

**Output 4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans**

Output indicator	Baseline	Target
Number of countries that have monitored the progress of their national health policy/strategy/plan during the biennium	To be finalized for the World Health Assembly version	

### **Country office deliverables**

- Facilitate the development and implementation of a comprehensive national health policy/strategy/plan in line with the IHP+ or similar principles
- Support health officials in engaging with stakeholders in other sectors, civil society and development agencies in policy dialogue to develop and implement national health policies, strategies and plans, taking into consideration social determinants of health and other cross-cutting issues, values and principles
- Identify needs and provide support to strengthen country governance capacity, including the legislative and regulatory frameworks required to increase accountability and transparency

### **Regional office deliverables**

- Provide technical support to country offices to develop, implement and monitor a comprehensive national health policy/strategy/plan in line with the IHP+ or similar principles

- Generate and share regional best practices and lessons learnt on engaging with other sectors and civil society in policy dialogue to develop and implement national health policies, strategies and plans
- Develop and/or adapt to the regional context global tools and approaches for improving health system governance, including legal and regulatory frameworks required to increase accountability and transparency

#### ***Headquarters deliverables***

- Coordinate with global and national partners to facilitate the alignment of support; and provide specialized assistance to country and regional offices in the process of developing, implementing and monitoring comprehensive national health policies/strategies/plans, in line with the IHP+ or similar principles
- Generate international best practices to facilitate high-level multistakeholder policy dialogue for health system reform towards universal health coverage
- Develop tools and approaches for health system governance, including legal and regulatory frameworks, to increase accountability and transparency and enable progress towards universal health coverage

#### **Output 4.1.2. Improved national health financing strategies aimed at moving towards universal health coverage**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries monitoring and reporting their progress in financial risk protection	To be finalized for the World Health Assembly version	

#### ***Country office deliverables***

- Support country-level advocacy and policy dialogue on health financing and financial protection for universal health coverage
- Support countries in institutionalizing monitoring of the 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, incorporating lessons learnt from other countries, or regional and global experiences

#### ***Regional office deliverables***

- Provide technical assistance to country offices to support Member States in leading policy dialogue and institutional capacity development on health financing for universal health coverage
- Facilitate regional contributions to the annual updates of the global health expenditure database and support countries in monitoring financial protection and access
- Synthesize and disseminate lessons learnt from regional health financing reform experiences

#### ***Headquarters deliverables***

- Provide specialized assistance to country and regional offices to support Member States in leading policy dialogue on health financing for universal health coverage
- Set standards and maintain global databases on financial protection and health expenditures
- Analyse best practices and synthesize and disseminate lessons learnt from health financing reforms globally
- Develop and refine tools for costing and cost-effectiveness analysis of health services and technologies to promote evidence-informed decision-making



## Integrated people-centred health services

**Outcome 4.2. Policies, financing and human resources are in place to increase access to integrated people-centred health services**

Outcome indicators	Baseline	Target
Number of countries that are implementing integrated services	To be finalized for the World Health Assembly version	
Proportion of countries facing critical health workforce shortages	To be finalized for the World Health Assembly version	

**Output 4.2.1. Policy options, tools and technical support to countries for equitable people-centred integrated service delivery and strengthening of public health approaches**

Output indicator	Baseline	Target
Number of countries implementing integrated service strategies through different options/models of care delivery matched with their infrastructure, capacities and resources	To be finalized for the World Health Assembly version	

### ***Country office deliverables***

- Identify capacity strengthening needs, and support countries to adapt and implement a WHO global strategy on integrated people-centred service delivery
- Promote and disseminate, at national and local levels, successful approaches based on public health principles in order to reduce inequalities, prevent disease, protect health and increase well-being through different options/models of care delivery matched with their infrastructure, capacities and resources
- Provide support to delineating the role of hospitals within integrated, people-centred health service delivery systems, including strengthening their governance and accountability

### ***Regional office deliverables***

- Consolidate lessons learnt and best practices from countries of the region, and provide platforms for sharing information on successful models of service delivery for universal health coverage
- Provide technical assistance to country offices to support Member States in engaging stakeholders on delivery of integrated people-centred services
- Adapt as appropriate, and assist in the implementation of, a WHO global strategy on integrated people-centred service delivery
- Share regional and global experiences and provide technical assistance to country offices to strengthen hospital care and management, including hospital governance and accountability as part of an efficient, integrated and people-centred service delivery system

### ***Headquarters deliverables***

- Monitor the implementation of the WHO global strategy on integrated people-centred service delivery to achieve universal health coverage in a continuum from promotion to palliation
- Collect, analyse, synthesize and disseminate successful models of service delivery to facilitate adaptation at the regional and country levels
- Collate, analyse and disseminate evidence of best practices and models, and provide specialized technical assistance to Member States on the governance and accountability of hospitals as part of an efficient, integrated and people-centred service delivery system

**Output 4.2.2. Countries enabled to develop and implement health workforce strategies oriented towards universal health coverage**

Output indicator	Baseline	Target
Number of countries that have a strategy/strategic plan on human resources for health in support of the national health sector objectives towards universal health coverage	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support Member States in the collection, analysis and use of data for the formulation and implementation of strategies on human resources for health, including in the monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel
- Provide policy advice and support to strengthening country capacity to develop and implement human resources for health strategies, including regulation of health professionals
- Provide support to Member States for transforming, scaling up and regulating health professionals' education and training

**Regional office deliverables**

- Update, strengthen and integrate regional databases and observatories on human resources for health as part of health information systems; monitor progress at national and regional levels on implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel
- Assist country offices in supporting Member States in implementing the WHO global strategy for human resources for health
- Adapt to the regional contexts WHO's guidelines on transforming and scaling up health professionals' education and training

**Headquarters deliverables**

- Update and maintain the global databases on human resources for health, as part of health information systems, and health workforce statistics, including monitoring the implementation of the Global Code of Practice on the International Recruitment of Health Personnel
- Develop and implement the WHO global strategy for human resources for health
- Collate, analyse and disseminate evidence of best practices to support the implementation of the WHO guidelines on transformative education

**Output 4.2.3. Increase country capacity to improve patient safety and quality of services, and for patient empowerment**

Output indicator	Baseline	Target
Number of countries measuring and improving quality of health services at the national level	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Identify national capacity-strengthening needs and support Member States in increasing the quality and safety of health services, including through regulation, accreditation and measurement of outcomes
- Facilitate the engagement and empowerment of communities and patients through patients' initiatives, networks and associations

**Regional office deliverables**

- Develop a mechanism for collecting and sharing best practices and models on patient engagement and empowerment at regional level
- Develop policies, guidelines and innovative tools to support the strengthening of quality and safety of health services, including traditional and complementary medicine
- Assist country offices in supporting Member States in implementing regulatory frameworks for accreditation and regulation of health facilities and workforce, including private providers
- Facilitate and support regional networks for providers (e.g. innovative hospital-to-hospital partnerships) and for the engagement of communities and patients through the Patients for Patient Safety network and other patients' initiatives and associations

**Headquarters deliverables**

- Provide expertise to Member States where additional capacity is needed in specialized areas relating to safety and quality of health services
- Facilitate the design and implementation of policies and tools for strengthening the quality and safety of health services
- Provide the best evidence and develop regulatory frameworks for accreditation and regulation of health facilities and workforce, including private providers
- In collaboration with regional and country offices develop best practices and support networks of providers, and promote the engagement of communities and patients' empowerment through patients' initiatives, networks and associations
- Build consensus and develop a normative and ethical framework and approaches for self-sufficiency and the non-commercial use of tissues of human origin

**Access to medicines and health technologies<sup>1</sup> and strengthening regulatory capacity****Outcome 4.3. Improved access to and rational use of safe, efficacious and quality medicines and other health technologies**

Outcome indicator	Baseline	Target
Availability of tracer medicines in the public and private sectors	To be finalized for the World Health Assembly version	

**Output 4.3.1. Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to medicines and other health technologies; and to strengthen their evidence-based selection and rational use**

Output indicator	Baseline	Target
Number of countries with national policies for medicines and other health technologies updated within past five years	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support the collection of information on access to medicines and other health technologies and on the country's pharmaceutical and/or health technology sector situation and profile

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<sup>1</sup> As stated in resolution WHA60.29, the term "health technologies" refers to devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve the quality of lives.

- Provide technical support to Member States to revise and implement national policies on medicines and other health technologies, including traditional and complementary medicines
- Strengthen capacities of Member States to promote access and rational use of medicines and other health technologies and services
- Support Member States in collecting and analysing data on consumption of antimicrobials and develop a system-wide approach to address antimicrobial resistance

#### ***Regional office deliverables***

- Collect, analyse, synthesize and disseminate best practices to assist country offices in supporting the development of national policies on medicines and other health technologies, including for traditional and complementary medicines
- Develop and enhance regional observatories and databases on the pharmaceutical and health technology sectors to support access to medicines and other health technologies
- Adapt to regional context and implement the WHO traditional medicine strategy: 2014–2023
- Assist country offices in supporting Member States in the adaptation and implementation of technical guidelines to promote access to, and the evidence-based selection, health technology assessment and rational use of, medicines and other health technologies
- Provide technical assistance to country offices to support Member States in collecting and analysing data on consumption of antimicrobials and in developing a system-wide approach to address antimicrobial resistance

#### ***Headquarters deliverables***

- Develop guidance, based on evidence and best practices, on policies on medicines and other health technologies, including on traditional and complementary medicines
- Enhance and maintain the global observatories/databases and data analyses to promote access to essential medicines and health technologies
- Promote the implementation of the WHO traditional medicine strategy: 2014–2023
- Develop technical guidelines and norms to support access to, and evidence-based selection, health technology assessments and rational use of, medicines and other health technologies
- Collect and consolidate information on the global consumption of antimicrobials, and share best practices on policies and approaches to develop a system-wide approach to contain antimicrobial resistance

### **Output 4.3.2. Implementation of the global strategy and plan of action on public health, innovation and intellectual property**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that report data on research and development investments for health	To be finalized for the World Health Assembly version	

#### ***Country office deliverables***

- Collect information on progress and challenges in the implementation of the global strategy and plan of action on public health, innovation and intellectual property; identify needs and provide support to strengthening the capacity to implement elements of the global strategy

#### ***Regional office deliverables***

- Establish, update and maintain regional observatories on research and development for health, or a regional web-based platform on health innovation and access to health technologies

- Provide regional support for the implementation of the various elements of the global strategy and plan of action on public health, innovation and intellectual property

#### ***Headquarters deliverables***

- Establish a global observatory on research and development for health, and produce global progress reports on the implementation of research and development for health, and on innovation capacity
- Strengthen innovation capacity for research and development of medicines and other health technologies through dissemination of policy options on the application and management of intellectual property
- Provide oversight and support to the implementation of the global strategy and plan of action on public health, innovation and intellectual property

#### **Output 4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of national regulatory authorities ensuring essential regulatory functions	To be finalized for the World Health Assembly version	

#### ***Country office deliverables***

- Provide support and build national capacity for implementing WHO technical guidelines, norms and standards for quality assurance and safety of health technologies, including traditional and complementary medicines
- Collaborate with Member States to strengthen their national regulatory authorities for medicines and other health technologies
- Support data collection and reporting for national regulatory authority on safety issues with medicines and other health technologies, including reporting on substandard/spurious/falsely-labelled/falsified/counterfeit medical products, pharmacovigilance, haemovigilance and technovigilance

#### ***Regional office deliverables***

- Provide technical assistance to country offices to strengthen national regulatory authorities, including implementation of WHO norms and standards for quality assurance and safety of health technologies, including traditional and complementary medicines
- Facilitate the progressive convergence of regulatory practices across countries within the region, in order to improve their quality and efficiency
- Support global initiatives to develop new models for the prequalification of medicines and other health technologies
- Facilitate regional platforms to foster international collaboration and sharing of best practices on safety, pharmacovigilance and monitoring and regulation of the supply chains, and to raise awareness on substandard/spurious/falsely-labelled/falsified/counterfeit medical products

#### ***Headquarters deliverables***

- Develop and support the application of global technical guidelines, norms and standards for the quality assurance and safety of medicines and other health technologies, including for traditional and complementary medicines
- Provide leadership to strengthen regulatory systems, at national and multi-country levels, and facilitate progressive convergence of regulatory practices by promoting interaction between different networks or initiatives

- Prequalify medicines and other health technologies for international procurement, while developing and piloting new models of prequalification
- Facilitate global platforms to foster international collaboration and sharing of best practices on safety, pharmacovigilance and monitoring and regulation of the supply chains, and to raise awareness on substandard/spurious/falsely-labelled/falsified/counterfeit medical products

## Health systems, information and evidence

### Outcome 4.4 All countries have properly functioning civil registration and vital statistics systems

Outcome indicator	Baseline	Target
Number of countries that report cause of death information using the International Classification of Diseases, 10th revision	To be finalized for the World Health Assembly version	

### Output 4.4.1 Comprehensive monitoring of the global, *regional* and country health situation, trends and determinants, using global standards, including on health inequality and health systems performance

Output indicator	Baseline	Target
Number of countries that produce reports on health situation and trends, health inequalities and health system performance assessments, that include cause of death information, generated by a comprehensive civil registration and vital statistics system and using the International Classification of Diseases, 10th revision	To be finalized for the World Health Assembly version	

#### ***Country office deliverables***

- Support strengthening of national health information systems, including the implementation of standards, tools and guidance
- Support Member States in collecting, analysing and using core health indicators for national, regional and global reporting on priority health issues

#### ***Regional office deliverables***

- Consolidate and disseminate regional information and statistics on health, health financing and health workforce situations and trends, and on equitable access to health services
- Provide technical support to country offices and adapt tools and guidance for strengthening national health information systems and for monitoring and reporting on progress towards regional targets

#### ***Headquarters deliverables***

- Generate and consolidate information and corresponding global, regional and national statistics through WHO's Global Health Observatory to support evidence-informed policy-making
- Develop, revise and publish standards for health information
- Develop tools and guidance to strengthen national health information systems and monitor progress towards global targets

**Output 4.4.2. Countries enabled to plan, develop and implement an eHealth strategy**

Output indicator	Baseline	Target
Number of countries that have developed an eHealth strategy in support of national health priorities	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support capacity-building and partnerships in developing and implementing a national eHealth strategy

**Regional office deliverables**

- Collect and synthesize good practices and facilitate access to knowledge, experience, resources and networks to build the evidence base in eHealth
- Support country offices in the development and implementation of national eHealth strategies

**Headquarters deliverables**

- Collaborate with other organizations of 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
- Build the evidence base on eHealth and disseminate through the WHO Global Observatory for eHealth

**Output 4.4.3. Knowledge management policies, tools, networks and resources developed and used by countries to strengthen their capacity to generate, share and apply knowledge**

Output indicator	Baseline	Target
Number of visits to the WHO electronic knowledge assets and resources from countries (annual)	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Establish mechanisms for continually strengthening national capacity for knowledge management and translation in support of implementing public health policies and interventions
- Identify national expertise for potential incorporation into the global compendium of national expertise
- Advocate with countries to make good use of WHO's information products and knowledge management platforms, advise technical producers which formats/languages are appropriate, and support the use of knowledge management platforms, including the Health InterNetwork Access to Research Initiative (HINARI) and WHO's Institutional Repository for Information Sharing (IRIS)

**Regional office deliverables**

- Provide technical support to country offices to strengthen national capacity to identify, generate, translate and use evidence for policy, through platforms for knowledge translation
- Support the relevance and quality of regional networks of WHO collaborating centres to contribute to national, regional and global health priorities
- Facilitate and sustain access to key information products and resources, including regional Index Medicus databases, the Health InterNetwork Access to Research Initiative (HINARI) and WHO's Institutional Repository for Information Sharing (IRIS)
- Produce, publish and disseminate information products in line with regional priorities and in relevant languages and formats

- Support capacity-building of WHO staff in knowledge management, including use of knowledge tools, access to key information products and resources, access to the Global Information Full Text (GIFT) project and other resources, publishing, and librarianship

#### **Headquarters deliverables**

- Develop tools and methodologies to strengthen national capacity to identify, translate and use evidence for policy through platforms for knowledge translation
- Support national, regional and global health priorities through the global network of WHO collaborating centres, advisory and expert committees/panels, and compendium of national expertise
- Consolidate the Institutional Repository for Information Sharing (IRIS) as the only repository for all WHO information products, promote the use of the Global Index Medicus, and provide access to medical, technical and scientific literature to all low-income countries, including through the Health InterNetwork Access to Research Initiative (HINARI)
- 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 to 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 4.4.4. Tools and support provided to promote research for health and address ethical issues in research as well as in health services and public health**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that have a functional governance structure for research for health	To be finalized for the World Health Assembly version	

#### **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 research ethics
- Support Member States in identifying and addressing ethical issues related to implementation of public health programmes and health service delivery

#### **Regional office deliverables**

- Facilitate regional priority-setting for health research
- Establish and strengthen WHO regional research ethics review committees and provide technical assistance to country offices to support national ethics reviews committees
- Assist country offices in supporting Member States in developing capacity for governance of research and conducting research for health, and registration of clinical trials
- Provide technical assistance to country offices to support Member States in identifying and addressing ethical issues related to implementation of public health programmes and service delivery



**DRAFT PROPOSED PROGRAMME BUDGET 2016–2017*****Headquarters deliverables***

- Facilitate priority-setting and the consolidation of a global research for health agenda
- 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

**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	21.6	14.5	17.6	12.5	11.9	15.3	34.2	<b>127.5</b>
Integrated people-centred health services	28.6	6.0	15.0	12.4	21.2	23.9	48.0	<b>155.1</b>
Access to medicines and health technologies and strengthening regulatory capacity	14.3	5.7	11.0	5.3	10.3	8.9	100.3	<b>155.8</b>
Health systems information and evidence	18.4	4.5	8.0	9.8	11.2	6.0	60.5	<b>118.4</b>
<b>Subtotal</b>	<b>82.9</b>	<b>30.7</b>	<b>51.6</b>	<b>40.0</b>	<b>54.6</b>	<b>54.1</b>	<b>243.0</b>	<b>556.8</b>

## CATEGORY 5. PREPAREDNESS, SURVEILLANCE AND RESPONSE

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**Reducing mortality, morbidity and societal disruption resulting from epidemics, natural disasters, conflicts and environmental, chemical, radio-nuclear and food-related emergencies, and antimicrobial resistance, through prevention, preparedness, response and recovery activities.**

This category focuses on strengthening institutional, international, and country capacities for the prevention, preparedness, response and recovery required for all types of hazards, risks and emergencies that pose a threat to human health. These capacities for health in emergencies include those required by the International Health Regulations (2005), as well as hazard-specific capacities related to natural disasters, conflict, emerging or re-emerging human and zoonotic diseases with the potential to cause outbreaks, epidemics or pandemics, food-safety incidents, chemical and radio-nuclear incidents, and antimicrobial drug resistance.

This category also works towards achieving rapid, effective and predictable response operations in acute and protracted emergencies from any hazard with health consequences. To do this, WHO maintains core staff to lead, manage, monitor and report on emergency response operations, particularly at country level in protracted humanitarian emergencies, and at the global level for new and emerging infectious diseases. Within this category, WHO responds to one of the most prominent hazards to health today as it works with partners to complete the global eradication of polio.

The work of category 5 is guided by global instruments that align and describe the Secretariat's work across all hazards and across all phases of the emergency and disaster management cycle. These instruments include WHO's framework for strengthening core capacities for health related to all types of emergencies and risks, its Emergency Response Framework, and WHO's framework for response in protracted humanitarian emergencies. Existing multilateral, international and regional frameworks and mechanisms will be fully implemented, particularly those of the International Health Regulations (2005), the Pandemic Influenza Preparedness Framework, the Global Action Plan for Influenza Vaccines, the United Nations Inter-Agency Standing Committee's transformative agenda, the Codex Alimentarius Commission, chemical conventions, global and regional platforms for disaster risk reduction, the International Food Safety Authorities Network, the tripartite WHO, FAO and OIE One Health initiative, the International Association for Conflict Management, and the Global Polio Eradication Initiative and Polio Eradication and Endgame Strategic Plan 2013–2018. Major networks, such as the Global Outbreak Alert and Response Network, the Global Influenza Surveillance and Response System, and the Inter-Agency Standing Committee's Global Health Cluster will be maintained and strengthened.

The work of category 5 is informed by an average of 700 natural and technological emergencies occurring globally every year that affect hundreds of millions of people and cause hundreds of thousands of deaths annually. Approximately 25% of these emergencies, and 44% of these deaths, occur in less developed countries that have limited capacities to prepare for and respond effectively to emergencies, of which communicable diseases are the most frequently reported. An outbreak of even a limited number of cases can spark high levels of concern and activity, while large-scale emergencies cause widespread death and suffering. Irrespective of the hazard, emergencies affect the poorest and most vulnerable people disproportionately. The resulting economic costs average over US\$ 100 billion per year. The appropriate and timely management of these risks requires effective national and international capacities and collaboration.

WHO has adopted a holistic perspective and an all-hazards approach to emergency risk management in its work on category 5. For optimal impact, this approach for health must be integrated into comprehensive international and national plans for emergency risk management that involve all sectors and contribute to improved health outcomes and more resilient communities.

### **Alert and response capacities**

WHO's top priority is to ensure that all obligations under the International Health Regulations (2005) are met. These cover national legislation, policy and financing, coordination and national focal point communications,

surveillance, response, preparedness, risk communication, human resources, and laboratory capacity-building. The Secretariat will provide technical support to countries and report on progress. At the same time, the Secretariat will continue to develop, maintain and exercise the policy and technical guidance and the information management, communication and operational systems needed at global, regional and country levels to detect, verify, assess and coordinate the response to important hazards and risks and important sub-acute and acute public health events when they arise. As at the end of 2013, 80 of 195 countries had met their obligations.

### **Epidemic-prone and pandemic-prone diseases**

Emerging and re-emerging epidemic diseases pose an ongoing threat to global health security. Technical expertise and scientific knowledge are the foundation of effective epidemic prevention and control strategies. The Secretariat will leverage international expertise to: (1) support countries in developing specific prevention and control capacities for selected epidemic- and pandemic-prone diseases; and (2) maintain networks and mechanisms to ensure the global community can address specific epidemic and pandemic threats. In particular, WHO will improve the evidence base for epidemic diseases to inform national and international decision-making; contribute to timely risk assessment, monitoring and field investigation of epidemic diseases of international concern; support affected countries throughout the epidemic cycle of preparedness, response and resilience, including through health care interventions to reduce mortality; and establish and manage global mechanisms to tackle the international dimension of epidemic diseases, including the Pandemic Influenza Preparedness Framework and the International Coordinating Group for the operation of global vaccine stockpiles.

The Secretariat will also focus on the cross-cutting threat of antimicrobial resistance through advocacy, increased surveillance, support to national planning, and global leadership for the development and implementation of the intersectoral global action plan.

### **Emergency risk and crisis management**

The international humanitarian community is facing its most demanding period in decades, with tens of millions of people requiring assistance globally, multiple simultaneous Level 3 emergencies, and funding requirements in the tens of billions of US dollars. Most countries experience a major emergency every five years, often with devastating consequences. In addition, countries with protracted emergencies face the longer term effects of crippled health systems and continually deteriorating public health outcomes.

The Secretariat provides technical assistance and policy advice to support Member States in strengthening national capacities to reduce risks to health from natural disasters, conflict and other humanitarian emergencies, and in responding to such emergencies and disasters. At the global level, WHO plays a leading role in partnerships related to emergency risk management for health and aligns its work with that of the global platform for disaster risk reduction.

The Secretariat also implements a rigorous programme of institutional readiness to respond to any humanitarian emergencies, including from natural disasters and conflict, aligned with the work of the United Nations Inter-Agency Standing Committee's Transformative Agenda and the cluster approach. This readiness work includes, among other key components, the establishment and maintenance of rapid response teams that deploy to implement WHO's critical functions in humanitarian emergencies, and the maintenance of emergency medical stockpiles. To build collective international capacities for humanitarian health action, WHO leads global networks including the Global Health Cluster and the foreign medical teams initiative.

In line with its technical, humanitarian and operational obligations, WHO leads partners in countries with complex protracted emergencies in the development of coordinated and evidence-based health sector response plans. These plans are outlined in the health component of the intersectoral country-level strategic response plans. In these settings, the Secretariat maintains a cadre of qualified core staff under the programme area on Emergency Risk and Crisis Management to lead, manage, monitor and report on the implementation of the life-saving interventions by Health Cluster/health sector partners as described in the

strategic response plans. Short-term staff and activities that are needed in order to implement these life-saving response operations are included in emergency work plans under the programme area on Outbreak and Crisis Response.

### **Food safety**

A safe food supply supports a country's economy and trade and tourism, contributes to food and nutrition security, and stimulates sustainable development. Unsafe food causes many acute and life-long diseases, ranging from diarrhoeal diseases to various forms of cancer. In 2015, WHO will publish estimates of the global burden of foodborne diseases, which are often under-reported, in order to better inform decision-making and prioritization of public health actions.

The principles of detection, assessment, prevention and management of health risks and disease events apply equally to food safety. A key aspect of prevention in the area of food safety is the establishment of internationally harmonized recommendations and standards, based on sound risk assessment. Similarly, preparedness is based on evidence-based risk management options to control major hazards throughout the food chain. WHO's support to capacity-building will be guided by needs assessments of countries and will make the best use of international networks. Future work will continue to pay particular attention to the multisectoral collaboration between the agriculture, animal health and public health sectors.

In the biennium 2016–2017, the Secretariat will continue to promote international norms, standards and recommendations through the Codex Alimentarius Commission, with enhanced participation of Member Countries; serve as the secretariat to the International Food Safety Authorities Network to ensure a rapid international response to food safety emergencies and outbreaks of foodborne disease; convene international expert meetings to perform risk assessments on priority food hazards; provide technical support to countries for building risk-based food safety systems; and act as the secretariat to FAO/OIE/WHO tripartite collaboration with the agriculture sector and the animal and human health sectors, including cross-sectoral monitoring and risk assessment of emerging food related zoonotic diseases and the food safety aspects of antimicrobial resistance.

### **Polio eradication**

In May 2013, the Sixty-sixth World Health Assembly endorsed the Polio Eradication and Endgame Strategic Plan 2013–2018, which aims to end all polio disease through an accelerated programme of work that addresses cessation of wild poliovirus transmission and the phased withdrawal of oral poliovirus strains. Twelve months later, the international spread of polio from a number of the remaining polio-infected areas in three major epidemiological zones led the Director-General to declare a public health emergency of international concern and to make temporary recommendations to stop the spread.

In the context of the Global Polio Eradication Initiative partnership, the Secretariat provides overall coordination of the planning, implementation and monitoring of the polio eradication strategies and works globally and across the four major objectives of the Eradication and Endgame Strategic Plan: the detection and interruption of wild poliovirus transmission; strengthening of routine immunization systems, introduction of inactivated poliovirus vaccine, and withdrawal of oral polio vaccine; certification of eradication and containment of residual live polioviruses; and polio legacy planning and implementation. The Secretariat continues to provide large-scale, field-based technical support to Member States through approximately 7000 personnel deployed in priority geographical areas to enhance surveillance and facilitate activities to stop any residual transmission of wild and/or circulating vaccine-derived polioviruses. These activities include the management of global surveillance for acute flaccid paralysis cases, outbreak response capacity, environmental surveillance for polioviruses, and the Global Polio Laboratory Network. The Secretariat provides guidance and coordinates the full programme of work to allow the withdrawal of the type 2 component of the oral polio vaccine worldwide during this period, including global implementation of the relevant containment activities for type 2 polioviruses. In keeping with the goal of certification of all WHO regions as polio-free by the end of 2018, WHO is implementing the global legacy work plan to mainstream all major long-term

functions of the programme to transition all relevant assets to other priority health programmes upon completion of the Global Polio Eradication Initiative.

### **Outbreak and crisis response**

At global, regional and national levels, WHO plays a critical operational role in responding to acute and protracted emergencies and disasters from any hazard with public health consequences.

Acute emergencies are unpredictable and call for an urgent, and sometimes massive, response by WHO and its partners to the health needs of the affected populations. Depending on the scale, urgency, context and complexity, WHO will determine the requirements of each level of the Organization in any given response effort.

In protracted emergencies, WHO implements life-saving interventions as described in the health component of the Strategic Response Plan, in addition to its core work in developing, monitoring and reporting on the Health Cluster/health sector response plan.

As countries transition from emergency response to recovery, WHO implements early recovery projects as a bridge to longer term collaboration with Member States on health systems strengthening.

### **Linkages with other programmes and partners**

This category is strongly linked to all the other categories of work. The capacities required of Member States for health in emergencies, including those of the International Health Regulations (2005) and other hazard-specific core capacities, are fundamental components of health systems and services. The linkages of category 5 with health systems, particularly in countries recovering from acute and protracted emergencies, are of the utmost importance. This category has strong links with category 1, for the reduction of the burden of communicable diseases, the surveillance and control of which is a major aspect of WHO's responsibilities under the International Health Regulations (2005) and in the context of humanitarian emergencies (including provision of expert guidance on the management of pneumonia, diarrhoeal disease, malaria, tuberculosis and HIV infection in such settings). The work of categories 2, 3 and 4, which are related to the management of noncommunicable diseases, injuries, mental health, environmental health, nutrition, and maternal and reproductive health, also has an important role to play in WHO's work in category 5.

More concrete linkages are in place for implementation of the global action plan for antimicrobial resistance. The action plan is planned and budgeted for across the Organization in many relevant programme areas both within and outside of category 5. Responsibility for maintaining these linkages and for managing, monitoring and reporting on the action plan lies within category 5.

The Secretariat will also use external partnerships to provide support to countries to enhance their core capacities for health in emergencies. WHO will strengthen its interaction with other organizations in the United Nations system and multilateral, bilateral and regional agencies that are active on such issues as disposal of hazardous chemicals, ionizing and non-ionizing radiation, water and food safety, health rights, trauma care and psychosocial support. WHO will continue to be a leading partner in the Global Polio Eradication Initiative in order to ensure that the objectives of the Polio Eradication and Endgame Strategic Plan 2013–2018 are achieved and that the polio endgame is implemented.

## Alert and response capacities

**Outcome 5.1. All obligations under the International Health Regulations (2005) are met**

Outcome indicator	Baseline	Target
Number of countries meeting and sustaining International Health Regulations (2005) core capacities	80 (2013)	195 (2016)

**Output 5.1.1. WHO will monitor the implementation of the International Health Regulations (2005) at country level and provide training and advice in Member States in further developing and making use of core capacities required under the International Health Regulations (2005)**

Output indicator	Baseline	Target
Number of countries supported that have met and sustained International Health Regulations (2005) core capacities within the biennium	To be finalized for the World Health Assembly version	

### **Country office deliverables**

- Support further development and implementation of the national plan for implementation of the International Health Regulations (2005) in countries and continue support countries in maintaining their capacities throughout the biennium
- Facilitate national dialogue across different disciplines, in particular in relation to animal health, food, chemical and radio nuclear safety and points of entry
- Coordinate with National IHR Focal Point to review, analyse and use national information and ensure adequate reporting on implementation of the International Health Regulations (2005)

### **Regional office deliverables**

- Monitor the implementation of the International Health Regulations (2005) in the region and implement strategies to support capacity strengthening for the Regulations at country level
- Develop and/or adapt regional and subregional tools, guidelines and training materials
- Develop guidelines to advocate for, raise awareness of and increase political commitment to the International Health Regulations (2005) core capacity requirements

### **Headquarters deliverables**

- Formulate policies, norms and standards, and guidelines for the development of specific capacities
- Provide advocacy on global health matters related to core capacity requirements for the International Health Regulations (2005) and convene meetings of international technical partners to facilitate global dialogue across different sectors and disciplines on issues related to animal health, food, chemical and radio nuclear safety, and points of entry
- Coordinate a global monitoring process, using outcome, performance and reporting indicators and publish a global report on the implementation status of the International Health Regulations (2005)

**Output 5.1.2. WHO has the standing capacity to provide evidence-based and timely policy guidance, risk assessment, information management, response and communications for all acute public health emergencies of potential international concern**

Output indicator	Baseline	Target
Number of public health emergencies of international concern for which information is made available to National IHR Focal Points in the region within the first 48 hours of completing the risk assessment	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Use a common WHO event-based surveillance and risk assessment system and procedures for all identified public health events of international concern
- Develop and maintain WHO capacities or ensure mechanisms are in place for adequate information management, risk assessment and risk communication for public health events of potential international concern.
- Identify national institutions that can join the Global Outbreak Alert and Response Network and facilitate opportunities for national institutions that are part of the Network to contribute to alert and response of public health events of international concern

**Regional office deliverables**

- Use and contribute to further development of a common WHO event-based surveillance and risk assessment system with common procedures for all identified public health events of international concern
- Ensure mechanisms are in place for adequate information management, risk assessment, crisis communication, logistics, stockpiles, and surge capacity for events of potential international concern
- Coordinate international response and provide surge capacity to countries in need during public health events of international concern
- Support further development of the Global Outbreak Alert and Response Network adapted to regional specificities to help respond to public health events of international concern

**Headquarters deliverables**

- Maintain and further develop a common WHO event-based surveillance and risk assessment system with common procedures for all identified public health events of international concern
- Support the regional offices to ensure that capacities are in place or a mechanism is identified for coordinating international response and providing surge capacity to countries for public health events of international concern
- Maintain the secretariat of the Global Outbreak Alert and Response Network, ensure its further development, including the management of meetings of the Network's Steering Committee to facilitate deployment of experts for public health events of international concern

**Epidemic-prone and pandemic-prone diseases**

**Outcome 5.2. Increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics**

Outcome indicators	Baseline	Target
Percentage of countries with a national strategy in place that covers resilience and preparedness for major epidemics and pandemics	40% (2011)	50% (2015)
Number of countries with a national antimicrobial resistance action plan	34/194 (2013)	56/194 (2017)

**Output 5.2.1. WHO will provide technical assistance to Member States to strengthen preparedness and response capacities to epidemic and pandemic threats, with a specific focus on implementing the Pandemic Influenza Preparedness Framework**

Output indicator	Baseline	Target
Number of countries with significant improvement to detect and monitor influenza outbreaks	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in implementing and monitoring the Pandemic Influenza Preparedness Framework
- Engage countries in implementing national preparedness, prevention and control plans for influenza, in accordance with regional and global policies and strategies

**Regional office deliverables**

- Implement the Pandemic Influenza Preparedness Framework by coordinating regional and subregional activities
- Contribute to global influenza strategies by adapting guidance to regional contexts and backstop country offices in the development of pandemic plans
- Develop integrated regional influenza surveillance systems and aggregate, analyse and share information to monitor influenza activity

**Headquarters deliverables**

- Coordinate and monitor the global implementation of the Pandemic Influenza Preparedness Framework
- Develop standards, tools, information technology platforms and methodologies for influenza surveillance, risk assessment and risk management

**Output 5.2.2. WHO has the standing capacity to provide expert guidance and lead global networks and systems to anticipate, prevent and control epidemic and pandemic diseases**

Output indicator	Baseline	Target
Number of functioning global and regional expert networks available to contribute to global health security	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in implementing projects, norms and standards to anticipate, prevent and control outbreaks of epidemic diseases
- Support countries in developing or strengthening surveillance systems for priority epidemic diseases

**Regional office deliverables**

- Support the development and implementation of regional strategies on priority epidemic diseases
- Backstop country offices in implementing best practices for the prevention and control of epidemic threats, including risk assessment, vaccine and treatment recommendations
- Provide technical support to the development and operation of surveillance systems for priority epidemic diseases

**Headquarters deliverables**

- Lead the development of global strategies, policies, norms, standards and guidance for epidemic diseases, including research agendas and innovation on prevention and response
- Develop and coordinate mechanisms to ensure access to life-saving interventions, including management of global stockpiles and technical experts networks for preparedness and response
- Monitor global trends and risk analyses of epidemic diseases and lead in establishing standards to strengthen surveillance of epidemic diseases
- Support epidemic containment through expert networks, in particular improved clinical management and infection prevention and control



**Output 5.2.3. WHO will oversee the implementation of the global action plan for antimicrobial resistance, including surveillance and development of national and regional plans**

Output indicator	Baseline	Target
Number of countries with a national surveillance system contributing to global trends and burden of antimicrobial resistance	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Advocate antimicrobial resistance as a national health priority
- Support national action against antimicrobial resistance, including the development of plans and surveillance systems

**Regional office deliverables**

- Support and coordinate Member States' effective engagement in the regional and global action plans on antimicrobial resistance
- Backstop country offices in developing national plans on antimicrobial resistance
- Monitor the regional situation and trends through aggregation, validation, analysis, dissemination and use of data on antimicrobial resistance

**Headquarters deliverables**

- Lead in the development, monitoring and implementation of the global action plan on antimicrobial resistance and convene meetings and working groups with key stakeholders
- Develop surveillance standards and monitor the global antimicrobial resistance situation and trends
- Support regional and country offices in the development and implementation of national and regional plans on antimicrobial resistance

**Emergency risk and crisis management**

**Outcome 5.3. Countries have the capacity to manage public health risks associated with emergencies**

Outcome indicator	Baseline	Target
Percentage of countries with minimum capacities to manage public health risks associated with emergencies	Not applicable	80% (2019)

**Output 5.3.1. WHO will provide technical assistance to Member States for the development and maintenance of core capacities to manage risks to health associated with natural disasters and conflicts**

Output indicator	Baseline	Target
Number of target countries in which WHO provides guidance and tools and tracks status of emergency preparedness for health and safe hospitals	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Provide technical assistance for emergency and disaster risk management for health to build core capacities for emergency preparedness and safe hospitals

**Regional office deliverables**

- Provide technical assistance and advocacy to position health within emergency and disaster risk management programmes, and for country-level capacity-building in emergency and disaster risk management for health across the region, including for preparedness and safe hospitals

- Provide technical assistance for and monitoring of the implementation of the Safe Hospitals Initiative across the region
- Provide policy advice and technical assistance for health sector emergency and disaster preparedness across the region

#### **Headquarters deliverables**

- Advocate for health within global emergency and disaster risk management discussions and decisions, and to harmonize global approaches to emergency and disaster risk management for health
- Advocate and provide policy advice for and monitoring of the implementation of the Safe Hospitals Initiative
- Advocate and provide policy advice for health sector emergency and disaster preparedness

#### **Output 5.3.2. WHO has the standing capacity to respond to natural disasters and conflict, and to lead global networks and systems for effective humanitarian action**

Output indicator	Baseline	Target
Number of target countries in which WHO meets minimum readiness requirements	To be finalized for the World Health Assembly version	

#### **Country office deliverables**

- Achieve readiness for full implementation of WHO's Emergency Response Framework

#### **Regional office deliverables**

- Support the institutionalization of WHO's readiness checklist and the Emergency Response Framework, and provide technical assistance to strengthen country level readiness for full implementation of WHO's ERF
- Contribute to building global system-wide capacities for effective humanitarian action through global networks

#### **Headquarters deliverables**

- Oversee the institutionalization of WHO's readiness checklist and the Emergency Response Framework; develop and maintain relevant organizational policies, procedures, tools and capacities
- Play a leading role in building global system-wide capacities for effective humanitarian action

#### **Output 5.3.3. WHO will develop, monitor and report on a health sector response plan in protracted emergencies as part of the broader intersectoral Strategic Response Plan to improve health service delivery to affected populations**

Output indicator	Baseline	Target
Number of target countries with protracted humanitarian emergencies in which WHO meets agreed standards for programme design, monitoring and reporting	To be finalized for the World Health Assembly version	

#### **Country office deliverables**

- Provide technical and operational assistance to ensure that core Health Cluster/health sector functions are fulfilled (as per the Inter-Agency Standing Committee cluster reference module) in support of Member States
- Provide technical assistance to Member States and partners to improve the quality of health service delivery

**Regional office deliverables**

- Provide technical assistance to country offices to ensure that core Health Cluster/health sector functions are fulfilled (as per the Inter-Agency Standing Committee cluster reference module) in support of Member States
- Monitor and evaluate health sector performance, health service coverage and/or utilization, and WHO's performance in protracted, transition and recovery settings; document lessons learnt and identify best practice

**Headquarters deliverables**

- Harmonize of WHO's approach to protracted, transition and recovery settings through the development of policy options, standards, guidance, tools and training curricula

**Food safety****Outcome 5.4. 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 the risks to food safety	116/194 (2013)	136/194 (2015)

**Output 5.4.1. WHO will provide technical assistance to enable Member States to control the risk and reduce the burden of foodborne diseases**

Output indicator	Baseline	Target
Number of countries with a food safety system that has an appropriate legal framework and enforcement structure	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Facilitate multisectoral collaboration between public health, animal health, agriculture and environment sectors
- Support countries in strengthening risk management and risk communication of foodborne and zoonotic risks along the farm-to-table continuum

**Regional office deliverables**

- Guide a strategic approach to promote food safety in regions with the involvement of regional Codex coordinating committees
- Coordinate regional collaboration between the agriculture, animal health and human health sectors 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 management of zoonotic risks at the animal-human interface, including in emergencies

**Headquarters deliverables**

- Support developing countries and countries with economies in transition to enhance their participation in the Codex Alimentarius Commission
- Promote collaboration between the agriculture, animal health and human health sectors to deal with food-related zoonotic diseases and the food safety aspects of antimicrobial resistance
- Develop risk communication tools and key health promotion messages in relation to foodborne public health risks

- Improve country capacity through the International Food Safety Authorities Network (INFOSAN) to deal with food safety events, under the obligations of the International Health Regulations (2005)
- Support countries in building their capacity to establish risk-based food safety systems and analyse and interpret data related to specific hazards along the food chain

**Output 5.4.2. WHO provides international standards and scientific advice as well as a global information exchange platform to effectively manage foodborne risks, and provides coordination to harness multisectoral collaboration**

Output indicator	Baseline	Target
Number of countries with mechanism for multisectoral collaboration on reducing foodborne public health risks	To be finalized for the World Health Assembly version	

***Country office deliverables***

- Promote the work of the Codex Alimentarius Commission at the national level
- Facilitate participation of national contact points for the International Food Safety Authorities Network (INFOSAN)

***Regional office deliverables***

- Promote the work of the Codex Alimentarius Commission at the regional level
- Develop and/or implement regional approaches for enhancing and strengthening the International Food Safety Authorities Network (INFOSAN)
- 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
- Perform the role of the secretariat to the International Food Safety Authorities Network (INFOSAN) to ensure a rapid international response to food safety emergencies and outbreaks of foodborne disease
- Convene international expert meetings to perform risk assessments on priority food hazards
- Act as the secretariat to FAO/OIE/WHO tripartite collaboration with the agriculture, animal health and human health sectors, including cross-sectoral monitoring and risk assessment of emerging food-related zoonotic diseases and the food safety aspects of antimicrobial resistance

**Polio eradication**

**Outcome 5.5. 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	8 (2012)	0 (2019)

**Output 5.5.1. WHO will provide technical assistance to enhance surveillance and to raise population immunity to the threshold needed to stop polio transmission in affected and at-risk areas**

Output indicator	Baseline	Target
Number of polio-infected and high-risk countries supported to conduct polio vaccination campaigns and surveillance	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Provide direct in-country support for polio vaccination campaigns and surveillance in all polio-outbreak, polio-affected and high-risk countries
- Prepare weekly reports of case-based data on acute flaccid paralysis, polio cases, and supplementary oral poliovirus vaccination activities

**Regional office deliverables**

- Conduct quarterly regional risk assessment reports 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 polio outbreak response, surveillance reviews and programme assessments

**Headquarters deliverables**

- Develop and update with regional offices, every six months, operational plans of action 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 to inform the reallocation of financial and human resources

**Output 5.5.2. Use of oral polio vaccine type 2 stopped in all routine immunization programmes globally**

Output indicator	Baseline	Target
Number of countries in which use of oral polio vaccine type 2 in routine immunization has been stopped	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in completing withdrawal of oral polio vaccine type 2 and introduction of inactivated polio vaccine in routine immunization

**Regional office deliverables**

- Support synchronized withdrawal of oral polio vaccine type 2 and introduction of inactivated polio vaccine

**Headquarters deliverables**

- Coordinate the global withdrawal of oral polio vaccine type 2 and the mitigation of risks associated with its cessation, in consultation with the Strategic Advisory Group of Experts on immunization.
- Facilitate licensure and availability of sufficient bivalent oral polio vaccine and affordable inactivated polio vaccine options for withdrawal of oral polio vaccine type 2

**Output 5.5.3. 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
Containment phase of type 2 poliovirus fully implemented globally and verified by end of 2017	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in implementing the containment phase of type 2 poliovirus

**Regional office deliverables**

- Ensure implementation of the containment phase of type 2 poliovirus

**Headquarters deliverables**

- Implement the global containment guidelines and action plan, including standard operating procedures for the global poliomyelitis laboratory network, and develop protocols for the era following withdrawal of oral polio vaccine

**Output 5.5.4. Polio legacy work plan finalized and under implementation globally**

Output indicator	Baseline	Target
Polio legacy work plan finalized and under implementation in all regions	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support countries in developing national legacy plans

**Regional office deliverables**

- Support development of plans for all regions

**Headquarters deliverables**

- Mainstream essential long-term polio control functions
- Transition assets to support other health priorities

**Outbreak and crisis response**

**Outcome 5.6. All countries adequately respond to threats and emergencies with public health consequences**

Outcome indicator	Baseline	Target
Percentage of countries that demonstrated an adequate response to an emergency from any hazard with a coordinated initial assessment and a health sector response plan within five days of onset	Not applicable	100%

**Output 5.6.1. In acute/unforeseen emergencies and disasters with public health consequences, WHO will implement its Emergency Response Framework**

Output indicator	Baseline	Target
Percentage of emergencies from any hazard with public health consequences, including any emerging epidemic threats, where WHO's Emergency Response Framework has been fully implemented	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Establish in-country emergency response team and health sector leadership and coordination to develop, fund and monitor health sector response strategy and action plan
- Engage with partners to develop and make widely available health sector situation reports; provide updates on what actions are taken by whom, and where and when they are taken
- Implement health sector response strategy and action plan together with partners and provide coordinated and specialized international technical assistance as required, including the adaption and strengthening of surveillance and early warning systems
- Provide administrative support to ensure the establishment of an in-country emergency response team, including administrative, human resources, grant management and logistics services

**Regional office deliverables**

- Ensure the establishment and arrival of an in-country emergency response team and support the development, funding and monitoring of a health sector response strategy and action plan; in the case of Grade 2 and 3 emergencies, establish an emergency support team
- Establish mechanisms for information dissemination and implement quality-control measures on health sector situation reports
- Provide coordinated technical input from relevant regional divisions; in the case of Grade 2 and 3 emergencies, provide direct technical assistance through the emergency support team
- Provide administrative support, funding and surge teams to ensure the establishment of an in-country emergency response team, deploy regional stockpiles where they are needed, and coordinate the mobilization and management of emergency funding

**Headquarters deliverables**

- Provide additional experts, as required, to the regional emergency support team in the case of Grade 2 and 3 emergencies; monitor the global response and support, including fundraising with relevant global partners where required
- Manage all media relations and provide external communications and briefings in the case of Grade 3 emergencies; establish global dissemination mechanisms
- Provide coordinated technical input; in the case of Grade 2 and 3 emergencies, provide direct technical assistance through the regional emergency support team
- Provide backup administrative support, surge teams and funding to ensure the establishment of an in-country emergency response team, deploy global stockpiles of medical supplies and equipment and coordinate the mobilization and management of emergency funding where required

**Output 5.6.2. In protracted emergencies and disasters, WHO will implement life-saving activities as defined in the health sector response plans and in appeals**

Output indicator	Baseline	Target
Percentage of countries with protracted emergencies and disasters in which the health sector response plan appropriately addresses life-saving health priorities	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Implement health sector response strategy and action plan together with partners, and provide coordinated and specialized international technical assistance as required, including the adaption and strengthening of surveillance and early warning systems

- Provide administrative support to ensure the timely implementation of protracted response activities, including the provision of administrative, human resources, grant management and logistics services

#### ***Regional office deliverables***

- Provide coordinated technical input for protracted response activities from relevant regional divisions, and direct technical assistance through the emergency support team, as required
- Provide administrative support to ensure the timely implementation of protracted response activities, and coordinate the mobilization and management of emergency funding

#### ***Headquarters deliverables***

- Provide coordinated technical input for protracted response activities, and direct technical assistance through the emergency support team, as required
- Provide backup administrative support to ensure the timely implementation of protracted response activities and coordinate the mobilization and management of emergency funding, where required

### **Output 5.6.3. In countries recovering from major emergencies and disasters, WHO will implement early recovery health activities as defined in the health sector recovery plans and in appeals**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Percentage of countries recovering from major emergencies in which the health sector recovery plan appropriately addresses early recovery health priorities	To be finalized for the World Health Assembly version	

#### ***Country office deliverables***

- Implement health sector transition strategy and action plan together with partners, and provide coordinated and specialized international technical assistance as required, including the adaption and strengthening of surveillance and early warning systems
- Provide administrative support to ensure the timely implementation of early recovery activities, including the provision of administrative, human resources, grant management and logistics services

#### ***Regional office deliverables***

- Provide coordinated technical input for early recovery activities from relevant regional divisions, and direct technical assistance through the emergency support team, as required
- Provide administrative support to ensure the timely implementation of early recovery activities, and coordinate the mobilization and management of emergency funding

#### ***Headquarters deliverables***

- Provide coordinated technical input for early recovery activities, and direct technical assistance through the emergency support team, as required
- Provide backup administrative support to ensure the timely implementation of early recovery activities, and coordinate the mobilization and management of emergency funding, where required



**DRAFT PROPOSED PROGRAMME BUDGET 2016–2017****BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US\$ MILLION)**

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Alert and response capacities	20.1	6.3	6.9	5.3	8.3	15.1	49.7	<b>111.7</b>
Epidemic- and pandemic-prone diseases	6.7	3.8	6.5	4.1	9.9	7.9	43.2	<b>82.1</b>
Emergency risk and crisis management	22.7	3.2	7.7	6.5	27.2	4.0	26.4	<b>97.7</b>
Food safety	4.9	2.9	0.9	1.1	1.5	2.4	19.1	<b>32.8</b>
<b>Subtotal</b>	<b>54.5</b>	<b>16.2</b>	<b>22.0</b>	<b>17.0</b>	<b>46.9</b>	<b>29.4</b>	<b>138.4</b>	<b>324.3</b>

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Polio eradication	372.3	1.2	77.0	7.4	180.3	2.9	253.2	<b>*894.5</b>
Outbreak and crisis response	39.3	7.6	5.2	3.0	130.2	4.9	14.2	<b>204.5</b>
<b>Subtotal</b>	<b>411.6</b>	<b>8.8</b>	<b>82.2</b>	<b>10.4</b>	<b>310.5</b>	<b>7.8</b>	<b>267.4</b>	<b>1 099.0</b>

\* This is the initial estimate from the Global Polio Eradication Initiative for 2016–2017 for further review.

## CATEGORY 6. CORPORATE SERVICES/ENABLING FUNCTIONS

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This category concerns activities to provide the organizational leadership and corporate services that are required to maintain the integrity and efficient functioning of WHO. These include: strengthening WHO's leadership and governance; fostering improved transparency, accountability and risk management within the Organization; enhancing strategic planning, resource management and reporting; ensuring effective general management and administration; and improving strategic communications.

The Secretariat will continue to implement WHO's reform agenda, strengthening organizational effectiveness and coherence in global health and thus enhancing support to the technical work of the Organization with the aim of improving global health outcomes, in line with the changing health priorities and needs of Member States. The sustainable integration of reform activities related to this category will be underscored by a comprehensive change management approach to Organizational transformation. From a managerial perspective, such an approach to change will drive, for example, the implementation of an internal control and accountability framework as a priority for all offices, with enhanced compliance and control activities at headquarters, and in regional and country offices. Such efforts will strengthen the management and administration functions across all parts of the Organization.

In addition, the Organization will aim to enhance its governance processes to encourage more streamlined decision making, and will introduce uniformity and consistency in its engagement with external stakeholders and partners in order to achieve more effective partnership and cooperation in global health.

### Leadership and governance

The work in this category supports greater coherence in global health. To achieve this, WHO will need to continue to play a leading role in enabling many different actors to work towards a common health agenda. In exercising the Organization's leadership role, WHO acts as a convener for a wide range of negotiations and discussions between Member States and other stakeholders on public health issues. 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 the headquarters in relation to the increasing number of global issues requiring intergovernmental negotiations and agreement.

The continuing reform effort will strengthen health governance both from the perspective of WHO's governing bodies and the role that WHO plays in coordination and collaboration with other health actors, as well as WHO's broader role in governance for health. WHO's role in global health governance is expressed not just at headquarters, but increasingly at regional and country levels, not only in the health sector but also in influencing action in other sectors and in interactions with a wide range of stakeholders. These include the following: United Nations agencies; other intergovernmental and parliamentary bodies; regional political and economic integration organizations; development banks and other providers of development assistance; philanthropic foundations; a wide range of partnerships, with interests in global health, including those hosted by WHO; and non-State actors.

The work in this category aims to strengthen the oversight by the governing bodies, achieve greater alignment of agendas with the general programme of work and the programme budget, and promote better harmonization and stronger linkages between the regional committees and the global governing bodies.

Achieving greater organizational effectiveness will entail stronger leadership and stewardship of the Organization at all levels. In particular, the effective performance of the Secretariat's role at the country level will allow the Organization both to respond to country needs and priorities, and to support national authorities in setting the broader health agenda with other partners. The country cooperation strategies provide the basis for this work. A key priority is to strengthen WHO's in-country leadership capacity by ensuring that the right staff are in place and that they have the appropriate skills and competencies.

### **Transparency, accountability and risk management**

Managerial accountability, transparency and risk management are key aspects of the reform agenda. A series of measures were introduced in the last biennium and will continue to ensure that WHO is an Organization that is accountable and that effectively manages risk.

Evaluation is one aspect of improving the accountability of WHO. WHO's work in fostering a culture and use of evaluation entails providing a consolidated institutional framework for evaluation at the three levels of the Organization, and facilitates conformity with best practice and with the norms and standards of the United Nations Evaluation Group. In May 2012, the Executive Board at its 131st session approved the evaluation policy for WHO.<sup>1</sup> Beyond this, a strengthened culture of evaluation in WHO requires evaluation to become an integral component of operational planning, along with putting in place a robust assessment of WHO's performance against the programme budget. A coordinated approach and ownership of the evaluation function will be institutionalized and promoted at all levels of the Organization through the Global Network on Evaluation, established in 2013. Independent evaluation will be facilitated, in line with the Organization-wide evaluation policy and will be supported by tools, such as clear guidelines on evaluation.

In addition, the Secretariat's internal audit and oversight services will continue to operate to ensure the highest standards of business practice (particularly in relation to conflicts of interest and financial disclosure). 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 provides the link between internal oversight and WHO's governing bodies) – through the Executive Board, and its subcommittee, the Programme, Budget and Administration Committee. The office performing the ethics function will also work closely with a strengthened internal justice system.

Further efforts will be needed to strengthen administrative capacity in country offices in response to audit observations relating to policy compliance and data quality issues at the country level.

These efforts will be combined with current work to further improve effectiveness and awareness of internal control measures, in activities associated with human resources, travel, finance, procurement and programmatic work.

In the biennium 2016–2017, the Secretariat will achieve the full implementation of its internal control and accountability frameworks. This will lead to more efficient and effective operations and use of the Organization's resources and, ultimately, the achievement of the Organization's programmatic results, through the promotion of a culture of compliance with regulations, policies, procedures and ethical values, and through the proper identification of risks and application of strategies to control and mitigate them.

Managing risks is an important area of focus. WHO is constantly exposed to risks of various types, including risks related to the following: its technical and public health work; financing; the Secretariat's procurement activities; the systems and structures needed for the Organization to function; the political and governance context and the Organization's reputation. An effective and comprehensive management of risk is at the heart of management reform in WHO. WHO has already established a risk management framework that helps to categorize, assess, prioritize, mitigate and monitor risks across the Organization. The Organization-wide risk register consisting of risk registers at the different levels of the Organization will continue to be updated and monitored. This is improving the capacity of WHO's senior management to practise informed and timely decision-making.

### **Strategic planning, resource coordination and reporting**

This component is concerned with financing and the alignment of resources with the priorities and health needs of the Member States in a results-based management framework. It encompasses strategic planning, operational planning, budget management, performance assessment, resource mobilization, and reporting at

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<sup>1</sup> Decision EB131(1).

all three levels of the Organization. A key feature of this work is a robust, bottom-up planning process to enable country needs to be better reflected in the development of the programme budget, coupled with a realistic programme budget that highlights the results delivered at all levels of the Organization, effective project management and a strategic budget space allocation mechanism across the three levels of the Organization. In this regard, the well-established category networks and programme area networks will provide coordination, oversight and alignment of the planning process globally.

Work will continue to ensure predictable financing to support the implementation of the programme budget, with funding allocated to allow each level of the Organization to fulfil its roles 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 of performance at all levels.

### **Management and administration**

This component covers the core administrative services that underpin the effective and efficient functioning of WHO: finance, human resources, information technology, and operations support. Sound financial management ensures that expenditure is properly authorized, processed and recorded; that account record keeping is accurate; that assets are safeguarded and liabilities correctly quantified; and that financial reporting is accurate and timely. WHO needs to have systems in place that allow it to state, with confidence and on time, how all the resources that have been invested in the Organization have been used and what has been achieved with this investment.

Based on the conclusion of external studies conducted on management and administration costs in WHO, more attention will be given to cost efficiency measures, including benchmarking, and a more sustainable financing model that would ensure full cost recovery.

The implementation of the human resource strategy is a priority for the biennium 2016–2017. The strategy is an essential part overall management reform as it aims to ensure that staffing is matched to needs at all levels of the Organization. The strategy includes the following key elements: (a) attracting talent; (b) retaining and developing talent; (c) providing an enabling environment. This ensures that WHO has human resources policies and systems in place that allow the Organization to respond rapidly to changing circumstances and evolving public health needs.

Information technology and operations support are key enabling functions for the Organization. The former provides the Organization with the computing and network infrastructure and with a portfolio of corporate systems and applications. The latter represents the backbone for the Organization's operations, involving the provision of logistics support, procurement and infrastructure maintenance, together with security services for staff and for the Organization's property.

The Secretariat will embark on a thorough review (referred to as the "transformation") of the functionalities of the Global Management System to ensure that the System is able to support the changing needs of the Organization and respond to its evolving priorities.

More attention will also be paid to innovative information technology approaches in the area of public health. Specialists in the Secretariat will work closely with technical programmes to identify public health areas and activities that would benefit from using new information technology solutions.

### **Strategic communications**

Strategic communications represents two interlinked objectives for communications. WHO has a crucial role in providing the public with timely and accurate health information in accordance with WHO's programmatic priorities, including during disease outbreaks, public health emergencies and humanitarian crises. In addition, WHO needs to enhance its capacity to communicate internally and externally. The Organization needs to communicate its work better, including the impact of its efforts, to increase WHO's visibility. These objectives are at the core of the global communications strategy developed in 2014.

Health is an issue of public and political concern worldwide. The increasingly complex institutional landscape, the emergence of new players influencing health decision-making, 24-hour media coverage and the influx of social media platforms, and a growing demand from donors, politicians and the public for the impact of WHO's work to be clearly demonstrated, mean that rapid, effective and well-coordinated communication across all levels of the Organization is essential. In addition, WHO will create a communications surge capacity to support Member States with communications during emergencies; WHO will take a more proactive approach, working with media and staff to explain better its roles and the impact of its work on people's health. Finally, the Organization will regularly measure stakeholder perceptions and adjust the communication strategy accordingly.

Furthermore, WHO will enhance its capacity to provide health information using innovative communications to reach a broader audience.

## Leadership and governance

**Outcome 6.1. Greater coherence in global health, with WHO taking the lead in enabling the many different actors to play an active and effective role in contributing to the health of all people**

Outcome indicators	Baseline	Target
Proportion of WHO leadership priorities reflected in major intergovernmental and international processes (including those relating to: (i) the BRICS grouping of Brazil, Russian Federation, India, China and South Africa; (ii) the post-2015 development agenda; (iii) the United Nations General Assembly; and (iv) ASEAN)	To be finalized for the World Health Assembly version	

### Output 6.1.1. Effective WHO leadership and management in relation to leadership priorities

Output indicator	Baseline	Target
Level of satisfaction of stakeholders with WHO's leading role in global health issues	To be finalized for the World Health Assembly version	

#### 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 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 levels
- 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: (i) coordination of work across the three levels of the Organization and (ii) selection and induction of heads of WHO offices, and by enhancing the country cooperation process
- Establish effective leadership by engaging with global partners on important matters of policy, strategic dialogue and advocacy with stakeholders, including South–South and triangular cooperation
- Provide legal services to the senior management, regional and country offices and WHO's units and programmes, and governing bodies

**Output 6.1.2. 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
Extent to which WHO's leadership priorities are reflected adequately in the United Nations Development Assistance Framework	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Promote effective mechanisms for engaging with other sectors, civil society and other non-State actors on common health agenda
- Coordinate WHO's engagement with the United Nations at country level, including active participation in the United Nations Country Teams and engagement in the 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, governing bodies of other agencies (including the United Nations) 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 partners networks, donors, governing bodies of other agencies including the United Nations

**Output 6.1.3. WHO governance strengthened with effective oversight of the sessions of the governing bodies, and efficient, aligned agendas**

Output indicator	Baseline	Target
Proportion of documents for governing bodies meetings delivered within the time frame set by the governing bodies	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Support Member States in their preparation for regional and global governing body meetings and processes, and follow-up implementation of governing body decisions and resolutions

**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 and administer the Health Assembly, the Executive Board and committees and related working groups, and 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

**Output 6.1.4. Integration of WHO reform into the work of the Organization**

Output indicator	Baseline	Target
Percentage of reform outputs in the implementation phase	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Implement, mainstream and monitor activities that contribute to achieving the outputs of WHO reform, particularly those that are relevant to strengthening WHO's performance at country level

**Regional office deliverables**

- Implement, mainstream and monitor WHO reform activities that are relevant to strengthening WHO performance at regional level; support WHO reform activities that strengthen results at the country-level

**Headquarters deliverables**

- Implement, mainstream and monitor the reform agenda, including change management

**Transparency, accountability and risk management**

**Outcome 6.2. 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	To be finalized for the World Health Assembly version	

**Output 6.2.1. Accountability ensured through strengthened corporate risk management at all levels of the Organization**

Output indicator	Baseline	Target
Proportion of corporate risks for which response plans approved and implemented	To be finalized for the World Health Assembly version	

**Country office deliverables**

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

**Regional office deliverables**

- Maintain effective and efficient compliance mechanism, including a comprehensive risk management framework

**Headquarters deliverables**

- 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 recommendations of other independent oversight mechanisms

**Output 6.2.2. Organizational learning through implementation of evaluation policy and plans**

Output indicator	Baseline	Target
WHO programme regularly evaluated according to established policy, with follow-up actions initiated within six months of the date on which final recommendations issued	To be finalized for the World Health Assembly version	

**Country office deliverables**

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

**Headquarters deliverables**

- Coordinate implementation and monitoring of WHO's evaluation policy
- Conduct systematic evaluations as defined in the plan agreed by the global evaluation network and monitor the implementation of the findings and recommendations to foster organizational learning

**Output 6.2.3. Ethical behaviour, decent conduct and fairness promoted across the Organization**

Output indicator	Baseline	Target
Degree of compliance with declaration of conflict of interest for all eligible staff	To be finalized for the World Health Assembly version	

**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 the regional and country levels
- 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 the 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 6.3. Financing and resource allocation aligned with priorities and health needs of the Member States in a results-based management framework**

Outcome indicator	Baseline	Target
Alignment of income and expenditure with approved programme budget by category and major office	To be finalized for the World Health Assembly version	



**Output 6.3.1. Needs-driven priority setting and result definition in place and resource allocation aligned to delivery of results**

Output indicator	Baseline	Target
Percentage of countries where 80% of WHO country resources are allocated to 10 programme areas or fewer	To be finalized for the World Health Assembly version	
Organizational performance measured through a consolidated assessment of delivery of planned outputs		

**Country office deliverables**

- Conduct effective needs assessment, prioritization, operational planning, implementation and monitoring, including financial vulnerability tracking, in line with agreed processes and procedures

**Regional office deliverables**

- Provide effective regional coordination and provide support to countries for the 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 the regional governing bodies
- Coordinate the monitoring and assessment of regional and country outcomes, outputs and plans, including tracking of performance indicators and provision of related performance, budget and implementation analyses and reporting

**Headquarters deliverables**

- Ensure effective coordination of global planning processes, including the development of the Programme Budget, the bottom-up process of prioritization through the category and programme area networks and realistic costing of outputs, reflecting clearly defined and agreed roles and responsibilities at the three levels of the Organization
- Undertake global monitoring and assessment of the Organization's overall performance against the Programme Budget, transparent reporting of results delivery and use of resources

**Output 6.3.2. Predictable, adequate and aligned financing in place that allows for full implementation of WHO's Programme Budget across all programmes and major offices**

Output indicator	Baseline	Target
Proportion of Programme Budget, by category and major office, funded at the beginning of the biennium	To be finalized for the World Health Assembly version	
Proportion of programme areas that are fully funded within 18 months of commencement of the biennium		

**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, timely information sharing and accurate reporting on progress at the regional level

**Headquarters deliverables**

- Practise 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, timely information sharing and accurate reporting on progress at the global level

## Management and administration

### Outcome 6.4. Effective and efficient management administration established across the Organization

Outcome indicator	Baseline	Target
The level of performance of WHO management and administration	To be finalized for the World Health Assembly version	

### Output 6.4.1. Sound financial practices managed through an adequate control framework, accurate accounting, expenditure tracking and the timely recording of income

Output indicator	Baseline	Target
An unqualified audit opinion	To be finalized for the World Health Assembly version	
Number of negative audit findings associated with financial transaction processing and operations		
Increase in the percentage of financial transactions processed by the Global Service Centre in accordance with published service level indicators		
Proportion of financial transactions rejected by the Global Service Centre		

#### **Country office deliverables**

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

#### **Regional office deliverables**

- Implement the control framework in line with WHO's administrative policies and regulations at the regional level
- Manage accounts, compliance and control, expenditure tracking, financial reporting at the regional level to ensure accuracy
- Manage local payments at the regional level

#### **Headquarters deliverables**

- Implement the control framework with WHO's administrative policies and regulations at all levels
- Manage, account and report for organizational income and expenditures; process and verify payables, payroll, pension, entitlements and travel
- Manage corporate treasury, accounts, expenditure tracking and reporting, income and awards for the Organization
- Administer the pension, staff health insurance, entitlements and travel for the Organization

**Output 6.4.2. Effective and efficient human resource management and coordination in place**

Output indicator	Baseline	Target
Improvement of male/female ratio and geographical distribution through the selection of candidates replacing staff retiring	To be finalized for the World Health Assembly version	
Proportion of international staff changing duty station during the biennium		
Proportion of audit findings associated with human resource processing and operations		
Percentage of human resource processing performed by Global Service Centre in accordance with published service level indicators		
Proportion of human resource transactions rejected by the Global Service Centre		

**Country office deliverables**

- Implement effective human resource planning to align staff resources with the priorities

**Regional office deliverables**

- Facilitate human resource planning based on needs and priorities for the region and monitor the implementation of the human resource plan
- Implement human resource policy and strategy, including policies to achieve gender balance and geographical distribution in WHO, with a focus on recruitment, rotation and mobility, performance management and staff development

**Headquarters deliverables**

- Develop/update human resource policies, including policies to achieve gender balance and geographical distribution in WHO, with a focus on recruitment, rotation and mobility, performance management, staff development, monitoring and position management
- Support human resource planning based on the needs and the priorities of the Organization; monitor the implementation of the plans globally
- Conduct effective and efficient processing of staff contracts, administration of staff entitlements and management of human resource and staff data

**Output 6.4.3. Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support and training service provided**

Output indicator	Baseline	Target
Percentage of locations with essential information technology infrastructure and services aligned with agreed organizational standards	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Administer information and communication technology to ensure its effective and efficient application at the country office

**Regional office deliverables**

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

**Headquarters deliverables**

- Manage and administer global and headquarters-specific information and communication in the areas of governance, policy, strategy, coordination, and the development of business continuity capability, and identify and design common services and solutions
- Manage the implementation and operations of global technology road maps, 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 6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO's staff and property**

Output indicator	Baseline	Target
Percentage of WHO facilities worldwide that are compliant with United Nations Minimum Operating Security Standards	To be finalized for the World Health Assembly version	
Percentage of procurement transaction processing performed by the Global Service Centre in accordance with published service level indicators		
Number of negative audit findings associated with procurement transaction processing and operations		

**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**

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

**Headquarters deliverables**

- Practise effective management and provision of oversight for administrative services, building maintenance, procurement of goods and services, security and fixed assets at the global level
- Coordinate with the United Nations on ensuring security of WHO personnel and 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 6.5. 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 finalized for the World Health Assembly version	

**Output 6.5.1. 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 with which WHO's public health information is communicated as "good" or "excellent"	To be finalized for the World Health Assembly version	

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 6.5.2. 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
Proportion of staff that have completed global communications strategy workshops	To be finalized for the World Health Assembly version	

**Country office deliverables**

- Implement the standard operating procedures for communication during emergencies at the country level

**Regional office deliverables**

- Implement the standard operating procedures for communication during emergencies and provide surge capacity to country offices where needed
- Improve capacity of WHO staff at regional and country levels to contribute to communication activities

**Headquarters deliverables**

- Support implementation of the standard operating procedures for communicating during emergencies and provide surge capacity to regions
- Improve capacity of WHO staff to contribute to communication activities

## DRAFT PROPOSED PROGRAMME BUDGET 2016–2017

**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	45.7	17.7	15.0	30.2	25.4	15.6	78.4	<b>228.0</b>
Transparency, accountability and risk management	4.0	4.6	1.3	2.4	1.5	1.9	34.9	<b>50.6</b>
Strategic planning, resource coordination and reporting	5.4	0.7	2.2	4.1	4.5	4.5	13.3	<b>34.7</b>
Management and administration	95.4	22.3	37.0	25.0	45.9	26.3	221.1	<b>472.9</b>
Strategic communications	4.0	3.1	1.7	4.4	2.9	3.3	20.0	<b>39.4</b>
<b>Subtotal</b>	154.5	48.4	57.2	66.1	80.2	51.6	367.7	<b>825.6</b>
Less post occupancy charge	23.5	3.8	6.2	9.1	8.6	7.0	80.8	<b>139.0</b>
<b>Total</b>	<b>131.0</b>	<b>44.6</b>	<b>51.0</b>	<b>57.0</b>	<b>71.6</b>	<b>44.6</b>	<b>286.8</b>	<b>686.6</b>

## ANNEX. DRAFT PROPOSED PROGRAMME BUDGET 2016–2017 (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
<b>1. Communicable diseases</b>									
HIV/AIDS	34.3	10.0	44.3	2.6	1.4	4.0	8.8	4.5	13.3
Tuberculosis	21.8	5.1	26.9	0.7	0.4	1.1	18.2	3.7	21.9
Malaria	28.3	9.0	37.3	0.3	0.2	0.5	6.5	3.6	10.1
Neglected tropical diseases	22.9	8.0	30.9	3.0	1.6	4.6	4.5	7.3	11.8
* <i>Tropical disease research</i>	—	—	—	—	—	—	—	—	—
Vaccine-preventable diseases	85.9	34.1	120.0	6.0	3.3	9.3	22.8	6.6	29.4
<b>Subtotal</b>	<b>193.2</b>	<b>66.2</b>	<b>259.4</b>	<b>12.6</b>	<b>6.9</b>	<b>19.5</b>	<b>60.8</b>	<b>25.7</b>	<b>86.5</b>
<b>2. Noncommunicable diseases</b>									
Noncommunicable diseases	29.5	19.0	48.5	8.6	4.6	13.2	10.8	5.5	16.3
Mental health and substance abuse	3.3	2.3	5.6	1.7	0.9	2.6	1.5	0.7	2.2
Violence and injuries	1.9	0.8	2.7	1.4	0.8	2.2	1.9	1.0	2.9
Disabilities and rehabilitation	0.4	1.1	1.5	0.6	0.3	0.9	1.2	0.2	1.4
Nutrition	4.6	0.2	4.8	1.8	1.0	2.8	1.5	1.0	2.5
<b>Subtotal</b>	<b>39.8</b>	<b>23.3</b>	<b>63.1</b>	<b>14.1</b>	<b>7.6</b>	<b>21.7</b>	<b>16.9</b>	<b>8.4</b>	<b>25.3</b>
<b>3. Promoting health through the life-course</b>									
Reproductive, maternal, newborn, child and adolescent health	58.6	15.8	74.4	7.9	4.2	12.1	12.2	3.6	15.8
* <i>Research in human reproduction</i>	—	—	—	—	—	—	—	—	—
Ageing and health	1.0	0.6	1.6	0.7	0.4	1.1	0.8	0.5	1.3
Gender, equity and human rights mainstreaming	1.2	1.0	2.2	1.3	0.7	2.0	0.9	1.0	1.9
Social determinants of health	6.8	2.7	9.5	2.7	1.5	4.2	1.1	1.4	2.5
Health and the environment	4.5	4.2	8.7	8.3	4.5	12.8	4.8	2.7	7.5
<b>Subtotal</b>	<b>72.1</b>	<b>24.2</b>	<b>96.3</b>	<b>20.9</b>	<b>11.3</b>	<b>32.2</b>	<b>19.8</b>	<b>9.2</b>	<b>29.0</b>
<b>4. Health systems</b>									
National health policies, strategies and plans	15.8	5.8	21.6	9.5	5.0	14.5	14.9	2.7	17.6
Integrated people-centred health services	15.8	12.8	28.6	3.9	2.1	6.0	10.5	4.5	15.0
Access to medicines and health technologies and strengthening regulatory capacity	9.6	4.7	14.3	3.7	2.0	5.7	8.4	2.6	11.0
Health systems information and evidence	11.5	6.9	18.4	2.9	1.6	4.5	3.4	4.6	8.0
<b>Subtotal</b>	<b>52.7</b>	<b>30.2</b>	<b>82.9</b>	<b>20.0</b>	<b>10.7</b>	<b>30.7</b>	<b>37.2</b>	<b>14.4</b>	<b>51.6</b>
<b>5. Preparedness, surveillance and response</b>									
Alert and response capacities	15.7	4.4	20.1	4.0	2.3	6.3	3.0	3.9	6.9
Epidemic- and pandemic-prone diseases	4.5	2.2	6.7	2.5	1.3	3.8	4.8	1.7	6.5
Emergency risk and crisis management	16.3	6.4	22.7	2.1	1.1	3.2	5.9	1.8	7.7
Food safety	2.9	2.0	4.9	1.9	1.0	2.9	0.6	0.3	0.9
<b>Subtotal</b>	<b>39.5</b>	<b>15.0</b>	<b>54.5</b>	<b>10.5</b>	<b>5.7</b>	<b>16.2</b>	<b>14.4</b>	<b>7.6</b>	<b>22.0</b>
<b>6. Corporate services/enabling functions</b>									
Leadership and governance	32.7	13.0	45.7	12.5	5.2	17.7	8.7	6.3	15.0
Transparency, accountability and risk management	0.0	4.0	4.0	3.0	1.6	4.6	0.8	0.5	1.3
Strategic planning, resource coordination and reporting	0.0	5.4	5.4	0.0	0.7	0.7	1.2	1.0	2.2
Management and administration	41.0	30.9	71.9	11.5	7.0	18.5	15.0	15.8	30.8
Strategic communications	0.0	4.0	4.0	2.0	1.1	3.1	0.9	0.8	1.7
<b>Subtotal</b>	<b>73.7</b>	<b>57.3</b>	<b>131.0</b>	<b>29.0</b>	<b>15.6</b>	<b>44.6</b>	<b>26.6</b>	<b>24.4</b>	<b>51.0</b>
<b>Total</b>	<b>471.0</b>	<b>216.1</b>	<b>687.1</b>	<b>107.1</b>	<b>57.8</b>	<b>164.9</b>	<b>175.7</b>	<b>89.5</b>	<b>265.2</b>
<b>Emergencies</b>									
Polio eradication	359.3	13.0	372.3	0.0	1.2	1.2	63.5	13.5	77.0
Outbreak and crisis response	31.6	7.7	39.3	4.9	2.7	7.6	5.1	0.1	5.2
<b>Subtotal</b>	<b>390.9</b>	<b>20.7</b>	<b>411.6</b>	<b>4.9</b>	<b>3.9</b>	<b>8.8</b>	<b>68.6</b>	<b>13.6</b>	<b>82.2</b>
<b>Total</b>	<b>861.9</b>	<b>236.8</b>	<b>1 098.7</b>	<b>112.0</b>	<b>61.7</b>	<b>173.7</b>	<b>244.3</b>	<b>103.1</b>	<b>347.4</b>

## BREAKDOWN BY MAJOR OFFICE AND CATEGORY

Country offices	Europe		Eastern Mediterranean			Western Pacific			Headquarters	Total
	Regional Office	Total	Country offices	Regional Office	Total	Country offices	Regional Office	Total		
1.4	3.2	4.6	4.2	2.6	6.8	7.4	3.7	11.1	41.9	126.0
8.3	2.7	11.0	5.5	1.9	7.4	7.9	4.8	12.7	36.2	117.2
0.2	1.1	1.3	4.5	2.0	6.5	8.9	4.0	12.9	28.9	97.5
0.0	0.6	0.6	2.1	0.8	2.9	3.9	2.8	6.7	43.7	101.2
—	—	—	—	—	—	—	—	—	48.7	48.7
3.6	8.5	12.1	16.7	6.4	23.1	13.1	11.5	24.6	55.8	274.3
<b>13.5</b>	<b>16.1</b>	<b>29.6</b>	<b>33.0</b>	<b>13.7</b>	<b>46.7</b>	<b>41.2</b>	<b>26.8</b>	<b>68.0</b>	<b>255.2</b>	<b>764.9</b>
11.1	9.7	20.8	10.3	5.0	15.3	15.7	12.5	28.2	54.1	196.4
2.9	2.2	5.1	2.9	2.1	5.0	1.9	2.4	4.3	18.6	43.4
2.2	5.5	7.7	2.5	0.4	2.9	3.5	0.7	4.2	14.7	37.4
0.4	0.1	0.5	0.6	0.3	0.9	0.2	2.1	2.3	9.9	17.4
0.3	1.8	2.1	2.6	0.6	3.2	2.0	1.1	3.1	22.2	40.7
<b>16.9</b>	<b>19.2</b>	<b>36.1</b>	<b>18.9</b>	<b>8.4</b>	<b>27.3</b>	<b>23.3</b>	<b>18.8</b>	<b>42.1</b>	<b>119.5</b>	<b>335.3</b>
3.5	3.5	7.0	13.2	4.3	17.5	9.2	2.0	11.2	61.0	199.0
—	—	—	—	—	—	—	—	—	42.9	42.9
0.4	1.0	1.4	0.6	0.3	0.9	1.3	0.9	2.2	4.7	13.2
0.1	1.1	1.2	0.8	0.3	1.1	1.5	0.2	1.7	6.4	16.5
1.8	5.1	6.9	2.3	0.6	2.9	0.5	0.5	1.0	7.1	34.1
4.5	17.0	21.5	2.6	3.0	5.6	6.4	2.3	8.7	33.9	98.7
<b>10.3</b>	<b>27.7</b>	<b>38.0</b>	<b>19.5</b>	<b>8.5</b>	<b>28.0</b>	<b>18.9</b>	<b>5.9</b>	<b>24.8</b>	<b>156.0</b>	<b>404.4</b>
4.4	8.1	12.5	9.0	2.9	11.9	10.6	4.7	15.3	34.2	127.5
5.3	7.1	12.4	14.4	6.8	21.2	18.3	5.6	23.9	48.0	155.1
1.2	4.1	5.3	6.9	3.4	10.3	5.2	3.7	8.9	100.3	155.8
2.6	7.2	9.8	5.2	6.0	11.2	1.9	4.1	6.0	60.5	118.4
<b>13.5</b>	<b>26.5</b>	<b>40.0</b>	<b>35.5</b>	<b>19.1</b>	<b>54.6</b>	<b>36.0</b>	<b>18.1</b>	<b>54.1</b>	<b>243.0</b>	<b>556.8</b>
2.1	3.2	5.3	6.7	1.6	8.3	9.8	5.3	15.1	49.7	111.7
1.4	2.7	4.1	7.2	2.7	9.9	4.2	3.7	7.9	43.2	82.1
3.0	3.5	6.5	22.6	4.6	27.2	2.7	1.3	4.0	26.4	97.7
0.3	0.8	1.1	0.5	1.0	1.5	1.2	1.2	2.4	19.1	32.8
<b>6.8</b>	<b>10.2</b>	<b>17.0</b>	<b>37.0</b>	<b>9.9</b>	<b>46.9</b>	<b>17.9</b>	<b>11.5</b>	<b>29.4</b>	<b>138.4</b>	<b>324.3</b>
18.3	11.9	30.2	17.2	8.2	25.4	9.5	6.1	15.6	78.4	228.0
0.5	1.9	2.4	0.3	1.2	1.5	0.4	1.5	1.9	34.9	50.6
1.1	3.0	4.1	1.2	3.3	4.5	0.0	4.5	4.5	13.3	34.7
6.9	9.0	15.9	27.1	10.2	37.3	10.9	8.4	19.3	140.3	333.9
1.0	3.4	4.4	0.2	2.7	2.9	0.0	3.3	3.3	20.0	39.4
<b>27.8</b>	<b>29.2</b>	<b>57.0</b>	<b>46.0</b>	<b>25.6</b>	<b>71.6</b>	<b>20.8</b>	<b>23.8</b>	<b>44.6</b>	<b>286.8</b>	<b>686.6</b>
<b>88.8</b>	<b>129.2</b>	<b>218.0</b>	<b>189.9</b>	<b>85.2</b>	<b>275.1</b>	<b>158.1</b>	<b>105.0</b>	<b>263.1</b>	<b>1 198.9</b>	<b>3 072.3</b>
1.4	6.0	7.4	173.3	7.0	180.3	0.8	2.1	2.9	253.2	894.5
0.7	2.3	3.0	123.6	6.6	130.2	4.8	0.1	4.9	14.2	204.5
<b>2.1</b>	<b>8.3</b>	<b>10.4</b>	<b>296.9</b>	<b>13.6</b>	<b>310.5</b>	<b>5.6</b>	<b>2.2</b>	<b>7.8</b>	<b>267.4</b>	<b>1 099.0</b>
<b>90.9</b>	<b>137.3</b>	<b>228.4</b>	<b>486.8</b>	<b>98.8</b>	<b>585.6</b>	<b>163.7</b>	<b>107.2</b>	<b>270.9</b>	<b>1 466.3</b>	<b>4 171.3</b>

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